

RMNA 2022

REFUGEE AND MIGRANT NEEDS ANALYSIS

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Inter-Agency Coordination
Platform for Refugees and
Migrants from Venezuela





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RMNA 2022

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NEEDS ANALYSIS**



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REGIONAL



REGION AT A GLANCE



TOTAL POPULATION

5.96 M



PEOPLE IN NEED (PIN)

4.37 M



























PIN PERCENTAGE

73.4%



COUNTRY	Population	People in Need	Percentage	Visual Bar
Argentina	171.1 K	111.7 K	65.3%	<div style="width: 65.3%;"></div>
Aruba	17.0 K	13.1 K	77.0%	<div style="width: 77.0%;"></div>
Bolivia	13.8 K	11.3 K	82.3%	<div style="width: 82.3%;"></div>
Brazil	365.4 K	298.3 K	81.6%	<div style="width: 81.6%;"></div>
Chile	448.1 K	264.8 K	59.1%	<div style="width: 59.1%;"></div>
Colombia	2.48 M	1.99 M	80.3%	<div style="width: 80.3%;"></div>
Costa Rica	30.1 K	19.3 K	64.0%	<div style="width: 64.0%;"></div>
Curaçao	14.0 K	10.9 K	78.1%	<div style="width: 78.1%;"></div>
Dominican Republic	115.3 K	101.8 K	88.3%	<div style="width: 88.3%;"></div>

COUNTRY	Population	People in Need	Percentage	Visual Bar
Ecuador	502.2 K	389.6 K	77.6%	<div style="width: 77.6%;"></div>
Guyana	19.6 K	13.4 K	68.0%	<div style="width: 68.0%;"></div>
Mexico	83.0 K	56.4 K	68.0%	<div style="width: 68.0%;"></div>
Panama	144.5 K	72.6 K	50.2%	<div style="width: 50.2%;"></div>
Paraguay	5.8 K	4.3 K	75.0%	<div style="width: 75.0%;"></div>
Peru	1.49 M	966.2 K	64.8%	<div style="width: 64.8%;"></div>
Trinidad and Tobago	35.3 K	30.5 K	86.3%	<div style="width: 86.3%;"></div>
Uruguay	22.0 K	14.3 K	65.0%	<div style="width: 65.0%;"></div>


	Sector	Total population	People in need (PiN)	PiN percentage	
	Education	5.96 M	2.78 M	46.7%	
	Food Security	5.96 M	3.16 M	53.0%	
	Health	5.96 M	3.40 M	57.1%	
	Humanitarian Transportation	5.96 M	1.65 M	27.7%	
	Integration	5.96 M	3.86 M	64.9%	
	Nutrition	5.96 M	556.4 K	9.3%	
	Protection	5.96 M	4.12 M	69.2%	
	Child Protection	5.96 M	1.43 M	24.1%	
	Gender-Based Violence (GBV)	5.96 M	2.04 M	34.3%	
	Human Trafficking & Smuggling	5.96 M	733.6 K	12.3%	
	Shelter	5.96 M	3.15 M	52.9%	
	WASH	5.96 M	2.19 M	36.7%	

KEY FIGURES BY NATIONAL AND SUB-REGIONAL PLATFORMS

REGIONAL

 TOTAL POPULATION
5.96 M

 PEOPLE IN NEED (PIN)
4.37 M

 PIN PERCENTAGE
73.4%



BRAZIL

365.4 K

298.3 K

81.6%



CHILE

448.1 K

264.8 K

59.1%



COLOMBIA

2.48 M

1.99 M

80.3%



ECUADOR

502.2 K

389.6 K

77.6%



PERU

1.49 M

966.2 K

64.8%



CARIBBEAN

201.2 K

169.6 K

84.3%



CENTRAL AMERICA & MEXICO

257.6 K

148.3 K

57.5%



SOUTHERN CONE

212.6 K

141.7 K

66.6%

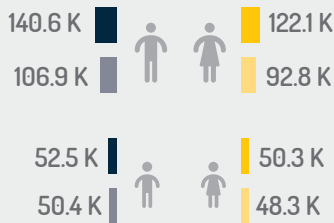


AGE AND GENDER DISAGGREGATION

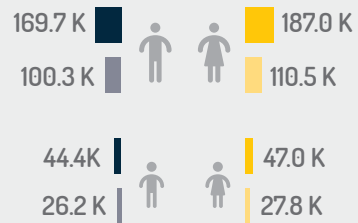
REGIONAL



BRAZIL



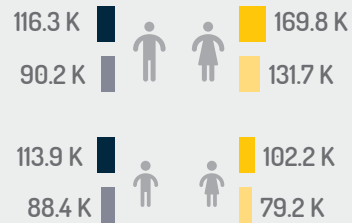
CHILE



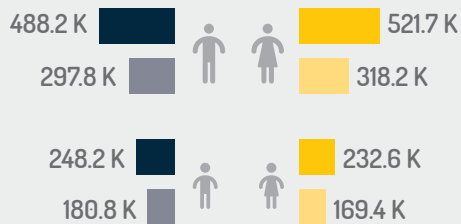
COLOMBIA



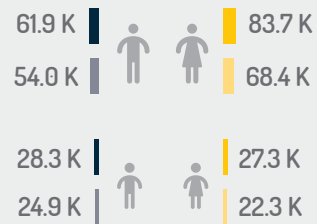
ECUADOR



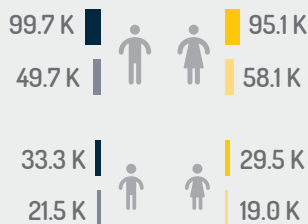
PERU



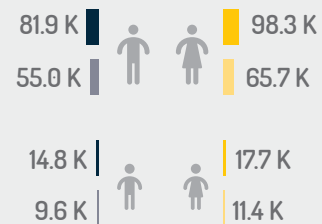
CARIBBEAN



CENTRAL AMERICA & MEXICO



SOUTHERN CONE



Total population men/boys
 PIN men/boys
 Total population women/girls
 PIN women/girls

REGIONAL BACKGROUND AND CONTEXT

Over the past five years, the Regional Inter-Agency Coordination Platform (also known as “Response for Venezuelans” or “R4V”) and its partners, with 192 included in the Regional Refugee and Migrant Response Plan (RMRP) 2022, have led the coordination and operational response across 17 countries in Latin America and Caribbean (LAC) to meet the needs of an ever-growing population of refugees and migrants from the Bolivarian Republic of Venezuela (hereinafter “Venezuela”) living outside their home country. In 2022, Venezuela’s continued deteriorating political, socio-economic, and human rights situation has resulted in further outflows of refugees¹ and migrants from the country, many of

whom are more vulnerable than their compatriots who left the country in previous years, as the post-COVID-19 economic context has worsened their ability to earn an income, and increasingly irregular and unsafe journeys made out of desperation have put their lives further at risk.

As reflected in official population statistics published by 17 host governments across the region, there are more than 7.10 million refugees and migrants from Venezuela outside their home country, with 5.96 million living in LAC (84.9 per cent), as of September 2022.² The overall figures illustrate a continued moderate growth of approximately 1 million in LAC (from 4.99M to 5.96) and approximately 1 million

[1] For the purpose of this document and all relating materials, any reference to “refugees” shall be understood to include asylum-seekers.

[2] All figures used by R4V are shared by relevant national authorities with a mandate to manage refugee and migrant statistics: <https://www.r4v.info/es/refugiadosymigrantes>



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globally (from 6.04M to 7.02) since November 2021. All indications of increased outflows continue from R4V partners this year, and have been highlighted in regular Platform, Sector and partner Situation Reports, as well as Platform Quarterly Movement Reports.³

Since 2018, the R4V Platform has issued annual Regional Refugee and Migrant Response Plans (RMRP), highlighting the needs of vulnerable population groups as well as the response strategies of the various Platform and sector groups, including a complete review following the onset of the COVID-19 pandemic in March 2020. Building on valuable feedback from stakeholders, during the planning process in 2022, the R4V Platform decided to separate the RMRP into two documents: (i) the Refugee and Migrant Needs Analysis (RMNA), which highlights the needs of refugees and migrants from Venezuela, while (ii) the RMRP will highlight the response strategy. The RMNA includes multi-stakeholder and sectoral analyses by Platforms and Sectors at all levels of the response (regional, national, and sub-regional), with the majority of Platforms undertaking Joint Needs Analysis (JNA) exercises. These include, at minimum, a JNA Workshop and a secondary data review with R4V partners and host country governments, as well as primary data

collection exercises, focus group discussions and/or key informant interviews, based on the information needs and dynamics of each Platform.⁴

Considering that the majority of refugees and migrants in-destination intend to remain and integrate in their host communities, according to R4V population projections, and with a view to underscoring the subsequent relevance of mid- to longer-term socio-economic integration planning and programming, the timeframe and scope of the RMRP has been extended to cover two years, 2023 and 2024. The multi-year focus allows the R4V to more adequately consider the Humanitarian-Development Nexus in planning, providing ample time for actions with medium/longer-term scope. This evolution of the RMRP also reflects the outcome of consultations with donors, host governments and R4V partners.

The two documents (RMNA and RMRP) will maintain the target groups as previously used, including: i) refugees and migrants in-destination; ii) refugees and migrants in-transit; iii) affected host communities; iv) refugees and migrants in a pendular situation; and iv) returnees, with the notable addition of other in-transit populations in a select number of countries to cover humanitarian needs of significant mixed movements traveling northwards.⁵

[3] R4V and partner reports can be found at: <https://www.r4v.info/es/search-document>

[4] For more information on the methodology and scope of this RMNA, please see below section on "Data Sources and Methodology".

[5] This approach is applied for others in-transit in Peru, Ecuador, Colombia, Panama and Costa Rica.

REGIONAL CONTEXT & IMPACT ON REFUGEES AND MIGRANTS

In 2022, refugees and migrants from Venezuela increasingly resorted to onward movements in search of destinations permitting for safe and sustainable integration opportunities, i.e. to earn an income, access basic services (including humanitarian services) and protection assistance, and fully integrate into their respective host communities.

SOCIO-ECONOMIC DEVELOPMENTS

Throughout 2022, the situation of refugees and migrants in traditional host countries in LAC grew increasingly challenging. Following the reopening of contact-intensive sectors, including hospitality and travel, the economies of LAC countries witnessed a strong post-pandemic rebound in late 2021 and early 2022.⁶ However, the initial upward trend reversed in 2022 as a result of strained global supply chains, the impact of Russia's invasion of Ukraine on commodity and energy prices and a subsequent spike in costs of living, all of which largely attributed to rampant inflation across the region.⁷

The sharp rise in energy and commodity costs has had an uneven impact on the countries of the region, with some recording notable benefits to their export-reliant economies, such as Argentina, which, despite a crippling inflation over the past decade,⁸ has been benefitting from strong agricultural exports, or Colombia's, Guyana's and Trinidad and Tobago's windfall gains from crude oil and other commodity exports. While the aforementioned countries are estimated to draw positive trade net effects from recent economic developments (particularly Guyana

and Trinidad and Tobago, whose GDPs are projected to grow by 19.5 per cent in 2022, and by 16.6 per cent in 2023), others, such as Mexico, a net importer of crude oil and its derivatives, find their economies struggling to compensate through agricultural, hospitality and tourism-related improvements.⁹

As a result of the overall modest economic growth of Latin American and Caribbean countries, with some benefitting, while others experience continued challenges, and which is expected to remain stressed by the ongoing war in Ukraine and unresolved global supply chain constraints, social cohesion efforts to mitigate any food and energy insecurities are expected to remain key to avoid a rift in the social fabric that has characterized the region for much of the past years of unabated arrivals of refugees and migrants from Venezuela.

Amidst these changing winds, the region witnessed the continuous and modest arrival of refugees and migrants from Venezuela, amidst strong onward movements, particularly along an ever-growing northward trajectory, via Colombia, Panama, Costa Rica, and other Central American states to Mexico, with the intention of reaching the United States; the country that an increasing proportion of refugees and migrants from Venezuela consider their place of intended destination.¹⁰ Increasingly unstable and uneven socio-economic conditions across the region are expected to exacerbate needs of refugees and migrants in the region throughout the second semester of 2022 and beyond, likely creating continued onward movements of refugees and

[6] *Economic growth in Latin America and the Caribbean in 2021: +6.8%, following a drop of -6.9% in 2020.* IMF, *World Economic Outlook Database*, April 2022, <https://www.imf.org/en/Publications/WEO/weo-database/2022/April>

[7] *Latin America economic outlook.* Deloitte Insights, 23 June 2022, <https://www2.deloitte.com/xe/en/insights/economy/americas/latin-america-economic-outlook.html>
IMF Blog: *Shifting Global Winds Pose Challenges to Latin America*, 27 July 2022, <https://blogs.imf.org/2022/07/27/shifting-global-winds-pose-challenges-to-latin-america/#>

What's the economic outlook for Latin America? World Economic Forum, 2 August 2022, <https://www.weforum.org/agenda/2022/08/latin-america-finance-inflation-economy-pandemic/>

[8] *The inflation rate in Argentina rose from 23.7% in 2011 to 54.1% in 2021.* Source: <https://data.worldbank.org/indicator/NY.GDP.DEFL.KD.ZG?end=2021&locations=AR&start=2009>

[9] *Ibid.*

[10] *See percentage development in intentions in Q2 R4V Movement Reports:* <https://www.r4v.info/en/document/r4v-movements-report-second-quarter-2022>

migrants who are jobless and unable to access basic goods and services in the previous destinations.

The strong dependence of LAC countries on such export commodities have also rendered them vulnerable to risks of extreme weather events affecting crop yields; exploitation of minerals depending on the maturation of mines; reliance of oil production on the discovery of new deposits; and fluctuating commodity prices affecting countries' economic stability. Despite the positive economic effect of increasing commodity prices in some LAC countries, since the primary sector does not create as many employment opportunities as would manufacturing or services, this has not translated into a positive impact on the labour market or improved integration opportunities for refugees and migrants. In line with these developments, the labour market in LAC countries, particularly the informal sector which employs a significant number of refugees and migrants from Venezuela, did not rebound to pre-COVID-19 levels, leaving many jobless and reliant on assistance.¹¹

Owing to the aforementioned global developments, the costs of living, including food, energy, rents and medicines, skyrocketed across the region, deeply affecting not only vulnerable refugees and migrants, but also host communities. For instance, the impact of these stark increases in living costs led to countless evictions, documented by the Regional Protection Sector's Survey on Evictions of Refugees and Migrants from Venezuela.¹²

The resulting competition for jobs, enrolment slots in schools, housing and other services between host communities and refugees and migrants from Venezuela¹³, has at times increased social tensions

and tested the levels of solidarity that characterized the earlier years of the Venezuela displacement situation. While host countries, communities, and individual citizens of the region have largely maintained remarkable levels of support to their Venezuelan neighbours, increasingly, acts of xenophobia, discrimination and even violence towards refugees and migrants from Venezuela have undermined the social fabric of the region. Tragic incidents, portraying refugees and migrants as vectors of the COVID-19 pandemic, or demonstrations driven by populist misinformation and anti-refugee/migrant social media¹⁴ threatened the otherwise peaceful coexistence, which provides the basis for mutually beneficial and sustainable integration of refugees and migrants.

MOVEMENT DYNAMICS

While 2022 witnessed continued outflows from Venezuela, newly departing refugees and migrants have been exposed to increasing levels of vulnerability. The imposition of visa requirements in all countries of Central America and Mexico drastically reduced the ability of Venezuelans to access northbound flights from Venezuela,¹⁵ leading to widely reported journeys by foot, including through the perilous Darien Gap between Colombia and Panama. In Panama alone, the arrival of refugees and migrants from Venezuela increased by over 2,400 per cent (from 2,819 in 2021 to 68,575 in the first eight months of 2022).¹⁶ Increased movement through the dangerous jungle terrain between Colombia and Panama has resulted in excessive levels of vulnerability, including resulting from transnational crime (human trafficking and smuggling), physical and sexual violence, robbery, and other crimes, amongst other protection issues.¹⁷

[11] See detailed comparisons in the regional and national Integration chapters in this document.

[12] R4V Regional Protection Sector: Eviction Tools, June 2021, <https://www.r4v.info/en/evictiontools>

[13] CEPAL, 23 August 2022: <https://www.cepal.org/en/pressreleases/2022-region-expected-resume-path-low-growth-seen-prior-covid-19-pandemic-growing-27>

[14] Examples include: in Chile: <https://www.bbc.com/news/world-latin-america-60197980> (31 January 2022); <https://www.24horas.cl/regiones/antofagasta/camioneros-bloquean-ruta-en-antofagasta-dos-detenidos-por-muerte-de-chofer-5181692>; <https://www.crisisgroup.org/latin-america-caribbean/andes/colombia-venezuela/hard-times-safe-haven-protecting-venezuelan>; Peru: <https://www.amnesty.org/en/documents/amr46/1710/2020/en>

[15] R4V Central America, Mexico and Colombia: R4V Special Situation Report (June Update), June 2022; <https://www.r4v.info/en/document/central-america-mexico-and-colombia-r4v-special-situation-report-june-update>
R4V Movements Report, First Quarter 2022, June 2022; <https://www.r4v.info/en/document/r4v-movements-report-first-quarter-2022>

[16] Migration Panama: 2,819 irregular arrivals in all 2021 (2%) vs. 68,575 irregular arrivals out of a total of 102,067 (67%) as of August 2022, https://www.migracion.gob.pa/images/img2022/PDF/IRREGULARES_POR_DARIEN_AGOSTO_2022.pdf

[17] Human Rights Watch: "Mexico/Central America: New Visa Restrictions Harm Venezuelans", July 2022, <https://www.hrw.org/news/2022/07/05/mexico/central-america-new-visa-restrictions-harm-venezuelans>

Refugees and migrants on the move through these regions have little, if any, savings to pay for their journey and cannot afford basic needs such as food, water and shelter while in-transit; children are not attending school; those with chronic diseases and physical disabilities face challenges with accessing state and/or private healthcare providers. Those most at-risk include elderly, pregnant and lactating women, children and adolescents, especially those that are unaccompanied and separated.¹⁸

In addition to the northern trajectory, a considerable number of refugees and migrants from Venezuela moved south toward Chile and countries of the Southern Cone where livelihoods and integration opportunities provide a sustainable prospect. Owing to prevailing visa requirements, refugees and migrants attempt to cross irregular routes on the tri-national border of Chile, Bolivia, and Peru, amidst harsh climatic conditions and thinly populated areas. The adoption of a new Migration Law¹⁹ in Chile led to “redirections” (or immediate removal) of refugees and migrants who entered the country irregularly and, in part, contributed to reducing numbers of irregular arrivals there.

In the second quarter of 2022, particularly along the Andean Corridor, onward movements northward from Chile, Ecuador and Colombia increased,²⁰ illustrating the complexity and fluidity of the situation, as well as the desperation of refugees and migrants who travel thousands of kilometres, often by foot, through dangerous terrain, to reach a destination that promises social protection and a sustainable integration prospect.

In parallel to the continued outflows and multi-directional onward movements, some refugees and migrants have been observed considering return movements to Venezuela, some using their own means, others resorting to the “Plan Vuelta a la Patria”, supported by the Government of Venezuela. Given the uncertain prospects in their host country, a significant proportion of these spontaneous return movements are understood as being exploratory and pendular in nature.

While the context has resulted in worsened conditions for refugees and migrants from Venezuela overall, host governments, as the primary duty bearers and responders, have encouragingly maintained support for humanitarian and protection assistance, as well as increasingly established regularization programs for refugees and migrants from Venezuela. Examples such as the Temporary Protection Status for Venezuelans (TPS) in Colombia, which aims to provide more than two million refugees and migrants from Venezuela with regular legal status for a ten-year period, as well as comparable albeit smaller scale regularization programmes in Peru, Dominican Republic, and Ecuador, amongst others, will support Venezuelans to access social protection systems, earn an income, and integrate into host communities across the region.²¹ While encouraging, ambitious state-led regularization programs require complementary support to ensure that refugees and migrants from Venezuela not only receive regularization documentation, but are fully integrated into host countries and gain access to essential services.

[18] See hereto also the elaborations in the Central America and Mexico chapter.

[19] On 21 February 2022, the new Ley de Migración y Extranjería (“Migration Law”) entered into force in Chile, Diario Oficial, 12 February 2022, <https://www.diariooficial.interior.gob.cl/publicaciones/2022/02/12/43177/01/2086865.pdf>

[20] Citation from latest movements report (Q2 2022): <https://www.r4v.info/en/document/r4v-movements-report-second-quarter-2022>

[21] See hereto: Regional Protection Chapter.

SCOPE OF ANALYSIS

Needs analysis are a key component of humanitarian programming cycles and foster evidence-based planning and inform response actors, host authorities and donors on the key needs that the population groups under the RMRP face. In the case of the Regional Venezuela Response, those needs are evaluated for every population group, in each Platform across all response sectors, reflective of the varying situations that refugees and migrants, in-destination and in-transit, as well as affected host communities encounter.

With a view to ensuring that the RMNA 2022 was conducted based on a joint, inter-sectoral and inclusive approach, R4V actors (including UN agencies, INGOs, NNGOs, civil society, academia and faith-based organizations) engaged in the different sectors and working groups, at national and regional level, engaged in JNA, focus group discussions (FGD) and secondary data reviews (SDR), providing their individual expertise and utilizing their outreach networks. This resulted in a comprehensive and holistic understanding of cross-sectorial relations between needs and their causes as well as an inclusive compilation of needs that will serve to inform a tailored and targeted response planning, as part of the RMRP 2023-2024.

Additionally, at a time where mobilization of financial resources for humanitarian and resilience-oriented responses are increasingly competitive, the RMNA presents a strategic regional overview for host authorities on the multi-sectoral needs, which will be complemented with R4V actors' response strategy in the RMRP, set to be released in December 2022, to demonstrate their areas of strategic impact.

DEFINITION OF POPULATION GROUPS & GEOGRAPHICAL DISAGGREGATION

Since the first RMRP was issued in late 2018, R4V pursued the objective to comprehensively monitor and respond to the situation of refugees and migrants from Venezuela and affected host communities. In this regard, the Regional Platform has monitored different movement dynamics that have evolved over the past years, in multiple directions, including

outflows from Venezuela, southward and northward onward movements, as well as the most-recent return movements, including their overlap and simultaneousness in various geographic areas. Against this background, both the RMNA and RMRP consider the following five population types:

- **In-Destination:** Individuals who have left their usual place of residence with the intention to remain in a host country.
- **In-Transit:** Individuals who are transiting through a country prior to entering their intended country of destination. These may be new departures from Venezuela or persons moving from a host country to a new one and transiting through a country in which they receive any form of assistance. This category may also include those who are transiting from a host country to their country of origin (Venezuela), via another host country.
- **Affected Host Community:** Local population affected by the arrival and presence of refugees and migrants.
- **Pendular:** Temporary and usually repeated population movements, which may represent a movement pattern between Venezuela and a neighbouring country.
- **Returnees:** Individuals who were refugees or migrants in Venezuela and left Venezuela to return to their country of origin (another country other than Venezuela). This does not include Venezuelan refugees and migrants returning to Venezuela.

Since 2022, the population figures that underpin the RMRP and the corresponding response are developed and monitored at the first administrative level (state/province/department). This level of disaggregation and overall information was also applied in the RMNA, helping adapt the response to the specificities of each context, while allowing for detailed planning, avoidance of response overlaps, concentrating the response's focus and corresponding monitoring of needs/gaps.

DATA TRANSPARENCY

All data relating to the RMNA and the RMRP, including its various dashboards showing R4V partner activities (Activity Repository and Explorer²²), financial tracking, progress towards RMRP targets, etc., are updated on a regular basis, accessible to the public and available on r4v.info, as well as the Humanitarian Data Exchange (HDX) R4V page.²³

Data transparency efforts reflect R4V's commitment and accountability towards affected populations, host governments and the donor community, through a constant and open communication of all available data. This data, based on inputs received from host authorities (on official population statistics), R4V actors (on activities, people reached, funds received), donors (on funds committed) and the R4V Coordination team (on underlying population projections, PiNs, accountability framework), is leveraged to inform decision-making processes, communicate accurately, implement response efforts in an efficient manner, and address any existing response gaps in a rapid and effective manner.

DATA SOURCES AND METHODOLOGY

The methodology used for this RMNA is aligned with the Joint Intersectoral Analysis Framework (JIAF). This framework, originally designed to assist country teams in conducting intersectoral analysis when preparing Humanitarian Needs Overviews (HNOs) and subsequent Humanitarian Response Plans (HRPs), is based on five key steps for undertaking a joint multi-stakeholder analysis process: (1) plan and design a joint intersectoral analysis process; (2) collate and collect data; (3) consolidate data; (4) conduct analysis; and (5) validate analysis.

Owing to the varied resources and availability of relevant information per R4V country, data collation/collection processes under this RMNA were distinct from Platform to Platform. However, most countries collected information through an SDR, leveraging data provided by national statistics institutes and other official sources, as well as quantitative and qualitative data shared by R4V partners and stakeholders. In some cases, this data did not meet needed levels of disaggregation required to analyze the specific

needs of refugees and migrants from Venezuela across each of the nine sector and three sub-sectors, resulting in partial information gaps. Some of these gaps were sector-specific, while others related to cross-cutting themes of analysis such as gender, age and/or geographical administrative levels. Additionally, in some countries the available data that was identified through the SDR was not sufficiently recent, or its methodology was not robust enough to draw conclusions regarding the needs of refugees and migrants from Venezuela.

To address these information gaps, some Platforms, including Brazil, Colombia, Ecuador, Peru, and Southern Cone, as well as Trinidad & Tobago (as part of the Caribbean Sub-regional Platform) and Mexico (as part of the Central America and Mexico Sub-regional Platform), conducted R4V-led primary data collection exercises, via surveys, participatory assessments, key informant interviews, and/or focus groups, either in-person or through telephone and web-based approaches.

The data sources used to conduct needs analysis were broad, ranging from reports produced by the humanitarian sector, academia and local and international NGOs, to statistics provided by authorities and national census and statistics institutes. The inclusion of academia and national institutions was key as a way to include refugee and migrant populations in the samplings done by national survey institutes, in order for their needs to also be considered in the governments' planning processes.²⁴ Reports by academia on refugees and migrants from Venezuela in the region contribute to the overall knowledge base on the topic and are used frequently by technical state institutions to support policy, planning and operational efforts. Those reports are particularly important to estimate the number of people in need (PiN) in sectors where household or individual interviews conducted by phone or in public cannot collect sensitive information, particularly on issues related to GBV, human trafficking & smuggling, health or child protection.

Since the onset of the COVID-19 pandemic, remote data collection methods were increasingly leveraged by Platforms across the region. As a result of gradual

[22] <https://www.r4v.info/en/data>

[23] <https://data.humdata.org/organization/r4v>

[24] See, for example: <https://egrissstats.org/>

reduction in COVID-19 mitigation measures and resulting re-opening of countries across the region, R4V Platforms, employed a hybrid presental/virtual approach to primary data collection. More

information on the results from these primary data collection exercises is included in the corresponding R4V Platform chapters hereunder.

TYPE AND NUMBER OF DATA SOURCES USED BY NATIONAL/SUB-REGIONAL PLATFORMS TO CALCULATE PEOPLE IN-NEED (PIN)



PEOPLE IN NEED (PIN)

In accordance with the RMRP Planning Instructions, to establish figures related to the PiN, Regional Sector coordinators provided technical sectoral guidance on minimum standards for such calculation. In this regard, the following regional sectors created and socialized methodological guides with national

sectors and platforms, enhancing data quality while promoting harmonization in the criteria and/or profiles used across the region: Nutrition, WASH, Humanitarian Transportation, Shelter, and Protection including its subsectors (Gender-Based Violence, Human Trafficking and Smuggling, and Child Protection).

Recognizing the particularities of each country²⁵ under the R4V Response, the PiN calculation process was accompanied by country-specific analytical frameworks, established by each National/Sub-regional Platform. PiN calculation at the national sectoral level was subsequently carried out applying a generalist approach, bearing in mind the constraints of standardized methodologies in the 17 countries of the region, each with particular resources at their disposal.

Depending on the availability of data and the capacities of each National/Sub-regional Platform, the calculation exercise was carried out by each National Sector based on primary data collection exercises as well as secondary data review and analyses. Data obtained by the National Sectors is presented as simple or compound indicators, representing, at a percentage level, the needs established based on the current refugee and migrant population per country.

The R4V Nutrition Sector PiN estimation for the 17 countries of the R4V response used this year estimates of nutrition-specific or nutrition-sensitive indicators applied to children under 5 and pregnant and lactating women (with the exception of Peru that included adolescent girls and Chile that included women due to a lack of disaggregated data). The PiN is therefore lower than last year's due the methodology used, where variables such as extreme poverty and access to food were applied to the general population of refugees and migrants and host communities, therefore covering needs that are broader than those usually targeted by nutrition responses.

INTER-SECTORAL PIN

The inter-sectoral PiN corresponds to the total number of people in-need per country or region. Approximations made to calculate this inter-sectoral PiN took into account the overall population in-need in each one of the sectors, to reduce risks of double-counting (since a person can receive services in multiple sectors). As such, the inter-sectoral PiN corresponds to the highest number of persons in-need within a specific territory.

Needs have been identified in various sectors for populations in destination across all 17 countries of the response. It is estimated that the needs, from an inter-sectoral perspective, exceed 50% of populations in destination across all 17 countries, as a result of beneficiaries receiving assistance in a comprehensive manner across various sectors. However, taking into account that the beneficiaries can receive assistance in a comprehensive manner involving several sectors, it can be observed that the needs from an intersectoral point of view exceeds 50 per cent of the people all the countries.

DATA LIMITATIONS

Considering challenges related to the availability of sector-specific needs assessments in each of the 17 countries covered by the R4V Response, relevant PiN calculations were developed by the relevant National/Sub-regional Platforms using a range of tools, including joint (multi-sectoral) needs assessments and/or analysis workshops, complemented by SDRs, and, where available, government data.

Most platforms encountered significant challenges collecting adequate data from affected refugees and migrants, bearing in mind the significant rate of irregular movements throughout the region over past years, and that the particular situations and

[25] *In Colombia, the indicators used to determine the PiN for Humanitarian Transportation (which, for the population in-destination, was 11% for 2022 and is 50% for 2023) changed from year to year, as the JNA questions were modified to capture local transportation needs (while for 2022 they were limited to transportation barriers for TPS registration only). Thus, the analysis for 2023 focused on difficulties in accessing markets, health centers and educational centers, including inability to pay for local transportation. The methodology to determine the needs and the number of the PiN for GBV (which, for the population in-destination, was 14% for 2022 and is 48% for 2023) changed from year to year. In the RMRP 2022, the methodology consisted of an estimate of Venezuelan women and girls at risk of GBV based on overall reported cases of GBV in Colombia; not specifically against Venezuelan women. The methodology for 2023 evolved with: i) a direct measurement based on data from the Venezuelan population, allowing a more precise estimate of the risk of GBV; and ii) a more comprehensive scope that integrated variables related to socio-demographic conditions and vulnerability of households, in addition to other variables linked to the aggressions/survivors reported by both men and women who were victims of GBV. Men and boys at risk of GBV were also included in PiN calculations.*

needs of those in irregular situations are statistically underrepresented in most surveys, assessments and public statistics. During data collection exercises, interview durations were kept at a minimum level to avoid assessment fatigue, while methods to collect data, often in public spaces or by phone, at times limited the ability to discuss sensitive topics. Additionally, not every sector was adequately represented in all Platforms, and, at times, technical or specialized partners were absent from the response. For this reason, the use of proxy indicators from other sectors or more general socio-economic aspects were applied.

The lack of breakdown by nationality, as well as comparisons between Venezuelan nationals and people of other nationalities, in reports and analyses produced by institutions external to the R4V also limited the use of such data, despite the quality of the sampling,

geographic coverage and pertinence of those.

Regarding population movements, most of the data presented through the R4V Platform, is gathered in each country by means of border monitoring systems as well as asylum and migratory data of governments or a combination of both. Given that this data represents only a proportion of the total population in each country, it posed an additional challenge to implement a statistically representative sampling to be used as a framework for an inter-agency assessment approach.

Most of the surveys were conducted using R4V partners' databases. As such, different data protection policies needed to be considered, to avoid sensitive or other personal data being disclosed, and to avoid survey duplications.



CONDITIONS OF REFUGEES AND MIGRANTS

SUMMARY OF NEEDS

The ability of refugees and migrants to meet basic needs have decreased due to widespread unemployment and rising costs-of-living, disproportionately impacting already vulnerable groups, such as women and Venezuelans in **irregular situations**. Against this background, a deteriorating trend in **food security** among Venezuelans has been noted in various countries across the region, consequently representing the top identified need of most refugees and migrants. As a result, coupled with inadequate **access to health** services and poor **WASH** conditions, **nutritional needs** have increased especially among young children and pregnant and lactating women. Lack of economic resources equally constitutes a barrier to access adequate **shelter** and housing, which has emerged as one of the highest prioritized needs in many countries where refugees and migrants are facing challenges securing payment of rent, leading to risks of eviction and homelessness.

The continuing trend of **irregular movements** of refugees and migrants, often associated with journeys through harsh terrain and difficult conditions, implies serious risks for in-transit populations, including **gender-based violence, human trafficking and smuggling**. With increasing number of countries having introduced visa requirements for Venezuelan nationals, more refugees and migrants resort to dangerous crossings and routes.

Despite the various important regularization and documentation initiatives ongoing across the region, needs related to protection and **integration** remain central. In addition, overall rising levels of xenophobia and discrimination continue to pose barriers to refugees' and migrants' access to rights and services, influencing overall **social cohesion** in host communities.

COVID-19

Two and a half years since the World Health Organization (WHO) declared COVID-19 a public health emergency, the Latin American and Caribbean region continues being impacted by the pandemic and its consequences. The LAC region has officially reported some 78.5 million confirmed cases and 1.7 million deaths,²⁶ making it one of the world's most-impacted regions.

Refugees and migrants from Venezuela, in particular the elderly, those with pre-existing health conditions, pregnant women, and children, have been among the most susceptible to the impacts of the pandemic. The affectations include the disproportionate curtailing of their income and livelihoods opportunities due to their overrepresentation in the informal sector, low inclusion in social protection mechanisms, and reduced enrolment in schools contributing to learning loss. The pandemic also left its mark on the national health systems of the countries in the region, many still operating at capacity limits, while countless health workers, caregivers and other first-responders and support staff lost their lives operating at the front lines, with others still recovering from long-term consequences of COVID-19 or mental health ailments.²⁷

Although COVID-19 travel restrictions were largely lifted during 2022, many countries require proof of vaccination and/or negative COVID-19 tests to enter their territories. Such additional impediments to accessing countries' territories continue to contribute to refugees and migrants embarking on alternative irregular and perilous pathways.

In the LAC region, the rollout of COVID-19 vaccinations was largely considered a success, being generally available to all refugees and migrants in the 17 countries covered by the RMRP, irrespective of the legal situation in a country, which also extended to

[26] <https://covid19.who.int/>

[27] PAHO: "The COVID-19 Health Care Workers Study (HEROES): Regional Report from the Americas"; 2022, https://iris.paho.org/bitstream/handle/10665.2/55972/PAHONMHMHCVID19220001_eng.pdf?sequence=1&isAllowed=y

available treatments for COVID-19. However, despite laudable efforts of host governments to include refugees and migrants in these vaccination and treatment campaigns, large numbers of indigenous refugees and migrants have been found not accessing the vaccination due to cultural barriers, showing the need for a bigger effort to cover this population.²⁸

By September 2022, an estimated average of 70 per cent of the population in the 17 countries (including refugees and migrants) under the R4V Response have received at least one dose of the COVID-19 vaccine.²⁹ In the region, this ranges from 93 per cent in Chile and ten additional countries accounting for more than 75 per cent coverage³⁰ to 49 per cent in Trinidad and Tobago.

The COVID-19 pandemic has highlighted the importance and feasibility of inclusive, non-discriminatory and comprehensive approaches towards healthcare needs,³¹ including mental health and psychosocial needs.

GENDER

This RMNA adopts an intersectional approach to provide R4V partners an accurate and in-depth analysis of current needs and risks. The intersectional approach contemplates factors such as age, gender, sexual orientation, ethnicity and disability, among others, and contributes to bridging gender gaps and empowering the most vulnerable population groups, whether in-transit, pendular or in-destination. Specifically, the needs of pregnant women, women heads of households, girls, adolescents, lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) population and people with disabilities need to remain at the center of the humanitarian response.

In terms of socio-economic inclusion, R4V partners note in the context of this document that an employment and gender gap that impacts directly

refugee and migrant women from Venezuela prevails across the region. This phenomenon entails not only increased unemployment and precarious and/or abusive employment situations, but also risks of becoming victims of sexual harassment or abuse by employers.

As for protection, the social stigma around Venezuelan women and girls (sexualization) has continued to expose them to increased risks of different forms of GBV, exploitation, abuse, as well as incidents of discrimination and xenophobia. As outlined in this document, situations of labour exploitation of refugee and migrant women continue being reported by R4V partners, especially in the informal and domestic service sectors. Moreover, human trafficking for sexual exploitation, as well as an increase in violence and victimization against LGBTQI+ persons are widely reported. These cross-cutting phenomena negatively impact women's, girls' and LGBTQI+ persons' integration opportunities, access to socio-economic inclusion, protection, education and healthcare, among others.

In the course of this document, R4V partners stress the widespread lack of access to sexual and reproductive health services, pre- and post-natal care and childcare related needs – all of which negatively impact women's lives. In this respect, pregnant women are considered among the most vulnerable population groups on the move owing to the widespread lack of basic prenatal checkups and adequate care. Similarly, as concerns water, sanitation, and hygiene (WASH) needs, lack of access to menstrual care products, menstrual education and safe toilettes remain widespread across the region, and undermine women's and girls' bodily autonomy, school attendance and socio-economic participation, further exposing them to protection risks.

[28] *The Lancet – Regional Health (Americas): "A call for COVID-19 immunization campaigns that address the specific circumstances of indigenous peoples of Latin America and the Caribbean", September 2021, [https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(21\)00070-3/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(21)00070-3/fulltext).*

Economic Commission for Latin America and the Caribbean (ECLAC) and others, "The impact of COVID-19 on indigenous peoples in Latin America (Abya Yala): between invisibility and collective resistance", Project Documents (LC/TS.2020/171), Santiago, 2021, https://www.cepal.org/sites/default/files/publication/files/46698/S2000893_en.pdf

[29] https://ourworldindata.org/covid-vaccinations?country=OWID_WRL

[30] *This includes Argentina (91%), Peru (88%) Uruguay (88%), Brazil (87%), Costa Rica (87%), Ecuador (86%), Aruba (84%), Colombia (83%), Panama (80%), and Mexico (75%) (https://ourworldindata.org/covid-vaccinations?country=OWID_WRL).*

[31] *The Lancet- Regional Health (Americas): "Strengthening mental health responses to COVID-19 in the Americas: A health policy analysis and recommendations", January 2022, <https://www.sciencedirect.com/science/article/pii/S2667193X21001149>*

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

Refugees and migrants continue to be at high risk of sexual exploitation and abuse (SEA), with children, adolescent girls, adult women, particularly from single-headed households,³² and persons with disabilities³³ being identified as disproportionately exposed to this form of GBV. Recent participatory assessments identify the lack of access to shelter, transportation, employment, and in general, lack of access to basic means for survival (ex. food, clothing)³⁴ as some of the main contributing factors to SEA.

Other regional assessments confirm that job insecurity often exposes women and girls to deception and/or sexual exploitation and leads them to situations of dependency, that prevent them from breaking the cycle of violence.³⁵ While not specifying the perpetrator type, requests for exchanges of sexual activities for material goods or benefits have been widely documented in studies and assessments,³⁶ and while refugees and migrants are exposed to them at every point of their movement across the region, they tend to happen at a greater degree in-destination locations rather than in-transit.³⁷

Commonly reported impacts of sexual exploitation and abuse include poor mental health outcomes, being in physical danger or feeling unsafe, stigmatization, being unable to meet basic needs, and inability to take care of family. Other less common impacts reported include trafficking, insecure and precarious border

crossings, family separation, early unions between adolescent women and older men, unwanted pregnancies, and sexually transmitted infections.³⁸

Refugee and migrant survivors of SEA and other forms of GBV continue to face significant challenges to access GBV/CP specialized services, particularly due to lack of updated information, fear of deportation, mistrust of the national protection system, feeling discriminated against due to their nationality, not being treated with respect and empathy by health and law enforcement actors, being discouraged from pursuing justice, and feeling doubtful that accessing care would yield favorable outcomes.³⁹

Participants in the first R4V Joint SEA Risk Assessment conducted in Colombia listed extreme dependency on the assistance received and fear of not receiving it any longer as the main reason why a survivor of SEA would not seek to report a case. In addition, participants identified significant gaps in the response, including a generalized lack of general communication with communities, particularly around information on services; lack of knowledge about the expectations and codes of conduct of R4V partner organizations, and on the existence of a systemwide SEA zero-tolerance policy; lack of proper identification of front-line personnel; lack of information on how to seek support and/or report incidents; and lack of access to existing reporting channels, primarily websites/hotlines.

[32] *Joint SEA Risk Assessment pilot exercise conducted by the R4V Regional PSEA COP and the PSEA Task Force in Colombia (May 2022).*

[33] *A 2021 UNHCR and Riadis study reveals that, among the most frequent risks and threats to people with disabilities is gender-based violence, specifically sexual violence, abuse, labour and sexual exploitation, and trafficking.*

[34] *IOM, Queen's University, Monitoring of Gendered Threats for Refugee and Migrant Women and Girls from Venezuela (Forthcoming).*

[35] *In a recent GBV assessment conducted by UNHCR and HIAS, with 1,522 refugees and migrants, out of which 1,008 women, participants reported being exposed to the risk of sexual exploitation. They also reported stigma and discrimination which decreases their access to decent employment, hinders their search for housing, and their access to health services and justice.*

[36] *Plan International (2021). Adolescent Girls in Crisis: The Venezuelan migration; Safe from the Start Report 4th quarter, Guyana, 2021; HIAS (2022); Cartografías Afectivas: Migrar es como volver a nacer; International Organization for Migration, Queen's University. "Monitoring of Gendered Threats for Refugee and Migrant Women and Girls from Venezuela." (Forthcoming).*

[37] *International Organization for Migration, Queen's University. "Monitoring of Gendered Threats for Refugee and Migrant Women and Girls from Venezuela." (Forthcoming).*

[38] *Ibid.*

[39] *See the Regional GBV Sub-sector chapter.*

PLANNING ASSUMPTIONS & RISK ANALYSIS: 2023 AND BEYOND

RISK & SEVERITY OUTLOOK – INFORM INDEX

Despite the uncertain economic outlook, the majority of countries in the Latin American and Caribbean region hosting refugees and migrants from Venezuela, apart from Colombia and Mexico,⁴⁰ are considered to be facing only a medium-to-low risk of a humanitarian crisis as a result of being impacted by multiple challenges. These challenges include the impact of multiple mixed movements, most notably the more than 7 million refugees and migrants from Venezuela; the lingering impact of the COVID-19 pandemic; natural hazards in various countries of the region; and the global socio-economic challenges of 2022.⁴¹ Until 2019, the risk of humanitarian crises in the region had been relatively stable. However, over the past three years, 9 out of 15 assessed countries covered by the R4V response⁴² show increasing risks.⁴³

Notwithstanding this moderate risk of a deterioration of the situation in Latin America and the Caribbean, the severity of the current situation in refugee- and migrant-hosting countries of the region remains of concern, especially with Colombia and Peru, the two

countries hosting almost two thirds of the refugees and migrants from Venezuela in the region, reportedly showing a high severity, according to the latest available INFORM Severity Index.^{44,45}

INFORM

ASSUMPTIONS

Against the above background, movements of refugees and migrants from Venezuela and relating movement trends will remain highly complex and influenced by multiple factors, including any resurgent COVID-19-related movement restrictions; other national movement control measures (including visa requirements and other entry restrictions for refugees and migrants); enhanced integration and regularization efforts by host authorities; and political developments, especially in countries with new administrations and/or where national elections in late-2022 and in 2023 may bring about new political orientations, both domestically as well as in relation

[40] Fifteen countries hosting refugees and migrants from Venezuela (Aruba and Curaçao were not assessed by INFORM) have an average of 3.79 / 10 with Colombia (5.4), Mexico (5.1), Peru (4.8), Ecuador (4.6), and Brazil (4.5) as the top five at-risk states in the region.

[41] Inter-Agency Standing Committee and the European Commission, *INFORM REPORT 2022; Shared evidence for managing crises and disasters*, EUR 31081 EN, Publications Office of the European Union, Luxembourg, 2022, ISBN 978-92-76-52775-6, doi:10.2760/08333, JRC129343. <https://drmkc.jrc.ec.europa.eu/inform-index/>

The INFORM Risk Index is a composite index that simplifies multiple data sources informing about the risk of a particular country facing a humanitarian crisis or disaster. It uses 80 different indicators to measure hazards and peoples' exposure to them, vulnerability, and the resources available to help people cope. The INFORM Risk Index creates a risk profile for every country. Each has a rating between 0 and 10 for risk and all of its components, permitting for a relative comparison.

[42] Aruba and Curaçao were not assessed by INFORM.

[43] The overall composite INFORM Risk Index score for the Americas region grew from 3.33 in 2013 to 3.57 in 2022.

[44] The INFORM Severity Index is a composite indicator that measures the severity of humanitarian crises against a common scale. It seeks to communicate the current status of crises in a systematic, objective and understandable manner, building on an analytical framework for every crisis, covering the impact of the crisis itself, in terms of the scope and of its geographical, human and physical effects; the conditions and status of the people affected, including information about the distribution of severity (i.e. the number of people in each category of severity within a crisis); and the complexity of the crisis, in terms of factors that affect its mitigation or resolution.

[45] Among the 10 assessed countries covered by the R4V response, two countries were considered as being in a high severity category (Colombia and Peru), seven were considered in a medium severity category (Brazil, Chile, Costa Rica, Dominican Republic, Ecuador, Mexico and Panama), and one (Trinidad and Tobago) was considered in a low-risk category. INFORM Severity Index, updated on 31 July 2022.

to Venezuela (notably in Argentina, Brazil, Colombia, Chile and Peru).

Building on this understanding, the regional planning assumptions and scenario builds on 227 responses to a regional survey among all R4V partners (68 per cent representing NGO, civil society and academia responders) from across the 17 countries of the R4V response.⁴⁶ This consolidated planning outlook for 2023 and 2024 takes into account particular national dynamics, while demonstrating convergence on certain key aspects of the common regional vision for the coming years.

In this respect, key observations include a continued net outflow of refugees and migrants from their country of origin, as well as continued multiple onward movements throughout the second semester of 2022 and beyond, largely using irregular routes, and increasingly in a northward direction.

Motivated by some stabilizing tendencies in parts of Venezuela, as well as growing challenges to their socio-economic integration, an inability to

exercise basic rights and access essential services, as well as growing sentiments of xenophobia and discrimination in some host countries,⁴⁷ for the second⁴⁸ time since the onset of the Venezuelan refugee and migrant crisis, a majority of R4V actors envisage gradually increasing return movements – a trend that was supported by findings on exits from Colombia and Brazil to Venezuela, albeit at a modest level, in the R4V Movements Report covering the second quarter of 2022.⁴⁹

In parallel, sustainable protection solutions for refugees and migrants from Venezuela in some host countries, for example through increased access to regularization (notably in Brazil, Colombia, Ecuador and the Dominican Republic) are expected by a large majority of partners across the region to provide opportunities to access rights and services for an increasing number of refugees and migrants in irregular situations; thereby responding to a priority need of refugees and migrants in the region.

[46] RMRP 2023-2024 Planning Assumptions and Scenarios: <https://www.r4v.info/en/keyresources>

[47] See hereto: *Regional Integration Chapter of the RMNA, and responses to Planning Assumptions Survey: likelihood of levels of incidents of xenophobia and discrimination, and risks of exploitation and abuse, respectively, increasing in 2023 (Questions E.6. and E.9).*

[48] *The first occasion in which R4V partners observed increasing return movements was during the onset of the COVID-19 pandemic in 2020, and related to strict movement restrictions and lockdowns imposed by host governments, and resulting job losses and inability of refugees and migrants from Venezuela to pay for basic services, particularly those who worked in the informal sector.*

[49] R4V Movements Report: Second Quarter 2022: <https://www.r4v.info/en/document/r4v-movements-report-second-quarter-2022>

MONITORING OF SITUATION & NEEDS

The RMNA benefits from drawing its analysis from a wealth of sources produced by R4V partners throughout the region, including individual agencies' reports as well as inter-agency and inter-sectoral products coordinated through the National, Sub-regional and Regional R4V Platforms.

There are R4V monitoring efforts that focus on **population movements** of refugees and migrants from Venezuela, which are carried out particularly in contexts of irregular movements, where official data is otherwise unable to capture or understand movement phenomena. This type of monitoring allows R4V actors, and host governments and other partners to better understand trends in population movements and anticipate the needs of refugees and migrants, including the locations where they will require services and assistance, as well as contributing to calculations of populations in-need, populations in-destination and in-transit. A number of National R4V Platforms coordinate regular information-gathering exercises to count and understand people on the move in their respective countries, including the GIFMM in Colombia,⁵⁰ the GTRM in Ecuador⁵¹ and the GTRM in Peru.⁵² Methodologies range from in-person interviews to the use of data collected at free Wi-Fi service points through voluntary user surveys. Through these monitoring tools, refugees and migrants can share information on their intended destination countries, countries of prior residence or transit, reasons for undertaking movements, as well as needs and experiences during their journeys. All of this is invaluable information for R4V partners, as well as donors and host governments, seeking to understand and better respond to the needs of people on the move. R4V also works to synthesize

information from movements obtained on a monthly basis into a quarterly regional Movements Report, highlighting key population trends and changes in the dynamics.⁵³

In terms of contributions to the analysis contained within the RMNA, meanwhile, the most important R4V monitoring products are **inter-agency and inter-sectoral needs assessments**, particularly those that include R4V-led primary data collection exercises.⁵⁴ This form of monitoring and data collection includes principles of accountability to affected populations (AAP), allowing refugees and migrants themselves to identify their main needs, report on their situations – including challenges as well as opportunities – and include recommendations on what types of support they prefer to receive (for example, through surveys that ask about preferred assistance modalities, such as in-kind or cash and voucher assistance). R4V-led inter-agency primary data collection exercises also benefit from the varied experiences and sectoral specialties of the multiple organizations that participate in them, including in the design of methodologies and questionnaires, which gather and compare information on aspects including household composition (including age, gender and diversity characteristics); length of permanence in the country; and main needs and challenges to accessing available services and support. There are also **inter-agency sectoral needs assessments** and analyses, such as those coordinated by national or regional sectors (for example, WASH sectoral assessments carried out in Brazil,⁵⁵ and multi-country consultations with refugees and migrants facilitated by the Regional Protection Sector⁵⁶). **Individual agencies' assessments** carried out with refugees

[50] GIFMM Colombia, *Population Monitoring and Profiling System*, <https://tinyurl.com/yf8snjdy>

[51] GTRM Ecuador, *Analysis of the Border Monitoring and Profiling System, 2021*, <https://www.r4v.info/es/document/gtrm-ecuador-analisis-del-sistema-de-monitoreo-de-fronteras-y-caracterizacion-de-flujos>

[52] See GTRM Peru, <https://www.r4v.info/en/node/256>

[53] See, e.g., *R4V Regional Platform, Movements Report: First Quarter 2022, June 2022*, <https://www.r4v.info/en/document/r4v-movements-report-first-quarter-2022> and *R4V Regional Platform, Movements Report: Second Quarter 2022, September 2022*,

[54] See also herein, *RMNA Regional Chapter, Scope of Analysis*.

[55] *R4V Comitê WASH de Roraima, Relatório Situacional de WASH nos Abrigos Oficiais da Operação Acolhida, 2021*.

[56] *R4V Regional Protection Sector, Consultations with indigenous peoples in Guyana, Colombia, Trinidad and Tobago and Brazil, February 2022*, <https://bit.ly/3A28ygY> <https://bit.ly/3SP2e57> <https://bit.ly/3Qx1T5w> <https://bit.ly/3QL5a01>

and migrants, meanwhile, also serve as important resources to understand the needs of refugees and migrants in these organizations' respective areas of sectoral and geographic expertise.

Situation reports provide context to developments in countries across the region that affect the lived realities of refugees and migrants, options available to them and the choices they make, all of which are important to understand when assessing their needs and developing responses. These include regular monthly situation reports prepared by R4V country or sub-regional Platforms, as well as regional or sub-regional special situation reports organized by the R4V Regional Platform that highlight situations that affect refugees and migrants in multiple countries of the region (for example, the R4V Special Situation Reports on the Bolivia, Chile and Peru border region;⁵⁷ and R4V Special Situation Reports on Central America, Mexico and Colombia⁵⁸).

Finally, R4V facilitates and requires regular monitoring of the organizations engaged in the RMRP response, through the use of **financial tracking tools** which

participating organizations use to report funds received to carry out activities within the scope of the RMRP,⁵⁹ as well as through regular reporting on **people reached** through R4V activities.⁶⁰ This information is reflected on publicly available dashboards regularly updated on r4v.info. These types of monitoring promote accountability, effectiveness and transparency of the response, while also supporting data-driven decision-making, and facilitating the targeting of funds for RMRP activities to the areas of need identified through the other assessment methodologies highlighted in this RMNA.

One of the guiding principles of R4V is transparency, which is illustrated in the aforementioned reports, tools, and assessments, at regional, national and sub-regional levels. These can be found on the R4V.info webpage in respective platform and sector pages.

[57] R4V Regional Platform, *Special Situation Report: Bolivia, Chile and Peru, March 2022*, <https://www.r4v.info/en/document/r4v-special-situation-report-bolivia-chile-peru-march-update>

[58] R4V Regional Platform, *Special Situation Report: Central America, Mexico and Colombia, July 2022*, <https://www.r4v.info/en/document/central-america-mexico-and-colombia-r4v-special-situation-report-june-update>

[59] The Financial Tracking Service (FTS) of UN-OCHA is the official financial tracking mechanism for funds received by organizations participating in the RMRP. See <https://fts.unocha.org/>. The R4V Regional Platform also maintains and regularly updates a Financial Tracking Dashboard using the information from FTS for ease of monitoring the financial situation of the RMRP response, <https://www.r4v.info/en/funding>

[60] See <https://www.r4v.info/en/monitoring>



EDUCATION

TOTAL POPULATION
5.96 M

PEOPLE IN NEED (PIN)
2.78 M

826.1 K 878.8 K
561.3 K 516.3 K

PIN PERCENTAGE
46.7%



COUNTRY	Population	People in Need	Percentage	Visual
Argentina	171.1 K	53.1 K	31.1%	
Aruba	17.0 K	2.0 K	11.8%	
Bolivia	13.8 K	4.2 K	30.8%	
Brazil	365.4 K	81.8 K	22.4%	
Chile	448.1 K	73.0 K	16.3%	
Colombia	2.48 M	1.57 M	63.5%	
Costa Rica	301 K	3.3 K	10.9%	
Curaçao	14.0 K	1.6 K	11.4%	
Dominican Republic	115.3 K	11.5 K	10.0%	

COUNTRY	Population	People in Need	Percentage	Visual
Ecuador	502.2 K	149.9 K	29.8%	
Guyana	19.6 K	7.9 K	40.0%	
Mexico	83.0 K	14.9 K	18.0%	
Panama	144.5 K	17.3 K	12.0%	
Paraguay	5.8 K	2.4 K	41.3%	
Peru	149 M	777.8 K	52.2%	
Trinidad and Tobago	35.3 K	4.1 K	11.7%	
Uruguay	22.0 K	4.4 K	20.2%	



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The education challenges faced by refugee and migrant children and adolescents from Venezuela have over the past years been aggravated by the impact of the COVID-19 pandemic. Despite the reopening of schools, many refugee and migrant children still face multiple obstacles to access education services in their host countries.

One of the main barriers to education access continues to be the lack of enrolment slots or spaces in schools. Refugees and migrants in countries such as Chile, Brazil, Peru and Guyana commonly encounter this barrier. In Brazil, for example, 17 per cent of Venezuelan children nationwide are not attending school, which increases to 63 per cent for the refugee and migrant children who are living in shelters in Boa Vista (Roraima).⁶¹

Another important challenge impeding school permanence of refugees and migrants is the lack of in-kind and/or financial resources to enroll children

and adolescents in schools, to purchase school supplies, uniforms and pay for transportation, among other expenses. For example, in Colombia, 29 per cent of Venezuelan children aged 6 to 17 years old are not enrolled in schools, mostly due to their parents' inability to pay for school fees and materials.⁶² In Aruba and Curaçao, fees related to the mandatory purchase of insurance, transportation and school materials constitute barriers to school enrolment. Similarly, the lack of economic resources was identified as the main obstacle for access to/permanence in education in Panama, Costa Rica and Ecuador.

Distance education, which served as the only viable alternative when schools were closed due to the COVID-19 pandemic, was largely not viable for refugee and migrant children, as very few had access to laptops or sufficient internet, resulting in the current education situation, characterized by setbacks in numeracy and literary skills.⁶³ In this context, in Ecuador, one in seven Venezuelan children had a

[61] UNHCR, *Atividade de Verificação: Dados de educação e cobertura vacinal nos abrigos de Boa Vista, April 2022.*

[62] R4V National Platform in Colombia (GIFMM), *Joint Needs Assessment (JNA) for Venezuelan Population in Destination and Colombian Returnees, 2022.*

[63] UNICEF, *COVID-19: Scale of education loss 'nearly insurmountable', warns UNICEF, 23 January 2022, <https://www.unicef.org/press-releases/covid19-scale-education-loss-nearly-insurmountable-warns-unicef#:~:text=Quite%20simply%2C%20we%20are%20looking, support%20to%20recover%20lost%20education>*

laptop or computer for their personal use and three in four did not have access to quality internet connection in their homes.⁶⁴ The digital gap also severely affected Venezuelan refugee and migrant children's access to education in Trinidad and Tobago.

Across the region, refugees' and migrants' widespread lack of documentation often undermines their ability to enroll, complicates the recognition and validation of previous studies, and subsequently impacts their access to continued education. In Peru, despite children's universal access to education regardless of their legal status, around 62 per cent of surveyed households mentioned the lack of documentation as a main barrier to school attendance.⁶⁵ Similarly, to formalize children's school enrolment in the Dominican Republic, schools typically request that students provide notarized identity documents, which parents of refugee and migrant children often do not possess.⁶⁶ Despite the return to in-person classes in 2022, due to legal and administrative barriers, refugee and migrant children in Trinidad can still only access education solutions outside of the public school system and are unable to regularly access remote learning.⁶⁷

Cross-cutting needs for refugee and migrant children which impact their enrolment and performance in schools include the mitigation of learning gaps, discrimination, xenophobia and violence within classrooms, and inadequate WASH services in schools. The language of instruction is a challenge for Venezuelan refugees and migrants in schools in Brazil and the Caribbean sub-region. Additional challenges to school attendance are faced by highly vulnerable groups, such as children with disabilities, children of single parents (mainly women and adolescent girls), LGBTQI+ persons, and girls, who face greater risks of GBV and early pregnancy, which in turn affects their school attendance and performance.⁶⁸ Refugee and migrant children in-transit also suffer learning setbacks after not attending school for months or even years, as noted among Venezuelans arriving to Chile⁶⁹ and in-transit through Central America.⁷⁰

[64] Ministry of Education & UNICEF, *Monitoring survey of the COVID-19 impact on the affected community*, October 2021.

[65] GTRM Peru, *Joint Strategic Needs Assessment (JSNA)*, 2022.

[66] R4V Caribbean Platform, *Participatory Assessments: Dominican Republic*, 2021.

[67] See herein Caribbean RMNA, *Education Sector Chapter*, 2022.

[68] R4V Regional Education Sector, *challenges identified by partners during monthly sector meetings*, 2022.

[69] 20% of refugees and migrants interviewed upon arriving to the north of Chile reported that children had not received formal education over the past year. IOM, *Displacement Tracking Matrix (DTM) Colchane – Round 1*, 16 June 2022.

[70] *Refugee and migrant children in transit through the Darien in Panama show very low levels of literacy*. See, e.g., RET International, *Panama Bi-Annual Programmatic Reports, 2021-2022*.



FOOD SECURITY

TOTAL POPULATION
5.96 M

PEOPLE IN NEED (PIN)
3.16 M

1.04 M
504.3 K

1.15 M
467.8 K

PIN PERCENTAGE
53.0%



COUNTRY	POPULATION	PEOPLE IN NEED	PIN PERCENTAGE	PROGRESS BAR
Argentina	171.1 K	106.1 K	62.0%	<div style="width: 62%;"><div style="width: 100%;"></div></div>
Aruba	17.0 K	8.5 K	50.0%	<div style="width: 50%;"><div style="width: 100%;"></div></div>
Bolivia	13.8 K	8.8 K	64.0%	<div style="width: 64%;"><div style="width: 100%;"></div></div>
Brazil	365.4 K	197.3 K	54.0%	<div style="width: 54%;"><div style="width: 100%;"></div></div>
Chile	448.1 K	165.1 K	36.8%	<div style="width: 36.8%;"><div style="width: 100%;"></div></div>
Colombia	2.48 M	1.37 M	55.3%	<div style="width: 55.3%;"><div style="width: 100%;"></div></div>
Costa Rica	30.1 K	19.3 K	64.0%	<div style="width: 64%;"><div style="width: 100%;"></div></div>
Curaçao	14.0 K	5.3 K	38.0%	<div style="width: 38%;"><div style="width: 100%;"></div></div>
Dominican Republic	115.3 K	28.8 K	25.0%	<div style="width: 25%;"><div style="width: 100%;"></div></div>

COUNTRY	POPULATION	PEOPLE IN NEED	PIN PERCENTAGE	PROGRESS BAR
Ecuador	502.2 K	288.8 K	57.5%	<div style="width: 57.5%;"><div style="width: 100%;"></div></div>
Guyana	19.6 K	13.4 K	68.0%	<div style="width: 68%;"><div style="width: 100%;"></div></div>
Mexico	83.0 K	10.0 K	12.0%	<div style="width: 12%;"><div style="width: 100%;"></div></div>
Panama	144.5 K	59.3 K	41.0%	<div style="width: 41%;"><div style="width: 100%;"></div></div>
Paraguay	5.8 K	3.9 K	68.0%	<div style="width: 68%;"><div style="width: 100%;"></div></div>
Peru	1.49 M	849.7 K	57.0%	<div style="width: 57%;"><div style="width: 100%;"></div></div>
Trinidad and Tobago	35.3 K	10.6 K	30.0%	<div style="width: 30%;"><div style="width: 100%;"></div></div>
Uruguay	22.0 K	14.3 K	65.0%	<div style="width: 65%;"><div style="width: 100%;"></div></div>

Food insecurity has increased significantly for the most vulnerable people in Latin America and the Caribbean region since the start of the COVID-19 pandemic, creating additional challenges to meeting their essential needs. As countries in the region and their economies gradually commenced recovering from COVID-19, the onset of the conflict in Ukraine caused new global challenges, driving widespread inflation and production deficits also in Latin America and the Caribbean.^{71,72} The combination of these factors has had a deteriorating impact on the food security situation of refugees and migrants from Venezuela. In addition to the sharp slowdown in economic activity and the adverse impacts on labour markets in the region, refugees' and migrants' greater dependence on informal economies – often associated with their irregular status – is related to the barriers they face when trying to access income-generating activities (livelihoods) or social protection networks in their host countries. This results in an increasing inability by refugees and migrants to satisfy their essential food requirements.

Food insecurity among refugees and migrants is directly linked to households' economic ability to meet their basic needs, leading many to adopt negative coping mechanisms. For example, in Colombia⁷³ where JNAs indicated a reduction in the number of daily meals, the consumption of less nutritious food, begging and the sale of productive assets. Seventy-nine per cent of those in-transit and 28 per cent of those engaging in pendular movements resorted to such strategies to meet their most basic food requirements. In this context, refugees and migrants from Venezuela are at risk of forced recruitment and human trafficking, and are often exposed to violence. Similarly, according to the JNA in Peru, 45 per cent reported that the food situation had deteriorated over the last year, as well 3 out of 4 refugees and migrants

indicated that they were frequently adopting negative coping strategies.⁷⁴ In Argentina, Paraguay and Uruguay, over half of the JNA respondents indicated that they resorted to lower quality food as a result of higher levels of food insecurity⁷⁵.

The findings of JNAs and other data collection exercises conducted in the 17 countries covered by the R4V response form the basis for the analysis and compilation of common needs. Several national and sub-regional R4V platforms indicate a deteriorating trend in the food security situation among Venezuelan refugees and migrants, due to limited income and factors like barriers to accessing public services and the formal labour market. Among the main needs identified are:

- Inability of highly vulnerable refugees and migrants as well as their host communities to purchase food: Their insufficient income impedes them from meeting daily food needs or to acquire and consume quality food. This is particularly acute for children under 5 years, pregnant or lactating women, who have been identified among those facing the most severe increase in food insecurity among refugees and migrants from Venezuela.
- Overcoming impediments to accessing sufficient and quality food, including through livelihood opportunities. As outlined in the Sector chapters relating to Integration and Protection, according to JNA data from across the region, refugees and migrants report that their inability to access sufficient and quality food is largely attributed to missing employment and income-generating opportunities as well as their irregular legal status in host and transit countries, and thereby contribute to the adoption of food-related coping strategies.

[71] Food and Agriculture Organization (FAO), *Impact of the Ukraine-Russia conflict on global food security and related matters under the mandate of the Food and Agriculture Organization of the United Nations (FAO)*, June 2022, <https://www.fao.org/3/nj164en/nj164en.pdf>

[72] World Food Programme, *Food security implications of Ukraine crisis in Latin America and the Caribbean*, https://fscluster.org/sites/default/files/documents/food_security_implications_of_the_conflict_in_ukraine_in_latam_en_final_1.pdf

[73] See hereto, RMNA Colombia, *Food Security chapter*.

[74] WFP, *Food security monitoring of Venezuelans migrants and refugees in Peru*, March 2022, https://www.r4v.info/es/document/WFP_Monitoreo_Seguridad_Alimentaria_Ronda_5_Mar22

[75] R4V Southern Cone Platform, *JNA*, June 2022.



HEALTH

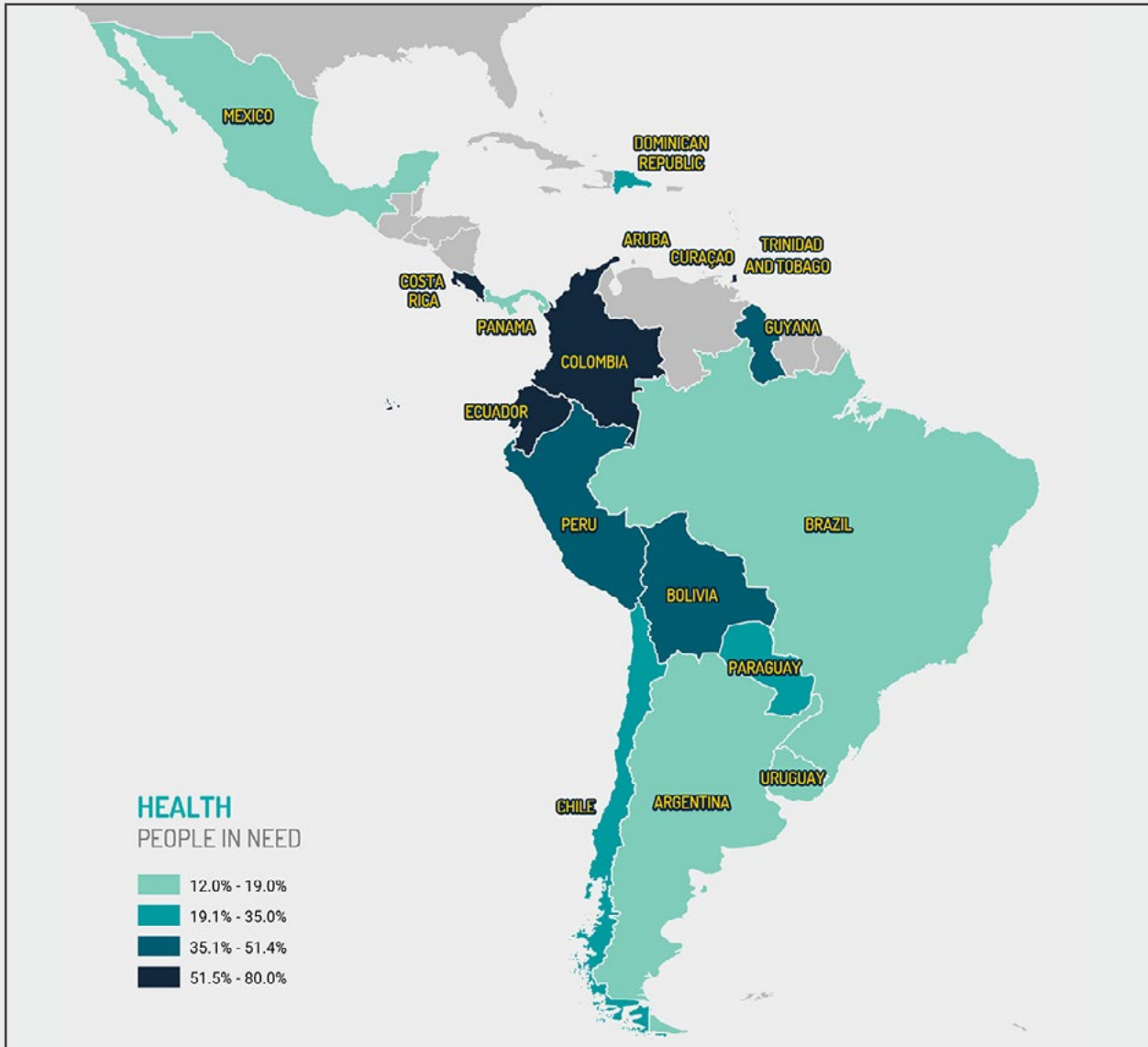
TOTAL POPULATION
5.96 M

PEOPLE IN NEED (PIN)
3.40 M

1.10 M
558.2 K

1.22 M
512.6 K

PIN PERCENTAGE
57.1%



COUNTRY	POPULATION	PEOPLE IN NEED	PERCENTAGE	STATUS
Argentina	171.1 K	20.5 K	12.0%	Low
Aruba	17.0 K	6.0 K	35.0%	Medium
Bolivia	13.8 K	5.9 K	43.0%	High
Brazil	365.4 K	66.5 K	18.2%	Low
Chile	448.1 K	115.8 K	25.8%	Medium
Colombia	2.48 M	1.98 M	80.0%	Critical
Costa Rica	30.1 K	19.0 K	63.0%	High
Curaçao	14.0 K	5.0 K	35.7%	Medium
Dominican Republic	115.3 K	30.0 K	26.0%	Medium

COUNTRY	POPULATION	PEOPLE IN NEED	PERCENTAGE	STATUS
Ecuador	502.2 K	301.2 K	60.0%	High
Guyana	19.6 K	9.2 K	47.0%	High
Mexico	83.0 K	10.0 K	12.0%	Low
Panama	144.5 K	27.5 K	19.0%	Low
Paraguay	5.8 K	1.9 K	33.0%	Medium
Peru	1.49 M	766.2 K	51.4%	High
Trinidad and Tobago	35.3 K	27.9 K	79.0%	Critical
Uruguay	22.0 K	3.7 K	17.0%	Low

According to information collected in the 17 countries of the R4V response through JNAs, including secondary data review and surveys with refugees and migrants, healthcare was identified as a priority need⁷⁶ and access to healthcare services remains a key challenge across the region.

Among the priorities identified concerning healthcare, refugees and migrants reported the need to access quality primary healthcare services.⁷⁷ Special emphasis was placed on the need to receive mental health and psychosocial support (MHPSS),⁷⁸ as well as sexual and reproductive healthcare (SRH),⁷⁹ focusing on adolescents, family planning, prevention of pregnancy in the adolescent population, pregnant women, antenatal care and post-natal care, and maternal and child healthcare, noting that regular childhood immunizations were largely disrupted by the COVID-19 pandemic.

The healthcare needs of refugees and migrants from Venezuela differ for in-transit and in-destination populations. Particularly for Venezuelans in-transit by foot – including those traversing the Darien in Panama, or the Bolivian Altiplano before reaching Chile – their needs for food, transportation, and primary healthcare (including to treat injuries sustained during their journeys) are paramount.⁸⁰ Meanwhile, refugees and migrants that settled in countries of

destination have greater needs for access to general and specialized medical care, mental health and psychosocial support services.⁸¹

In terms of barriers to accessing healthcare services, refugees and migrants mentioned two main issues: the widespread lack of documentation and/or being in irregular situations, and a lack of information on administrative procedures or how to access healthcare and national health insurance plans.⁸² They also noted long delays in services, the high cost of care and medicines in some countries, and a lack of access to necessary health specialists, as other challenges.⁸³ Discrimination and xenophobia, and the lack of complaint mechanisms to exercise their rights to health, are other important barriers to using health services.⁸⁴ Indigenous refugees and migrants also referred to language barriers and discrimination as their main challenges to accessing healthcare services.⁸⁵

To understand refugees' and migrants' healthcare needs, it is important to understand these in the context of host countries' varied requirements and available healthcare services throughout the region. While eight out of ten surveyed countries in the region reported that refugees and migrants have full access to primary healthcare, regardless of their legal status, and seven replied that healthcare services were

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- [76] R4V Brazil, *Joint Needs Assessment, July 2022. (Publication forthcoming). GTRM Ecuador, Joint Needs Assessment, May 2022, <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2022>. R4V Chile, Joint Needs Assessment, July 2022.*
- [77] *In Colombia, 72% of the pendular population arrives looking for health care, and 57% for medicines. GIFMM Colombia, Joint Needs Assessment for Pendular and In-Transit Populations, 2022. In Brazil, 35% of Venezuelan households reported difficulties accessing medical assistance. R4V Brazil, Joint Needs Assessment, July 2022.*
- [78] *See herein, e.g., Peru, Health Sector Chapter, RMNA 2022; Central America and Mexico, Health Sector Chapter, RMNA 2022; Caribbean, Health Sector Chapter, RMNA 2022; Chile, Health Sector Chapter, RMNA 2022; Southern Cone, Health Sector Chapter, RMNA 2022.*
- [79] *See herein, e.g., Brazil, Health Sector Chapter, RMNA 2022; Colombia, Health Sector Chapter, RMNA 2022; Ecuador, Health Sector Chapter, RMNA 2022.*
- [80] *WFP, Human Mobility Survey: Panama, 2022. IOM, Chile: Encuesta Rápida de Colchane, February 2022, <https://www.r4v.info/es/document/informe-encuesta-rapida-colchane-febrero-2022>*
- [81] *E.g., R4V Brazil, JNA, July 2022. GTRM Ecuador, Joint Needs Assessment, May 2022, <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2022>. GTRM Peru, Joint Strategic Needs Assessment (JSNA), 2022.*
- [82] *R4V Chile, Joint Needs Assessment, July 2022. National Institute for Statistics and Informatics (INEI) of the Government of Peru, National Survey of the Venezuelan Population in Peru (ENPOVE), 2022. UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.*
- [83] *GTRM Peru, Joint Strategic Needs Assessment (JSNA), 2022. R4V Brazil, Joint Needs Assessment, July 2022. IOM Paraguay, DTM Round 5, September-October 2021, <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-5-septiembre-octubre-2021>*
- [84] *GTRM Ecuador, Joint Needs Assessment, May 2022, <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2022>. GTRM Peru, Joint Strategic Needs Assessment (JSNA), 2022. R4V Brazil, Joint Needs Assessment, July 2022.*
- [85] *See. e.g., R4V Brazil, Joint Needs Assessment, July 2022. IOM, Observatorio Interativo da População Indígena do Fluxo Venezuelano para o Brasil, 2022. R4V Caribbean Sub-Regional Platform, Participatory Assessment Report: Curaçao, October 2021.*



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free of charge,⁸⁶ based on the findings of the R4V needs assessments in those countries, it appears that significant gaps remain between legal rights to accessing healthcare and the reported ability of refugees and migrants to actually benefit from such access.⁸⁷

Against this background and as a result of the pandemic, some countries⁸⁸ made modifications to procedures to accessing healthcare services. Those

changes included the adoption and use of legislation on migration and human mobility, for example, to lift documentation requirements to access COVID-19 vaccines, to facilitate refugees' and migrants' affiliation to social security programmes, and to prioritize attention to all persons with symptoms of COVID-19, regardless of their legal status or health insurance situation.⁸⁹

[86] Argentina, Brazil, the Dominican Republic, Ecuador, Guyana, Mexico, Peru and Uruguay reported that refugees and migrants within their territories have access to primary healthcare regardless of their legal status, and all of these countries but Mexico also reported that those services were free of charge. Quito Process, *Health Access for migrants and refugees from Venezuela in the Member States of the Quito Process during the COVID-19 Pandemic* (Brazil: Technical Secretariat, 2022).

[87] See herein, *Brazil, Peru, Ecuador and other Health Sector Chapters, RMNA 2022*.

[88] Including Brazil, Colombia and Peru. Quito Process, *Health Access for migrants and refugees from Venezuela in the Member States of the Quito Process during the COVID-19 Pandemic* (Brazil: Technical Secretariat, 2022).

[89] *Ibid.*



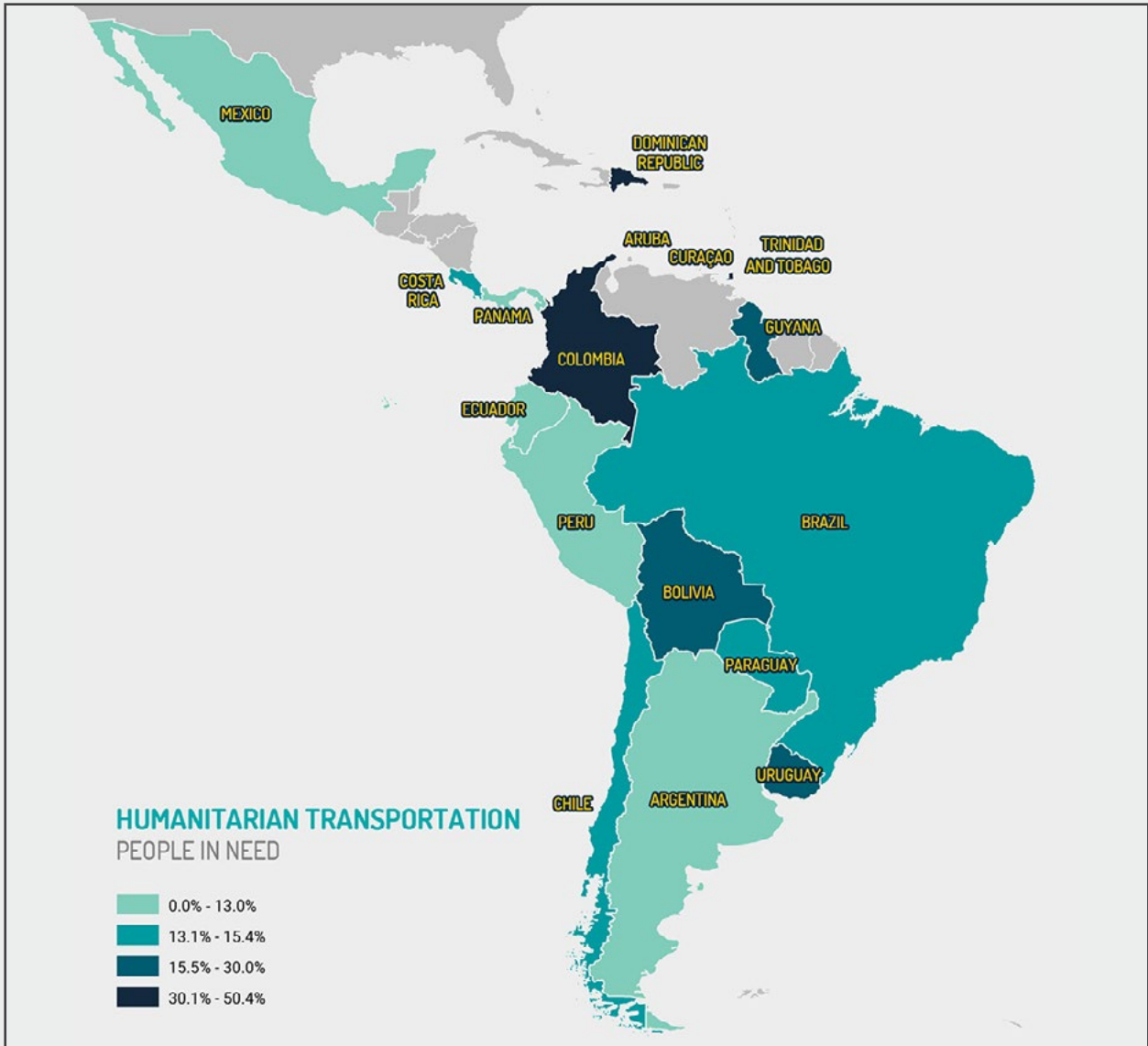
HUMANITARIAN TRANSPORTATION

TOTAL POPULATION
5.96 M

PEOPLE IN NEED (PIN)
1.65 M

548.9 K 598.6 K
260.6 K 239.1 K

PIN PERCENTAGE
27.7%



COUNTRY	Population	People in Need	Percentage	Visual
Argentina	171.1 K	22.2 K	13.0%	[Progress bar]
Aruba	17.0 K	5.1 K	30.0%	[Progress bar]
Bolivia	13.8 K	3.0 K	22.0%	[Progress bar]
Brazil	365.4 K	56.3 K	15.4%	[Progress bar]
Chile	448.1 K	60.1 K	13.4%	[Progress bar]
Colombia	2.48 M	1.25 M	50.4%	[Progress bar]
Costa Rica	30.1 K	4.1 K	13.6%	[Progress bar]
Curaçao	14.0 K	5.6 K	40.0%	[Progress bar]
Dominican Republic	115.3 K	35.7 K	31.0%	[Progress bar]

COUNTRY	Population	People in Need	Percentage	Visual
Ecuador	502.2 K	33.1 K	6.6%	[Progress bar]
Guyana	19.6 K	5.5 K	28.0%	[Progress bar]
Mexico	83.0 K	1.8 K	2.2%	[Progress bar]
Panama	144.5 K	11.6 K	8.0%	[Progress bar]
Paraguay	5.8 K	808	14.0%	[Progress bar]
Peru	149 M	133.8 K	9.0%	[Progress bar]
Trinidad and Tobago	35.3 K	16.2 K	46.0%	[Progress bar]
Uruguay	22.0 K	4.4 K	20.0%	[Progress bar]



In 2022, the main movement trends among refugees and migrants in the region, in addition to ongoing departures of refugees and migrants from Venezuela, have included a significant increase in Venezuelans transiting via land routes through Central America and Mexico towards the United States.⁹⁰ These have been coupled with steady, but modest return and pendular movements towards Venezuela,⁹¹ as well as an ever-growing rate of onward movements between

host countries, including from Bolivia and Paraguay to Argentina, Uruguay and Chile, as well as from Chile and Argentina to Uruguay and Peru⁹². There has also been a shift in the demographics of the in-transit population, from single heads of households to family groups with children, with 61 per cent of people traveling with children in Chile, nearly 30 per cent in Panama and 57 per cent in Colombia.⁹³

[90] R4V Special Situation Report: Central America, Mexico and Colombia, July 2022, <https://www.r4v.info/en/document/central-america-mexico-and-colombia-r4v-special-situation-report-june-update>. See also Foro ONG Humanitarias Colombia (FONGI), *Flujos migratorios mixtos de población transcontinental en tránsito por Colombia*, accessed July 2022. https://forohumanitariocolombia.org/es_es/flujos-migratorios-mixtos-de-poblacion-transcontinental-en-transito-por-colombia/

[91] R4V Regional Platform, *Movements Report: First Quarter 2022*, June 2022, <https://www.r4v.info/en/document/r4v-movements-report-first-quarter-2022>. See also GIFMM Colombia, *Venezolanos en Colombia*, June 2021, <https://www.r4v.info/en/node/88011>

[92] R4V Southern Cone Platform, *Joint Needs Assessment (JNA)*, June 2022.

[93] IOM, Chile: *Encuesta Rápida de Colchane*, February 2022, Chile; IOM, *DTM Panama 2022 – Venezuelan Population Flow Monitoring*, 16 May to 13 June 2022; GIFMM Santander, *Caminantes Characterization Report*, Colombia, May 2022.

In countries such as Brazil, Chile and Colombia, one of the three main needs identified by refugees and migrants in-transit or recently arriving in destination was humanitarian transportation⁹⁴ from border regions to urban centers. For example, 58 per cent of refugees and migrants arriving to Colombia by foot named humanitarian transportation as their second greatest need and 27 per cent of Venezuelans arriving to Chile describe it as their most urgent need.⁹⁵ At the same time, according to various JNAs and surveys conducted by R4V Platforms, the majority of refugees and migrants in-transit or located in remote areas do not have sufficient economic resources to access safe transportation.⁹⁶ This situation increases risks related to using informal transportation, including resorting to walking through dangerous and at times life-threatening terrain, and/or adopting negative coping measures, including survival sex, which increases risks of human trafficking⁹⁷ as well as adverse health effects due to the long distances traveled. For example, in Panama, 81 per cent of refugees and migrants in transit report having suffered an incident or injury since they left Venezuela.⁹⁸

Additionally, in multiple countries of the region, refugees and migrants from Venezuela lack information on the protection risks associated with

their journeys and ways to reduce their exposure to them, including human trafficking and smuggling, GBV and child protection risks for unaccompanied and separated children (UASC).⁹⁹ Women and girls in particular express the greatest needs for access to humanitarian transportation in order to avoid these risks on transit routes when safe transportation is not available.¹⁰⁰

Access to safe and regular transportation and the provision of humanitarian transportation by R4V partners has been affected by the requirements of some countries related to the legal status of refugees and migrants from Venezuela, impacting their ability to purchase tickets for their transit or accessing countries through regular means.¹⁰¹ In countless cases¹⁰² refugees' and migrants' irregularity has prevented them to use formal transportation and subsequently increases their exposure to criminal groups while using irregular transportation, rendering them more vulnerable to risks of trafficking, smuggling theft, exploitation, fraud and violence.¹⁰³

[94] For more details on Humanitarian Transportation assistance and its intervention modalities for refugees and migrants in transit or destination countries across all R4V countries, see: <https://www.r4v.info/en/document/definition-humanitarian-transportation-assistance-and-its-intervention-modalities-refugees>

[95] R4V National Platform in Colombia (GIFMM), Joint Needs Assessment (JNA) for Pendular and In-Transit Populations, 2022. IOM, Encuesta Rápida de Colchane, Chile, February 2022, <https://www.r4v.info/es/document/informe-encuesta-rapida-colchane-febrero-2022>

[96] GTRM Ecuador, JNA, May 2022. GIFMM, JNA for Venezuelans in Destination and Colombian Returnees, 2022. R4V Special Situation Report: Central America, Mexico and Colombia, June 2022 Update, <https://www.r4v.info/en/document/central-america-mexico-and-colombia-r4v-special-situation-report-june-update>

[97] See RMNA herein, Southern Cone, Humanitarian Transportation Chapter, 2022; and IOM, DTM, Flow Monitoring Survey in Tumbes, Peru, rounds 10 (July 2021), 11 (September 2021), 12 (November 2021), 13 (January 2022), 14 (March 2022) and 15 (May 2022).

[98] IOM, DTM Panama 2022 – Venezuelan Population Flow Monitoring, 16 May - 13 June 2022.

[99] See, e.g., UNHCR and Plan International, Peru: Tumbes Border Monitoring, July-August 2021, https://www.r4v.info/es/document/ACNUR_PMT_Tumbes_Ago21

[100] For example, in Argentina, 14% of women and 9% of men reported needing support for humanitarian transportation, while in Uruguay this was 20% of women compared to 15% of men. R4V Southern Cone Platform, JNA, June 2022.

[101] Central America, Mexico and Colombia: R4V Special Situation Report (June Update).

[102] See, e.g., UNHCR and Plan International, Peru: Tumbes Border Monitoring, July-August 2021, https://www.r4v.info/es/document/ACNUR_PMT_Tumbes_Ago21.

[103] See herein, RMNA chapter on Central America and Mexico.



INTEGRATION



TOTAL POPULATION

5.96 M



PEOPLE IN NEED (PIN)

3.86 M



1.28 M



1.42 M



608.4 K



559.2 K



PIN PERCENTAGE

64.9%



COUNTRY	Male	Female	Percentage	Visual
Argentina	171.1 K	93.5 K	54.7%	
Aruba	17.0 K	12.0 K	70.6%	
Bolivia	13.8 K	10.5 K	75.9%	
Brazil	365.4 K	226.5 K	62.0%	
Chile	448.1 K	223.7 K	49.9%	
Colombia	2.48 M	1.99 M	80.3%	
Costa Rica	30.1 K	16.0 K	53.0%	
Curaçao	14.0 K	7.7 K	55.0%	
Dominican Republic	115.3 K	101.4 K	88.0%	

COUNTRY	Male	Female	Percentage	Visual
Ecuador	502.2 K	337.5 K	67.2%	
Guyana	19.6 K	10.8 K	55.0%	
Mexico	83.0 K	10.0 K	12.0%	
Panama	144.5 K	59.3 K	41.0%	
Paraguay	5.8 K	2.9 K	50.5%	
Peru	1.49 M	721.5 K	48.4%	
Trinidad and Tobago	35.3 K	30.5 K	86.3%	
Uruguay	22.0 K	11.3 K	51.2%	

The impact of the pandemic, including supply-chain disruptions and a slow post-pandemic recovery poses challenges for the integration of refugees and migrants from Venezuela in Latin America and the Caribbean. Countries across the region are experiencing low economic growth (1.8 per cent according to ECLAC's economic projections for 2022¹⁰⁴), high inflation and slow employment recovery, resulting in higher living costs for refugees, migrants and host communities.

Refugees and migrants from Venezuela face barriers to access income-generating opportunities, through formal employment and entrepreneurship. In Ecuador,¹⁰⁵ 34 per cent of refugees and migrants from Venezuela report being unemployed. High unemployment rates among Venezuelans were also identified in Guyana¹⁰⁶ (64 per cent), Panama¹⁰⁷ (35 per cent), and countries in the Southern Cone¹⁰⁸ (40 per cent in Uruguay, 29 per cent in Bolivia, 27 per cent in Paraguay and 25 per cent in Argentina). In Costa Rica, 75 per cent of refugees and migrants reported a household member having lost a job and/or receiving less income since the pandemic.¹⁰⁹ Additionally, a study that analyses the socioeconomic integration of refugees and migrants from Venezuela in Brazil, Chile, Colombia, Ecuador, and Peru between 2017 and 2021, shows that Venezuelans have continuously had less employment opportunities than local populations.¹¹⁰ The study shows that the level of unemployment among Venezuelans in Colombia and Peru had decreased until the onset of the COVID-19 pandemic, which consequently led to an economic fallout and more than 50 per cent of the Venezuelan refugees and migrants in unemployment.

In particular, Venezuelan women are found to be disproportionately impacted by unemployment and labour informality. For example, in Guyana, refugee and migrant women face higher levels of unemployment (42 per cent) than men (23 per cent)¹¹¹; and in Argentina, the unemployment rate of women (25 per cent) is double that of men (12 per cent).¹¹² The lack of childcare support particularly depresses women's income-generation opportunities.

High levels of unemployment have led to difficulties meeting basic needs, such as food and housing. In Ecuador, 86 per cent of Venezuelans indicate lack of sufficient income to meet their basic needs,¹¹³ and 13 per cent of Venezuelans in Chile live below the poverty line.¹¹⁴ Employed Venezuelans in Ecuador receive an average salary 42 per cent lower than Ecuadorians, and in Chile, they receive a salary 65 per cent lower than Chileans. Lack of financial inclusion is also an inhibitor of entrepreneurship. In Ecuador, only 18 per cent of Venezuelans have accessed financial services such as bank accounts or business loans.¹¹⁵

Despite the different efforts in the region to regularize the status of Venezuelan refugees and migrants, access to income-generating opportunities is central to ensure that these individuals are integrated into host communities. Regularization is only the first step to integration and needs to be followed by policies that allow refugees and migrants to be self-reliant in the new society. These policies are particularly important for newly documented and/or regularized refugees and migrants, women, and LGBTQI+ persons.

[104] ECLAC, *Economic Slowdown Deepens in Latin America and the Caribbean: Average Regional Growth of 1.8% Expected in 2022*, 27 April 2022: <https://www.cepal.org/en/pressreleases/economic-slowdown-deepens-latin-america-and-caribbean-average-regional-growth-18>

[105] GTRM, *Joint Needs Assessment, May 2022*, <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2022>

[106] IOM, *Flow Monitoring Surveys of Venezuelan Nationals in Guyana (September-December 2021)*, March 2022, <https://dtm.iom.int/reports/guyana-flow-monitoring-surveys-venezuelan-nationals-guyana-september-%E2%80%94december-2021>

[107] UNHCR, *Protection Monitoring/High-Frequency Survey, Panama, May - June 2022*.

[108] R4V Southern Cone Platform/DRC, *Joint Needs Assessment, June 2022*.

[109] UNHCR, *Assessing the Socioeconomic Impact of COVID-19 on Forcibly Displaced Populations, 2021*.

[110] IOM, *Socio-economic Integration of Venezuelan Migrants and Refugees: The Cases of Brazil, Chile, Colombia, Ecuador, and Peru, July 2021*.

[111] IOM, *Flow Monitoring Surveys of Venezuelan Nationals in Guyana (September-December 2021)*, March 2022.

[112] IOM Argentina, *DTM Round 9, 2022 (Publication Forthcoming)*.

[113] R4V Ecuador, *Evaluación Conjunta de Necesidades - Plataforma Ecuador, July 2022*.

[114] R4V Chile, *Evaluación Conjunta de Necesidades - Plataforma Chile, March 2022*.

[115] UNHCR Ecuador, *Nota Técnica Acceso a Servicios Financieros, March 2022*.



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Venezuelans also face rising levels of xenophobia and discrimination, including within the private sector. While nationality was identified as the main reason for discrimination, discrimination based on gender, sexual orientation, and towards people with disabilities and the elderly were also identified as factors that impede integration.¹¹⁶ While refugees and migrants surveyed across the region described the relationship between host communities and Venezuelans as generally being good, challenges linked to negative perceptions of Venezuelans are common in many countries. In Guyana, 75 per cent of respondents reported their nationality as the main reason for experiencing discrimination.¹¹⁷

According to regional planning assumptions, based on consultations with R4V partners across the region, 51 per cent of respondents expect that xenophobia will increase in 2023, especially in Aruba (100 per cent), Ecuador (79 per cent), Chile (73 per cent) and Panama (60 per cent).¹¹⁸

Venezuelans particularly noted wanting to participate in designing integration policies that affect them: in a survey,¹¹⁹ 59 per cent of interviewees were not aware of any mechanisms that would facilitate their participation in such processes,¹²⁰ while 68 per cent were also not aware of any mechanisms permitting for host community participation.¹²¹

[116] Amnesty International, *Colombia y Perú: Mujeres venezolanas enfrentan creciente violencia de género ante abandono estatal en países de acogida*, 12 July 2022, <https://www.amnesty.org/es/latest/news/2022/07/colombia-peru-mujeres-venezolanas-enfrentan-violencia-de-genero>

[117] IOM, *Guyana, DTM Flow Monitoring Surveys of Venezuelan Nationals in Guyana (September-December 2021)*, March 2022, <https://dtm.iom.int/reports/guyana-flow-monitoring-surveys-venezuelan-nationals-guyana-september-%E2%80%94-december-2021>

[118] R4V *Regional Planning Assumptions and Scenarios 2023-2024*; <https://www.r4v.info/en/keyresources>

[119] OAS, IOM, UNHCR, *Recepción e integración de personas migrantes y refugiadas en las ciudades de las Américas*, Publication forthcoming (March 2023).

[120] 73% of respondents in Central America, 72% in the Caribbean and 47% in South America. *Ibid.*

[121] 89% of respondents in the Caribbean, 86% in Central America and 53% in South America. *Ibid.*



NUTRITION



TOTAL POPULATION

5.96 M



PEOPLE IN NEED (PIN)

556.4 K



167.0 K

193.3 K

196.1 K



PIN PERCENTAGE

9.3%



COUNTRY	Population	People in Need (PIN)	Percentage	Visual
Argentina	171.1 K	17.9 K	10.5%	██████████
Aruba	17.0 K	578	3.4%	██████████
Bolivia	13.8 K	2.1 K	15.6%	██████████
Brazil	365.4 K	41.2 K	11.3%	██████████
Chile	448.1 K	92.3 K	20.6%	██████████
Colombia	2.48 M	231.4 K	9.3%	██████████
Costa Rica	30.1 K	3.3 K	10.8%	██████████
Curaçao	14.0 K	840	6.0%	██████████
Dominican Republic	115.3 K	5.5 K	4.8%	██████████

COUNTRY	Population	People in Need (PIN)	Percentage	Visual
Ecuador	502.2 K	66.9 K	13.3%	██████████
Guyana	19.6 K	2.0 K	10.0%	██████████
Mexico	83.0 K	2.4 K	2.9%	██████████
Panama	144.5 K	13.1 K	9.0%	██████████
Paraguay	5.8 K	712	12.3%	██████████
Peru	149 M	69.5 K	4.7%	██████████
Trinidad and Tobago	35.3 K	1.8 K	5.0%	██████████
Uruguay	22.0 K	5.0 K	22.8%	██████████

Due to their inherently greater nutritional needs, children under 5 years of age, especially those under 2 years of age, pregnant and lactating women, and adolescent girls are at greater risk of malnutrition, disease and death in emergency situations. The underlying causes of malnutrition – such as lack of access to health services, precarious WASH conditions, and food insecurity – are aggravated for refugees and migrants from Venezuela. These factors can exacerbate the immediate causes of malnutrition, namely, compromised dietary and nutrient intake and increased risk of infectious diseases, which, in turn, prevent the specific nutrient needs of vulnerable groups from being fulfilled and/or interfere with the correct absorption of nutrients, overall leading to malnutrition.¹²²

In the context of human mobility, data from 2022 illustrates malnutrition in LAC countries receiving refugees and migrants.¹²³ Acute malnutrition among children under 5 ranges from 3 per cent of children assessed in Ecuador, Dominican Republic and Colombia,¹²⁴ to 4.4 per cent in Peru¹²⁵ and 13.4 per cent in Brazil.¹²⁶ Children with acute malnutrition have weakened immunity, increasing their risk of death due to greater frequency and severity of common infections. Stunting among refugee and migrant children under 5 years of age, reflecting nutritional deficiencies over an extended period of time, was also identified. 8.2 per cent in Peru, 17.8 per cent in Brazil, 19.6 per cent of children in transit and 22.8 per cent of children in pendular movements in Colombia, were identified as being too short for their age, meaning that they may never reach their full possible height nor their full cognitive potential.¹²⁷ Also, 19 per cent of refugee and migrant children between 6 and 59

months old in Peru, 30.8 per cent of children in transit and 37.3 per cent of children in pendular movements in Colombia were identified with anemia, potentially resulting in poor growth, impaired physical and mental development and an increased risk of death due to infectious diseases.¹²⁸ Regarding pregnant women, 23.7 per cent were identified with malnutrition and 24.1 per cent with anemia in Colombia, which are risk factors for maternal and child health, increasing the chances of maternal mortality and morbidity, premature birth, low birth weight and impaired cognitive development in newborns.¹²⁹

This nutrition situation is usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life. In human mobility contexts, and taking into account this situation, pregnant and lactating women require nutrition counselling and micronutrient supplementation to support their increased nutrient needs and prevent anemia and/or other forms of malnutrition. Caregivers of children under 2 require infant and young child feeding support, such as feeding infants exclusively with breastmilk or replacement milk, and feeding young children solids. Children between 6 and 59 months old require micronutrient supplementation to fortify their food with vitamins and minerals and prevent micronutrient deficiencies, or energy-protein supplementation to prevent malnutrition in children in transit. Children under 5 years of age with acute malnutrition need timely identification, treatment and follow-up until recovery. Unfortunately, the capacity to provide essential nutrition services is not equally available in the 17 countries of the R4V response.

[122] R4V Regional Nutrition Sector, *Introduction to the R4V Nutrition Sector*, Panama, 2022, <https://www.r4v.info/es/node/89793>

[123] Data was collected through R4V partners, except in Peru, where data was obtained through health information systems. More details can be found herein in the RMNA 2022 Nutrition Sector Chapters per country and sub-region. Most nutritional data was not obtained from surveys using representative samples, but instead from nutritional screening exercises. As such, data should not be interpreted as prevalence or rates representative of the nutrition situation in a country or population group in a country.

[124] UNICEF, *Latin America and Caribbean Children on the Move (Including Venezuela) Situation Report, Mid-Year 2022*, <https://www.unicef.org/documents/latin-america-and-caribbean-children-move-including-venezuela-situation-report-mid-year>

[125] Ministerio de Salud – Perú, *Vigilancia Del Sistema De Información Del Estado Nutricional en EESS, 2022*, <https://web.ins.gob.pe/es/alimentacion-y-nutricion/vigilancia-alimentaria-y-nutricional/vigilancia-del-sistema-de-informacion-del-estado-nutricional-en-%20EESS>

[126] UNICEF, *Atenção Primária à Saúde apoiada pelo UNICEF em abrigos para refugiados e migrantes da Venezuela – Roraima, Amazonas – Brasil, Janeiro a Junho/2022*. June 2022.

[127] See herein, *Peru, Brazil and Colombia, Nutrition Sector Chapters, RMNA 2022*.

[128] *Ibid.*

[129] *Ibid.*



PROTECTION

TOTAL POPULATION
5.96 M

PEOPLE IN NEED (PIN)
4.12 M

1.35 M 1.49 M
666.9 K 616.0 K

PIN PERCENTAGE
69.2%



COUNTRY	Population	People in Need	Percentage	Progress Bar
Argentina	171.1 K	34.2 K	20.0%	Progress Bar
Aruba	17.0 K	13.1 K	77.0%	Progress Bar
Bolivia	13.8 K	10.3 K	75.0%	Progress Bar
Brazil	365.4 K	277.7 K	76.0%	Progress Bar
Chile	448.1 K	264.8 K	59.1%	Progress Bar
Colombia	2.48 M	1.97 M	79.5%	Progress Bar
Costa Rica	301 K	17.5 K	58.0%	Progress Bar
Curaçao	14.0 K	10.8 K	77.0%	Progress Bar
Dominican Republic	115.3 K	79.5 K	69.0%	Progress Bar

COUNTRY	Population	People in Need	Percentage	Progress Bar
Ecuador	502.2 K	389.6 K	77.6%	Progress Bar
Guyana	19.6 K	11.0 K	56.0%	Progress Bar
Mexico	83.0 K	56.4 K	68.0%	Progress Bar
Panama	144.5 K	43.4 K	30.0%	Progress Bar
Paraguay	5.8 K	4.3 K	75.0%	Progress Bar
Peru	149 M	909.3 K	61.0%	Progress Bar
Trinidad and Tobago	35.3 K	30.0 K	85.0%	Progress Bar
Uruguay	22.0 K	2.2 K	10.0%	Progress Bar

More complex and in-depth protection risks emerged in 2022 for refugees and migrants from Venezuela. Existing services and mechanisms were significantly challenged, and technical and operational capacities were overwhelmed across the region. The regional Protection Sector produced in-depth analysis and surveys to accurately identify priority needs:

Access to fair and efficient asylum procedures, temporary protection and other legal stay arrangements, such as regularization and documentation programmes remains a priority need for refugees and migrants from Venezuela across the region, as challenges related to language barriers, high costs to obtain documents, lack of information, and non-viable requirements persist.¹³⁰ While regularization initiatives across the region provide important opportunities for access to protection and integration, Venezuelans still face obstacles to exercise their associated rights, including due to barriers such as the lack of valid identity documents in Brazil, Ecuador and among indigenous populations in Guyana and Trinidad and Tobago, or the payment of penalty fees for irregular stay in Peru. Those who entered irregularly and do not meet the requirements face greater protection risks.¹³¹ Additionally, access

to territory, regularization and asylum procedures and temporary protection pose many challenges, due to limited functionality of the programmes,¹³² high caseloads,¹³³ significant costs, lack of information¹³⁴ or the absence of procedures.¹³⁵ Detention, deportation and refoulement are growing risks for the refugee and migrant population.¹³⁶

Access to protection services, protocols and mechanisms for communities and groups disproportionately affected by protection threats has also been considered a priority. The lasting impact of the COVID-19 pandemic, precarious living conditions, deterioration of security situations in the region and the consolidation of organized criminal networks have raised the levels of exposure of refugees and migrants to threats of violence, abuse and coercion.¹³⁷ This particularly affects groups such as pregnant/lactating women,¹³⁸ LGBTQI+ persons, young adults (18 to 23 years old), people in need of medical treatment (HIV and others)¹³⁹, indigenous peoples¹⁴⁰, and victims of double affectation. Disappearances,¹⁴¹ homicides,¹⁴² theft, forced displacement, gender-based violence, smuggling, human trafficking for sexual and labour exploitation, forced recruitment¹⁴³ and new forms of slavery, particularly against indigenous peoples,¹⁴⁴

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- [130] R4V Regional Protection Sector, *Regularization Programmes and Administrative Pathways for Refugees and Migrants from Venezuela*, 8 June 2022, <https://bit.ly/3C9rUmN>
- [131] R4V Brazil, *Joint Needs Assessment (JNA), July 2022*; GTRM, *Joint Needs Assessment, May 2022*, GTRM Peru, *Joint Strategic Needs Assessment (JSNA), 2022*; and R4V Caribbean Platform, *Joint Analysis Workshop: Guyana*, 18 May 2022.
- [132] RMNA Caribbean Chapter. *For example, in the Dominican Republic, in 2019 only one Venezuelan was recognized as a refugee; by the end of 2021, 204 Venezuelans were awaiting decisions on their applications.*
- [133] JNA Ecuador. *For example, in Ecuador, Venezuelans account for 71% of asylum applications.*
- [134] RMNA Colombia Chapter. *For example, in Colombia, 58% of households surveyed said they did not have information about the refugee status determination procedure.*
- [135] *In Guyana, there is no government-led procedure to access international protection.*
- [136] *In 2022, Caribbean countries have reported acts of detention, deportation and return of Venezuelans in the absence of compliance with international standards and due process. In 2021, similar events were also recorded in Chile and Peru.*
- [137] R4V Regional Protection Sector, *Impact of the COVID-19 Pandemic on Refugees and Migrants from Venezuela*, October 2021, <https://bit.ly/3QoBTZQ>
- [138] R4V Regional Protection Sector, *Regional survey on evictions report, 2020*, <https://bit.ly/3wRyPh9>
- [139] R4V Regional Protection Sector, <https://www.r4v.info/en/protection>
- [140] R4V Regional Protection Sector, *Consultations with indigenous peoples in Guyana, Colombia, Trinidad and Tobago and Brazil*, February 2022, <https://bit.ly/3A28ygY> <https://bit.ly/3SP2e57> <https://bit.ly/3Qx1T5w> <https://bit.ly/3QL5aO1>
- [141] CODHES, *Affectations to life and integrity of the refugee and migrant population from Venezuela in Colombia*, June 2021, <https://bit.ly/3zUUU0c>.
- [142] Colombian National Institute of Forensic Medicine, *Fatal injuries of Venezuelan citizens in Colombia 2017*, July 2022, <https://bit.ly/3br6R4r>.
- [143] *Between 2018 and 2022, the Ombudsperson's Office in Colombia issued 56 early warnings identifying protection threats for Venezuelans in the country. Accessed on 28 July 2022*, <https://bit.ly/3JuGxCN>
- [144] R4V Regional Protection Sector, *Consultation with indigenous peoples in Guyana, Colombia, Trinidad and Tobago and Brazil*, February 2022, <https://bit.ly/3A28ygY> <https://bit.ly/3SP2e57> <https://bit.ly/3Qx1T5w> <https://bit.ly/3QL5aO1>



are some of the emergent protection risks faced by refugees and migrants from Venezuela, including in areas under the control of/affected by illegal armed groups and organized crime networks.¹⁴⁵

Protection from and mitigation of the risks of evictions: Evictions were one of the main impacts of the pandemic¹⁴⁶ leading to an unidentified number of Venezuelans in situations of homelessness.¹⁴⁷ The Sector's regional evictions survey identified serious gaps in institutional accompaniment, assistance, legal guidance, and the identification of alternatives for mitigation of evictions.¹⁴⁸ It also found that protection issues such as irregular status and/or the absence of documents, high legal fees and xenophobia and discrimination reduce the possibilities of accessing/

maintaining housing in adequate, dignified and safe conditions.¹⁴⁹ The risks associated with evictions particularly expose transgender, pregnant and lactating women and children to harassment, survival sex, exploitation and sexual violence by landlords.¹⁵⁰ A complementary survey on protection impacts linked to abandoned property of Venezuelans living in Colombia, Ecuador and Peru also showed 76 per cent own a house in their country of origin, but faced evictions risks and overcrowding in host countries. Over 99 per cent have not been able to access housing support programmes in these countries.¹⁵¹

[145] *Regional Protection Sector and Human Trafficking and Smuggling Sub-sector, Double Affection and organized crime, 2022. (Publication forthcoming)*

[146] *R4V Regional Protection Sector, Regional Survey on Evictions of Refugees and Migrants from Venezuela, February 2021, <https://bit.ly/3SXhaxO>*

[147] *IOM, Monitoring of Spontaneous Occupations of Boa and Pacaraima, May 2022.*

[148] *R4V Regional Protection Sector, Regional Survey on Evictions of Refugees and Migrants from Venezuela, February 2021, <https://bit.ly/3SXhaxO>*

[149] *R4V Brazil, Joint Needs Assessment (JNA), July 2022.*

[150] *R4V Regional Protection Sector, Regional Toolbox for the Mitigation of Risks of Eviction, 2020. <https://bit.ly/3SRgwCb>*

[151] *R4V Regional Protection Sector, Survey in Colombia, Peru and Ecuador, publication forthcoming September 2022.*



CHILD PROTECTION



TOTAL POPULATION

5.96 M



PEOPLE IN NEED (PIN)

1.43 M



104.2 K



118.0 K



632.3 K



579.1 K



PIN PERCENTAGE

24.1%



COUNTRY	Population	PIN	Percentage	Visual
Argentina	171.1 K	2.9 K	1.7%	██████████
Aruba	17.0 K	1.5 K	9.0%	██████████
Bolivia	13.8 K	96	0.7%	██████████
Brazil	365.4 K	121.8 K	33.3%	██████████
Chile	448.1 K	105.7 K	23.6%	██████████
Colombia	2.48 M	673.4 K	27.2%	██████████
Curaçao	14.0 K	1.3 K	9.0%	██████████
Dominican Republic	115.3 K	29.7 K	25.8%	██████████
Ecuador	502.2 K	208.8 K	41.6%	██████████

COUNTRY	Population	PIN	Percentage	Visual
Guyana	19.6 K	3.3 K	17.0%	██████████
Mexico	83.0 K	83	0.1%	██████████
Panama	144.5 K	10.0 K	6.9%	██████████
Panama	144.5 K	10.0 K	6.9%	██████████
Paraguay	5.8 K	159	2.8%	██████████
Peru	1.49 M	268.3 K	18.0%	██████████
Trinidad and Tobago	35.3 K	4.5 K	12.8%	██████████
Uruguay	22.0 K	197	0.9%	██████████

Refugee and migrant children and adolescents from Venezuela face discrimination and violence across the region. The number of children and adolescents in need of protection services is growing, and regularization and documentation mechanisms have been observed lacking child-friendly procedures, with obstacles to register children born to Venezuelan parents. Many children do not have birth certificates, and there are practical challenges to accessing Venezuelan consular services, resulting in risks of statelessness.

Irregular movements imply additional challenges for refugee and migrant children in-transit, who are extremely vulnerable to psychological, physical, and sexual violence. Similarly, refugees and migrants in an irregular situation have a tendency to experience a general increase in xenophobia and discrimination. For example, the presence of children crossing

the notorious Darien Gap between Colombia and Panama quadrupled during 2021,¹⁵² then doubled in the first half of 2022¹⁵³ and has increased significantly along the border of Chile, Peru and Bolivia, associated with adverse climatic and geographical conditions.¹⁵⁴ Children crossing through irregular routes often lack access to regularization and asylum procedures, appropriate child protection systems, and safe spaces for children. There are also heightened risks of human trafficking, GBV and labour exploitation for children in-transit.

Meanwhile, refugee and migrant children in destination continue to face threats of violence, abuse and exploitation. In Brazil, reports indicate an increase of violent deaths of adolescents at the hands of organized criminal groups, while in Colombia, children are impacted by the armed conflict and



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[152] UNICEF, *2021 Records Highest Ever Number of Migrant Children Crossing the Darien Jungle Towards the United States*, 11 October 2021, <https://www.unicef.org/lac/en/press-releases/2021-records-highest-ever-number-migrant-children-crossing-darien-towards-us>

[153] UNICEF, *Twice More Children Migrating through Panama's Darien Gap This Year*, 17 June 2022, <https://www.unicef.org/lac/en/press-releases/twice-more-children-migrating-through-the-panama-darien-gap-this-year>

[154] R4V Regional Platform, *Special Situation Report: Bolivia, Chile & Peru*, 16 March 2022, <https://www.r4v.info/en/document/r4v-special-situation-report-bolivia-chile-peru-march-update>

by forced recruitment by illegal armed actors.¹⁵⁵ According to a regional analysis, recruitment of refugee and migrant children by criminal groups can take place starting from the country of origin, in-transit countries (especially in border areas) and in countries of destination.¹⁵⁶

Refugee and migrant girls in shelters and unaccompanied and pregnant adolescents expressed greater difficulties in accessing basic services such as food, clothing, and specialized services relevant to their gender and age.¹⁵⁷

There are significant numbers of UASC in countries such as Bolivia, Brazil, Chile, Colombia, Ecuador and Peru. The majority lack necessary documentation and/or legal status and require access to specialized protection services and support. Variable interpretations of the best interests of the child, in addition to gaps in the operationalization of assistance pathways, family reintegration strategies and the creation of safe spaces focused on UASCs.

Girls and boys require specialized psychosocial support to address their mental health needs, which can be linked to experiences of traumatic events

such as displacement or family separation, affecting their sense of belonging/rootedness and limiting their development of social skills. Children who have suffered sexual assault also require mental health and psychosocial support (MHPSS) to address the physical and emotional consequences of these experiences.

While most countries ensure universal access to education for children regardless of legal status, refugee and migrant children face barriers to access education due to high costs of school materials and transportation, lack of information and documentation, discrimination and xenophobic practices. Children not attending school face greater risks of violence and child labour.¹⁵⁸ In Caribbean countries and Brazil, there are also linguistic barriers to education and integration, especially for indigenous children. Another determining factor for child protection is the income level of families, with households in irregular situations or without documentation struggling to meet their basic needs. In Ecuador, 70 per cent of families surveyed have precarious income conditions, particularly single-parent households and families with multiple children, including children with disabilities.¹⁵⁹

[155] *Regional R4V Protection Sector and Child Protection Sub-sector, "Double Affectation and organized crime: Colombia, Brazil and Ecuador". This report is not public, the executive reports will be published in September 2022.*

[156] *Ibid.*

[157] *HIAS and UNICEF, Cartografías afectivas, January 2022, <https://www.unicef.org/lac/media/34836/file/cartografias-afectivas.pdf>*

[158] *Regional R4V Child Protection Sub-sector, Estudio sobre el estado de la situación de niñas, niños y adolescentes refugiados y migrantes de Venezuela y su vínculo con el trabajo infantil en América Latina. Casos, Chile, Colombia, Ecuador y Perú, 2022. (Publication forthcoming).*

[159] *Ecuador Chapter. RMNA 2022.*



GENDER-BASED VIOLENCE (GBV)



TOTAL POPULATION

5.96 M



PEOPLE IN NEED (PIN)

2.04 M



382.7 K



1.06 M



179.0 K



420.3 K



PIN PERCENTAGE

34.3%



COUNTRY	Male	Female	Percentage	Visual
Argentina	171.1 K	4.7 K	2.7%	██████████
Aruba	17.0 K	4.3 K	25.0%	██████████
Bolivia	13.8 K	895	6.5%	██████████
Brazil	365.4 K	79.0 K	21.6%	██████████
Chile	448.1 K	72.2 K	16.1%	██████████
Colombia	2.48 M	1.18 M	47.8%	██████████
Costa Rica	30.1 K	3.0 K	10.0%	██████████
Curaçao	14.0 K	4.1 K	29.0%	██████████
Dominican Republic	115.3 K	24.0 K	20.8%	██████████

COUNTRY	Male	Female	Percentage	Visual
Ecuador	502.2 K	126.1 K	25.1%	██████████
Guyana	19.6 K	6.7 K	34.0%	██████████
Mexico	83.0 K	11.6 K	14.0%	██████████
Panama	144.5 K	50.6 K	35.0%	██████████
Paraguay	5.8 K	51	0.9%	██████████
Peru	149 M	468.1 K	31.4%	██████████
Trinidad and Tobago	35.3 K	5.3 K	15.0%	██████████
Uruguay	22.0 K	117	0.5%	██████████

New movement trends and deteriorating living conditions in host countries have exacerbated and created new risks of GBV for refugees and migrants. Over 70 per cent of refugees and migrants from Venezuela surveyed reported that intimate partner violence, early marriages/ unions¹⁶⁰ and physical and sexual violence are pervasive.¹⁶¹ Ongoing economic consequences of the pandemic, including increased unemployment, inflation and living costs¹⁶² reduced formal livelihoods opportunities and increased barriers to accessing social assistance for refugees and migrants. Together with growing discrimination and xenophobia, this has resulted in a situation of protracted vulnerability for refugees and migrants from Venezuela:

Sexual violence and exploitation: Venezuelan women and girls report feeling unsafe in public spaces, being perceived as sex workers and being propositioned for sex in exchange for work, goods and/or services.¹⁶³ They also report adapting their behaviour and appearance to be socially accepted, to counteract stereotypes (such as hypersexualization) and avoid sexual harassment in the streets, at schools and in workplaces.¹⁶⁴ Due to financial insecurity, women report sexual exploitation by landlords to prevent or delay evictions, by drivers in exchange for transportation services, by law enforcement

officers and by employers.¹⁶⁵ Single mothers, transgender women and women who sell sex are disproportionately affected, while some men have also reported using the sale or exchange of sex as a coping mechanism.¹⁶⁶

GBV risks along new movement routes: Current movement trends show increased northwards and irregular movements through the Darien Gap with the intended destination being the United States, and among host countries, such as from Peru to Chile via Bolivia. Owing to new/existing visa restrictions, these movements are largely irregular, which further enhances the exposure of women and girls to GBV, as these routes are often controlled by armed groups who subject refugees and migrants to robbery, physical and sexual violence and trafficking. As of March 2022, at least 396 women had been treated for rape after crossing the Darien Gap¹⁶⁷ and 100 per cent of people interviewed at migratory reception stations in Panama had seen, heard of or endured sexual assault.¹⁶⁸ Women who cross the Colombia-Venezuela border report sexual harassment by Venezuelan authorities and those who transit into Ecuador and Peru also report the threat of rape and extortion by armed groups at irregular border crossing points.¹⁶⁹

- [160] HIAS, UNICEF, *Cartografías Afectivas: Migrar es como volver a nacer*, 2022, <https://www.unicef.org/lac/media/34836/file/cartografias-afectivas.pdf>
- [161] 72% of women in Ecuador and 89% of women in Peru surveyed stated that refugee and migrants from Venezuela endure acts of GBV. (Plan International, *Estudio de la VBG en personas refugiadas y migrantes en Perú y Ecuador*, 2022) Adolescent girls report witnessing intimate partner violence against their mothers. HIAS, UNICEF, *Cartografías Afectivas: Migrar es como volver a nacer*, 2022, <https://www.unicef.org/lac/media/34836/file/cartografias-afectivas.pdf>
- [162] UNHCR, *Fact Sheet: Venezuela Situation, June 2022*, <https://reporting.unhcr.org/document/2635>
- [163] For example, GBV is a main protection concern for Venezuelan refugees and migrants in Guyana, in particular for persons who have, or are presumed to have been trafficked and/or engage in sex work. *Safe from the Start Report, fourth quarter, Guyana, 2021*. 21% of girls in Peru and Ecuador reported having witnessed situations of violence and abuse against other girls, and 13% had witnessed verbal aggressions in host countries. Plan International, *Estudio de la VBG en personas refugiadas y migrantes en Peru y Ecuador*, August 2021, https://plan-international.org/uploads/sites/56/2022/05/Estudio_VBG_Peru_-_Ecuador-1.pdf
- [164] HIAS, *Documento diagnóstico de necesidades de protección en Trujillo, Peru*, 2021. When asked about the most common types of GBV affecting Venezuelans, women in Ecuador (51%) and Peru (64%) reported psychological violence and sexual harassment in the streets, while 41% of women in both Ecuador and Peru reported sexual harassment in the workplace.
- [165] IOM, Queen's University, *Monitoring of Gendered Threats for Venezuelan Refugee and Migrant Women and Girls from Venezuela*, 2022 (Forthcoming).
- [166] R4V Regional GBV Sub-sector, *Diagnóstico de necesidades de protección e impactos de la COVID-19 para las personas refugiadas y migrantes de Venezuela*, October 2021, <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>
- [167] MSF Panama, *The Darien Gap is as dangerous as ever*, May 2022, <https://www.msf.ie/article/panama-darien-gap-dangerous-eve>
- [168] Centro por la Justicia y el Derecho Internacional (CEJIL), 2022, <https://humvenezuela.com/cejil-advierde-sobre-aumento-de-violencia-sexual-contra-migrantes-en-la-selva-del-darien-via-diario-talcual/>
- [169] On harassment by Venezuelan authorities see IOM, Queen's University, *Monitoring of Gendered Threats for Venezuelan Refugee and Migrant Women and Girls from Venezuela*, 2022 (Forthcoming). Caribe Afirmativo also documents this issue against transgender women. Caribe Afirmativo *Desafiar la incertidumbre: Fragmentos de Vida de personas venezolanas LGBTIQ en movilidad en Colombia*, 2021 <https://caribeafirmativo.lgbt/wp-content/uploads/2021/10/desafiar-incertidumbre.pdf>; On the threat of rape by armed groups, R4V Regional Protection Sector, *Análisis e identificación de riesgos vinculados a la doble afectación y al crimen organizado sobre las personas refugiadas y migrantes de Venezuela*, 2022. (Forthcoming).

Lack of access to quality care: Despite the devastating physical and mental consequences of GBV,¹⁷⁰ most survivors are unable to access meaningful help or support. Reasons include lack of information about referral pathways, cultural and language barriers (particularly for indigenous survivors), fear of deportation for people in an irregular situation and mistrust of the local authorities, especially where reception and care spaces are in police stations or without adequate privacy or confidentiality. Similarly, a lack of tailored services for adolescent girls, persons

with disabilities¹⁷¹ and LGBTQI+ individuals (including pregnancy termination due to rape) was reported. Fifty-seven per cent of indigenous women surveyed in Brazil said that, in a situation of violence, they would be ashamed to bring their case to the authorities.¹⁷² Affected women also reported feeling discriminated against due to their nationality, not being treated with respect and empathy by health and law enforcement actors, being discouraged from pursuing justice, and feeling doubtful that accessing care would yield favorable outcomes.¹⁷³



[170] World Health Organization, *Violence Against Women 2021* <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

[171] GBV is one of the most frequent risks for people with disabilities, specifically sexual violence, abuse, labour and sexual exploitation, and human trafficking. UNHCR, *Discapacidad y Movilidad Humana Riadis*, <https://unhcr-americas.github.io/riadis/docs/index.html> 2021

[172] In Brazil, 57% of indigenous GBV survivors stated that GBV incidents should be addressed with known and trusted community members and that shame and language barriers prevented them from seeking protection services. UNHCR, *Our Right to Security: Regional GBV Analysis*, 2022.

[173] Regional data shows lack of reporting due to lack of information, mistrust and inaccessibility in remote locations. 84% of women in Ecuador and Peru said they would not seek help and 44% attribute this to suspicion of the authorities. Plan International, *Resumen Ejecutivo Estudio de la VBG en personas refugiadas y migrantes en Perú y Ecuador, 2021*. In Colombia, women in an irregular situation are not prone to report due to fear of being deported. ACAPS, *Crisis in Sight, Colombia 2021*, <https://www.acaps.org/country/colombia/crisis/venezuelan-refugees-Adolescent-girls-report-they-lack-trusted-people/institutions-to-report-sexual-violence-perpetrated-against-them,-with-36%-of-adolescent-girls-saying-they-do-not-feel-safe-seeking-protection-services-in-host-countries>. In Panama, only 6% of survivors seek help. HIAS and UNICEF, *Cartografías Afectivas: Migrar es como volver a nacer, 2022*, <https://www.unicef.org/lac/media/34836/file/cartografias-afectivas.pdf>



HUMAN TRAFFICKING & SMUGGLING

TOTAL POPULATION
5.96 M

PEOPLE IN NEED (PIN)
733.6 K

244.7 K 267.0 K
114.4 K 107.5 K

PIN PERCENTAGE
12.3%



COUNTRY	Population	People in Need (PIN)	Percentage	Visual Bar
Argentina	171.1 K	5.7 K	3.3%	█
Aruba	17.0 K	2.0 K	12.0%	█
Bolivia	13.8 K	1.8 K	13.0%	█
Brazil	365.4 K	7.3 K	2.0%	█
Chile	448.1 K	44.8 K	10.0%	█
Colombia	2.48 M	294.6 K	11.9%	█
Costa Rica	30.1 K	7.5 K	25.0%	█
Curaçao	14.0 K	1.7 K	12.0%	█
Dominican Republic	115.3 K	10.4 K	9.0%	█

COUNTRY	Population	People in Need (PIN)	Percentage	Visual Bar
Ecuador	502.2 K	77 K	15%	█
Guyana	19.6 K	2.9 K	15.0%	█
Mexico	83.0 K	830	1.0%	█
Panama	144.5 K	28.9 K	20.0%	█
Paraguay	5.8 K	60	1.0%	█
Peru	1.49 M	314.5 K	21.1%	█
Trinidad and Tobago	35.3 K	2.8 K	8.0%	█
Uruguay	22.0 K	86	0.4%	█

Human trafficking and smuggling (HT&S) remained a major humanitarian concern for refugees and migrants from Venezuela throughout LAC, where Venezuelans were identified as victims of trafficking (VoTs) in almost all 17 RMRP countries,¹⁷⁴ the majority among them women and girls. Identified victims were reportedly trafficked mainly for the purposes of sexual and labour exploitation,^{175,176} a pattern which was confirmed in various national and sub-regional joint needs assessments (JNA). Human trafficking mainly affects Venezuelans in-transit and those in irregular situations, with particular focus on women, unaccompanied or separated children and adolescents, people with ethnic backgrounds (indigenous and African descents), people with disabilities, people engaged in prostitution or sex work and LGBTQI+ persons, especially transgender people.¹⁷⁷ According to an R4V partner's study on GBV¹⁷⁸, recruiters include family members, intimate partners, employers, landlords, strangers, members of criminal groups, smugglers and traffickers.

Three main needs linked to human trafficking and smuggling were identified among refugees and migrants from Venezuela in the region:

- Access to safe transit routes and regularization: Recent border control policy changes and the introduction of visa requirements for Venezuelans in countries such as Mexico and Costa Rica (in addition to all other countries in Central America) have led to increasing risks of HT&S.¹⁷⁹

In particular, the northward irregular routes towards the United States, via the Darien Gap between Colombia and Panama, are associated with serious protection risks, including human trafficking.¹⁸⁰ Human traffickers and smugglers operate in border areas between Venezuela, Aruba, Curaçao and Colombia; Colombia and Panama; Bolivia and Chile; and Ecuador and Peru.¹⁸¹ In fact, 72 per cent of Venezuelans surveyed in countries throughout the region indicated that they had used a smuggler or "coyote" during at least one part of their journeys.¹⁸²

- Access to information on risks attributed to criminal dynamics: refugees and migrants from Venezuela are especially vulnerable to threats posed by organized criminal groups, in addition to other risks and needs associated with their displacement and migration. This "double impact" includes being targets and victims of: i) forced displacement, mainly within Colombia; ii) smuggling and extortion in border areas such as the Darien Gap; iii) human trafficking; iv) forced disappearances in Aruba, Curaçao, Colombia and in the border area between Bolivia and Chile; and v) high-interest loans in Brazil, Bolivia and Colombia, among others.¹⁸³ In Chile and Bolivia, increasing HT&S cases are associated with the presence of cross-border criminal groups.¹⁸⁴ The link between HT&S and the expansion of transnational organized crime networks has also been identified in Peru and countries in the Caribbean.¹⁸⁵

[174] U.S. Department of State, Office to Monitor and Combat Human Trafficking, *Trafficking in Persons Report, 2022*, : https://www.state.gov/wp-content/uploads/2022/08/22-00757-TIP-REPORT_072822-inaccessible.pdf

[175] *Ibid.*

[176] IOM, Queen's University, *Monitoring of Gendered Threats for Venezuelan Refugee and Migrant Women and Girls from Venezuela.* (Forthcoming).

[177] R4V National Platform in Colombia (GIFMM), *Joint Needs Assessment (JNA) for Pendular and In-Transit Populations, 2022*; R4V Brazil, *Joint Needs Assessment (JNA), July 2022.* (Publication forthcoming).

[178] *Ibid.*

[179] Human Rights Watch (HRW), *Mexico/Central America: New Visa Restrictions Harm Venezuelans, July 2022*, <https://www.hrw.org/news/2022/07/05/mexico/central-america-new-visa-restrictions-harm-venezuelans>

[180] See, e.g., R4V Regional Platform, *Special Situation Report: Central America, Mexico and Colombia, July 2022* <https://www.r4v.info/en/document/central-america-mexico-and-colombia-r4v-special-situation-report-june-update>; and

WOLA, *Mexico's Restrictive Visa Policy Limits Venezuelans' Ability to Flee to the U.S., April 2022*, <https://www.wola.org/analysis/mexico-restrictive-visa-policy-limits-venezuelans-ability-flee-us/>

[181] US Department of State, Office to Monitor and Combat Human Trafficking, *Trafficking in Persons Report, 2022.*

[182] Mixed Migration Centre / Danish Refugee Council, *Data on Mixed Migration, date of interview 2020-2022* <https://bit.ly/3zCf51q>

[183] R4V Protection Sector and HT&S Sub-sector, *Analysis and identification of risks related to dual impact and organized crime on refugees and migrants from Venezuela, 2022* (publication forthcoming).

[184] "Estudio InSight Crime identificó a Chile como "destino final" de migrantes víctimas del Tren de Aragua", CNN Chile, 25 July 2022, https://www.cnnchile.com/pais/estudio-insight-crime-chile-migrantes-tren-aragua_20220725/

[185] R4V Protection Sector and HT&S Sub-sector, *Analysis and identification of risks related to dual impact and organized crime on refugees and migrants from Venezuela, 2022* (publication forthcoming).

- Access to protection services and livelihood opportunities for differential needs: Potential victims and victims of human trafficking lack information, accompaniment, protection and comprehensive specialized services that respond to age, gender and diversity considerations,

according to several JNA.¹⁸⁶ In addition, livelihood constraints and lack of job opportunities are the main factors that put refugees and migrants at risk of being trafficked or returned to the place of exploitation, which poses them at greater risk of revictimization.¹⁸⁷



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[186] R4V Chile Platform, RMNA Joint Analysis Workshops, 15 July 2022 (Tarapacá) and 25 July 2022 (Santiago de Chile); GTRM Peru, JSNA, 2022; R4V Southern Cone Platform, JNA, June 2022.

[187] IDEHPUCP and UNODC, *Trata de personas y migración en tiempos de pandemia por COVID-19. Relatoría*, September 2021, p.13: <https://cdn01.pucp.education/idehpucp/wp-content/uploads/2021/09/23151951/Trata-de-personas-y-migraci%C3%B3n.pdf>



SHELTER



TOTAL POPULATION

5.96 M



PEOPLE IN NEED (PIN)

3.15 M



1.03 M



1.14 M



510.8 K



469.6 K



PIN PERCENTAGE

52.9%



COUNTRY	Male	Female	Percentage	Visual
Argentina	171.1 K	35.9 K	21.0%	
Aruba	17.0 K	10.2 K	60.0%	
Bolivia	13.8 K	7.0 K	51.0%	
Brazil	365.4 K	102.3 K	28.0%	
Chile	448.1 K	109.7 K	24.5%	
Colombia	2.48 M	1.99 M	80.3%	
Costa Rica	30.1 K	12.9 K	43.0%	
Curaçao	14.0 K	7.7 K	55.0%	
Dominican Republic	115.3 K	8.1 K	7.0%	

COUNTRY	Male	Female	Percentage	Visual
Ecuador	502.2 K	239.1 K	47.6%	
Guyana	19.6 K	8.1 K	41.0%	
Mexico	83.0 K	3.3 K	4.0%	
Panama	144.5 K	62.2 K	43.0%	
Paraguay	5.8 K	2.4 K	41.0%	
Peru	149 M	538.1 K	36.1%	
Trinidad and Tobago	35.3 K	8.5 K	24.0%	
Paraguay	5.8 K	2.4 K	41.0%	

Based on the findings of joint needs assessments conducted across the region, the need for shelter solutions has increased with respect to previous years: shelter is among the top three priorities for refugees and migrants in countries such as Argentina, Bolivia, Chile, Costa Rica, Ecuador, Uruguay and Paraguay¹⁸⁸ and it remains among the top priorities for Venezuelans in most other countries surveyed.¹⁸⁹

The main shelter challenge identified for refugees and migrants from Venezuela in-destination is linked to the payment of rent,¹⁹⁰ as this represents the main household expense, of which new arrivals of refugees and migrants from Venezuela and successive onward movements are unable to pay due to the post-pandemic economic crisis.¹⁹¹ For example, 76 per cent of Venezuelans in Peru, 46 per cent in Costa Rica and 73 per cent in Panama lacked the financial means to continue paying their rent.¹⁹² This situation not only increases risks of eviction and homelessness but also leads to negative coping mechanisms, becoming a major cause of indebtedness¹⁹³ and impeding socio-economic integration.¹⁹⁴ Those without adequate shelter also often lack a permanent address,¹⁹⁵ which negatively affects documentation and/or regularization processes, generates instability in accessing livelihoods and basic services, and hinders the enrolment of children in schools and the creation of support networks.

Refugees and migrants from Venezuela who rent accommodations also face additional protection

risks, such as violence, xenophobia, discrimination, exploitation, and abuse of power, impacting their ability to exercise rights¹⁹⁶ and duties as tenants, resulting in tenure insecurity. There are also regulations and public policies that limit the ability of refugees and migrants to access adequate housing.

In general, urban centres in countries hosting refugees and migrants from Venezuela, as well as the most vulnerable local populations, are characterized by a lack of integrated planning. Recent assessments highlight the challenges faced by these households due to overcrowding and substandard living conditions in rented spaces,¹⁹⁷ lack of information on rental options and the market, and tenure insecurity¹⁹⁸. Insufficient affordable housing has pushed refugees and migrants into situations of homelessness¹⁹⁹ and/or settling in insecure places located on the peripheries of urban centres, often in areas exposed to hazards and disasters from extreme weather events, or in environmentally protected areas not zoned for human settlement. This poses high protection risks for inhabitants settling in unplanned spaces, adding pressure on the municipalities responsible for guaranteeing a safe habitat and access to public services.

In remote border regions that lack adequate shelter and settlement solutions, refugees and migrants in-transit as well as indigenous populations have particular needs for emergency and transitory shelter. Populations in-transit and those who recently

[188] Shelter was the first priority for refugees and migrants surveyed by R4V partners in destination in Paraguay, and the second priority for those surveyed in destination in Argentina, Bolivia, Ecuador and Uruguay. R4V Southern Cone Platform, JNA, June 2022; GTRM Ecuador, Joint Needs Assessment (JNA), May 2022. Shelter was also one of the top priorities of refugees and migrants surveyed while in transit in Costa Rica, and after recently arriving to the north of Chile. IOM, DTM Zona Sur, Costa Rica 2022; IOM, Displacement Tracking Matrix (DTM) Monitoring of Venezuelan Population Flows in Colchane, 2022.

[189] See, e.g., R4V Brazil, Joint Needs Assessment (JNA), July 2022; R4V National Platform in Colombia (GIFMM), Joint Needs Assessment (JNA) for Venezuelan Population in Destination and Colombian Returnees, 2022.

[190] See, e.g., UN-Habitat, Perfil de Movilidad Humana en las Ciudades: Área Metropolitana de Ciudad de Panamá, Panamá, 2022; R4V Southern Cone Platform, JNA, June 2022.

[191] R4V Brazil, JNA, June 2022.

[192] See RMNA herein, e.g., Peru, Central America and Mexico, Shelter Sector Chapters, RMNA 2022.

[193] See, e.g., INEI Peru, National Survey of the Venezuelan Population in Peru (ENPOVE), (2022); IOM, Displacement Tracking Matrix (DTM) IV: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022.

[194] For example, in Panama, 73% of Venezuelans reported having debts linked to rent payments. UNHCR, Protection Monitoring/ High Frequency Survey, Panama, 2022.

[195] See, e.g., R4V Brazil, JNA, June 2022.

[196] R4V Southern Cone Platform, JNA, June 2022. GTRM Ecuador, JNA, May 2022. GTRM Peru, JSNA, 2022.

[197] See, e.g. UN-Habitat, Perfil de Movilidad Humana en las Ciudades: Área Metropolitana de Ciudad de Panamá, Panamá, 2022; GTRM Ecuador, JNA, May 2022; GTRM Peru, JSNA, 2022.

[198] See RMNA herein, Regional Protection Sector Chapter, 2022.

[199] See, e.g., R4V Brazil, JNA, June 2022.

arrived in border regions require improved temporary collective shelter options, with existing facilities often lacking sufficient capacity and/or adequate conditions (including in terms of WASH and safety, as well as climate and environmental adaptations). For example, 96 per cent of refugees and migrants arriving in Panama reported having slept at least one night on the street during their transit, and more than 90 per cent of those surveyed in transit in Colombia had slept on the street once in the past three days; only 2 per cent and 7 per cent, respectively, had slept in temporary collective shelters.²⁰⁰ Refugees and

migrants in-transit and newly arrived in-destination also lack essential household items (for example, for food preparation and sleeping²⁰¹).

Finally, significant numbers of Venezuelan and binational indigenous populations recently settled in the border territories of Brazil,²⁰² Guyana²⁰³ and Colombia often live in inadequate housing conditions and unsafe settlements, including informal shelter options without cultural adaptations, which pose risks to their health and protection.



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[200] IOM, *Displacement Tracking Matrix (DTM) Panama – Venezuelan Population Flow monitoring: Darien, May - June 2022*; GIFMM Santander, *Characterization Report*, May 2022.

[201] For example, 30% of refugees and migrants surveyed in destination in Colombia lacked items for food preparation, and 100% of those surveyed in transit lacked items for sleeping. GIFMM Santander, *Characterization Report*, May 2022.

[202] R4V Brazil, JNA, June 2022.

[203] Guyana, R4V Joint Needs Analysis Workshop, informed the development of the Secondary Data Review (SDR) Matrix, 2022.



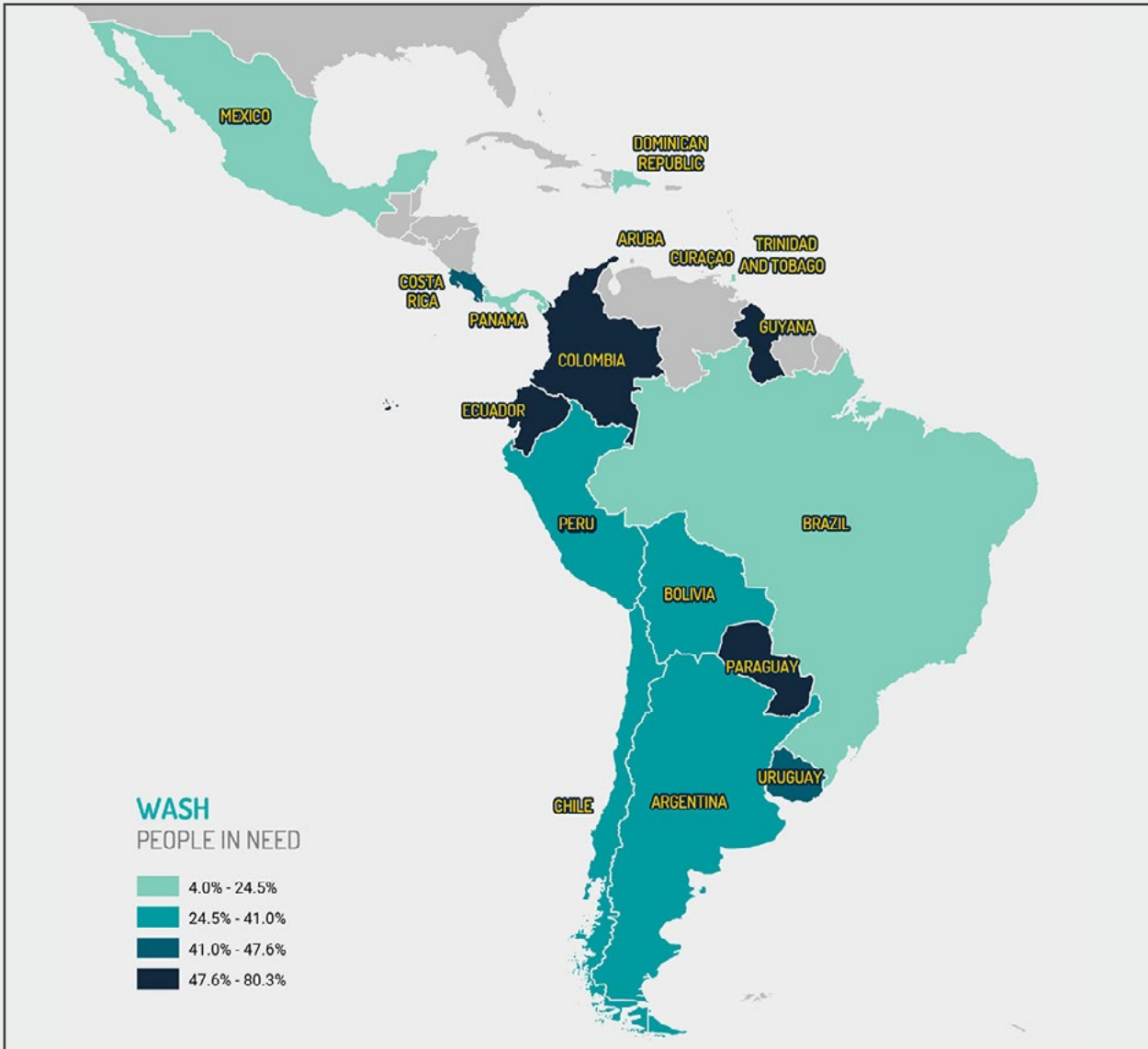
WASH

TOTAL POPULATION
5.96 M

PEOPLE IN NEED (PIN)
2.19 M

707.8 K 791.4 K
359.5 K 329.8 K

PIN PERCENTAGE
36.7%



COUNTRY	POPULATION	PEOPLE IN NEED	PERCENTAGE	PROGRESS BAR
Argentina	171.1 K	35.9 K	21.0%	<div style="width: 21%;"></div>
Aruba	17.0 K	5.6 K	33.0%	<div style="width: 33%;"></div>
Bolivia	13.8 K	2.9 K	21.0%	<div style="width: 21%;"></div>
Brazil	365.4 K	47.0 K	12.9%	<div style="width: 12.9%;"></div>
Chile	448.1 K	80.0 K	17.9%	<div style="width: 17.9%;"></div>
Colombia	2.48 M	1.42 M	57.5%	<div style="width: 57.5%;"></div>
Costa Rica	30.1 K	7.5 K	25.0%	<div style="width: 25%;"></div>
Curaçao	14.0 K	3.9 K	27.5%	<div style="width: 27.5%;"></div>
Dominican Republic	115.3 K	8.1 K	7.0%	<div style="width: 7%;"></div>

COUNTRY	POPULATION	PEOPLE IN NEED	PERCENTAGE	PROGRESS BAR
Ecuador	502.2 K	220.3 K	43.9%	<div style="width: 43.9%;"></div>
Guyana	19.6 K	9.6 K	49.0%	<div style="width: 49%;"></div>
Mexico	83.0 K	3.3 K	4.0%	<div style="width: 4%;"></div>
Panama	144.5 K	7.2 K	5.0%	<div style="width: 5%;"></div>
Paraguay	5.8 K	2.3 K	39.0%	<div style="width: 39%;"></div>
Peru	1.49 M	320.5 K	21.5%	<div style="width: 21.5%;"></div>
Trinidad and Tobago	35.3 K	4.9 K	14.0%	<div style="width: 14%;"></div>
Uruguay	22.0 K	6.2 K	28.0%	<div style="width: 28%;"></div>

The WASH needs of refugees and migrants – including in-transit, undertaking pendular movements and in-destination – continue to be urgent in 2022, even more so with the persistent COVID-19 pandemic and its consequences.

In terms of those groups most at-risk due to lack of access to adequate WASH services and products, assessments across the region identified indigenous peoples, women and girls, the elderly, and children under 5 years of age as those with the highest mortality rates due to acute diarrheal diseases.²⁰⁴ Women report not having access to menstrual hygiene products, in-transit populations, as in the case of Colombia²⁰⁵ (22 per cent) and in destination, as evidenced in Panama²⁰⁶ (30 per cent), Peru²⁰⁷ (30 per cent), Uruguay (19 per cent), and Paraguay (13 per cent) and Bolivia (12 per cent).²⁰⁸ The lack of appropriate WASH services can furthermore put health and dignity of women and girls at risk.

Refugees and migrants in-transit, especially those undertaking long journeys, were found having great difficulties accessing essential WASH services along their routes. For instance, in Colombia, 60 per cent of the population in-transit reported access to drinking water to be one of their main concerns,²⁰⁹ while in Panama, 65 per cent of the population in-transit drank water from unprotected water sources, such as rivers, lakes and rainwater, when crossing the Darien Gap.²¹⁰

Shelters and settlements for refugees and migrants often do not meet the minimum standards for the provision of WASH services. For instance, 82 per cent of refugees and migrants surveyed in spontaneous settlements in Colombia reported not having access to improved water services and 66 per cent had no sanitation services.²¹¹ Similarly, in Brazil, 51 per cent of spontaneous settlements have deficiencies in sanitation and environmental health, leading to a higher incidence of WASH-related diseases among residents compared to the Venezuelan population in Brazil not living in shelters (30 per cent vs 22 per cent).²¹² In Mexico, more than half of the refugee and migrant population lives in spontaneous shelters, without adequate access to potable water.²¹³

Refugees and migrants in-destination also suffer from inadequate access to WASH services, as they often settle in urban or peri-urban areas with more precarious conditions. In Peru, refugees and migrants live in the districts with the highest COVID-19 deaths, with less access to water and more informality in urban planning and infrastructure.²¹⁴ In Ecuador, the financial situation of refugees and migrants prevents their access to WASH, with 19 per cent reportedly being unable to afford to pay for services.²¹⁵ Meanwhile, the local indigenous populations of Guyana and Trinidad and Tobago²¹⁶ and Panama²¹⁷, who reside largely in more rural areas, find their traditional WASH practices and uses of rivers and water sources affected by new arrivals of refugees and migrants.

[204] UNICEF, *Inter-sector and Multi-partner Rapid Survey Focusing on the Needs of Children and Adolescents*, July 2022.

[205] R4V National Platform in Colombia (GIFMM), *Joint Needs Assessment (JNA) for Pendular and In-Transit Populations*, 2022.

[206] Based on IOM-DTM data collected at the ERMs, around 11% of the participants were pregnant and lactating women: <https://panama.iom.int/es/dtm-monitoreo-de-flujos-migratorios-en-panama>. Additionally, based on Migration Panama, 15% of the people who transited through the Darién in 2022 were children (5,028 as of May 2022) and 26% were women: <https://www.migracion.gob.pa/inicio/estadisticas>.

[207] INEI, *National Survey of the Venezuelan Population in Peru (ENPOVE)*, 2022.

[208] R4V Southern Cone Platform, *Joint Needs Assessment*, June 2022.

[209] GIFMM, *JNA for Pendular and In-Transit Populations*, 2022.

[210] WFP Mixed Movements Human Mobility Survey, Panama, 20 December 2021 – 8 April 2022.

[211] IMMAP, *Colombia: Settlement Identification*, 2021.

[212] R4V Comitê WASH de Roraima, *Relatório Situacional de WASH nos Abrigos Oficiais da Operação Acolhida*, 2021.

[213] *Migrants on US-Mexican border suffer from extreme water scarcity*, <https://www.climatechangenews.com/2022/08/19/migrants-on-us-mexican-border-suffer-from-extreme-water-scarcity/>

[214] Ministry of Health, Government of Peru, *COVID-19 Update as of 9 July 2022*, <https://www.dge.gob.pe/portal/docs/tools/coronavirus/coronavirus080722.pdf>

[215] R4V National Platform in Ecuador (GTRM), *Joint Needs Assessment (JNA)*, 2022.

[216] *Caribbean RMNA Chapter*.

[217] *Debriefing note WASH officer Panama. Visit to Darien. December 2021*

The arrival of refugees and migrants were often found to exacerbate pre-existing inadequate and insufficient WASH services in shared community spaces, such as schools and health centers, hampering their access to

services and integration. For example, in Colombia 18 per cent of schools assessed do not have any access to water and 18 per cent of health centers do not meet minimum standards for access to water services.²¹⁸



[218] IMMAP, Colombia: WASH infrastructure in different settings, 2022, <https://bit.ly/3ye6Clg>



CASH AND VOUCHER ASSISTANCE (CVA)

CVA continues to be the preferred modality of assistance among refugees and migrants to address their main priority needs²¹⁹. Multipurpose cash (MPC), linked to complementary sectoral interventions, can enable refugees and migrants to fulfill their basic needs with choice and dignity, minimizing resorting to negative coping strategies and promoting participation in local economies.

Insufficient income and financial resources continue to prevent refugees and migrants from Venezuela from accessing essential goods and services, exposing them to protection-related risks and hampering their integration. Amid a decelerated and unequal recovery from the socio-economic effects of the COVID-19 pandemic, most countries hosting refugees and migrants report an increase in the minimum expenditure basket due to the compounded effects of supply chain problems, the war in Ukraine and increases in fuel and food prices.²²⁰ As a result, levels of poverty and extreme poverty are expected to worsen compared to both 2021 and pre-pandemic times.²²¹ R4V joint needs assessments (i.e., Peru, Brazil, Colombia and Ecuador²²²) point to an overrepresentation of refugees and migrants among the lowest income groups, with earnings below the minimum wage and unemployment rates above those of host communities. In addition

to facing difficulties meeting basic needs, their protection from income loss is generally low, due to high levels of informality and the lack of access to social protection programmes.

Basic income support remains critical because the needs of refugees and migrants from Venezuela are multi-sectoral and evolving. In most countries, food security is reported as the highest priority, followed by shelter/rent and livelihoods/income-generating activities. This trend is confirmed by post-distribution monitoring of CVA Programmes: in Colombia for instance, approximately 56 per cent of CVA was spent on food, 40 per cent on rent and 13 per cent on other costs²²³. Other needs vary considerably depending on population profiles.²²⁴

As a result of lack of income, refugees and migrants often resort to negative coping mechanisms, including those that risk their safety and weaken community ties. Children, women, people with disabilities and LGBTQI+ persons are among those most at risk. This is particularly concerning among Venezuelans in transit in Central America and Mexico, with half of them reporting security incidents, including theft, physical violence and intimidation, and women and girls being at greater risk for GBV.²²⁵ In Colombia, Venezuelans reported taking on debts to purchase food and borrowing from relatives and

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- [219] See, e.g., *R4V survey data on the modality of assistance preferred to address the top three priority needs reported in the GIFMM Colombia, Multi-Sectoral Needs Assessment, June 2022. (Publication forthcoming). This was also consistent with the modality of assistance preferred as reported by the GIFMM Colombia, Multi-Sectoral Needs Assessment, June 2021.*
- [220] See, e.g., Cecilia Barria, *En gráficos: cuánto ha subido el precio de 8 productos esenciales en América Latina - BBC News Mundo*, 31 August 2022, <https://www.bbc.com/mundo/noticias-62716386>
- [221] ECLAC, *Repercussions in Latin America and the Caribbean of the war in Ukraine: how should the region face this new crisis? P. 12-13*, June 2022, <https://hdl.handle.net/11362/4791>
- [222] See, e.g., *R4V Brazil, Joint Needs Assessment (JNA), July 2022; GTRM Ecuador, Joint Needs Assessment (JNA); GTRM Peru, Joint Strategic Needs Assessment (JSNA), 2022; R4V National Platform in Colombia (GIFMM), Joint Needs Assessment (JNA) for Pendular and In-Transit Populations, 2022.*
- [223] *Including medical products, debts, household items and public services. ADN Dignidad, Post-Distribution Monitoring Report, December 2021*, https://adm.adndignidad.co/wp-content/uploads/2021/12/PDM-dic-2021_Final.pdf
- [224] *For example, in Colombia, while transportation and protection are priorities for populations in-transit, shelter, protection and employment are priorities for those in-destination. GIFMM, Joint Needs Assessment (JNA) for Pendular and In-Transit Populations, 2022; and GIFMM, Joint Needs Assessment (JNA) for Venezuelan Population in Destination and Colombian Returnees, 2022.*
- [225] See herein, *Central America and Mexico, RMNA Chapter, 2022.*

friends to afford medical expenses and to repay debts.²²⁶ In Ecuador, children are kept out of school due to associated costs.²²⁷

Despite advances in the regularization and documentation of Venezuelans in countries across the region, their effective inclusion in national social protection schemes remains low, preventing access to supplemental income support and social security

programmes.²²⁸ Venezuelans require longer-term integration into national and sub-national social protection networks to be local and sustainable²²⁹. As such, the need for coordination and linkages among humanitarian and state actors is of growing importance to effectively use CVA as a tool for shock responsive social protection and emergency response.²³⁰

[226] GIFMM, *Joint Needs Assessment (JNA) for Venezuelan Population in Destination and Colombian Returnees*, 2022.

[227] GTRM Ecuador, *Joint Needs Assessment (JNA)*, 2022.

[228] IPC-IG, UNICEF & WFP, *Social protection and Venezuelan migration in Latin America and the Caribbean in the context of COVID-19*, April 2021, <https://www.unicef.org/lac/en/reports/social-protection-and-venezuelan-migration>

[229] Cashcap, *Ejercicio de vínculos de las transferencias monetarias con el sistema de protección social*, <https://socialprotection.org/fr/discover/publications/ejercicio-para-la-identificaci%C3%B3n-de-v%C3%ADnculos-de-las-transferencias-monetarias>

[230] Cashcap, *Barreras de acceso a la protección social - perspectiva de los actores humanitarios*, <https://www.calpnetwork.org/es/publication/barreras-de-acceso-a-la-proteccion-social-perspectiva-de-los-actores-humanitarios/> CALP Network, *Programas de transferencias monetarias en el marco de los sistemas de protección social en la preparación ante la crisis*, March 2022, <https://www.calpnetwork.org/wp-content/uploads/2022/03/CalP-CVA-Spanish-Final.pdf>

BRAZIL



BRAZIL

AT A GLANCE

 TOTAL POPULATION

365.4 K

 PEOPLE IN NEED (PIN)

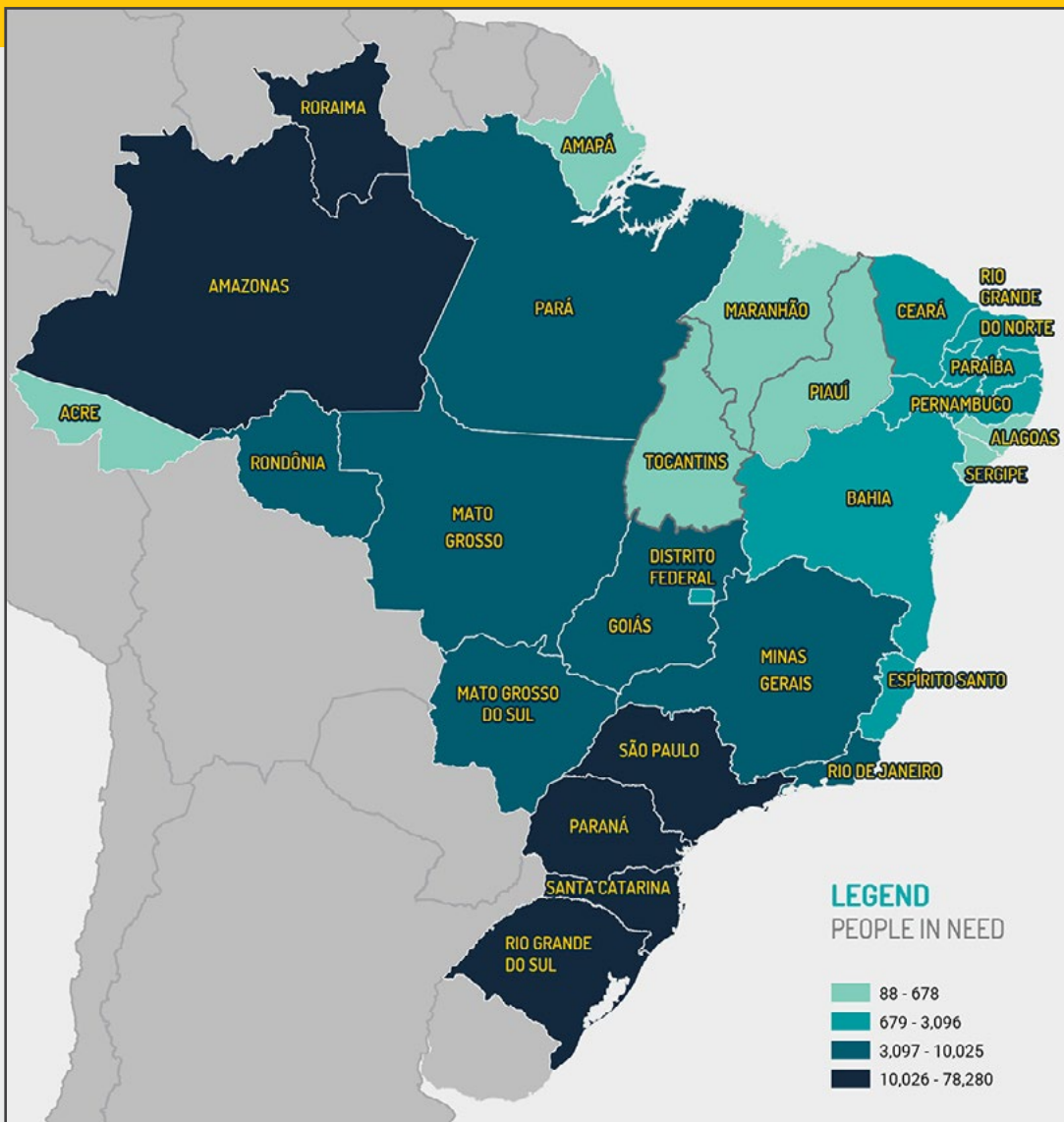
298.3 K

























 106.9 K  92.8 K

 50.4 K  48.3 K

 PIN PERCENTAGE

81.6%



	Sector	Total population	People in need (PiN)	PiN percentage	
	Education	365.4 K	81.8 K	22.4%	
	Food Security	365.4 K	197.3 K	54.0%	
	Health	365.4 K	66.5 K	18.2%	
	Humanitarian Transportation	365.4 K	56.3 K	15.4%	
	Integration	365.4 K	226.5 K	62.0%	
	Nutrition	365.4 K	41.2 K	11.3%	
	Protection	365.4 K	277.7 K	76.0%	
	Child Protection	365.4 K	121.8 K	33.3%	
	Gender-Based Violence (GBV)	365.4 K	79.0 K	21.6%	
	Human Trafficking & Smuggling	365.4 K	7.3 K	2.0%	
	Shelter	365.4 K	102.3 K	28.0%	
	WASH	365.4 K	47.0 K	12.9%	

COUNTRY OVERVIEW

R4V partners in Brazil identified priority needs of refugees and migrants from Venezuela through a JNA, complemented by a secondary data review (SDR).²³¹ The JNA was carried out between June and July 2022, based on phone interviews, using contacts from R4V partners and Operation Welcome's (Operação Acolhida²³²) information management system Acolhedor. In total, 800 Venezuelan households were surveyed, with a stratified sampling by state. Most respondents were female (64 per cent) and represented households of 4.4 members on average. 78 per cent of these households have children.

According to the JNA, although the vast majority of Venezuelans who entered the country intend to remain in Brazil (94 per cent)²³³, this population still faces significant barriers to exercising their fundamental rights and accessing public services, which affects their capacity to fully integrate into Brazilian society. Some of the main needs identified are in education, health, food security, protection, integration and shelter.

Although all children have the right to access public primary education in Brazil, 18 per cent of Venezuelan children are not enrolled in schools,²³⁴ missing

fundamental development opportunities and left exposed to child labour, economic exploitation, early marriage and pregnancy, among other risks. The percentage of out-of-school Venezuelan children rises to 27 per cent for households in Roraima and Amazonas states²³⁵ and 63 per cent for children residing in temporary collective shelters.²³⁶

Regarding health, 54 per cent of Venezuelan households reported having medical care needs.²³⁷ Out of them, 35 per cent had difficulties accessing treatment due to reasons that also affect the population at large, such as delays in service provision (70 per cent), the high cost of care and medicines (23 per cent) and a lack of specialists (21 per cent), while there were also barriers specific to the refugee and migrant population from Venezuela, including language barriers (9 per cent) and perceived discrimination (9 per cent).²³⁸

With 37 per cent of Venezuelan households earning less than the Brazilian minimum wage (USD 230),²³⁹ refugees and migrants are struggling to meet their most basic needs, especially food and rent.²⁴⁰ Half of Venezuelan households experience some degree of food insecurity, with families that include pregnant

[231] R4V Brazil, *Joint Needs Assessment (JNA), July 2022. (Publication forthcoming). All Venezuelans interviewed had previous contact with either R4V partners and/or the Government of Brazil's Operation Welcome.*

[232] *Operação Acolhida (Operation Welcome) is the Government of Brazil's humanitarian response to the arrival of refugees and migrants from Venezuela. It includes three main pillars: border management (reception, identification, health checks, immunization, documentation of legal status and screening of refugees and migrants upon entering the country in the city of Pacaraima/RR); humanitarian assistance (sheltering vulnerable refugees and migrants, providing meals, facilities for personal hygiene, orientation, training and leisure activities, and basic health care) and relocation (voluntary, safe and orderly relocation of refugees and migrants in vulnerable situations located in the states of Amazonas and Roraima to other cities in Brazil). Its goals are to offer Venezuelans better opportunities for social, economic and cultural integration.*

[233] R4V Brazil, *Joint Needs Assessment (JNA), July 2022. (Publication forthcoming).*

[234] *Ibid.*

[235] *Ibid.*

[236] UNHCR, *Atividade de Verificação: Dados de educação e cobertura vacinal nos abrigos de Boa Vista, April 2022.*

[237] R4V Brazil, *JNA, July 2022. (Publication forthcoming).*

[238] *Ibid.*

[239] *Ibid.*

[240] *Women face higher risks of being unemployed or under-employed than men. Moreover, women – especially women of color – earn less than men. UNHCR, UN Women, UNFPA, *Limites e desafios à integração local de refugiadas, refugiados e pessoas migrantes da Venezuela interiorizadas durante a pandemia de COVID-19, October 2021, <https://www.acnur.org/portugues/wp-content/uploads/2021/12/Sumario-Executivo-Limites-e-desafios-a-integracao-local-de-refugiadas-refugiados-e-pessoas-migrantes-da-Venezuela-interiorizadas-durante-a-pandemia-de-Covid-19-dez.2021.pdf>**

women and children under the age of 5 being hit the hardest (61 per cent), which exposes these groups to malnutrition and illness.²⁴¹

Regarding needs for shelter, 28 per cent of Venezuelans reported not knowing where they would live in the following months, with higher rates of housing insecurity in the northern region (31 per cent), especially in the state of Amazonas (38 per cent).²⁴² Moreover, despite nine temporary shelters established by Operation Welcome in Roraima State, an estimated 3,600 refugees and migrants were still in situations of homelessness or in spontaneous settlements, lacking access to adequate WASH services such as drinking water, hygiene and cleaning products.²⁴³ The prevalence of homelessness increases refugees' and migrants' risks of contracting diseases, experiencing

domestic violence, sexual exploitation, trafficking, and resorting to negative coping mechanisms such as begging and survival sex.

Finally, evidence shows that indigenous refugees and migrants, who represent 2 per cent of the overall Venezuelan population in Brazil, were among the most vulnerable, suffering higher rates of food insecurity (63 per cent vs 55 per cent), children out of school (29 per cent vs 18 per cent) and discrimination (47 per cent vs 35 per cent) than the overall Venezuelan population.²⁴⁴ Additionally, language barriers and limited schooling (only 16 per cent have a high school degree or higher, and 24 per cent are illiterate²⁴⁵) significantly affect the prospects for local integration of indigenous communities from Venezuela.



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[241] *Ibid.*

[242] *Ibid.*

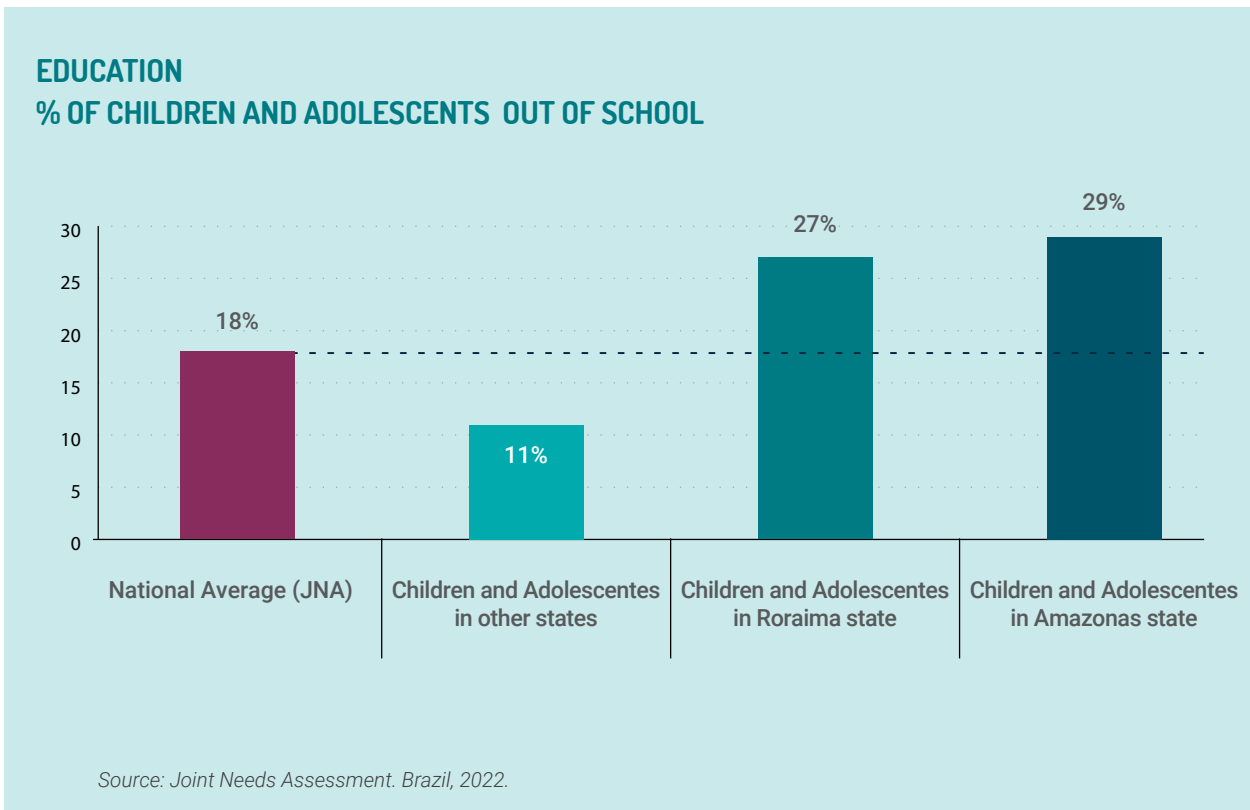
[243] IOM, *Informe sobre População Venezuelana Refugiada e Migrante fora de Abrigos em Pacaraima*, June 2022, <https://brazil.iom.int/sites/g/files/tmzbdl1496/files/documents/oim-0722-informe-desabrigados-pacaraima-acolhida-1.pdf>;

[244] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[245] IOM, *DTM Nacional sobre a População Indígena Refugiada e Migrante Venezuelana*, November 2021, <https://brazil.iom.int/sites/g/files/tmzbdl1496/files/documents/Relatorio%20DTM%20-%20POPULAC%CC%A7A%CC%83O%20INDI%CC%81GENA%20REFUGIADA%20E%20MIGRANTE%20VENEZUELANA%20-%20nov-2021.pdf> p. 85



EDUCATION



Access to free public schools at all levels is guaranteed by law in Brazil, regardless of nationality or legal status in the country. However, 17 per cent of Venezuelan children (6-11 years old) and 19 per cent of adolescents (12-17 years old) are not attending school in the country, a proportion that rises to 27 per cent for those living in Roraima and 29 per cent for those living in Amazonas states, the first place of arrival for many refugees and migrants from Venezuela into Brazil.^[246] The situation is even more

worrisome for refugee and migrant children who are living in shelters in Boa Vista (Roraima), 63 per cent of whom were not attending schools as of April 2022.^[247]

Low levels of access to education for these populations can be attributed to multiple factors, including the lack of available slots for school enrolment in areas with high concentrations of refugees and migrants; limited school transportation; problems with internet connectivity (especially for those schools that continue with partially remote

[246] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[247] UNHCR, Atividade de Verificação: Dados de educação e cobertura vacinal nos abrigos de Boa Vista, April 2022.

[248] Challenges identified by R4V Education Sector partners during monthly meetings.

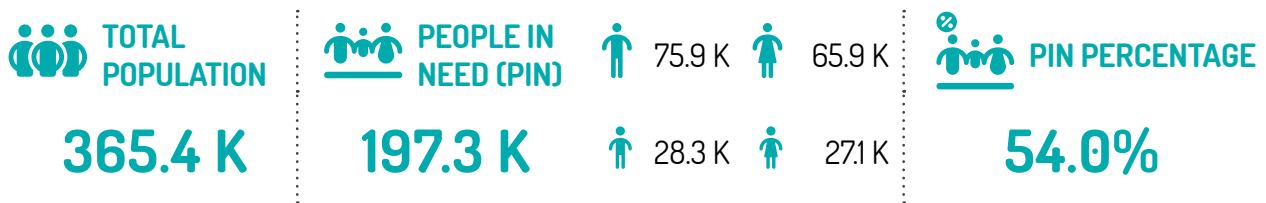
education as a result of the COVID-19 pandemic); as well as the tendency of some newly arriving households to postpone the enrollment of their children until arrival to their final destinations in Brazil, which takes on average six months.²⁴⁸ Bottlenecks also stem from difficulties with the recognition of foreign diplomas and validation and school transfers across different locations within the country. In addition, the absence of adaptive teaching approaches and materials reveal the limited capacity of local institutions to address the specific needs of culturally diverse populations on the move, who are non-Portuguese speakers. In particular, the needs of indigenous students can only be adequately addressed through intercultural strategies and multilingual programmes. Lastly, highly vulnerable groups have unique challenges to accessing and remaining within educational systems, such as

people with disabilities, single parents (mainly women and adolescent girls), LGBTQI+ populations, and girls, who run higher risks of GBV and early pregnancy affecting their school attendance.²⁴⁹

Infrastructure gaps in school systems that are yet to be addressed by local authorities (particularly in view of the challenges posed by COVID-19) also pose obstacles to Venezuelan children's access to education. In this regard, only 44 per cent of schools have basic sanitation infrastructure,²⁵⁰ impairing the capacities of municipalities to implement the WASH systems and hygiene measures needed for educational facilities.

Lastly, it is important to note that among Venezuela's adult refugee and migrant population in Brazil, 14 per cent have not completed secondary education,²⁵¹ limiting their job prospects.

FOOD SECURITY



The COVID-19 pandemic affected the well-being of the Brazilian population as a whole, increasing vulnerabilities, reducing livelihoods opportunities, and preventing families from accessing all basic food items. In this unfavorable economic scenario, evidence shows that in 2021, more than 33 million people (15 per cent of the Brazilian population) faced hunger in the country and 125 million (59 per cent) were living with food insecurity.²⁵² This is a significant increase from 2020 when 19 million people were

affected by hunger in the country (9 per cent of the population) and 117 million were living with food insecurity (55 per cent).²⁵³

Refugees and migrants from Venezuela are among those most affected since they face significant challenges in accessing sustainable livelihoods and earning enough to cover basic household expenses, including food. According to the JNA conducted in 2022, more than half of the Venezuelan households surveyed²⁵⁴ said that they had struggled to obtain

[249] *Ibid.*

[250] *INEP, Censo Escolar, 2019. Considering drinking water distribution, sewage collection and treatment, urban drainage, and solid waste collection.*

[251] *R4V Brazil, JNA, July 2022. (Publication forthcoming).*

[252] *IRede PENSSAN, II. Inquérito Nacional sobre Insegurança Alimentar no Contexto da Pandemia COVID-19 no Brasil, 2022.*

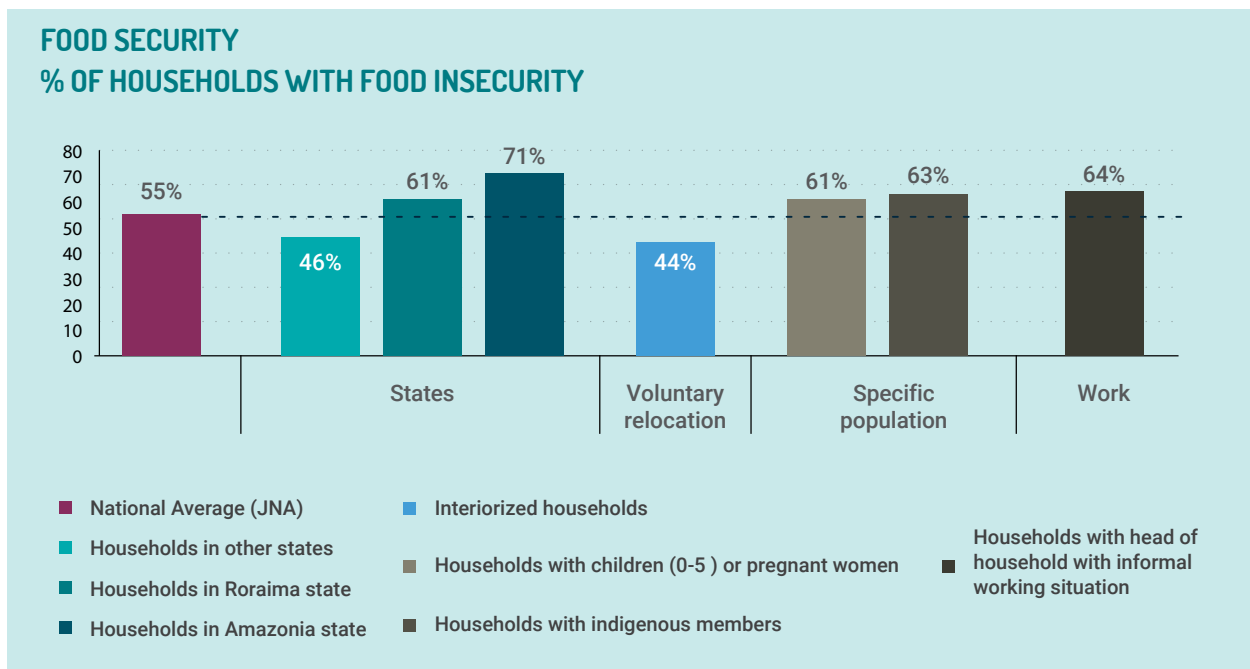
[253] *IRede PENSSAN, Inquérito Nacional sobre Insegurança Alimentar no Contexto da Pandemia COVID-19 no Brasil, 2021.*

[254] *R4V Brazil, JNA, July 2022. (Publication forthcoming).*

sufficient food in the past three months. Among those, 79 per cent reported a lack of financial resources, followed by the high and increasing prices of food (16 per cent) as the main reasons for this situation.²⁵⁵ Although food insecurity was observed in all regions of the country, the highest percentages of Venezuelan households in a situation of food insecurity were reported in the northern region, especially in the state of Roraima, where 71 per cent of Venezuelan households were not eating enough food.²⁵⁶ Among those most vulnerable to food insecurity, R4V partners identified that refugees and migrants who live in spontaneous settlements or are in a situation of homelessness face considerable challenges when it comes to food preparation and storage.

According to a 2022 R4V food security survey, 18 per cent of respondents indicated that they had no food to eat for at least one day in the last 30 days; and 56 per cent were not sure they would have food of appropriate quality and quantity to eat in the next day.²⁵⁷

When analyzing the vulnerability of specific Venezuelan groups, the 2022 JNA found that 63 per cent of indigenous households and 61 per cent of households with pregnant or lactating women and children under the age of 5 are food insecure.²⁵⁸ Moreover, according to another R4V partner's assessment, 16 per cent of Venezuelans interviewed indicated that they knew children and adolescents who did not eat enough to meet their needs, and 17 per cent reported that children and adolescents felt hungry but could not eat due to limited access to food.²⁵⁹ In terms of indigenous refugees and migrants, food insecurity was one of the main reasons reported for leaving their country of origin (by 43 per cent).²⁶⁰ These ethnic groups continue to face nutritional challenges in Brazil, as they must change their feeding practices and consume food that is not part of their traditional diet.²⁶¹



[255] *Ibid.*

[256] *Ibid.*

[257] R4V Brazil Platform: U-Report *Uniendo Voces, Report on food security survey, 2022.* (Publication forthcoming). Surveyed 234 refugees and migrants in Brazil (78 per cent between 20-34 years old).

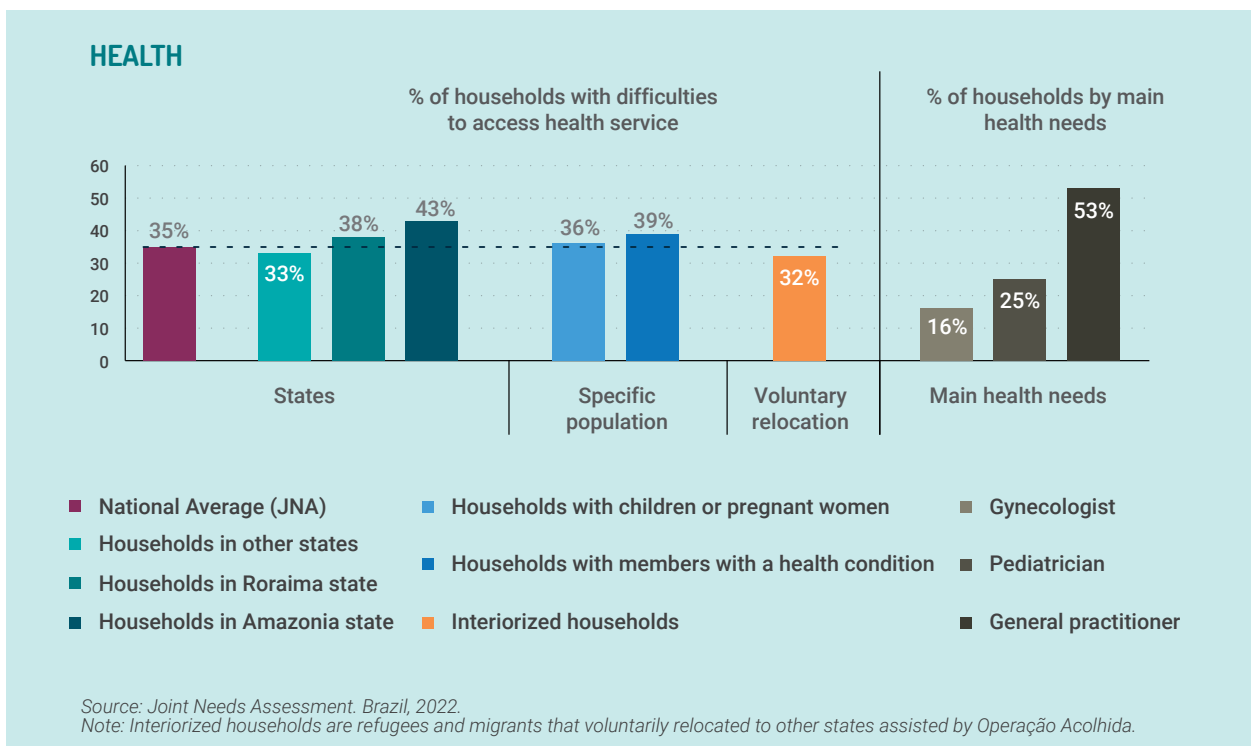
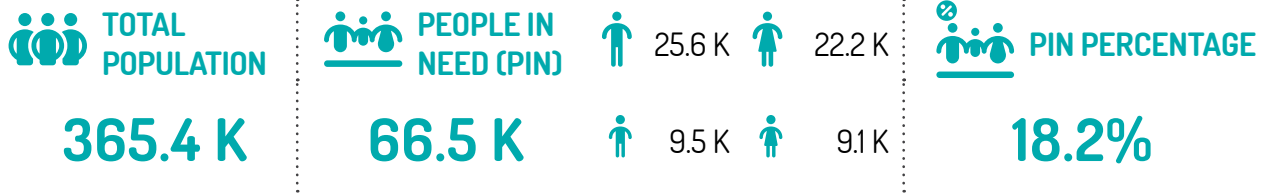
[258] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[259] UNICEF, INASC III, Preliminary data (2022). The survey was conducted in 38 communities in Roraima (Boa Vista and Pacaraima) through 121 interviews.

[260] IOM, *Matriz de monitoramento de deslocamento (DTM) nacional sobre a população indígena refugiada e migrante venezuelana*, November 2021, <https://brazil.iom.int/sites/g/files/tmzbd1496/files/documents/Relatorio%20DTM%20-%20POPULAC%CC%A7A%CC%83O%20INDI%CC%81GENA%20REFUGIADA%20E%20MIGRANTE%20VENEZUELANA%20-%20nov-2021.pdf>

[261] UNHCR, *Painel de dados de registro de perfil populacional, 2022*, <https://bit.ly/3dU2foq>

HEALTH



Access to healthcare has been recorded as a high priority for refugees and migrants from Venezuela, especially with healthcare services still limited and at capacity due to the COVID-19 pandemic. According to the JNA, 54 per cent of households reported having health needs in the last three months,²⁶² requiring the care of general practitioners (53 per cent), pediatricians (25 per cent), gynecologists (16 per cent) and cardiologists (8 per cent), among others.²⁶³ Moreover, 14 per cent of Venezuelan households have a member with a physical or mental disability.²⁶⁴ More than one in three (35 per cent) surveyed

households reported difficulties accessing medical assistance (39 per cent in the case of households with persons with disability), due to reasons such as delays in service provision (70 per cent), high costs (23 per cent), lack of the required specialist (21 per cent) and distant health centers (17 per cent) – all of which are factors that also affect the host community – but aggravated by language barriers (9 per cent), discrimination (9 per cent) and lack of information (8 per cent), which are additional barriers experienced by refugees and migrants from Venezuela.²⁶⁵ Due to cultural and linguistic challenges, indigenous

[262] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[263] *Ibid.*

[264] *Ibid.*

[265] *Ibid.*

populations in particular face difficulties accessing medical care, such as lack of enrollment in the public health system (31 per cent), inability to call an ambulance (18 per cent), discrimination for being a foreigner (16 per cent) or for being an indigenous person (12 per cent), among others.²⁶⁶

In Roraima, one of the states in Brazil with the least presence of social services and infrastructure for the general population, health needs are even more acute, with 38 per cent of Venezuelan households there reporting barriers in accessing medical assistance.²⁶⁷ Moreover, the national health system faces significant challenges to respond to sexual and reproductive health issues, with high rates of HIV/AIDS reported among the general population,²⁶⁸ and 22 per cent of registered HIV/AIDS cases diagnosed in Roraima in 2020 corresponding to Venezuelan nationals in Brazil.²⁶⁹ According to R4V partners, 29 per cent of all Venezuelan women of reproductive age in Brazil are in need of contraceptives and 5 per cent require medical assistance for sexually transmitted infections (STIs).²⁷⁰ In addition, with a maternity ward lacking a neonatal intensive care unit (NICU), Roraima has the second highest infant mortality rate in Brazil²⁷¹ and the third-highest maternal mortality rate in 2019²⁷². In the first trimester of 2022, 99 deaths of children under 5 years old registered in Boa Vista were reported, of whom 12 were Venezuelans.²⁷³

Refugees and migrants also present needs in regard to different types of standard vaccinations. As of June 2022, the estimate of the vaccination coverage of refugees and migrants from Venezuela, as per the Brazilian vaccination schedule, was calculated at 91 per cent in Pacaraima, 60 per cent in Boa Vista and 67 per cent in Manaus.²⁷⁴ Operation Welcome requires mandatory proof of vaccination for yellow fever, viral triple vaccine (diphtheria, tetanus and pertussis) and COVID-19 to access the federal internal relocation strategy, meaning that Venezuelans require access to these vaccinations in Roraima and Amazonas states prior to being able to be relocated (as they often have not received these vaccinations or lack proper records of prior medical care in Venezuela).²⁷⁵ In terms of COVID-19 vaccinations, although access to immunizations is free and universal, evidence shows that refugees and migrants have more limited access. As of May 2022, in Operation Welcome shelters, only 55 per cent of residents had received at least one dose of a COVID-19 vaccine, 33 per cent had received two doses, and only 5 per cent had received a booster dose.²⁷⁶ In Roraima, as of July 2022, 69 per cent had received one dose and 54 per cent were fully vaccinated,²⁷⁷ compared to 80 per cent fully vaccinated among the general population of Brazil.²⁷⁸

[266] IOM, *Observatorio Interativo da População Indígena do Fluxo Venezuelano para o Brasil, 2022*, <https://bit.ly/3EdpFQF>

[267] R4V Brazil, *JNA, July 2022*. (Publication forthcoming).

[268] Ministry of Health (Secretaria de Vigilância em Saúde), *Boletim Epidemiológico de HIV/Aids, Número Especial, December 2021*. In 2020, Roraima state held the third highest AIDS detection rate (21/100,000 inhabitants) and the third highest rate of detection of pregnant women with HIV (4.9/1,000 live births) of all of Brazil.

[269] According to *Governo do Estado de Roraima, Secretaria de Estado de Saúde de Roraima. Relatório Anual de Epidemiologia de Roraima 2020*. Boa Vista, RR, 2021.

[270] UNFPA, *Minimum Initial Service Package (MISP) Calculator*.

[271] In 2019, the infant mortality rate in Roraima was 18.8/1,000 live births, against a national rate of 13.3 per 1,000 live births. Ministry of Health, Secretaria de Vigilância em Saúde. *Boletim Epidemiológico n. 37, volume 52, October 2021, p.6*, <https://bit.ly/3ruGDIT>

[272] In 2019, the maternal mortality rate in Roraima was 91.9/100,000 live births, against a national rate of 57.9 per 100,000 live births. Ministry of Health, Secretaria de Vigilância em Saúde. *Boletim Epidemiológico n. 29, volume 52, August 2021, p.18*, https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/edicoes/2021/boletim-epidemiologico_svs_29.pdf

[273] SIM/DVE/SVS/SMSA Boa Vista, *Dados de óbito infantil, Sistema de Informação sobre Mortalidade (SIM), 2020, 2021 and 2022*.

[274] UNICEF, *Atenção Primária à Saúde apoiada pelo UNICEF para refugiados e migrantes da Venezuela, Roraima, Amazonas, Brazil, July 2022*.

[275] As of May 2022, 79% of refugees and migrants from Venezuela in Operation Welcome shelters in Boa Vista had received a vaccine for yellow fever, and 80% for diphtheria, tetanus and pertussis vaccine (DTP). According to UNHCR Brazil - Vaccination Coverage and Specific Needs in Shelters (Roraima), as of 9 May 2022, <https://www.r4v.info/es/node/89501>

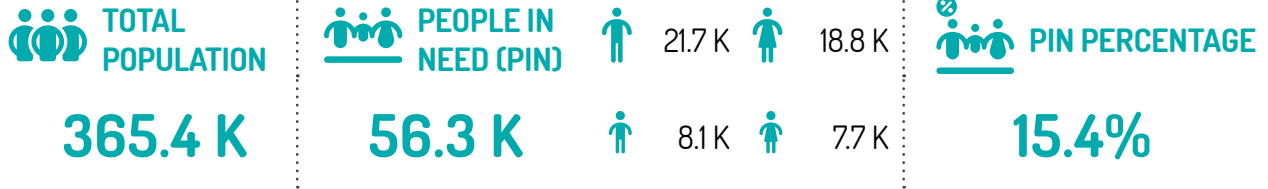
[276] *Ibid.*

[277] Roraima Health Secretariat, *Roraima Vacinômetro COVID-19*, <https://saude.rr.gov.br/index.php/component/sppagebuilder/?view=page&id=44>

[278] Federal Health Secretariat, <https://www.gov.br/saude/pt-br/coronavirus/vacinas/plano-nacional-de-operacionalizacao-da-vacina-contra-a-covid-19>



HUMANITARIAN TRANSPORTATION



With the progress of the COVID-19 vaccination programme, the reduction of COVID-19 related movement restrictions and the reopening of the border, the demand to access the government's interiorization strategy²⁷⁹ – as a mechanism for humanitarian transportation – has increased. Given the geography of Brazil, the aim of the national interiorization programme is to provide for voluntary, safe and orderly transportation of refugees and migrants located in Roraima and Amazonas states, to destinations elsewhere in Brazil, and thereby to facilitate access to livelihoods opportunities, strengthening their socio-economic integration prospects, and relieving the pressure on overburdened public services in the northern states of Brazil that serve as reception communities.

According to Operation Welcome's database *Acolhedor*,²⁸⁰ as of July 2022, 8,494 Venezuelans had expressed their interest in being relocated and awaited corresponding humanitarian transportation support, of whom 57 per cent were considered eligible to travel. The ongoing need for – and success of – the interiorization programme was reflected in the results of the JNA, as voluntarily relocated Venezuelans are better integrated compared to those who remain in the northern region of the country. For instance, relocated households face less food

insecurity (44 per cent versus 60 per cent), relocated children have more access to basic education (85 per cent versus 80 per cent) and relocated adults present higher levels of employment (59 per cent versus 46 per cent), especially in the formal sector (78 per cent versus 62 per cent).²⁸¹

Meanwhile, for refugees and migrants who already settled across Brazil, the lack of capacity to afford safe daily local transportation prevents them from accessing basic services, including education, protection, health care and social welfare, thus imposing additional barriers to their integration. In remote communities, precarious transportation infrastructure and logistics force many refugees and migrants to resort to irregular service providers, which expose them to additional risks, such as GBV and human trafficking. According to the JNA, 28 per cent of the households who reported challenges with accessing medical care, identified the distance to the health center and the lack of means of transportation to these facilities as the main barrier.²⁸² Moreover, 31 per cent of refugees and migrants interviewed in another survey identified the lack of cash or other means to reach the CRAS and CREAS (government-run offices that provide social assistance services) as a major obstacle for accessing financial assistance they may have been otherwise entitled to.²⁸³ This

[279] As of July 2022, 80,666 Venezuelans had been relocated to 858 Brazilian cities, matched with employment opportunities, housed in Reception and Integration Centers, reunified with family members or received by support networks, <http://aplicacoes.mds.gov.br/snas/painel-interiorizacao/>

[280] Brazil, Sistema Acolhedor, RESOLUÇÃO Nº 10, DE 1º DE NOVEMBRO DE 2019, https://portaldeimigracao.mj.gov.br/images/resolu%C3%A7%C3%B5es_do_Comit%C3%AA_Emergencial/RESOLU%C3%87%C3%83O_N%C2%BA_10_DE_1%C2%BA_DE_NOVEMBRO_DE_2019.pdf

[281] R4V Brazil, JNA, July 2022. (Publication forthcoming).

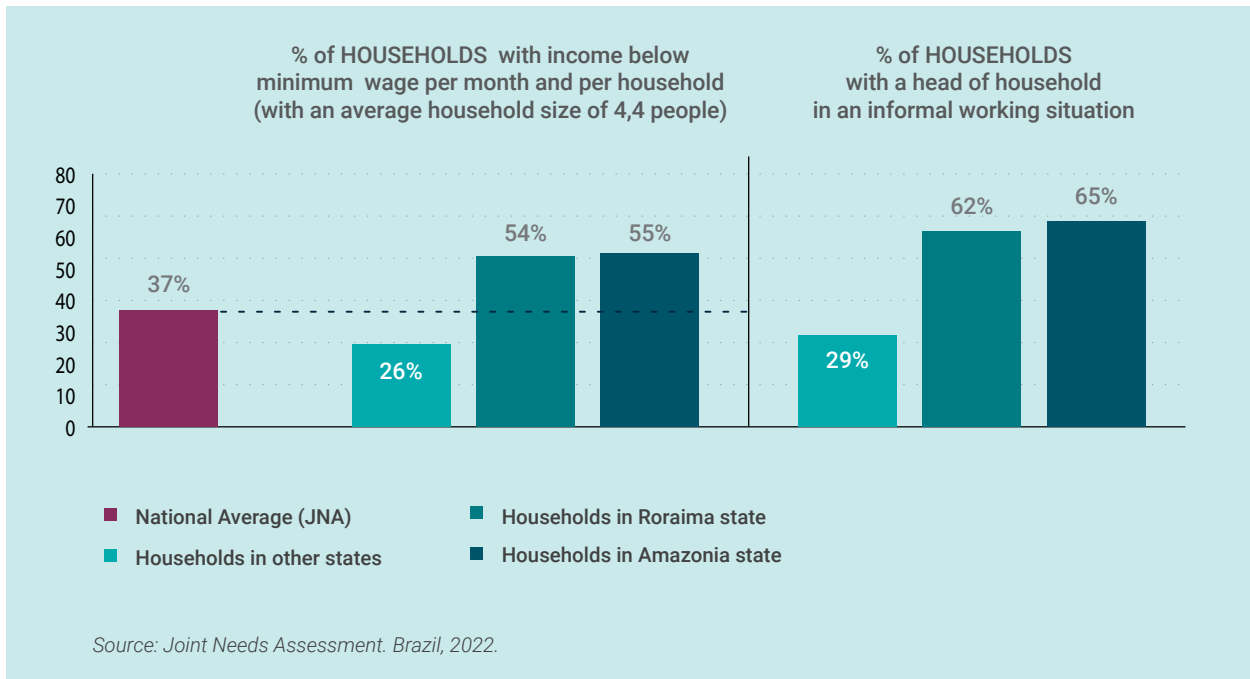
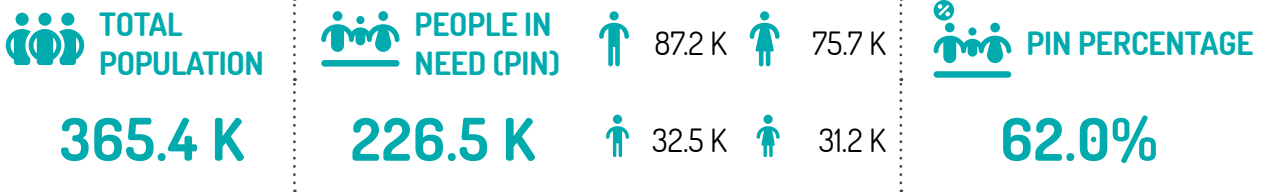
[282] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[283] UNICEF, Inter-sector and Multi-partner Rapid Survey Focusing on the Needs of Children and Adolescents, July 2022. CRAS – Centro de Referência de Assistência Social (Social Assistance Reference Centre) - <https://www.gov.br/pt-br/servicos/acessar-o-cras-centro-de-referencia-da-assistencia-social/> / CREAS – Centro de Referência Especializado de Assistência Social (Specialized Social Assistance Reference Center) - <https://www.gov.br/pt-br/servicos/acessar-creas-centro-de-referencia-especializado-em-assistencia-social>

highlights refugees' and migrants' needs for access to not only safe transportation upon their arrival to the country to relocate from border areas to points

of destination, but also to access safe daily local transportation in their areas of residence throughout the territory.

INTEGRATION



Although refugees and migrants from Venezuela have access to work permits and are entitled to the same labour rights and protections as nationals in Brazil,²⁸⁴ they face several challenges to their socio-economic integration. These include language and cultural barriers, incipient digital inclusion, lack of access to professional training, job placement mechanisms and

support networks, and unawareness of procedures to hire refugees and migrants by potential employers. Among the heads of households surveyed in the JNA, 50 per cent of refugees and migrants from Venezuela were employed, 30 per cent were entrepreneurs with their own income-generating efforts and 19 per cent were unemployed,²⁸⁵ with 32 per cent of the

[284] Law nº 13,445/2017, section 02, item XI guarantees the "equal and free public access of the migrant to services, programmes and social benefits, public goods, education, integral legal, work, housing, banking and social security." Work in Brazil is regulated by the Federal Constitution, the Consolidation of Labor Laws (CLT) and several other laws. The CLT provided and ensured basic rights to all workers, in agreement with the Unions. Venezuelans can obtain a digital or physical tax contributions card (a Department of Federal Revenue or CPF card) with their Migrant Identity document (RNM) or Refugee Protocol, a passport and a proof of address.

[285] While applying different methodologies, the national unemployment rate among Brazilian nationals stood at 9%, <https://www.ibge.gov.br/explica/desemprego.php>

employed and 90 per cent of entrepreneurs earning income from informal economic activities.²⁸⁶ The same assessment shows that informal employment is much higher among refugees and migrants from Venezuelan in Roraima (62 per cent) and Amazonas (65 per cent) compared to the national average (43 per cent). It also indicates that refugees and migrants who have informal sources of income have greater humanitarian needs than those who hold formal jobs, such as housing insecurity (32 per cent vs 25 per cent) and food insecurity (64 per cent vs 48 per cent).²⁸⁷

Another study found that refugees and migrants relocated through the “interiorization” strategy²⁸⁸ of the Federal Government have lower levels of unemployment (18 per cent) than those living in shelters in Boa Vista (31 per cent) and that the relocated population earns more than twice the salary of those who have not been relocated (R\$1,325 vs R\$594²⁸⁹).²⁹⁰ However, when disaggregated by gender, the level of unemployment among relocated

women rises to 30 per cent (compared to 9 per cent of men) revealing a significant gender gap in employment opportunities and the outcomes of interiorization, also considering that only 30 per cent of the beneficiaries of the employment-based modality of the relocation strategy are women²⁹¹.

Evidence also shows that refugees and migrants from Venezuela are facing barriers to socially integrate and coexist peacefully with their host communities. More than one out of every three Venezuelans surveyed in the JNA (36 per cent) reported having experienced discrimination based on their nationality.²⁹² Discrimination is even more prevalent for households with at least one indigenous member (with 47 per cent reporting incidents). The deterrent effect of discrimination on integration and its permeating presence is even more worrisome given that Brazil is overwhelmingly a country of destination for Venezuelans, with 94 per cent of respondents to the JNA reporting their intention to remain in the country.

NUTRITION



In Northern Brazil, the region most affected by Venezuelan arrivals, data from nutritional evaluations of 926 refugee and migrant children from Venezuela under 5 years old living in shelters and spontaneous settlements in the municipalities of Boa Vista,

Pacaraima and Manaus between January and June 2022 identified 99 (10.7 per cent) of children under 5 years old with moderate acute malnutrition, 19 (2.7 per cent) with severe acute malnutrition and 165 (17.8 per cent) with stunting.²⁹³

[286] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[287] Ibid.

[288] The Government of Brazil's interiorization (Interiorização) strategy is implemented by Operation Welcome and aims to voluntarily relocate refugees and migrants from Venezuela within Brazil.

[289] Equivalent to USD 254 vs USD 114.

[290] UNHCR, UN Women, UNFPA, Limites e desafios à integração local de refugiadas, refugiados e pessoas migrantes da Venezuela interiorizadas durante a pandemia de COVID-19, 2021.

[291] Ibid.

[292] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[293] UNICEF, Atenção Primária à Saúde apoiada pelo UNICEF em abrigos para refugiados e migrantes da Venezuela – Roraima, Amazonas – Brasil, Janeiro a Junho/2022. (Publication forthcoming).

The underlying factors having a negative impact on the growth, development, well-being and overall nutrition of Venezuelan children and pregnant or lactating women include the significant reduction in the number of health staff working on nutritional surveillance and care in Roraima and Amazonas (from 10 to 2) in 2022. As a result, the capacity of health services to prevent, identify and refer malnutrition cases was reduced, thus increasing the proportion of children with acute malnutrition compared to 2021 (from 8.9 per cent to 11.1 per cent).²⁹⁴ In addition, 88 per cent of refugees and migrants from Venezuela have not received any nutritional evaluation in Brazil.²⁹⁵

The economic and social crisis that stemmed from the COVID-19 pandemic also had direct implications on the nutrition of refugees and migrants in Brazil. According to the 2022 JNA, 61 per cent of households with pregnant or lactating women, as well as children below 5 years of age, are facing some level of food insecurity, a rate higher than that of the overall Venezuelan population (55 per cent).²⁹⁶ Additional evidence shows that 74 per cent of Venezuelans are buying less food than in the previous year, and that 18 per cent had no food to eat for at least one day in

the previous month.²⁹⁷ Moreover, despite 96 per cent reporting good cultural adaptation to consuming Brazilian food items, 21 per cent are not equipped to prepare their own meals in their residences.²⁹⁸

Moreover, the lack of access to adequate WASH services, such as drinking water and hygiene²⁹⁹ among refugees and migrants, particularly those who are in situations of homelessness or living in spontaneous settlements, also affects nutrition.

Additional obstacles to refugees' and migrants' access to adequate health and nutritional assistance are posed by the fact that the National Feeding and Nutrition Policy does not provide clear guidelines for emergency settings and the Brazilian Food and Nutrition Surveillance System (SISVAN) is not able to provide a breakdown of data by nationality or indigenous ethnic groups in urban contexts. The possibilities of elaborating nutritional strategies that respond to contextual, cultural, and geographic specificities of these populations in Brazil are therefore limited, which compromises the dietary and nutrient intake of children under the age of 5 and pregnant and lactating women, and contributes to an increased risk of infectious diseases, not allowing for the correct absorption of nutrients.³⁰⁰

[294] UNICEF, *Results from nutrition screening exercises among Venezuelan refugee and migrant children under 5 in Roraima, Brazil*, September 2022.

[295] *Ibid.*

[296] R4V Brazil, JNA, July 2022. (Publication forthcoming).

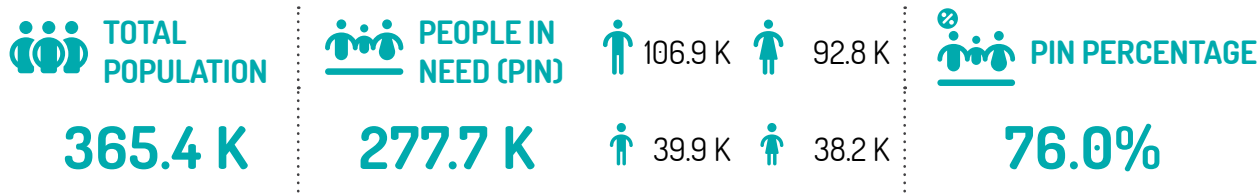
[297] R4V Brazil, *Report – Hábitos alimentares e acesso a alimentos no Brasil, 2022. U-Report Uniendo Voces, 2022.*

[298] *Ibid.*

[299] IOM, *Monitoramento de ocupações espontaneas de Boa Vista e Pacaraima, May 2022.*

[300] R4V Regional Nutrition Sector, *Introduction to the R4V Nutrition Sector, Panama, 2022, <https://www.r4v.info/es/node/89793>*

PROTECTION



Refugees and migrants from Venezuela in Brazil face significant protection needs associated with their displacement. Although in June 2021, the Government of Brazil lifted the entry restrictions by land that had been in effect during the COVID-19 pandemic and resumed documentation services across the country, the subsequent demand for documentation issuance or renewal by Venezuelans exceeded the capacities of the Federal Police. Relatedly, even though the validity of all foreign identity documents that expired after March 2020 has been recognized by authorities through a set of consecutive ordinances until September 2022,³⁰¹ service providers were not always aware of this, undermining the exercise of rights and access to basic services of a significant proportion of refugees and migrants from Venezuela who relied on expired documentation. For instance, a verification exercise conducted in Boa Vista shelters in June 2022, showed that 42 per cent of its residents had documents expired or expiring in the coming weeks.³⁰²

Moreover, incidents involving discrimination, xenophobia, violence, evictions and exploitation violated the fundamental rights of refugees and migrants from Venezuela and challenged their resilience, with 36 per cent of the population

surveyed through the JNA reporting having suffered from nationality-based discrimination. Refugees and migrants of indigenous ethnicities are even more affected, with 47 per cent having experienced such discrimination.³⁰³ Discrimination against indigenous peoples from Venezuela was identified not only in northern states and municipalities, such as Boa Vista, but also in southern cities such as Recife, Belo Horizonte and Porto Alegre.³⁰⁴ In addition, violence perpetrated by organized criminal groups directly affects refugees and migrants from Venezuela, including through an increased risk of forced recruitment. Incidents were identified not only around shelters in Boa Vista and Manaus, but also in spontaneous settlements in Belém and residences in Rio de Janeiro.³⁰⁵

In parallel, risks of forced evictions prevailed for refugees and migrants, with women at heightened exposure.³⁰⁶ Fragile housing conditions also affect indigenous peoples, with families in situations of homelessness identified countrywide.³⁰⁷

Despite this broad set of pressing protection needs, refugees and migrants do not always receive the necessary support and services from available protection networks (including municipal social

[301] Last Ordinance is n. 28, from 11 March 2022, <https://www.in.gov.br/en/web/dou/-/portaria-n-28/2022-direx/pf-de-11-de-marco-de-2022-38609609>

[302] UNHCR, ProGres, 2022.

[303] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[304] R4V Regional Protection Sector, National Roundtables of Consultation with Venezuelan Indigenous Peoples 2021: Brazil. November 2021, <https://www.r4v.info/pt/node/89217>

[305] R4V Regional Protection Sector, Regional analysis and identification of risks linked to double affectation and organized crime on refugees and migrants from Venezuela. (Publication forthcoming).

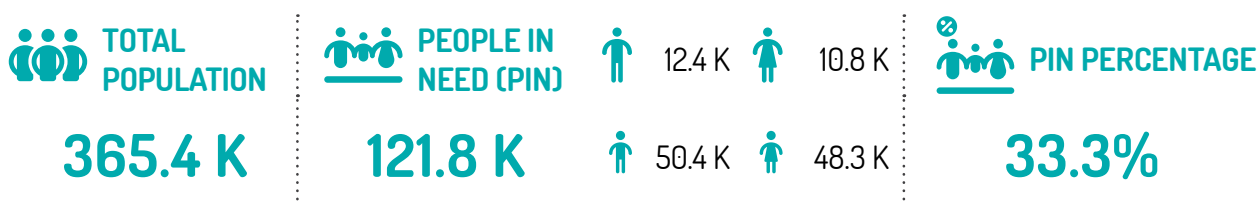
[306] R4V Regional Protection Sector, Regional Survey on Evictions of Refugees and Migrants from Venezuela, February 2021, <https://www.r4v.info/pt/node/600>

[307] R4V Regional Protection Sector, National Roundtables of Consultation with Venezuelan Indigenous Peoples: Brazil, November 2021, <https://www.r4v.info/pt/node/8921>

assistance and human rights bodies) which are still overburdened in the post-pandemic context. The reduced capacity of specialized service providers limits their ability to effectively attend and monitor at-risk individuals, especially in the counselling and/

or case management of UASC, indigenous people, LGBTIQ+ persons,³⁰⁸ people with disabilities, the elderly, victims of trafficking and labour exploitation, and GBV survivors.³⁰⁹

CHILD PROTECTION



Violence and abuse negatively affect children and adolescents from Venezuela. A rapid needs assessment conducted in June 2022 in 43 communities of Boa Vista, Pacaraima and Manaus identified an increase in the perception of violence against refugee and migrant children since 2021.³¹⁰ The types of violence respondents mentioned as most frequent were psychological violence (from 15 per cent in 2021³¹¹ to 33 per cent in 2022), physical violence (from 11 per cent in 2021 to 19 per cent in 2022) and sexual violence (from 5 per cent in 2021 to 6 per cent in 2022).³¹² Xenophobia and discrimination against children and adolescents from Venezuela were reported by 14 per cent of key informants in 2022, compared to 9 per cent in 2021.³¹³

Data suggests that children and women are among those most vulnerable to domestic violence, with 29 per cent of Venezuelans surveyed having directly witnessed domestic violence and 12 per cent having witnessed cases of child marriage.³¹⁴ An increase in violence against the indigenous population in Brazil has also been reported by indigenous organizations, which gravely affects children and adolescents.³¹⁵ In addition, violent deaths of youth in Roraima at the hands of organized crime were also observed³¹⁶.

Despite the increased perception or visibility of violence against Venezuelan children and adolescents over the past year, 21 per cent of those surveyed in 2022 responded that they did not intervene when they witnessed it, and only 28 per cent acted by calling the authorities or service providers, a scenario which may

[308] R4V Regional Protection Sector, *Regional Consultations with Sector Members and Groups with Disproportionate Impacts: Needs and Proposals for 2022*, <https://www.r4v.info/en/document/needs-and-proposals-2022-protection-sector>

[309] *Challenges identified by R4V Protection Sector partners during monthly meetings.*

[310] UNICEF, *Inter-sectoral Multi-partner Rapid Needs Assessment with a focus on Children (ISNAC)*, July 2022. (Publication forthcoming). An annual assessment analyzing the situation of children on the move in all sectors in which UNICEF has activities, through direct observations in communities and a non-probabilistic sample by convenience stratified by gender and age, where key respondents are adults and adolescents over 14 years old.

[311] UNICEF, *Inter-sectoral Multi-partner Rapid Needs Assessment with a focus on Children (ISNAC)*, August 2021.

[312] *Ibid.*

[313] *Ibid.*

[314] *Ibid.*

[315] Indigenous Missionary Council (Cimi), *Report "Violence Against Indigenous Peoples in Brazil" (data from 2020), 2021*, <https://cimi.org.br/wp-content/uploads/2021/10/executive-summary-violence-indigenous-peoples-brazil-2020-cimi.pdf>

[316] R4V Regional Protection Sector, *Analysis and Identification of risks related to double affectation and organized crime for refugees and migrants from Venezuela*, July 2022. (Publication forthcoming).

be owed to a lack of trust in the authorities.³¹⁷ In terms of the contexts where violence against children and adolescents occurs, 41 per cent identified violence as occurring within the family, followed by communities (21 per cent) and shelters (18 per cent).³¹⁸

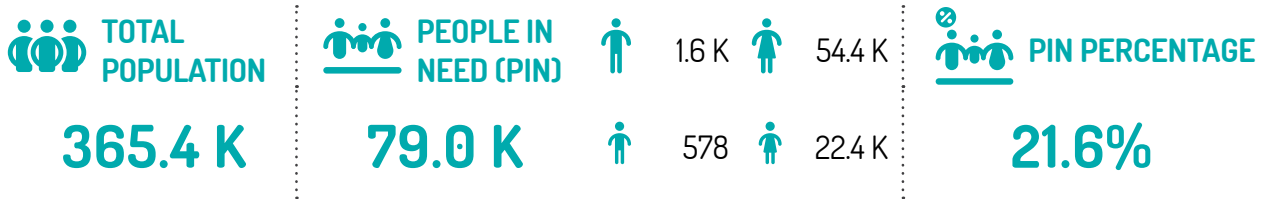
Venezuelan children and adolescents are also in need of mental health support (59 per cent of respondents in 2022 said they were aware of children and adolescents in need of mental health care, compared to 51 per cent in 2021). Yet, 44 per cent of this population indicated not receiving the necessary support, while 22 per cent received support from public health services and 17 per cent in child-friendly spaces.³¹⁹

According to R4V partners,³²⁰ an estimated 9 per cent of all children crossing the border from Venezuela to Pacaraima (Roraima) in Brazil lack

identity documents and 7 per cent are UASC. These children are at the greatest risk of being exposed to threats such as violence, human trafficking, child labour and sexual exploitation. Children's lack of adequate documentation represents an obstacle in their ability to access services and exercise their basic rights, such as their right to regulation, and access to education. Family separation was also identified as a concern for Venezuelan families, with 15 per cent of households interviewed in the JNA³²¹ being composed by children whose parents are in Venezuela or in another Brazilian state. Furthermore, according to another assessment,³²² 24 per cent of respondents claimed to have had difficulty registering the birth of their children in Brazil, raising risks of statelessness in the future.



GENDER-BASED VIOLENCE (GBV)



According to the Brazilian Forum of Public Security, violence against women and girls among the population at large remained highly prevalent in 2021 when compared to the previous year: threats

increased by 3 per cent, physical assault by 1 per cent and rape against women and girls by 4 per cent.³²³

Although official GBV information systems do not specify the nationality of survivors³²⁴, refugees and

[317] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[318] UNICEF, ISNAC, July 2022. (Publication forthcoming).

[319] Ibid.

[320] UNICEF estimate, calculated according to border monitoring and partners' reports, December 2021.

[321] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[322] UNICEF, Inter-sectoral Multi-partner Rapid Needs Assessment with a focus on Children (ISNAC), July 2022. (Publication forthcoming).

[323] Brazilian Forum of Public Security, June 2022, <https://forumseguranca.org.br/wp-content/uploads/2022/06/anuario-2022.pdf?v=4>

75% of reported rapes affected children below age 14 and other persons unable to provide consent. The prevalence of rape in Brazil reached a level of 52 for every 100,000 women and girls. In the same year, violence against trans persons was equally alarming, with some 140 murders in 2021, representing an increase of 141% since 2008. This evidence, however, relates exclusively to police reports, permitting for an assumption that these figures underreport the full scope of these crimes. Bruna G. Benevides, ANTRA, *Assassinatos e violências contra travestis e transexuais brasileiras em 2021, Brasília: Distrito Drag, 2022.*

[324] In Brazil, a wide set of public institutions collect information on GBV survivors. These include the Unified Health System (SUS), the Unified Public Security System (SUSP), the Unified Social Assistant System (SUAS), and the Justice Network Information System.

migrants are often exposed to this type of human rights violation in Brazil.³²⁵ The risk of GBV is increased in displacement settings due to the disruption of support and protection networks, difficulties accessing basic services, lack of documentation, discrimination, fear of deportation and exploitation.³²⁶ A recent assessment carried out across Latin America demonstrated that significant numbers of refugee and migrant women perceive themselves at risk of experiencing psychological violence (30 per cent), physical violence (27 per cent) and sexual violence (17 per cent).³²⁷ According to the same source, 34 per cent of women indicate that aggressors are likely to be unknown persons, while 30 per cent referred to intimate partners.³²⁸ As evidence of the high prevalence of GBV among refugees and migrants, in 2021 at least 668 people sought assistance from

R4V partners in Brazil for GBV case management, for incidents that included rape, sexual and physical assault, psychological and emotional abuse, as well as denial of resources, opportunities or services on the basis of sex or gender, resulting in referrals to the local intersectoral protection network.³²⁹

Additional challenges faced by refugees and migrants in Brazil relate to the language and cultural barriers that this population face when trying to access GBV response services, which especially affects indigenous populations. Evidence collected at the regional level shows that 57 per cent of women state that in a situation of violence, they would seek support from a trusted person, family member or someone from the community, as they would be afraid or ashamed to bring the case to the authorities.³³⁰

HUMAN TRAFFICKING & SMUGGLING



Entry restrictions during the COVID-19 pandemic increased the vulnerability of refugees and migrants from Venezuela to human trafficking and smuggling. Often reluctant to approach the authorities to access services and having limited access to formal jobs due to their irregular situation in the country, refugees and migrants from Venezuela were more vulnerable to exploitation by traffickers and smugglers.³³¹ Also,

unemployment, lack of housing, food, and information compounded the vulnerability of Venezuelans to these protection risks.³³²

Absence of disaggregated data on identified victims and the underreporting of cases of human trafficking and forced labour increase the vulnerability of refugees and migrants to these crimes, as it hides situations and trends that are otherwise not

[325] Rodrigo Borges Delfim, *Associações e imigrantes pedem inclusão de nacionalidade nos registros do Ministério da Saúde, MigraMundo*, 15 May 2020, <https://migramundo.com/associacoes-e-imigrantes-pedem-inclusao-de-nacionalidade-nos-registros-do-ministerio-da-saude>

[326] UNFPA, *Normas mínimas interagências para a programação sobre violência baseada no gênero em emergência*, 2019, <https://gbvaor.net/>

[327] UNHCR, *“Nuestro Derecho a la Seguridad”, Avaliação regional de VBG*, 2022.

[328] *Ibid.*

[329] *Combined data from “UNFPA Brazil, ODK, Humanitarian Information System on Specific Protection Needs (HumanIS); UNHCR Brazil, ProGres*, 2021.

[330] UNHCR, *“Our Right to Security”, Regional GBV Analysis*, 2022.

[331] R4V Regional Protection Sector, *Análisis e identificación de riesgos vinculados a la doble afectación y al crimen organizado sobre las personas refugiadas y migrantes de Venezuela*, July 2022, p.36.

detectable by the authorities and protection services. The Public Labour Prosecutor's Office (MPT) gathers information on people rescued from forced labour and human trafficking in Brazil, however, it is not possible to define the number of rescued Venezuelan victims since the data is not disaggregated by nationality.³³³

Venezuelans are at risk of sexual exploitation from the moment their journey from Venezuela to Brazil commences. Victims of human trafficking for sexual exploitation purposes are usually cisgender female adolescents³³⁴ or women between 18 and 30 years old and transgender women. They reportedly often remain in sexual exploitation situations due to a sense of shame and fear that their relatives would learn about their exploitation,³³⁵ as well as due to financial dependencies (i.e. the expectation to send remittances to Venezuela and/or to cover "debts" traffickers claim they have acquired for travel expenses, accommodations and food). Venezuelans are also recruited once in Brazil for the purpose of labour exploitation after having crossed the border.³³⁶

Regarding forced labour, commonly interlinked with human trafficking, in 2021, 1,903 people were rescued from such situations in Brazil. This represented a significant increase of these cases in

the last six years.³³⁷ From 2017-2020, 31 Venezuelans were rescued from forced labour conditions (26 men, 4 women and 1 girl).³³⁸ From 2009-2019, 91 workers were rescued in Roraima, 19 of whom were Venezuelans.³³⁹ During the period analyzed, half of the cases of labour exploitation in Roraima had at least one Venezuelan victim.³⁴⁰ A differentiating factor is the high level of education of Venezuelans who are subjected to forced labour in the region, compared to Brazilians.³⁴¹ It also appears from available data on persons rescued from forced labour conditions in Brazil that men are more vulnerable to trafficking for the purposes of labour exploitation – including for activities that require exhaustive physical labour – than women (while women are more vulnerable to trafficking for sexual exploitation)³⁴².

Studies identified that exploitation of Venezuelans is more predominant in the following economic sectors: housework; agriculture and livestock; and services.³⁴³ Cases of exploitation are not limited to Roraima. In July 2022, 12 Venezuelans were rescued from slavery conditions in a farm in São Paulo, according to information from MPT and the Ministry of Labour.³⁴⁴

[332] UNODC, *Relatório situacional Brasil Tráfico de Pessoas em Fluxos Migratórios Mistos, em especial Venezuelanos, 2021*, p. 31, https://www.unodc.org/documents/lpo-brazil/Topics_TIP/Publicacoes/Relatorio_Situacional_Brasil_T4T.pdf

[333] Ministério Público do Trabalho, ILO, *Observatório da Erradicação do Trabalho Escravo e do Tráfico de Pessoas, 2022*, <https://smartlabbr.org/trabalhoescravo/localidade/0?dimensao=prevalencia>

[334] *Children and Adolescent Statute (8,069/90) defines children every person under 12 years and adolescents those between 12 and 18 years.*

[335] R4V Regional Protection Sector, July 2022, p.42.

[336] R4V Regional Protection Sector, July 2022, p. 44.

[337] Ministério Público do Trabalho, *op. cit.* For example, in 2020, 933 people were rescued from slavery conditions.

[338] UNODC, 36.

[339] Ministério Público do Trabalho, *op. cit.*

[340] *Ibid.*

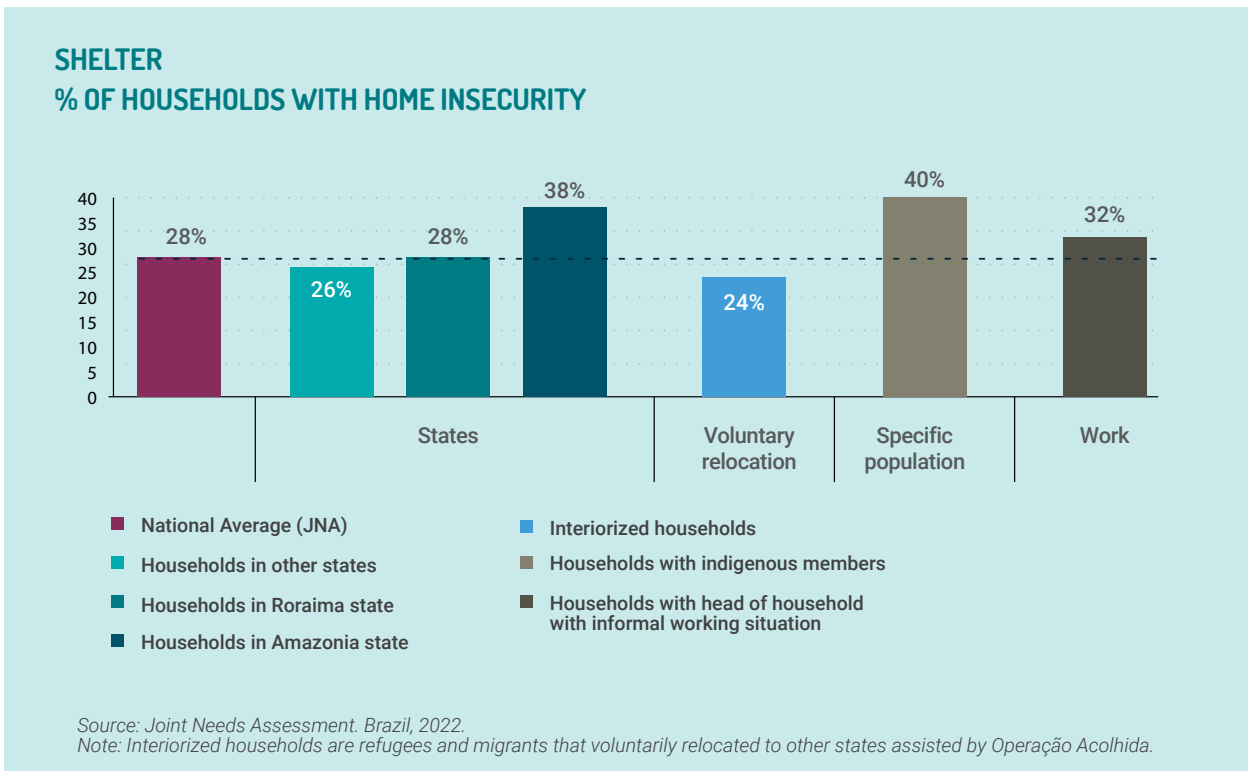
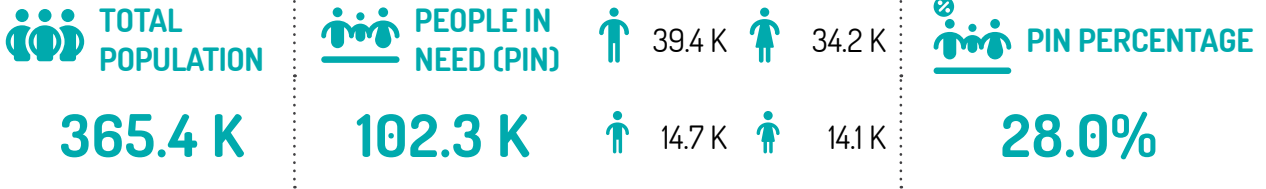
[341] UNODC, 37.

[342] UNODC, 36.

[343] UNODC, 37.

[344] GI, "Venezuelanos são resgatados de trabalho análogo ao de escravo no interior de SP", published on 27 June 2022, <https://g1.globo.com/sp/bauru-marilia/noticia/2022/06/27/venezuelanos-sao-resgatados-de-trabalho-analogo-ao-de-escravo-no-interior-de-sp.ghtml>

SHELTER



Refugees and migrants from Venezuela in Brazil face significant challenges finding adequate accommodation that can provide personal safety, dignity and the opportunity to lead a healthy life. According to the JNA conducted in June 2022, 28 per cent of Venezuelan households reported not knowing where they would live in the following months, with higher rates of shelter insecurity among refugees and migrants in the northern region (31 per cent), especially in the state of Amazonas (38 per cent).³⁴⁵

Despite ongoing efforts to provide emergency shelter for the most vulnerable in the state of Roraima, which is the main entry point for refugees and migrants from Venezuela into Brazil, as of May 2022 over 3,600 Venezuelans were in a situation of homelessness in Boa Vista and Pacaraima, with a significant presence of children and adolescents among them (44 per cent of the homeless population in Pacaraima³⁴⁶ and 36 per cent in Boa Vista³⁴⁷).

[345] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[346] IOM, População Venezuelana Refugiada e Migrante Fora de Abrigos em Pacaraima, June 2022, <https://www.r4v.info/pt/document/informe-de-populacao-refugiada-e-migrante-fora-de-abrigos-em-pacaraima-jun2022>

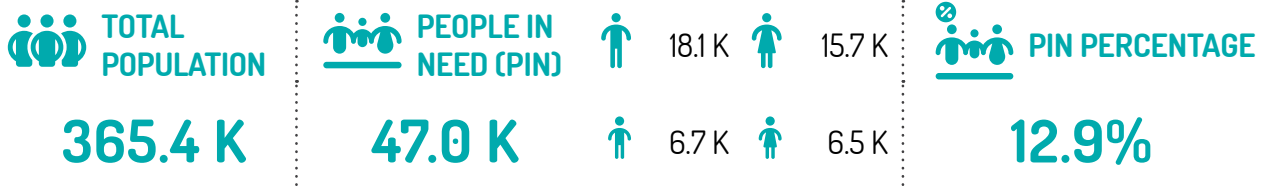
[347] IOM, População Venezuelana Refugiada e Migrante Fora de Abrigos em Boa Vista, June 2022, <https://www.r4v.info/pt/document/informe-de-populacao-refugiada-e-migrante-fora-de-abrigos-em-boa-vista-jun2022>

Moreover, for refugees and migrants with specific protection needs, the transition from living in Operation Welcome-run facilities has proved to be particularly challenging. The groups that struggle the most to find integration opportunities and leave these temporary shelter facilities include indigenous Venezuelans (24 per cent of the sheltered population), people with disabilities (5 per cent) and people with severe health care needs (13 per cent).³⁴⁸ Out of the 7,000 refugees and migrants living in these facilities in April 2022, 40 per cent had been residing there for over six months.³⁴⁹ However, for indigenous refugees and migrants, the average length of stay is of 7.5 months.³⁵⁰

Refugees’ and migrants’ ability to secure longer-term housing is heavily impacted by their sources of income. Venezuelan households headed by an employed person were found to have higher rates of housing insecurity (24 per cent) when compared to

unemployed persons (40 per cent) and even lower if their employment is formal (18 per cent). This is further aggravated by increasing levels of inflation in the aftermath of the COVID-19 pandemic,³⁵¹ which has increased rental costs across the country.³⁵² According to findings from the JNA, 61 per cent of households reported rent as their greatest expenditure, and 25 per cent as their second largest. Under these difficult economic circumstances, evidence shows that safe, dignified and adequate shelter has been a consistent need for refugees and migrants from Venezuela living in Brazil over the past six years, with high levels of precarious conditions. Housing insecurity is faced by 36 per cent of the households who arrived in Brazil in 2022, 34 per cent of those who arrived in 2021, 24 per cent of those who arrived in 2020 and 2019, 26 per cent of those who arrived in 2018 and 35 per cent of those who arrived in 2017.³⁵³

WASH



The main consequences of the lack or precariousness of WASH services include direct negative impacts on the health, physical and social well-being of especially children, adolescents, and other vulnerable refugees

and migrants in Brazil^{354,355}. In this sense, and according to the JNA, refugees and migrants from Venezuela without adequate access to sanitation services (such as piped water, sewage and solid

[348] UNHCR, *Painel Perfil dos Abrigos em Roraima*, accessed on 8 August 2022, <https://app.powerbi.com/w?r=eyJrJoiZTRhOWVlOTgtYTk2MS00YmY3LWEyY2YtMGM1Y2MzODFjMmVjliwidCI6ImU1YzM3OTgxLTYNjQtNDEzNC04YTBlTY1NDNkMmFmODBiZSIsImMiOjh9>

[349] UNCHR, *Relatório de Atividades Roraima, January-April 2022*, <https://www.r4v.info/pt/document/acnur-brasil-relatorio-de-atividades-roraima-jan-abr-202>

[350] UNHCR, *Relatório de atividades para populações indígenas, January-March 2022*, <https://www.r4v.info/sites/default/files/2022-06/ACNUR%20Brasil%20-%20Relatório%20Indígena%20-%20Jan-Fev-Mar%202022.pdf>

[351] “BC admite oficialmente estouro da meta de inflação em 2022”, Agência Brasil, 30 June 2022, <https://agenciabrasil.ebc.com.br/economia/noticia/2022-06/bc-admite-oficialmente-estouro-da-meta-de-inflacao-em-2022#:~:text=Para%202022%2C%20a%20meta%20para.8%2C8%25%20em%202022>

[352] *Rental costs have increased on the national level, also for members of host communities. 40 per cent of Brazilians who rent an accommodation are spending more than a third of their income on rent. 28 per cent were late in their monthly payments at least once during the past year. Source: IBGE, Síntese de Indicadores Sociais: uma análise das condições de vida da população brasileira, 2021*, <https://biblioteca.ibge.gov.br/visualizacao/livros/liv101892.pdf>

[353] R4V Brazil, JNA, July 2022. (Publication forthcoming).

waste collection) are more likely to contract diarrhea or dysentery.³⁵⁶ For example, in the states of Roraima and Amazonas, where access to sewage systems is below the national average (78 per cent and 80 per cent respectively, compared to 83 per cent at the country level), 22 per cent of Venezuelan respondents to the JNA stated that they had experienced diarrhea or dysentery during the three weeks prior to the interview.³⁵⁷ These findings are even more concerning when considering that about 13 per cent of the refugee and migrant population in Brazil is aged 0 to 5 years,³⁵⁸ an age group reported to be the most vulnerable to death due to acute diarrheal diseases.³⁵⁹ For refugees and migrants living in collective shelters, the occurrence of diarrhea is also higher compared to the rest of the surveyed population (31 per cent vs 22 per cent),³⁶⁰ which could be due to the fact that residents of these sites share communal WASH facilities, which are often affected by sewage leaks and other structural challenges that require regular monitoring and upgrades to ensure appropriate public and environmental health conditions.³⁶¹

Direct observation conducted through a rapid needs survey with refugees and migrants from Venezuela in 43 locations, including shelters, informal settlements, indigenous communities and rental housing units in Roraima and Amazonas showed that some 45 per cent of these spaces face issues of disposal and accumulation of sewage in the open environment, and 47 per cent had inappropriate disposal of solid waste, increasing the presence of vectors for the spread of diseases and infections. In addition, 40 per cent of the sites visited did not have adequate facilities for hand washing.³⁶²

According to the same assessment, approximately 13 per cent of refugees and migrants from Venezuela have no or only limited access to essential hygiene items such as soap, shampoo, toothpaste, sanitary pads, and deodorant.³⁶³ The lack of access to such items, especially those related to menstrual health management, particularly impacts women, girls, and LGBTQI+ people, affecting their dignity, health and ability to live a normal life.³⁶⁴

[354] HELLER, L. et al. (org.). *Saneamento e saúde em países em desenvolvimento*. Rio de Janeiro: CC&P Editores Ltda., 1997.

[355] Ministério Brasil. *Secretaria de Vigilância em Saúde. Departamento de Análise em Saúde e Vigilância de Doenças não Transmissíveis. Saúde Brasil 2020/2021: uma análise da situação de saúde e da qualidade da informação – Brasília/DF, 2021.*

[356] R4V Brazil, JNA, July 2022. (Publication forthcoming).

[357] *Ibid.*

[358] UNICEF, *Inter-sector and Multi-partner Rapid Survey Focusing on the Needs of Children and Adolescents*, July 2022.

[359] Ministério Brasil, *Secretaria de Vigilância em Saúde*, 2021.

[360] R4V Brazil, JNA, July 2022. (Publication forthcoming).

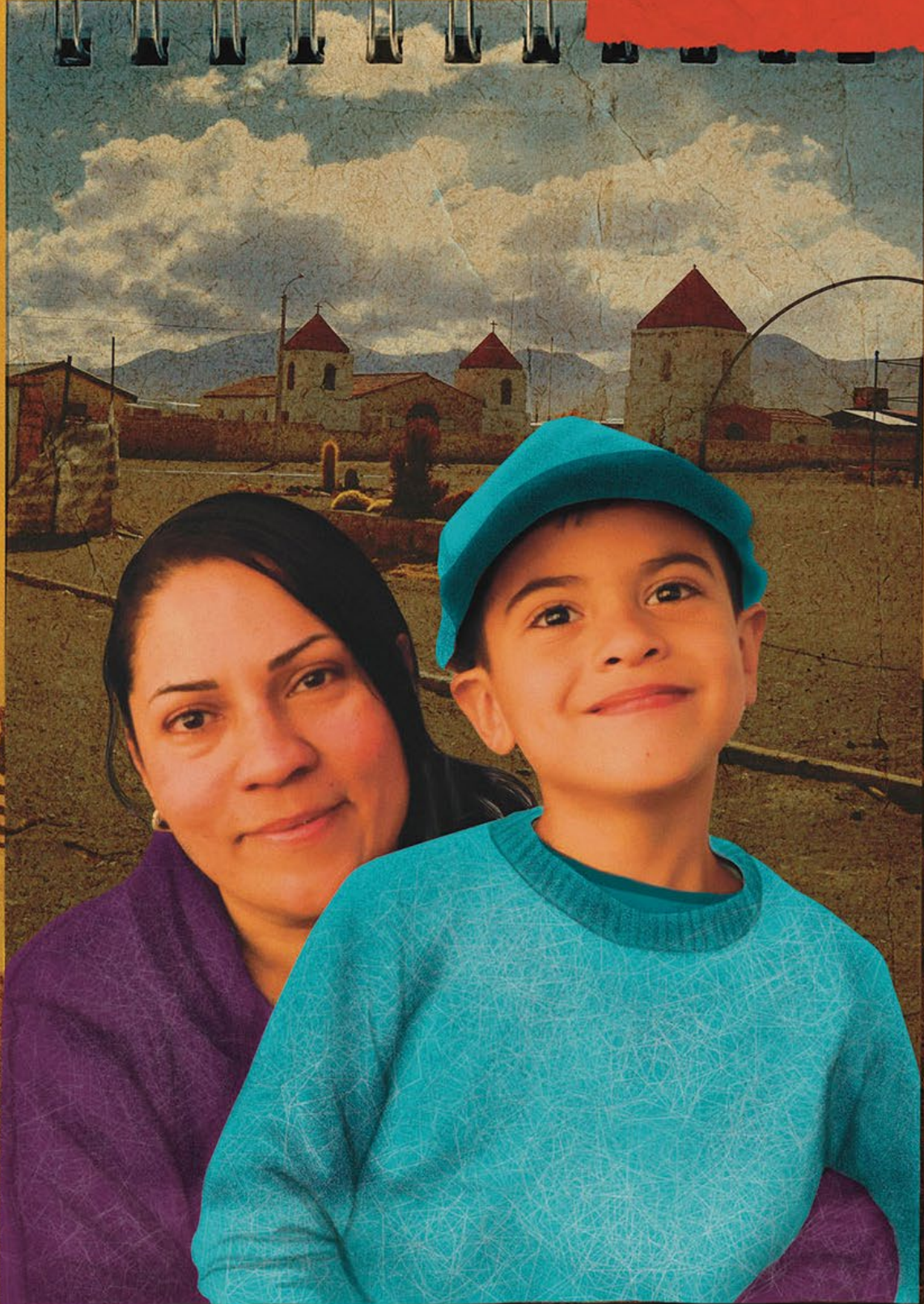
[361] R4V Comitê WASH de Roraima. *Relatório Situacional de WASH nos Abrigos Oficiais da Operação Acolhida*, 2021.

[362] UNICEF, *Inter-sector and Multi-partner Rapid Survey Focusing on the Needs of Children and Adolescents*, July 2022.

[363] *Ibid.*

[364] UNICEF, *COVID-19 Brazil Humanitarian Situation Report no 1, 2021*, <https://reliefweb.int/report/brazil/unicef-brazil-humanitarian-situation-report-no-1-1-january-30-june-2021>

CHILE



CHILE

AT A GLANCE

 TOTAL POPULATION

448.1 K

 PEOPLE IN NEED (PIN)

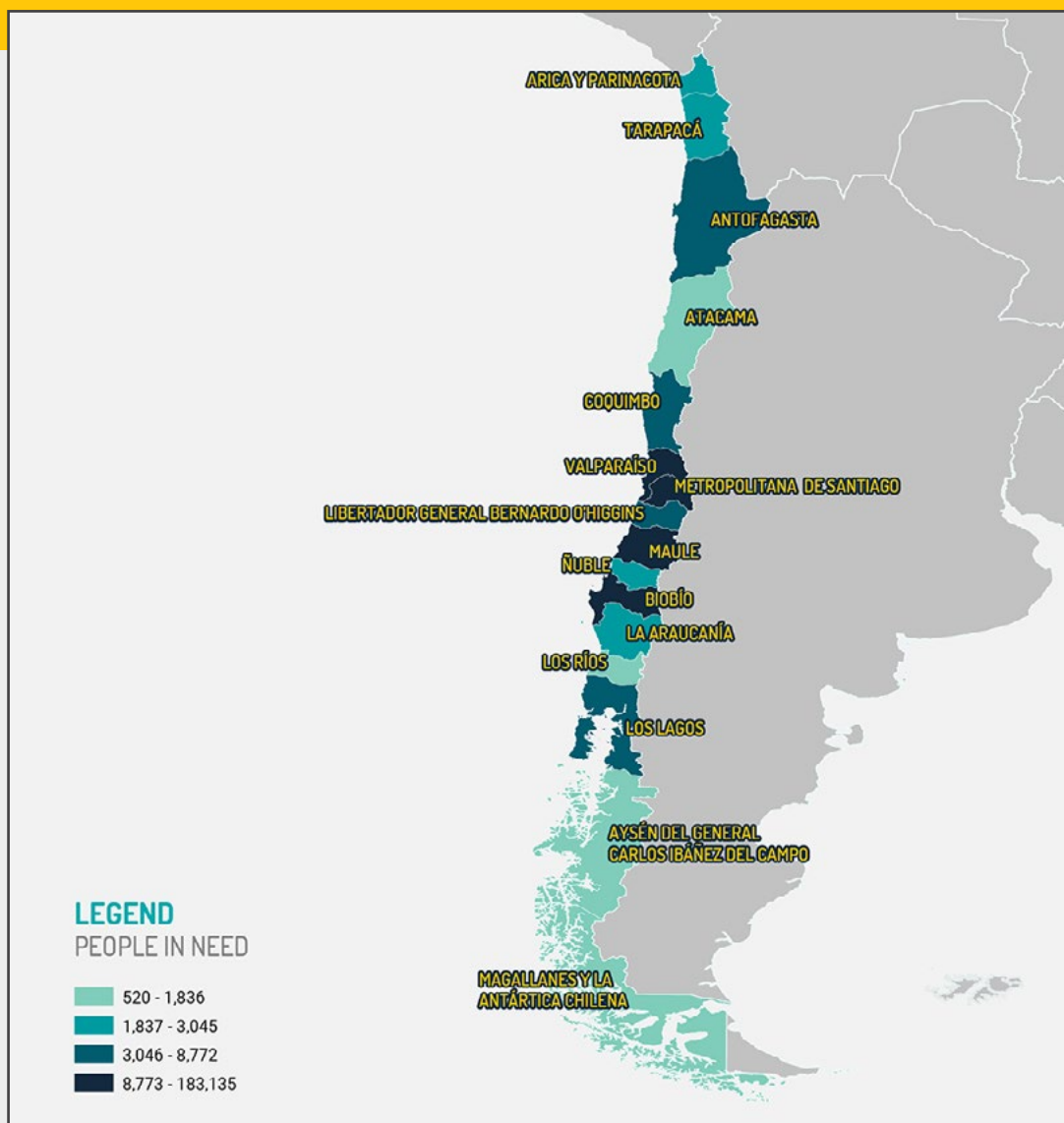
264.8 K

























 100.3 K  110.5 K

 26.2 K  27.8 K

 PIN PERCENTAGE

59.1%



	Sector	Total population	People in need (PiN)	PiN percentage	
	Education	448.1 K	73.0 K	16.3%	
	Food Security	448.1 K	165.1 K	36.8%	
	Health	448.1 K	115.8 K	25.8%	
	Humanitarian Transportation	448.1 K	60.1 K	13.4%	
	Integration	448.1 K	223.7 K	49.9%	
	Nutrition	448.1 K	92.3 K	20.6%	
	Protection	448.1 K	264.8 K	59.1%	
	Child Protection	448.1 K	105.7 K	23.6%	
	Gender-Based Violence (GBV)	448.1 K	72.2 K	16.1%	
	Human Trafficking & Smuggling	448.1 K	44.8 K	10.0%	
	Shelter	448.1 K	109.7 K	24.5%	
	WASH	448.1 K	80.0 K	17.9%	

COUNTRY OVERVIEW

For its 2022 Joint Needs Assessment (JNA), the R4V Platform in Chile employed two processes to identify the priority needs of refugees and migrants from Venezuela. The first was a secondary data review, principally focused on the following surveys carried out with the Venezuelan population in Chile in 2022: a) the preliminary results of the “National Migration Survey” by the World Bank, with a sample size of 1,255 individuals interviewed by telephone;³⁶⁵ and b) the “Migrant Voices Survey,” carried out by an R4V partner with a sample size of 1,020 individuals, 29 per cent of whom were from Venezuela.³⁶⁶ Four other surveys with refugees and migrants in Chile, carried out between 2020 and 2022, were also consulted for the secondary data review.³⁶⁷

The second process employed included two joint analysis workshops with R4V partners in the Metropolitan and Tarapacá regions of the country.³⁶⁸ All information obtained was validated through a follow-up focus group discussion with representatives of refugee and migrant communities in Chile.³⁶⁹

These processes represent enhanced efforts to promote AAP throughout the needs assessment phase, as well as disaggregation of information regarding populations in transit and in destination, and individuals across age and gender groups.

The JNA revealed important differences in the needs of the refugees and migrants from Venezuela upon arrival to the country (in domestic transit³⁷⁰ in northern regions such as Tarapacá) versus the in-destination population (such as Metropolitan Region and other urban areas in the center and south). Among the refugees and migrants from Venezuela recently arrived in the north, the top three needs identified included food (with 79 per cent of refugees and migrants in domestic transit in Tarapacá reporting insufficient income to satisfy their food needs),³⁷¹ humanitarian transportation (with 27 per cent of those surveyed at the Colchane Temporary Shelter identifying humanitarian transportation as their most urgent need)³⁷² and shelter (with 17 per cent per cent of Venezuelans surveyed in Colchane identifying

[365] The World Bank, *National Migration Survey (Chile), January-February 2022*. (Publication forthcoming). The survey was implemented by the World Bank in collaboration with the National Migration Service (SERMIG), the National Statistics Institute (INE) and the Centro UC of the Catholic University of Chile funded by JDC. The questionnaire was jointly designed by SERMIG and INE, and the sample design and data collection were conducted by the Centro UC de Encuestas y Estudios Longitudinales.

[366] Jesuit Migration Service (SJM), *Migrant Voices Survey (Chile), September – October 2021*. The sampling was conducted by means of a stratification of local level data from the National Institute of Statistics that dates to 2020, https://www.migracionenchile.cl/wp-content/uploads/2022/01/Informe-Total-de-resultados-Voces-migrantes_compressed.pdf

[367] Findings from the following studies were also incorporated: SJM, *Citizen Consultation of the Migrant and Refugee Population, 2022*, with a sample size of 1,356 participants; IOM, *Displacement Tracking Matrix (DTM) Monitoring of Venezuelan Population Flows in Colchane, 2022*; Government of Chile, Ministry of Social Development and Family, *National Socio-economic Characterization Study (CASEN), 2020*; and UNHCR, *High-Frequency Survey, 2021*.

[368] R4V Chile Platform, *RMNA Joint Analysis Workshops, 15 July 2022 (Tarapacá) and 25 July 2022 (Santiago de Chile)*. Nine R4V partner organizations and 25 sector leaders participated in the workshop in Tarapacá, and 17 R4V partners and 43 sector leaders participated in Santiago.

[369] R4V Chile Platform, *Focus Group with Refugees and Migrants from Venezuela, 29 July 2022*. Twenty Venezuelans living in Santiago participated in this activity.

[370] While refugees and migrants from Venezuela recently arriving to the north of Chile are technically “in-destination”, including for purposes of calculating the PiN for the RMNA and RMRP (because they are located in the country where they intend to remain) they nevertheless continue to be “in domestic transit” for purposes of considering their needs within the country (as they still require and plan to undertake long journeys to their cities of final destination, such as Metropolitan Santiago, located far from border entry points).

[371] Government of Chile, Ministry of Social Development and Family, *CASEN 2020*, last modified 5 September 2021, <https://www.desarrollosocialyfamilia.gob.cl/noticias/ministerio-de-desarrollo-social-y-familia-entrega-resultados-de-la-encuesta-casen-en-pandemia-2020>

[372] IOM, *Encuesta Rápida de Colchane, February 2022*, <https://www.r4v.info/es/document/informe-encuesta-rapida-colchane-febrero-2022>

accommodation as a priority need).³⁷³ Moreover, in the north of the country, refugees and migrants require greater access to WASH facilities, especially those who are in situations of homelessness and/or living in precarious conditions of overcrowding.

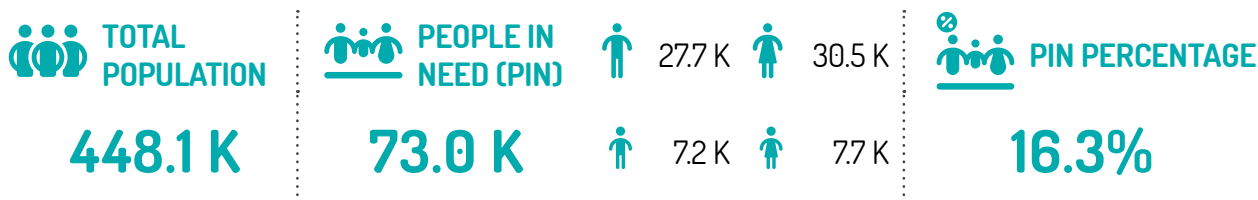
Among refugees and migrants from Venezuela in destination, who had already reached their intended location throughout Chile, top needs included protection, integration, health and education. In terms of protection, refugees and migrants require regularization services, along with better access to documentation. Otherwise, they are at greater risk of other protection threats, such as human trafficking, GBV and child protection issues. In terms of integration, refugees and migrants have difficulties accessing the formal labour market, which in-turn

limits their ability to gain an income and support themselves and their families, especially for those in an irregular situation. Additionally, the increase in xenophobia and discrimination among host communities towards Venezuelans further inhibits social cohesion. As for health, refugees and migrants lack access to health services – including mental health services – due to the saturation of the system as well as a lack of documentation. Concerning education, children and youth lack access to schools, face challenges in accessing social benefits and experience discrimination. Furthermore, refugee and migrant adults experience difficulties with the process for validating their diplomas from academic institutions outside of Chile.



[373] IOM, "Encuesta Rápida de Colchane," February 2022, <https://www.r4v.info/es/document/informe-encuesta-rapida-colchane-febrero-2022>

EDUCATION



Although primary and secondary education are available irrespective of students' legal status, one of the main challenges for refugees and migrants from Venezuela in Chile is the lack of accessible schooling for children and adolescents. Close to 20 per cent³⁷⁴ of respondents surveyed in the temporary shelter located in the border town of Colchane (Tarapacá Region) reported that children had not received a formal education during the last year (whether in-person or virtual learning).³⁷⁵ Additionally, among all children of refugees and migrants surveyed in Chile, nearly 5 per cent were not enrolled in any formal educational establishment during the past year.³⁷⁶ For the population in-destination in Chile, among the main reasons for lack of enrollment or school drop-out was the limited availability of classroom capacities (particularly in the case of preschools),³⁷⁷ administrative obstacles and misinformation among the refugee and migrant population, as well as among school officials. In addition, households have been forced to prioritize spending on basic needs (such as food and accommodation) thus leading to postponing academic studies.

Another concern related to education for refugees and migrants in Chile is a prevailing inequality of access to benefits associated with schooling.

Despite concerted efforts made by the Ministry of Education to guarantee access to the educational system through the creation of the provisional school identification number (IPE, per its abbreviation in Spanish),³⁷⁸ gaps in access to educational benefits persist, including for the preferential school subsidy and the school nutritional program provided by the National Board for School Aid and Scholarships (JUNAEB).³⁷⁹ The principal instrument used by the State to grant social protection benefits – the Social Household Registry – requires a valid and regular migratory status in order for a person to be considered in the vulnerabilities criteria.³⁸⁰ Venezuelans in an irregular situation are therefore unable to apply and benefit from crucial social benefits granted by the State. Furthermore, groups including children with disabilities, girls, adolescents and LGBTQI+ youth are at higher risk of exclusionary dynamics in schools, such as discrimination, xenophobia, racism, gender-based violence and early pregnancy.

Among Venezuelan adults, the main obstacles to formal education include the need for revalidation of diplomas, certificates, and competencies/skills earned abroad. Additionally, there is limited access to the Education for Youth and Adults (EPJA)³⁸¹ programme, and difficulties enrolling in higher

[374] IOM, *Displacement Tracking Matrix (DTM) Colchane – Round 1, 16 June 2022*.

[375] *Ibid.*

[376] *The World Bank, National Migration Survey, 2022*.

[377] *El Mostrador*, "El Callejón sin salida del ingreso por paso no habilitado," 1 May 2021, <https://bit.ly/3QrduTF>

[378] *Government of Chile*, "Identificador provisorio escolar (IPE)," Chile Atiende, 6 July 2022, <https://www.chileatiende.gob.cl/fichas/49443-identificador-provisorio-escolar-ipe-e-identificador-provisorio-del-apoderado-ipa-para-personas-extranjeras>

[379] UNICEF, "Niñez migrante en el norte de Chile y acceso a la educación," 20 May 2022, <https://www.unicef.org/chile/historias/ninez-migrante-en-el-norte-de-chile-y-acceso-educacion>

[380] Rankia, "Bono logro escolar: beneficios, RUT y fecha de nacimiento," 20 April 2022, <https://www.rankia.cl/blog/sii/3399558-bono-logro-escolar-beneficiarios-rut-fecha-nacimiento>

[381] *Ministry of Education*, "Educación para Jóvenes y Adultos," <https://escolar.mineduc.cl/educacion-jovenes-adultos/>

education. A survey from 2022 identified that 34 per cent of refugees and migrants from Venezuela in destination in Chile have not completed higher education,³⁸² while another 2022 survey by an R4V

partner found that 51 per cent of refugees and migrants from Venezuela that recently arrived in Chile have not completed higher education.³⁸³

FOOD SECURITY



A key need of refugees and migrants from Venezuela both upon arrival to and while residing in Chile is sustainable and sufficient access to varied and nutritious food: according to surveys reviewed for the JNA, 67 per cent of refugee and migrant households in domestic transit in the Tarapacá region are dissatisfied with their diets,³⁸⁴ 79 per cent do not have sufficient income to acquire and consume quality food³⁸⁵ and 14 per cent face periods of hunger in Chile.³⁸⁶

Malnutrition has been identified as a concern by R4V partners among refugees and migrants who have an insufficient quality and quantity of food intake, especially upon arrival in the north after undertaking long transit journeys to reach Chile, as well as in destinations throughout the country. During the RMNA Joint Analysis Workshops, several R4V partners reported significant numbers of Venezuelans entering Chile with high levels of food insecurity, which could result in risks of malnutrition, particularly in children under 5 years old and pregnant or lactating women. Related to this, refugees and migrants who rely on food kits distributed by R4V partners to meet their daily nutritional intake also depend on the availability of those kits to meet

nutritional quality standards. Additionally, the scarcity of nutrition services (particularly in the north), the lack of information on healthy and nutritious food and the absence of an intercultural approach in food provision (for example, the food provided in the Temporary Shelters is made up of products typical of Chilean cuisine, which differ from those Venezuelans are familiar with) translate into challenges for refugees and migrants from Venezuela to ensure adequate food that meets their nutritional needs.

A final issue that affects the food security of refugees and migrants from Venezuela is limited access to infrastructure needed to prepare their own food. This particularly affects refugees and migrants who live in temporary shelters and sanitary residences (most common in the north of the country for the recently arrived population, including the transitory shelters of Colchane and Lobitos) as well as in informal settlements (including on the peripheries of major urban areas of destination, such as Metropolitan Santiago) which often lack access to refrigeration or stoves to prepare food. As a result, improvisation and emergency strategies are often used, such as cooking using firewood and without proper hygienic care.

[382] World Bank, *National Migration Survey, 2022*.

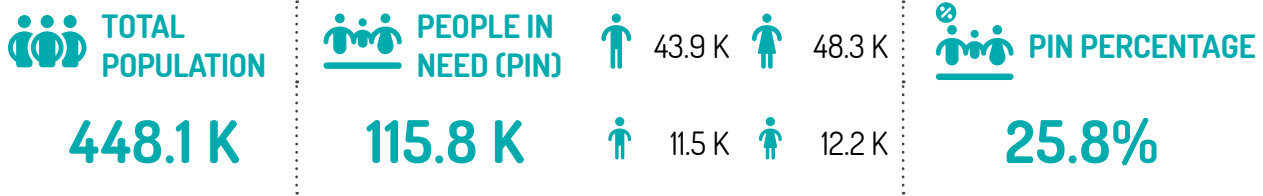
[383] SJM, *Migrant Voices Survey, 2022*.

[384] IOM, *DTM, June 2022 IOM, Displacement Tracking Matrix (DTM) Colchane – Round 1, 16 June 2022*.

[385] *Ibid.*

[386] Government of Chile, Ministry of Social Development and Family, *National Socio-economic Characterization Study (CASEN), 2020*.

HEALTH



The JNA identified the main difficulties experienced by refugees and migrants in accessing health services in Chile, both for physical and mental healthcare. The assessment targeted individuals recently arrived (in domestic transit), mostly in the north, as well as those in a more permanent situation in the country. A total of 27 per cent of refugees and migrants interviewed stated that they do not have access to health insurance in Chile.³⁸⁷ During the R4V focus group discussions held with refugees and migrants, many explained the primary challenge relates to the saturation of the healthcare system, specifically the long waiting times faced by both nationals and foreigners. Although refugees and migrants can access healthcare services with a provisional “RUT number” there is a delay in its delivery and public officials are not always aware of its validity when presented.³⁸⁸

Regarding physical health, 31 per cent of Venezuelans interviewed when entering the country at Colchane self-identified as having one or more medical conditions and/or some form of physical disability, and 34 per cent noted needing information access to medical assistance in Chile.³⁸⁹ Furthermore, 10 per cent required access to sexual and reproductive

healthcare (SHRH).³⁹⁰ In terms of COVID-19 vaccinations, 38 per cent of Venezuelans who crossed into Chile through the northern border entered the country without the minimum number of required COVID-19 vaccinations, which is currently two and an additional booster.³⁹¹ Meanwhile, 25 per cent of refugees and migrants from Venezuela surveyed in-destination surveyed in 2021 reported that the restrictions imposed during the pandemic had affected their physical health³⁹² while 14 per cent³⁹³ of those interviewed in 2020 reported undergoing medical treatment in Chile in the last 12 months.

Concerning mental healthcare, access remained limited for host communities as well as for refugees and migrants. Of the population interviewed upon arrival in Colchane, 29 per cent regarded the state of their mental health in the last 30 days as bad or very bad.³⁹⁴ Among in-destination refugees and migrants interviewed throughout the country, 34 per cent stated that the pandemic had negatively affected their mental health, and 33 per cent stated that their mental health had worsened since their arrival to Chile.³⁹⁵ According to the JNA findings, access to

[387] *Servicio Jesuita Migrante, Migrant Voices Survey, 11 January 2022, <https://sjmchile.org/2022/01/11/encuesta-voces-migrantes-extranjeros-que-viven-en-chile-apuntan-baja-aprobacion-del-manejo-de-crisis-migratoria-por-parte-del-gobierno-e-instituciones/>*

[388] *The RUT is an identification number in Chile, based on the acronym for its Spanish name “Registro Único Tributario” and it is similar to a Social Security Number. It is uniquely assigned to an individual and never changes.*

[389] *IOM, Displacement Tracking Matrix (DTM) Colchane – Round 1, 16 June 2022.*

[390] *Ibid.*

[391] *Ibid.*

[392] *SJM, Migrant Voices Survey, 11 January 2022, <https://sjmchile.org/2022/01/11/encuesta-voces-migrantes-extranjeros-que-viven-en-chile-apuntan-baja-aprobacion-del-manejo-de-crisis-migratoria-por-parte-del-gobierno-e-instituciones/>*

[393] *Government of Chile, Ministry of Social Development and Family, CASEN 2020, last modified 5 September 2021, <https://www.desarrollosocialyfamilia.gob.cl/noticias/ministerio-de-desarrollo-social-y-familia-entrega-resultados-de-la-encuesta-casen-en-pandemia-2020>*

[394] *IOM, Displacement Tracking Matrix (DTM) Colchane – Round 1, 16 June 2022.*

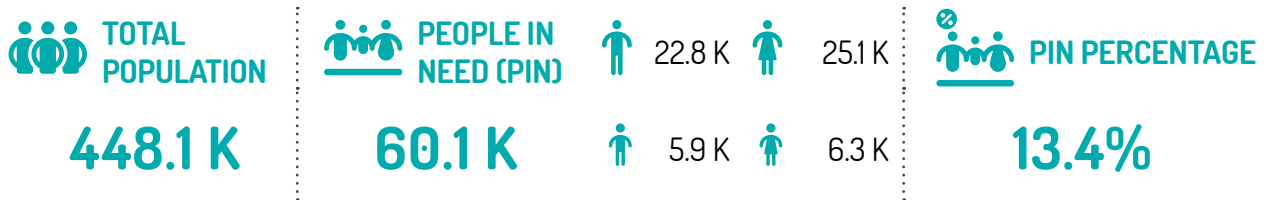
[395] *SJM, Migrant Voices Survey, 11 January 2022, <https://sjmchile.org/2022/01/11/encuesta-voces-migrantes-extranjeros-que-viven-en-chile-apuntan-baja-aprobacion-del-manejo-de-crisis-migratoria-por-parte-del-gobierno-e-instituciones/>*

mental healthcare and psychosocial support has a transversal impact on various aspects of refugees' and migrants' well-being with lack of access leaving them at higher risk and vulnerable to depression, stress, hopelessness and fear.³⁹⁶ A prevailing lack of data and statistics regarding mental health in the country, including for refugees and migrants, as well as a lack of data differentiated by age and gender, inhibits the identification of issues with a differential impact on women, men, girls and boys.

Based on the above data, refugees and migrants have several unmet health needs in Chile. There is a lack of knowledge about their rights and the functioning of the Chilean health system. As well as barriers and/or limitations to access, particularly in the north of the country, where geographical conditions lead to limited points of assistance. Finally, financial, administrative, logistical, and human resources limitations also limit access to health services for the population in-destination.³⁹⁷



HUMANITARIAN TRANSPORTATION



Since June 2019, Venezuelans have required a visa to enter Chile.³⁹⁸ Due to the difficulties that Venezuelans face in meeting these visa requirements, as well as the closure of borders until 1 May 2022 and the entry restrictions applied by Chile during the COVID-19 pandemic, refugees and migrants resorted to entering the country primarily through unofficial border crossing points. Even after the re-opening of the border in 2022, irregular entries of refugees and migrants from Venezuela by land via the Chilean northern border with Bolivia and Peru continued. To arrive in Chile, refugees and migrants from Venezuela need to traverse over five thousand kilometers through various other countries before reaching the town of Colchane located in the northern region of Tarapacá. Once in Chile, a journey of an additional

two thousand kilometers is required to arrive in the Metropolitan Region (the place of residence of 62 per cent of refugees and migrants from Venezuela in Chile).³⁹⁹ Through their journey to reach Chile and moving to destination cities within the country, refugees and migrants face a series of grave risks to their lives and well-being, such as those at hands of smuggling and human trafficking networks, particularly because they lack access and/or the resources to pay for safe and regular forms of transportation.

In a rapid needs assessment carried out in early 2022, humanitarian transportation was identified as the most urgent need for refugees and migrants at the Colchane Temporary Shelter (28 per cent).⁴⁰⁰

[396] R4V Chile Platform, RMNA Joint Analysis Workshops, 15 July 2022 (Tarapacá) and 25 July 2022 (Santiago de Chile).

[397] *Ibid.*

[398] Since 21 June 2019, Venezuelans must request a visa through a Chilean consulate abroad prior to their arrival to Chile. See, e.g., "Chile Begins to Require Tourist Visas for Venezuelan Migrants," 22 June 2019, <https://www.infobae.com/america/america-latina/2019/06/22/chile-comenzo-a-exigir-visa-de-turista-a-los-migrantes-venezolanos/>

[399] *El LIBERO*, "Región Metropolitana concentra la mayor cantidad de personas extranjeras en Chile", 27 August 2022, <https://ellibero.cl/actualidad/la-region-metropolitana-concentra-la-mayor-cantidad-de-personas-extranjeras-que-viven-en-chile/>

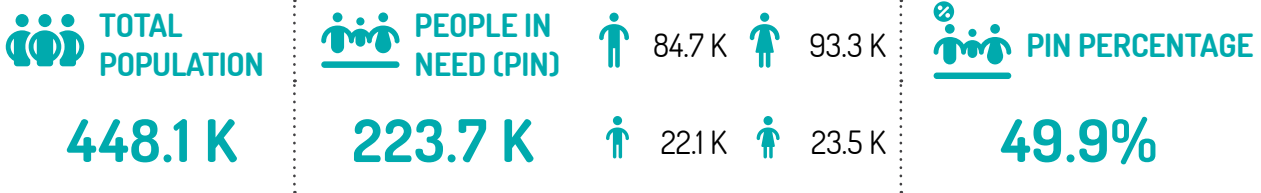
[400] IOM, *Encuesta Rápida de Colchane*, February 2022, <https://www.r4v.info/es/document/informe-encuesta-rapida-colchane-febrero-2022>

The main challenges refugees and migrants from Venezuela encounter in accessing safe means of transportation include their lack of resources to pay for transportation, their irregular situation and misinformation. In this regard, 96 per cent of refugees and migrants surveyed at the Colchane Temporary Shelter stated that they did not have the funds needed to travel domestically to their final destinations, 94 per cent did not have a valid passport, and 47 per cent were not aware of the requirements to enter the country regularly (including the mobility pass and COVID-19 test).⁴⁰¹

Owing to the geography of Chile, combined with the above-mentioned vulnerabilities of recently arrived

refugees and migrants, they face constant exposure to risks while undertaking unsafe overland movements, including walking long distances in adverse weather conditions, often leading to critical health problems or deaths near the main border points. As of July 2022, seven deaths of refugees and migrants after entering northern Chile were reported, including four Venezuelans, with people with pre-existing health conditions particularly at risk.⁴⁰² Women and children – especially UASC – are also exposed to greater risks of protection threats, such as human trafficking and smuggling.⁴⁰³

INTEGRATION



One of the main challenges for refugees and migrants from Venezuela is achieving sustainable economic integration and peaceful coexistence with host communities, which is especially important given that Chile is largely considered a country of destination (rather than transit) for refugees and migrants from Venezuela. The JNA identified as priority integration needs (1) the lack of livelihood opportunities, especially among refugees and migrants in an irregular situation; and (2) the difficulty of accessing the formal labour market.

In a 2021 survey, 29 per cent of refugees and migrants from Venezuela in Chile reported that they did not generate enough income from livelihoods activities

to cover their basic needs.⁴⁰⁴ Meanwhile, in the 2022 R4V focus group with refugees and migrants to discuss the JNA findings, multiple participants expressed concerns about identifying (formal) employment due to a lack of documentation or being in an irregular situation in the country, or being in the process of obtaining it.⁴⁰⁵ Participants also noted that their current employment did not match their academic profiles or technical knowledge, with many engaged in informal economic activities, without the ability to validate degrees or professional credentials earned abroad.

Other challenges to economic integration for refugees and migrants include difficulties with

[401] *Ibid.*

[402] EX ANTE, “Crisis Migratoria: Los Muertos de Colchane, siete vidas truncadas al entrar al desierto”, 12 July 2022 <https://www.ex-ante.cl/crisis-migratoria-los-muertos-de-colchane-siete-vidas-truncadas-este-ano-al-entrar-a-chile-por-el-desierto/>

[403] Revista Sur, “Menores migrantes no acompañados en Chile, una realidad posible,” 8 May 2021, <https://www.revistasur.cl/revistasur.cl/2021/05/menores-migrantes-no-acompanados-en-chile-una-realidad-posible/>

[404] SJM, Migrant Voices Survey, 11 January 2022, <https://sjmchile.org/2022/01/11/encuesta-vozes-migrantes-extranjeros-que-viven-en-chile-apuntan-baja-aprobacion-del-manejo-de-crisis-migratoria-por-parte-del-gobierno-e-instituciones/>

[405] R4V Chile Platform, Focus Group with Refugees and Migrants from Venezuela, July 2022.

starting an independent business (entrepreneurship), limited access to financial services (such as bank accounts or microcredit) and obtaining recognition of their academic degrees and other credentials. According to a 2022 study, only 13 per cent of refugees and migrants who completed university studies had successfully validated their university degrees obtained abroad, and 61 per cent said that the validation process took over six months and was therefore too prolonged.⁴⁰⁶ In addition to challenges with recognition, there is also a lack of knowledge among employers about the provisions that make it possible to hire refugees and migrants.⁴⁰⁷

The JNA also identified social integration and peaceful coexistence as priority needs of refugees

and migrants from Venezuela in Chile. In 2022, a disturbing increase in negative perceptions toward refugees and migrants, especially those from Venezuela, was observed, with the refugee and migrant population exposed to acts of xenophobic violence⁴⁰⁸ and other manifestations of discrimination, both in person and through media and social networks.⁴⁰⁹ An urgent need has therefore been identified to develop peaceful coexistence spaces with host communities to de-escalate, prevent and mitigate outbreaks of xenophobic violence and anti-refugee and migrant protests, such as those that occurred in early 2022 in the north of Chile.^{410,411}

NUTRITION



Malnutrition has been identified as a concern by R4V partners among refugees and migrants from Venezuela who have an insufficient quality and quantity of food intake, especially during their transit entering the country and arriving at locations of destination, as well as after arrival. During the JNA, several R4V partners reported significant numbers of

refugees and migrants entering Chile with high levels of food insecurity,⁴¹² resulting in risks of malnutrition, particularly among children under 5 years of age, pregnant or lactating women. Additionally, the scarcity of nutrition services throughout the country and the lack of information on healthy and nutritious food translate into challenges for refugees and

[406] World Bank, *National Migration Survey, 2022*.

[407] IOM, "Cuaderno 13 - Oportunidades de Inserción Laboral para la Población Migrante y Refugiada en Chile", 7 July 2022, <https://robuenosaires.iom.int/es/resources/cuaderno-13-oportunidades-de-insercion-laboral-para-la-poblacion-migrante-y-refugiada-en-chile>

[408] See, e.g., R4V Regional Platform, Statement by Dr. Eduardo Stein, Joint Special Representative of UNHCR and IOM for Refugees and Migrants from Venezuela, 2 February 2022, <https://www.r4v.info/en/news/statement-dr-eduardo-stein-joint-special-representative-unhcr-and-iom-refugees-and-migrants>

[409] Catalina Rolle et al, "Crisis migratoria y xenofobia en redes sociales: el rechazo a la gestión política", *El Mostrador*, 9 February 2022, <https://bit.ly/3PsvgUY>

[410] La Tercera, "Reportan bloqueos en ruta varios puntos del país tras muerte de camionero", 11 February 2022, <https://www.latercera.com/nacional/noticia/reportan-bloqueos-de-rutas-tras-muerte-de-camionero-en-antofagasta-y-gremio-se-declara-en-alerta-en-medio-de-llamados-a-nuevas-movilizaciones-para-este-viernes/CX42DI2JZFHJBD5DKK5WCQJMGA/>

[411] *Camionero muere tras caer de paso nivel en Antofagasta: Habría intervención de terceras personas*, Canal 13, 10 February 2022, <https://bit.ly/3K9h42n>

[412] R4V Chile Platform, RMNA Joint Analysis Workshops, July, 15, 2022 (Tarapacá) and July, 25, 2022 (Santiago de Chile).

migrants to ensure adequate food intake that meets their nutritional needs. Related to this, refugees and migrants who rely on food kits distributed by R4V partners also depend on the ability of those kits to meet nutritional quality standards.

Various forms of malnutrition, including undernutrition (evidenced through underweight, wasting, stunting and vitamin deficiencies) as well as overweight and obesity are associated with and exacerbated by poverty,⁴¹³ with the broader Chilean population as well as refugees and migrants from Venezuela at risk. According to data from the Ministry of Education,⁴¹⁴ undernutrition among pre-school and school-aged children (stunting and underweight) in Chile increased to 7.6 per cent in 2020, from 6.7 per cent in 2019, while overweight, including obesity increased from 23.5 per cent to 25.4 per cent from one year to the other. Another 2020 survey⁴¹⁵ highlighted that 65 per cent of all households in Chile were unable to consume nutritious food, while 13 per cent lived below the poverty and indigence line.

One of the main forms of malnutrition affecting the broader population in Chile is overweight, and its severe form obesity, which is associated with global trends towards consuming more energy-dense processed foods that are high in sugar and fat content (which may be cheaper and easier to procure than other food options) but are also low in essential micronutrients.⁴¹⁶ A study carried out in 2022⁴¹⁷ found that 74 per cent of the population in Chile is overweight, including 54 per cent of children and adolescents who are overweight or obese. The obesogenic environment affecting Chile is likely to affect refugees and migrants from Venezuela who are or will be established in host communities.

Like other countries in the region, Chile is also suffering from rising food prices,⁴¹⁸ which will have a significant negative effect on food security and nutrition conditions for refugees and migrants and their host communities in 2022 and the years to come.

[413] World Health Organization, "Malnutrition," 9 June 2021, <https://www.who.int/news-room/fact-sheets/detail/malnutrition#:~:text=Key%20facts,resulting%20diet%20related%20noncommunicable%20diseases>

[414] Nutritional Map of the National Board of School Aid and Scholarships (JUNAEB), Ministry of Education, <http://www.dinta.cl/documentos-de-interes/mapa-nutricional-junaeb-2020/>

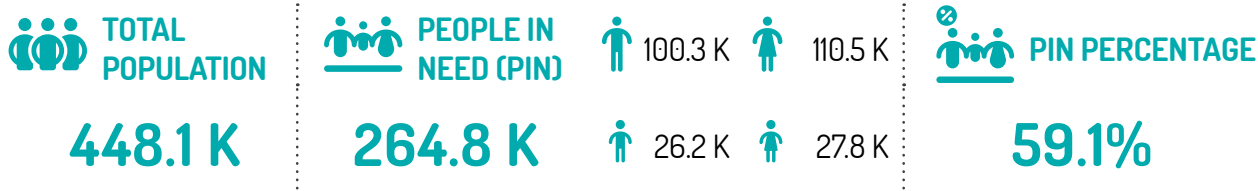
[415] Government of Chile, Ministry of Social Development and Family, National Socio-economic Characterization Study (CASEN), 2020.

[416] World Health Organization, "Malnutrition," 9 June 2021, <https://www.who.int/news-room/fact-sheets/detail/malnutrition#:~:text=Key%20facts,resulting%20diet%20related%20noncommunicable%20diseases>

[417] According to a study by the Organization for Economic Cooperation and Development (OECD). See, e.g., "Tres de cada cuatro personas sufre de sobrepeso en Chile, según la OCDE", *Cooperativa Radio*, 4 May 2022, <https://bit.ly/3Anu690>

[418] Ignacia Munita C., "IPC anual supera el 13% en Chile: Economistas debaten cuándo la inflación llegará a su peak y comience a ceder," *Emol Noticias*, 9 August 2022, <https://bit.ly/3C92SEt>

PROTECTION



Refugees and migrants from Venezuela largely consider Chile as a destination that will offer safety, access to professional opportunities and personal development.⁴¹⁹ Although many refugees and migrants – including those who arrived prior to the pandemic – have successfully⁴²⁰ established themselves as residents in the country, others have limited access to livelihoods and basic services, particularly those whose irregular situation is perpetuated after entering the country irregularly. According to an R4V partner's survey from 2021, 45 per cent of Venezuelans were in an irregular situation in Chile.⁴²¹

It is estimated that 127,000 refugees and migrants entered the country irregularly through informal border crossings from 2018 until July 2022.⁴²² In 2021 alone, the Investigative Police (PDI) registered the irregular entry of 56,000 refugees and migrants through identity checks and self-reporting procedures.⁴²³ An undetermined number of new arrivals of Venezuelans remain unaccounted

for, as they have not registered through the official channels⁴²⁴ for fear of being subjected to expulsion procedures.⁴²⁵ Particularly during the period of border closures and movement restrictions due to the COVID-19 pandemic, irregular entries of Venezuelans to Chile increased dramatically, driven by the impossibility of complying with the requirements to enter the country regularly.

The protection risks experienced by refugees and migrants from Venezuela while attempting irregular entry to Chile – primarily along the northern borders with Peru and Bolivia – are myriad. They include threats from smugglers and human traffickers (extortion, kidnapping, physical and sexual violence) and threats from natural hazards and climate conditions while walking long distances without safe transportation (dehydration, physical injuries, extreme altitude sickness, and even death) particularly considering the geographical conditions at the border (highland desert with temperatures ranging from 30 degrees Celsius during the day to negative 20

[419] Carlos Alonso, "Visas laborales bajan de 100 mil y llegan a su menor nivel en casi 10 años", *La Tercera*, 14 May 2022, <https://bit.ly/3w8c4VS>

[420] By the end of 2020, there were a total of over 448,000 Venezuelans in Chile with legal residence, with Venezuela as the top country of origin (30.7%) among the population of foreign legal residents in Chile. Government of Chile, National Statistics Institute (INE), "Población extranjera residente en Chile llegó a 1.462.103 personas en 2020, un 0,8% más que en 2019", 29 June 2021, <https://bit.ly/3A1sdl>

[421] SJM, Migrant Voices Survey, 11 January 2022, <https://sjmchile.org/2022/01/11/encuesta-voces-migrantes-extranjeros-que-viven-en-chile-apuntan-baja-aprobacion-del-manejo-de-crisis-migratoria-por-parte-del-gobierno-e-instituciones/>

[422] This includes refugees and migrants of all nationalities. "Gobierno busca mecanismos y criterios para regularizar a 127 mil migrantes en situación irregular", *El Mostrador*, 15 July 2022, <https://bit.ly/3Cn6ZwJ>

[423] Autoridades cifran en 56 mil los migrantes que ingresaron a Chile irregularmente en 2021, 17 May 2022, <https://www.adnradio.cl/nacional/2022/01/17/mas-de-50-mil-migrantes-ingresaron-al-pais-irregularmente-en-2021.html>

[424] The official channels are Carabineros de Chile or Investigative Police (PDI) who depend on the Ministry of Interior. They register people through identity checks and self-reporting procedures.

[425] On 21 February 2022 the Government of Chile came into force the new migration law and it considered rejections at the borders and push backs people who were crossing Chile by irregular points, *Diario Oficial*, February 12, 2022, <https://www.diariooficial.interior.gob.cl/publicaciones/2022/02/12/43177/01/2086865.pdf>

degrees Celsius at night).⁴²⁶ There are also risks of denial of access to territory by Chilean authorities applying the new Migration Law and its “redirections” procedure, effective February 2022.⁴²⁷

These circumstances expose refugees and migrants from Venezuela to risks of being victimized by organized crime networks while trying to enter Chile. Illegal armed groups have also been identified operating at the border⁴²⁸ which recruit, extort, kidnap and threaten those who are unwilling or unable to pay smuggling fees or who are victims of human trafficking.⁴²⁹ These risks disproportionately affect women and girls, among other groups of refugees and migrants.⁴³⁰

In addition, refugees and migrants face barriers to complying with the requirements established by the legal frameworks for migratory regularization and access to asylum, including a lack of information on these procedures. According to a survey by an

R4V partner, 62 per cent of refugees and migrants from Venezuela lack information (or have only partial access to information) on visa processing procedures and 58 per cent are not aware of the new migration law.⁴³¹ The irregular situation of many refugees and migrants also limits their access to social protection systems, such as health, education and social security programs. For example, 44 per cent of refugees and migrants from Venezuela do not have a pension fund or any savings in the pension systems.⁴³² Of those with a regular status, however, 79 per cent are registered in the dedicated Social Registry, which allows them to access benefits and social programs in Chile.

Finally, growing discriminatory attitudes against Venezuelans in Chile⁴³³ have fueled outbreaks of xenophobic violence that endanger refugees’ and migrants’ safety and dignity.

[426] *Rescatan a 43 migrantes extraviados en pleno desierto: ingresaron por paso no habilitado, Biobio Chile*. 22 November 2021, <https://bit.ly/3dvLBeo>

[427] R4V Regional Platform, *Special Situation Report: Bolivia, Chile and Peru, March 2022* <https://www.r4v.info/en/document/r4v-special-situation-report-bolivia-chile-peru-march-update>

[428] ALNavío, *El Tren de Aragua ya opera en Chile: lo relacionan con el tráfico de migrantes*, 9 February 2022, <https://alnavio.es/denuncias-revelan-que-el-tren-de-aragua-ya-opera-en-chile-lo-relacionan-con-el-trafico-de-migrantes/>

[429] *Estudio InSight Crime identificó a Chile como “destino final” de migrantes víctimas del Tren de Aragua (cnnchile.com)* - https://www.cnnchile.com/pais/estudio-insight-crime-chile-migrantes-tren-aragua_20220725/

[430] R4V Chile Platform, *Focus Group with Refugees and Migrants from Venezuela*, 29 July 2022. 20 Venezuelans living in Santiago participated in this activity.

[431] SJM, *Migrant Voices Survey*, 11 January 2022, <https://sjmchile.org/2022/01/11/encuesta-voce-migrantes-extranjeros-que-viven-en-chile-apuntan-baja-aprobacion-del-manejo-de-crisis-migratoria-por-parte-del-gobierno-e-instituciones/>

[432] *Ibid.*

[433] An IPSOS survey in 2022 revealed that 75% of the Chilean public agrees that people should be able to seek refuge in other countries, but 71% say that the majority of foreigners who want to enter Chile are not refugees and only want to come for economic reasons or to “take advantage” of social benefits and services in Chile. IPSOS, “World Refugee Day 2022: 75 per cent of Chileans agree that people should be able to seek refuge in other countries,” 17 June 2022, <https://www.ipsos.com/es-cl/world-refugee-day-2022-part-1>

CHILD PROTECTION



According to an R4V partner's report, 5,983 refugee and migrant children entered Chile irregularly in 2021, of whom an estimated 5,130 were Venezuelan.⁴³⁴ Additionally, according to statistics provided by the Chilean police (Carabineros), these figures have tripled since 2020 and were predicted to continue to rise during 2022.⁴³⁵ These children face difficulties obtaining the documents required by the authorities to determine their identity and affiliation to accompanying adults.⁴³⁶

Children among the population in domestic transit in the Tarapacá region have particular needs to be addressed due to traumas many experienced during their journeys: according to an R4V partner's 2022 survey, 16 per cent of children and adolescents interviewed upon arrival to Chile reported experiencing threats of physical harm, discrimination, or fear of other people.⁴³⁷ According to the same survey, 72 per cent of children and adolescents mentioned having experienced at least one of the following conditions during their journey and/or since arriving to Chile: nightmares or sleep disturbances, being easily frightened, separation from family, new or recurring fears, changes in appetite, aggressive outbursts or anger, excessive crying, headaches, and enuresis (loss of sphincter control, which symbolizes a setback in cognitive development).

According to R4V partners, the deterioration of physical and mental health in children is strongly linked to experiences of previous traumatic events, which may have taken place during or after their journeys, for example due to survival coping mechanisms, grief and a lack of psychosocial support.⁴³⁸ When left untreated, these responses can limit the development of social and interpersonal skills, cause difficulties adapting to the national educational system, and lead to situations of bullying and school dropout, among other negative consequences.

Children and their families continue to have specific needs to ensure their protection and successful integration after their arrival to destinations across the country. Single-parent households are common among refugee and migrant families in Chile. Single parents require access to childcare support, without which access to jobs and income is limited, and can leave these families and children more vulnerable to criminal gangs, delinquents and drug traffickers.

Meanwhile, Chile's reception system for children and youth currently lacks suitable mechanisms to identify and address international protection needs, situations of exploitation or other violations of rights at border points. It also lacks a comprehensive support system once the children and youth have reached

[434] JMS, "Balance de Movilidad Humana 2018-2022", 19 July 2022, <https://sjmchile.org/2022/07/19/el-ingreso-irregular-de-menores-se-triplica-en-chile-en-un-ano/>

[435] *Ibid.*

[436] Most Venezuelan refugee and migrant children arriving to Chile lack passports or other national identity documents, and many have only their birth certificates. R4V Chile Platform, RMNA Joint Analysis Workshops, 15 July 2022 (Tarapacá) and 25 July 2022 (Santiago de Chile).

[437] IOM, *Displacement Tracking Matrix (DTM) Colchane – Round 1*, 16 June 2022.

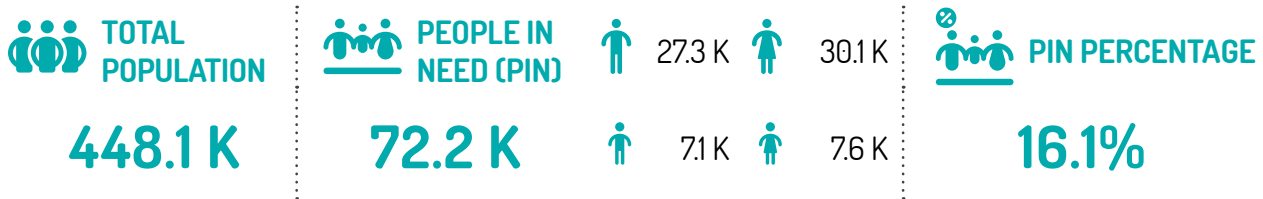
[438] R4V Chile Platform, RMNA Joint Analysis Workshops, 15 July 2022 (Tarapacá) and 25 July 2022 (Santiago de Chile).

their destinations.⁴³⁹ The weakness of the reception and support systems and the insufficient training of public officials have led to measures contrary to

international law, such as the use of medical tests to determine the age of children.⁴⁴⁰



GENDER-BASED VIOLENCE (GBV)



According to data from an R4V partner's survey in Colchane in 2022, 21 per cent of refugees and migrants in domestic transit reported having witnessed some type of physical, psychological, or sexual violence during their journeys.⁴⁴¹ Another R4V partner's survey carried out in 2021 found that 5.6 per cent of refugees and migrants from Venezuela in Chile felt discriminated against for being women and 2.5 per cent reported having survived violence, physical, psychological or sexual abuse.⁴⁴² Analysis from the JNA reflected that the prevalence of GBV against refugees and migrants in Chile is likely to be significantly higher than captured by these studies, due to under-reporting, including due to a lack of information on how to report, how to access psychosocial support, where to access emergency contraception, and stigmatization of survivors.⁴⁴³

For survivors of GBV, access to timely and adequate support after an incident (or to interrupt a pattern of abuse) can be critical in a return to safety and the process of recovery. Nevertheless, a number of

gaps exists, which limits the services available for survivors, and leave their needs unmet – including for health and psychosocial care, safety, dignity and protection from perpetrators. For example, key transit and assistance points lack information materials on GBV in different formats (print and online).⁴⁴⁴

Among populations with particular risks to GBV, are women and girls. The JNA process and the focus group discussions with refugees and migrants to validate the JNA findings noted that LGBTQI+ populations in Chile, regardless of their nationality, were at particular risk of violence and discrimination.⁴⁴⁵ Traditional, conservative hypermasculine “macho” culture tends to perpetuate and justify violence against persons who fall outside of the mainstream due to their gender identities or sexual orientations, as well as violence against women and girls.⁴⁴⁶ For refugees and migrants, a combination of factors (including irregular status and poverty) can accentuate the discrimination and violence experienced by these groups.

[439] *Ibid.*

[440] *The Committee on Children's Rights has questioned the effectiveness and legality of these procedures with children in Chile. See, e.g. Ibid.*

[441] IOM, “Encuesta Rápida de Colchane,” February 2022, <https://www.r4v.info/es/document/informe-encuesta-rapida-colchane-febrero-2022>

[442] UNHCR, *High Frequency Survey, 2021.*

[443] R4V Chile Platform, *RMNA Joint Analysis Workshops, 15 July 2022 (Tarapacá) and 25 July 2022 (Santiago de Chile).*

[444] *Ibid.*

[445] R4V Chile Platform, *Focus Group with Refugees and Migrants from Venezuela, 29 July 2022.*

[446] R4V Chile Platform, *RMNA Joint Analysis Workshops, 15 July 2022 (Tarapacá) and 25 July 2022 (Santiago de Chile).*

Survivors of GBV, the majority of whom are women, have a particular need for psycho-social support.⁴⁴⁷ Migratory grief, traumas associated with their journeys, the experience of violent events towards them or their family members, and the stigmatization

of survivors, accentuate the difficulties they face and can further deteriorate their mental and physical health. Entire family units and households suffer the consequences of GBV.

HUMAN TRAFFICKING & SMUGGLING



According to the JNA,⁴⁴⁸ refugees and migrants who use irregular routes to enter the country are at increased risk for human trafficking and smuggling. Human trafficking and smuggling are two of the greatest threats to Venezuelans' safety and dignity experienced during their journeys.

According to information from the National Prosecutor's Office shared with R4V partners, in 2021, 443 Venezuelans were identified as VoTs.⁴⁴⁹ With the arrival and expansion of criminal organizations engaged in extortion and exploitation of the refugee, migrant and local population, including through human trafficking, to at least six regions⁴⁵⁰ of the country, this figure has continued to rise. According to data provided by the Chilean national police (*Carabineros*),⁴⁵¹ identified cases of trafficking during January and February 2022 already amounted to 42

per cent of the total number of cases reported in 2021. Women and girls in particular are targeted for human trafficking for purposes of sexual exploitation.⁴⁵²

According to the JNA, there is a lack of capacity to identify and address trafficking and smuggling situations in Chile.⁴⁵³ Refugees and migrants often do not consider themselves victims, due to the normalization of these types of events around them, or out of an assumption that they are not eligible for protection from these transnational crimes due to their irregular situation in the country. In addition, there is a shortage of information, accompaniment, and protection initiatives for VoTs. The level of access to support and attention for victims of trafficking or smuggling was found to be dependent on the reception they receive by public officials when they relate their accounts.

[447] *Ibid.*

[448] R4V Chile Platform, RMNA Joint Analysis Workshops, 15 July 2022 (Tarapacá) and 25 July 2022 (Santiago de Chile) and S.J.M, "Tráfico de migrantes no cede: casos de 2021 superaron en siete veces a los de 2020" 9 June 2022, <https://bit.ly/3AcUMbi>

[449] Fiscalía Nacional, "Informe 2021 Observatorio del Narcotráfico en Chile", 17 September 2021, <https://bit.ly/3AEZq3g>

[450] Alejandro Basulto, "PDI revela cómo el Tren de Aragua extorsiona en Chile: 'Es gente extremadamente violenta'", ADN Radio, 30 July 2022, <https://bit.ly/3piXMOt>

[451] "Casos por tráfico de migrantes en primeros meses del año equivalen al 42% del total registrado en 2021," *El Mercurio*, 19 March 2022 and *El Mostrador*, "Carabineros expuso que delito de tráfico de migrantes aumentó siete veces en un solo año", 9 June 2022, <https://bit.ly/3dSrMhK>

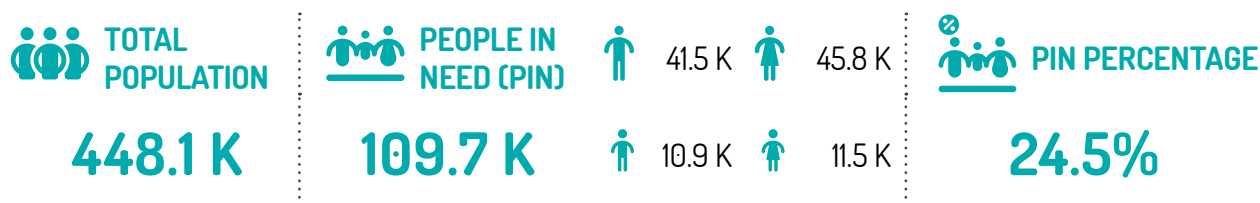
[452] "Estudio InSight Crime identificó a Chile como "destino final" de migrantes víctimas del Tren de Aragua", *CNN Chile*, 25 July 2022, <https://bit.ly/3pmQLvZ>

[453] R4V Chile Platform, RMNA Joint Analysis Workshops, 15 July 2022 (Tarapacá) and 25 July 2022 (Santiago de Chile).

Another main need identified relates to the lack of coordination among law enforcement entities across the region. Most refugees and migrants who arrive in Chile have transited through several countries prior to their arrival and have been at heightened risk of

trafficking and smuggling throughout their journeys. Nevertheless, survivors have mentioned not filing complaints with the national authorities out of fear or lack of information.⁴⁵⁴

SHELTER



Access to accommodation in dignified and safe conditions has been identified as one of the priority needs of refugees and migrants in Chile. The devaluation of the US Dollar and the high inflation registered during the first semester of 2022 caused a steep increase in rental prices of up to 18 per cent in the principal districts of the Metropolitan Region of Santiago.⁴⁵⁵ Additionally, the overall demographic growth of the population in Chile since the onset of the Venezuelan refugee and migrant crisis has contributed to an undersupply of rental accommodations compared to the great demand.⁴⁵⁶ This has resulted in the proliferation of irregular housing settlements or “tomas” in more than a third of urban areas across Chile,⁴⁵⁷ as well as increased situations of homelessness affecting both refugees and migrants and host communities.⁴⁵⁸ According to a 2022 survey of the refugee and migrant population

in Chile, about 15 per cent⁴⁵⁹ of refugees and migrants live in overcrowded conditions. For refugees and migrants who cannot enter into a formal lease and/or obtain accommodation at an acceptable price, lack of documentation and being in an irregular situation are among the main reasons, which can be exacerbated by being exposed to discrimination and xenophobia.

Most refugees and migrants from Venezuela arrive to Chile in extremely vulnerable conditions and in urgent need of accommodation. According to a rapid needs assessment conducted by an R4V partner in February 2022 in Colchane, 17 per cent⁴⁶⁰ of Venezuelans interviewed named shelter as a priority need. Over the past two years, due to the COVID-19 pandemic, the State’s reception response in northern Chile to the recently arrived refugee and migrant population was largely framed within sanitary control measures,

[454] R4V Chile Platform, Focus Group with Refugees and Migrants from Venezuela, 29 July 2022.

[455] “Continúa la alza de precios de arriendo para el Gran Santiago”, *El Mostrador*. Last modified: 29 April 2022, <https://bit.ly/3QNuBP7>

[456] “Crecimiento demográfico en Chile”, *Datos Mundial*, 2021, <https://www.datosmundial.com/america/chile/crecimiento-poblacional.php>

[457] Carlos Said, “Los Campamentos del 10%: El Chile de las Tomas y la Crisis Habitacional que Dejó la Pandemia,” 1 April 2022, <https://www.latercera.com/investigacion-y-datos/noticia/los-campamentos-del-10-el-chile-de-las-tomas-y-la-crisis-habitacional-que-dejo-la-pandemia/3NYNVHEROFAGVEX2N4Q25APDT4/>

[458] There were an estimated 16,410 people in a situation of homelessness in Chile as of 2021, according to the Social Registry Survey: Homelessness, 2021. *Fundación Gente de la Calle, Statistics on Homelessness*, accessed 1 September 2022, <https://www.gentedelacalle.cl/personas-en-situacion-de-calle/#:~:text=Algunos%20datos%20oficiales%20sobre%20personas,habita%20en%20la%20Regi%C3%B3n%20Metropolitana>

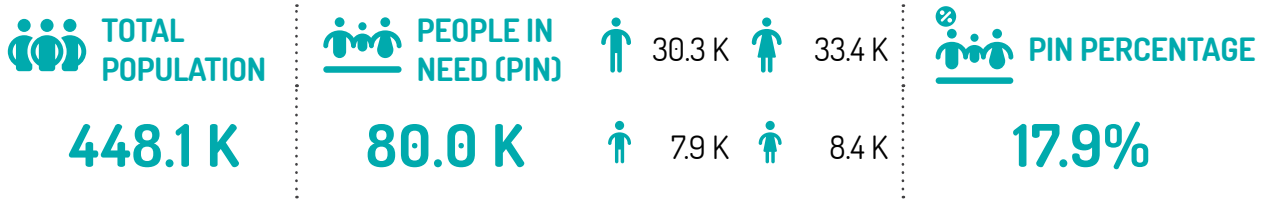
[459] *The World Bank, National Migration Survey (Chile)*, 2022.

[460] IOM, “Encuesta Rápida de Colchane”, February 2022, <https://www.r4v.info/es/document/informe-encuesta-rapida-colchane-febrero-2022>

with transitory shelters and quarantine facilities established by the Government of Chile to provide temporary accommodation to arriving refugees and migrants. Nevertheless, the conditions at these shelters are not adequate to meet the safety and privacy needs of refugees and migrants. According to a survey by an R4V partner in June 2022, 69 per cent of refugees and migrants staying at the Colchane Temporary Shelter indicated feeling dissatisfied with the spaces intended for sleeping and the lack of privacy.⁴⁶¹ Similarly, a significant number of refugees and migrants interviewed by an R4V partner in July 2022 at the Lobitos Shelter in the Tarapacá Region stated that they felt unsafe in their shared temporary accommodation.⁴⁶²

Another issue is the lack of exit programmes from the transitory shelters in the Tarapacá Region, particularly for those refugees and migrants who have been staying for more extended periods of time. In June 2022, R4V partners identified at least 20 households who had spent more than a month in the Lobitos Temporary Shelter.⁴⁶³ One of the reasons refugees and migrants gave for not leaving the shelter earlier was their lack of documentation or income to pay for alternative accommodations or to continue their travels to other points of destination in the country.

WASH



According to R4V partners’ assessments,⁴⁶⁴ the transitory shelters in the north of Chile require regular supervision and maintenance of WASH infrastructure. Current WASH services at the facilities have been found insufficient to meet the WASH needs of the refugees and migrants who depend on these shelters. For example, refugees and migrants did not have spaces to perform daily personal hygiene (including showers and handwashing) or wash their clothes. In addition, temporary shelters have limited cleaning and hygiene products to use and distribute, which should be adapted to the specific needs of various priority attention groups, such as infants, children and

adolescents, women and girls, the elderly, people with disabilities and LGBTQI+ persons, to ensure a proper management of menstrual hygiene and other basic services.

According to an R4V partner’s assessment conducted in the Colchane Temporary Shelter in June 2022,⁴⁶⁵ 41 per cent of refugees and migrants from Venezuela reported being dissatisfied with the availability of drinking water in the shelter, and 86 per cent of shelter residents surveyed expressed their dissatisfaction with sanitation and hygiene services, which expose them to significant health risks, including COVID-19.

[461] IOM, *Displacement Tracking Matrix (DTM) Colchane – Round 1, 16 June 2022.*

[462] *Ibid.*

[463] *Ibid.*

[464] IOM, “Encuesta Rápida de Colchane”, February 2022, <https://www.r4v.info/es/document/informe-encuesta-rapida-colchane-febrero-2022>

[465] IOM, *Displacement Tracking Matrix (DTM) Colchane – Round 1, 16 June 2022.*

In Chile, a total of 81,643 families were living in 969 informal settlements, most with WASH facilities that do not meet minimum standards, at the end of 2021, an increase of 74 per cent compared to 2019.⁴⁶⁶ The regions with the largest number of informal settlements include the Metropolitan Region of Santiago, Tarapacá and Arica and Parinacota, which are all areas with high concentrations of the Venezuelan refugee and migrant population.⁴⁶⁷ This irregularity and exponential growth in informal

settlements have caused an urgent need for basic sanitation services and adequate waste management systems among refugees and migrants who reside in these settlements (including Toma Paso de la Mula in the city of Iquique).

Finally, through the JNA, R4V partners identified the lack of access to drinking water and facilities to carry out personal hygiene (hand washing, bathrooms, showers) as a pressing need for refugees and migrants in situations of homelessness.⁴⁶⁸

[466] *Un Techo para Chile, "Catastro campamentos 2020-2021: Más de 81 mil familias viven en campamentos en Chile", 21 April 2021, <https://bit.ly/3c1ONy8>*

[467] *Ibid.*

[468] *Ibid.*

COLOMBIA



COLOMBIA

AT A GLANCE

 TOTAL POPULATION

2.48 M

 PEOPLE IN NEED (PIN)

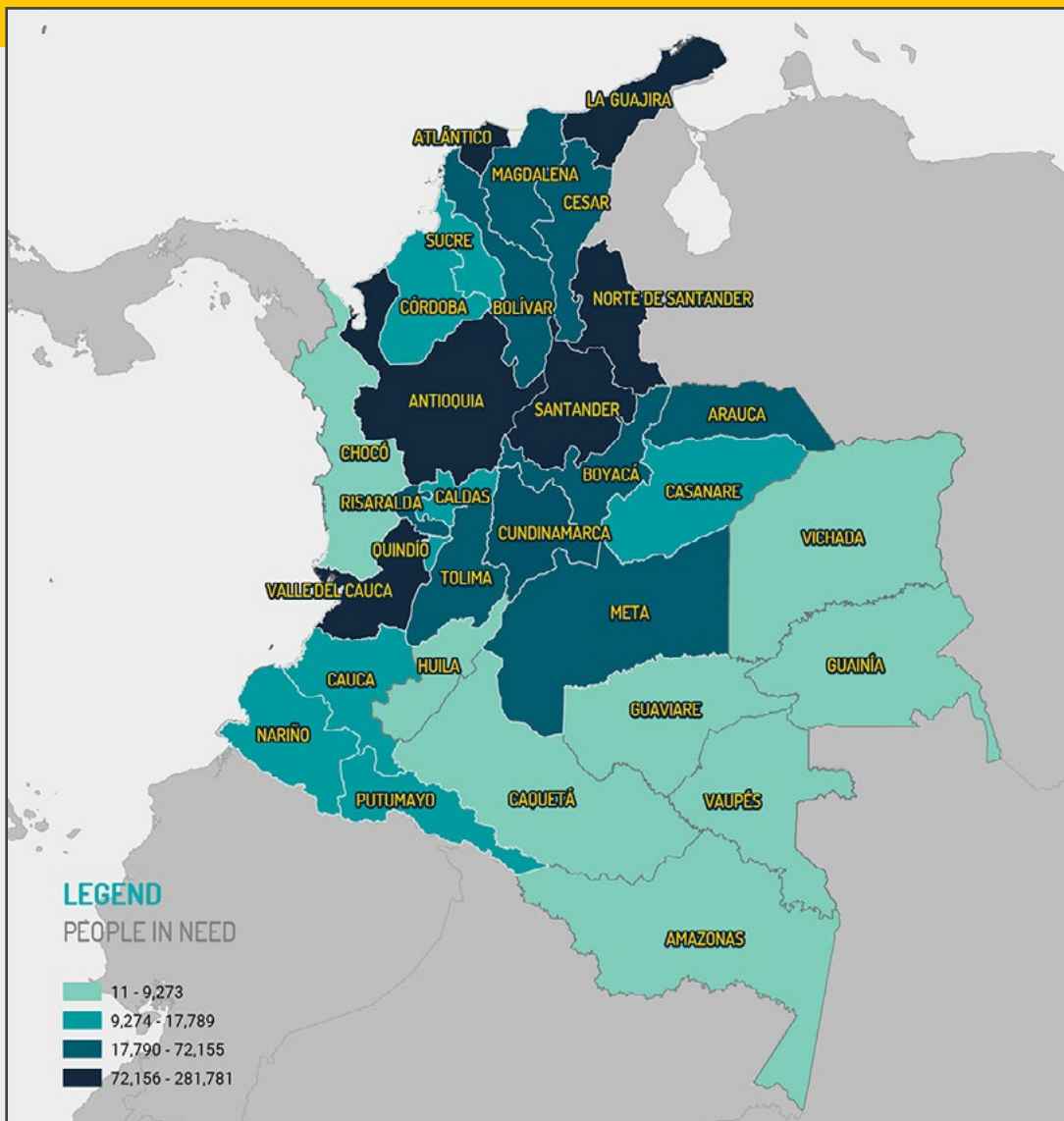
1.99 M

























 655.7 K  718.0 K

 323.2 K  293.1 K

 PIN PERCENTAGE

80.3%



	Sector	Total population	People in need (PiN)	PiN percentage	
	Education	2.48 M	1.57 M	63.0%	
	Food Security	2.48 M	1.37 M	55.3%	
	Health	2.48 M	1.98 M	80.0%	
	Humanitarian Transportation	2.48 M	1.25 M	50.4%	
	Integration	2.48 M	1.99 M	80.3%	
	Nutrition	2.48 M	231.4 K	9.3%	
	Protection	2.48 M	1.97 M	79.5%	
	Child Protection	2.48 M	673.4 K	27.2%	
	Gender-Based Violence (GBV)	2.48 M	1.18 M	47.8%	
	Human Trafficking & Smuggling	2.48 M	294.6 K	11.9%	
	Shelter	2.48 M	1.99 M	80.3%	
	WASH	2.48 M	1.42 M	57.5%	

COUNTRY OVERVIEW

Colombia hosts the largest population of refugees and migrants from Venezuela (2.48 million individuals⁴⁶⁹) and observes diverse movement dynamics with in-transit and pendular populations. The reopening of official border crossings with Venezuela in October 2021 facilitated a subsequent increase in regular entries to Colombia (and a corresponding reduction in irregular entries) coupled with ongoing fluid returns and pendular movements to/from Venezuela.^{470, 471}

During May and June, 37 R4V partners conducted a JNA on the pendular and in-transit populations⁴⁷² through in-person surveys carried out with a sample of 717 travel groups and 648 pendular groups in key transit points for both profiles.⁴⁷³ Then, between May and July, 36 R4V partners conducted a JNA for Venezuelans in destination and Colombian

returnees⁴⁷⁴; this sixth round of the National R4V Platform's (GIFMM's) JNA was developed with the technical support of an R4V partner in the context of a Multi-Sector Needs Assessment (MSNA) and with contributions from national sectors to ensure robust data collection based on relevant indicators.⁴⁷⁵ A total of 3,073 Venezuelan refugee and migrant households and 222 Colombian returnee households⁴⁷⁶ were interviewed in-person through stratified random sampling in 13 departments.

In terms of national statistics, Colombia's Comprehensive Household Survey⁴⁷⁷ provided the sampling framework for refugees and migrants from Venezuela in destination and Colombian returnees, a key foundation on which to calculate the number of PiN. The GIFMM also used secondary sources and key data related to integration as a result of

[469] Migration Colombia. Distribution of Venezuelans in Colombia as of 28 February 2022, <https://bit.ly/3SABjtv>.

[470] The surplus of entries vs. regular exits of Venezuelan refugees and migrants between January and June 2022 corresponds to >40,100 for the Colombian-Venezuelan border; and the estimated surplus of entries vs. irregular exits for the same period and border is >55,000 persons. Data on regular movements sourced from Migration Colombia, accessed August 2022, <https://tabsoft.co/3sK09MD>; data on irregular movements from GIFMM estimates, based on the extrapolation of Migration Colombia data and movements monitored through the IOM Wi-Fi Analytics project, accessed August 2022, <https://tinyurl.com/yf8snjdy>.

[471] The Observatory on Venezuela of the Universidad del Rosario explains that most Venezuelans who re-enter the country intend to bring resources with them, in the context of a longer-term pendular movement, e.g., to work in Colombia for a few months, and with their earnings, to live part of the year in Venezuela. Portafolio Newspaper. Migrants return to Venezuela due to economic recovery, 22 May 2022, <https://bit.ly/3dnyAr2>.

[472] R4V National Platform in Colombia (GIFMM), Joint Needs Assessment (JNA) for Pendular and In-Transit Populations, 2022. 717 groups of refugees and migrants in-transit (comprising 1,830 persons) were assessed through surveys in 12 departments. 648 pendular groups of refugees and migrants (comprising 1,289 persons) were assessed through surveys in the three main departments bordering Venezuela. The unit of analysis for both assessed profiles is the travel group.

[473] Considering that the population assessed is 'on the move', no stock figure was available that could be used as a basis for sampling calculations. Therefore, given the absence of a sampling frame, the sample size was calculated based on an estimation of persons with these profiles. Results are indicative (not necessarily representative) of the broader population in-transit, while data variations between departments may be due to sample characteristics instead of actual population differences.

[474] R4V National Platform in Colombia (GIFMM), Joint Needs Assessment (JNA) for Venezuelan Population in Destination and Colombian Returnees, 2022. Colombian returnees refer to the population of Colombian nationals who have returned to Colombia from Venezuela.

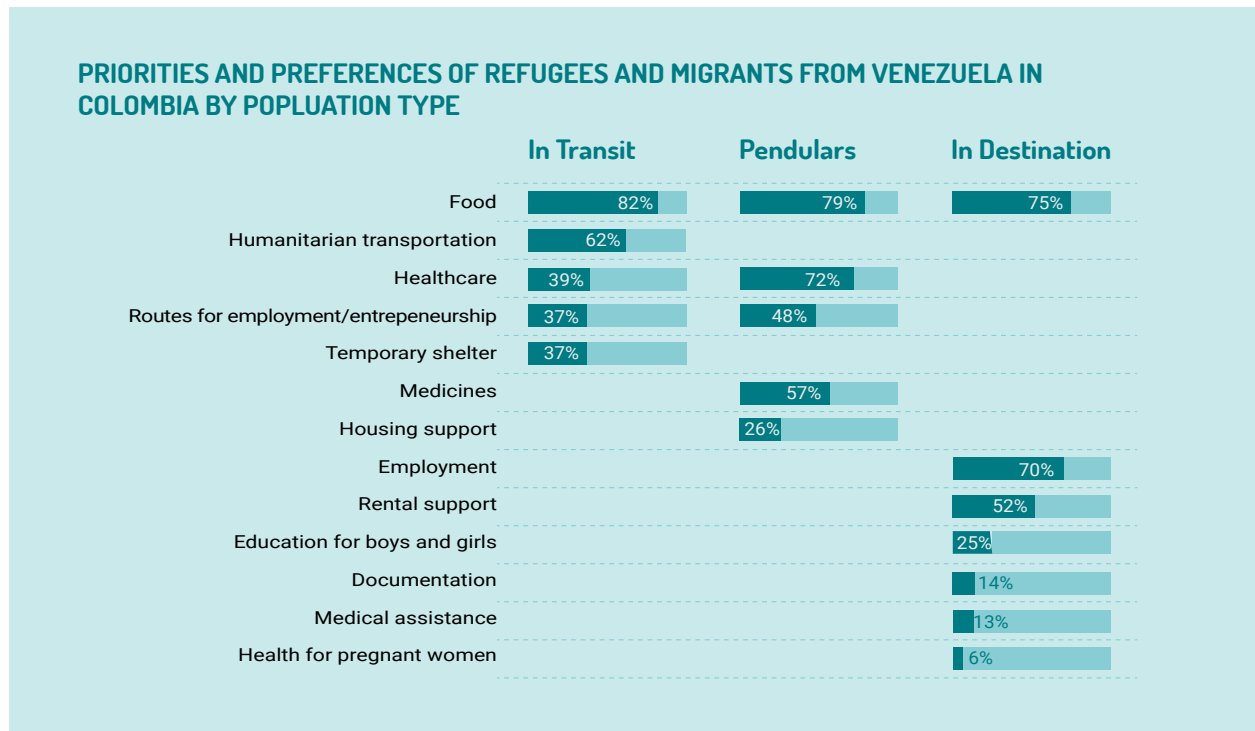
[475] Indicators relevant to calculate the PiN were jointly identified with each sectoral team. The GIFMM JNA 5th Round questionnaire (2021), as well as forms from the National Department of Statistics of Colombia (DANE), were used to ensure robustness of the indicators.

[476] Households of Venezuelans in destination include 3.75 members on average; Colombian returnees' households include an average of 3.13 members. The unit of analysis for both assessed profiles is the household.

[477] National Administrative Department of Statistics (DANE), Comprehensive Household Survey (Gran Encuesta Integrada de Hogares) (GEIH), <https://bit.ly/3zLqUmg>. The GEIH is the main national statistics operation, which collects information on income, employment, economic situation, housing and use of specific social services, among other topics, <https://bit.ly/3zLqUmg>.

the regularization process through the Temporary Protection Status for Venezuelans (TPS)⁴⁷⁸ and affiliation to the national social protection scheme

(SISBEN), while considering that those who did not access or were not eligible for TPS⁴⁷⁹ will remain with uncovered needs.⁴⁸⁰



Main findings of the two needs assessments are:

- The **population in-destination** shares various needs with affected host communities, including multiple structural deficiencies. Although 85 per cent of households have access to potable water in their homes, 92 per cent have inconsistent and insufficient access.⁴⁸¹ 90 per cent of Venezuelan

households live in rented housing and 82 per cent report issues with the conditions of their housing.⁴⁸² Insufficient income⁴⁸³ to meet basic needs, given high levels of unemployment and informality,⁴⁸⁴ together with increased prices of basic goods⁴⁸⁵ hinder their access to food.⁴⁸⁶

[478] A total of 2.45 million Venezuelans had registered for the TPS as of 23 August 2022, according to official data from Migration Colombia, <https://bit.ly/3QCnMQV>

[479] 27 per cent of Venezuelans in destination surveyed in the JNA stated that they had not applied for the TPS process. GIFMM, Joint Needs Assessment (JNA) for Venezuelan Population in Destination and Colombian Returnees, 2022. There is no estimated figure available on the quantity or proportion of Venezuelans who applied to the TPS but were not approved.

[480] The System for the Identification of Potential Beneficiaries of Social Programs (SISBEN) is administered by the National Planning Department (DNP). See more at: <https://bit.ly/3uyDiCV>

[481] GIFMM, JNA for Venezuelan Population in Destination and Colombian Returnees, 2022.

[482] Such as the presence of water leakage (26%), lack of privacy (13%) and insufficient protection against the cold (10%). Ibid.

[483] 82% of people surveyed have a job or business; 40 per cent are self-employed; 9% are domestic employees; and 8% perform daily paid work. 52% of those who work earn less than USD 120 per month and 38% earn between USD 120-240 (the minimum wage) per month. Ibid.

[484] The unemployment rate for refugees and migrants (19%) is more than two percentage points above the national average. 86 per cent of refugee and migrant workers are informal, almost 30 percentage points higher than the Colombian average. Ibid.

[485] The Consumer Price Index (CPI) in Colombia for May 2022 was 9.1 per cent. According to DANE, inflation in June 2022 was 9.7%, the highest in 22 years.

[486] 50% of households eat two or fewer meals a day.

- The **population in-transit** is highly vulnerable: 92 per cent do not have sufficient resources for their journey.⁴⁸⁷ This hampers their access to transportation; 89 per cent reported having had to walk at some point.⁴⁸⁸ 51 per cent of travel groups are severely food insecure and 7 per cent of children and adolescents between 0 and 5 years old are at risk of acute malnutrition. Facing these challenges, 79 per cent of travel groups resort to emergency coping mechanisms.⁴⁸⁹ 81 per cent of refugees and migrants traveling in groups have members with mental health issues. 69 per cent indicate that access to potable water is very limited. Access to toilets is also limited: 39 per cent practice open defecation. Given transit dynamics, 81 per cent of children between 6 and 11 years old and 71 per cent of those aged between 12 and 17 do not attend school.
- For the **pendular population**, the principal motivation for entering Colombia is access to medical treatment and medicines, and mainly consists of women with children between 0 and 5 years old. Many cross the border through irregular crossings, which exposes them to protection risks (e.g.: in Arauca, 96 per cent faced such risks). Only 29 per cent have access to free water in Colombia, while 32 per cent enter the country to access hygiene items. 31.7 per cent of children are in inadequate nutritional conditions, and 24 per cent of pregnant women are underweight (2.4 times the national rate).



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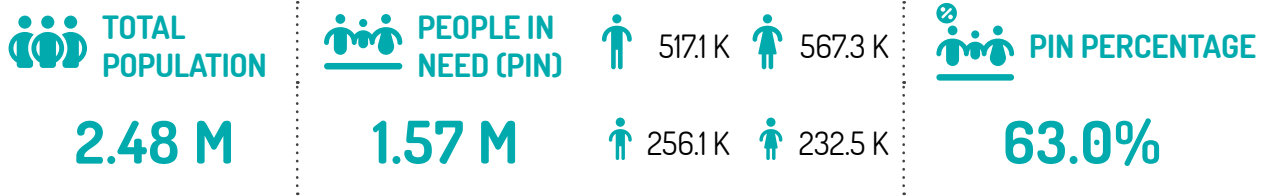
[487] Given the context and dynamics of populations in transit, access to livelihoods mostly comes from informal work (12%) while 30% have no sources of income. GIFMM, JNA for Pendular and In Transit Population, 2022.

[488] 88% reported walking between 3-12 hours per day and 32% between 1-2 weeks so far. Ibid.

[489] Such as selling their houses/land, begging for money on the streets, and risky activities that interviewees do not want to report.



EDUCATION



As of June 2022, 553,490 Venezuelan children and adolescents were enrolled in the Colombian education system, an increase of approximately 500,000 students since 2018.^[490]

While the exact number of Venezuelan children and adolescents outside the education system is unknown, the JNA^[491] found that 98 per cent of children between 0 and 5 years of age in-destination do not attend an early childhood education center. Regarding the population in-transit, 64 per cent of children between 0 and 5 years of age were not attending preschool, 81 per cent of children with ages between 6 and 11 and 78 per cent of children with ages between 12 and 17 were not enrolled in schools. 85 per cent of the population in-transit reportedly intends to have their children attend school at their destination.

For population in-destination, 64 per cent of children aged between 0 and 5 do not attend early childhood education and 29 per cent of children with ages between 6 and 17 are not enrolled in school, or college, mostly due to their parents' inability to afford school expenses and materials (28 per cent), but also due to a lack of documentation (22 per cent) or insufficient capacity of educational institutions (13 per cent). As for the pendular population, 25 per cent

of children between the ages of 6 to 11 and 24 per cent of children ages between 12 and 17 years of age do not attend schools, mainly due to lack of income to pay school expenses, including uniforms, textbooks, and materials (37 per cent) and issues related to transportation costs or distance to institutions (16 per cent).

Children and adolescents from Venezuela suffer from learning gaps related to unequal conditions. For example, limited access to internet by refugee and migrant households during the COVID-19 pandemic left them out of virtual education alternatives,^[492] and 17 per cent of refugee and migrant children aged 6 to 11 cannot read or write.^[493] Additionally, 22 per cent of Venezuelan students are over age in school,^[494] in particular in departments such as Guainía (55 per cent), Vichada (45 per cent), La Guajira (39 per cent), and Cesar (29 per cent).^[495]

Dropout rates of refugee and migrant children and adolescents are concerning. In 2021, the dropout rate for Venezuelan children stood at 6.4 per cent, almost double the 3.5 per cent rate for Colombian students. The highest dropout rates were reported in the departments of Guainía (16 per cent), Quindío (15 per cent), Putumayo (10 per cent) and Caquetá (10 per cent). According to the JNA,^[496] 62 per cent

[490] Ministry of Education, *Children and adolescents enrolled in the Colombian educational system by ethnicity, grade and migrant population, June 2022*. Microsoft Power BI <https://bit.ly/3RyK6dB>

[491] GIFMM, *JNA for Pendular and In-Transit Populations, 2022*; and GIFMM, *JNA for Venezuelan Population in Destination and Colombian Returnees, 2022*.

[492] *34% of Venezuelan children did not have access to internet or equipment to continue their studies virtually during the pandemic*. GIFMM, *JNA for COVID-19, December 2020*.

[493] National Administrative Department of Statistics (DANE), *Quality of Life Survey, 2020*, <https://bit.ly/3vN4jEA>

[494] *Older than the typical age range for their grade. This may be due to grade repetition or late entry into the system. Being overage is associated with possible denial of enrolment, socially and economically disadvantaged sectors of the population, low self-esteem of the student and early dropout*.

[495] GIFMM Education Sector, *Educational assistance for Venezuelan refugee and migrant children, adolescents and adults in Colombia: Extra-school age. July 2021*, <https://bit.ly/3vNoH8r>

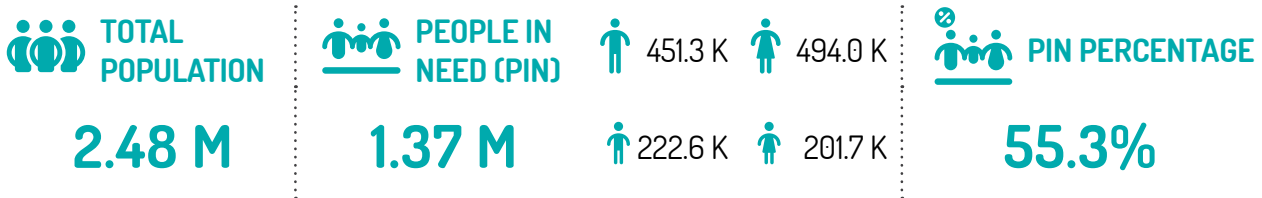
[496] GIFMM, *JNA for Venezuelan Population in Destination and Colombian Returnees, 2022*.

of Venezuelans in-destination between the ages of 6 and 17 who were not studying had dropped out of school over a year ago, 20 per cent up to one year ago and 24 per cent studied in 2021 and did not return to school in 2022. The main reasons for school dropout include insufficient income to cover school expenses (30 per cent), lack of documentation (25 per cent) and insufficient school capacity (14 per cent).

In terms of educational outcomes, Venezuelan students who took the ICFES State Exam⁴⁹⁷ in 2020 obtained scores below the national averages.⁴⁹⁸

Given this, refugee and migrant children's priority needs in terms of education are (1) access to the educational system; (2) improved conditions to remain in schools and reduce the dropout rate; and (3) mitigation of learning gaps.

FOOD SECURITY



Refugees and migrants in-transit and in pendular movements face high food insecurity and low dietary diversity: according to the JNA, 93 per cent of travel groups in-transit are food insecure (51 per cent severe and 42 per cent moderate) with 80 per cent eating two meals a day or less. 53 per cent of the pendular population are food insecure (8 per cent severe and 45 per cent moderate) and 42 per cent consume two meals a day or less; of the latter group, indigenous households (68 per cent) and those in La Guajira Department (56 per cent) are of special concern. Both population profiles (in-transit and pendular) consume mainly cereals, sugars and fats, which are low in essential nutrients. The least consumed foods are fruits among the pendular population (2.2 days per week) and meats and dairy products among those in-transit (1.7 to 1.8 days per week, respectively).⁴⁹⁹

Fifty-one per cent of in-transit children between 6 months and 5 years old consume an average of two meals per day and 27 per cent consume one meal per day. 43 per cent of children in pendular movements consume two meals a day on average.

Akin to their host communities, refugees and migrants face rising food prices and the loss of purchasing power. For refugees and migrants, this results in increased vulnerabilities, inequalities, food and nutritional insecurity, especially for women and youth, who are found to have less resources and opportunities to generate livelihoods, particularly those related to agriculture, undermining their resilience. According to the JNA, the vast majority of food insecure households resort to negative coping mechanisms. For instance, 70 per cent of the pendular population, 66 per cent of those in-transit and 60 per cent in-destination had to spend their savings; 76 per cent of those in-transit, 19 per cent in-destination and 17 per cent of the pendular population asked for help or resorted to begging; and 38 per cent of those in-transit and pendular movements and 24 per cent of those in-destination engaged in other high-risk activities that were not further elaborated. In conflict-affected contexts, this could imply higher risks of forced recruitment and human trafficking. To a lesser extent, households noted that they reduced their

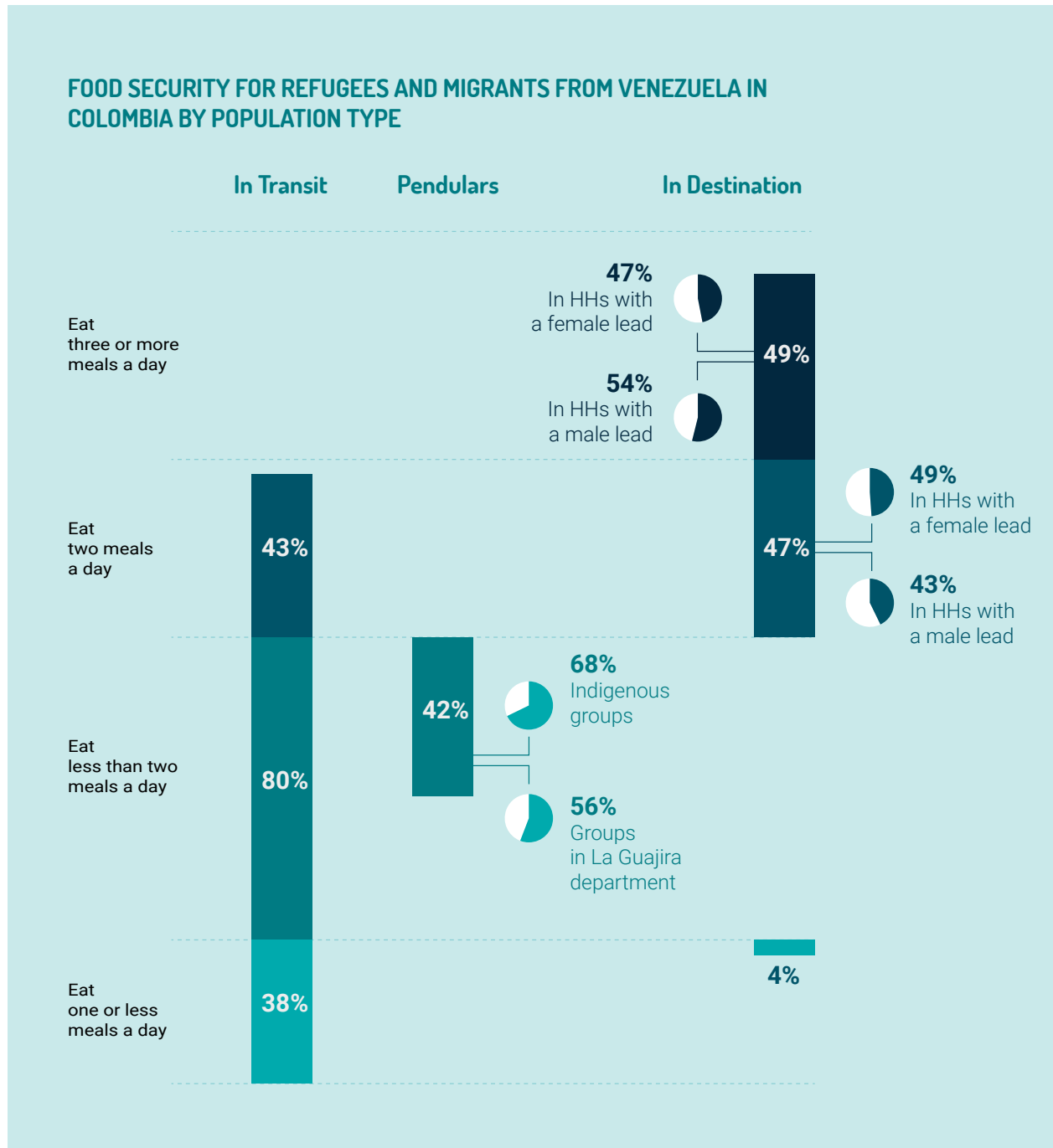
[497] The ICFES or "Saber 11" exam is a standardized high school exit exam, which is usually a requirement for access to higher education.

[498] The ICFES has a score from 0 to 500 points, 500 being the maximum. In 2020, the average score for Colombians was 248, and for Venezuelans 241 points. Venezuelan children were at level 2 out of 4 in competencies for Social Sciences and Citizenship, Math and Sciences; and at level 3 in Critical Reading. GIFMM Education Sector.

[499] GIFMM, JNA for Venezuelan Population in Destination and Colombian Returnees, 2022.

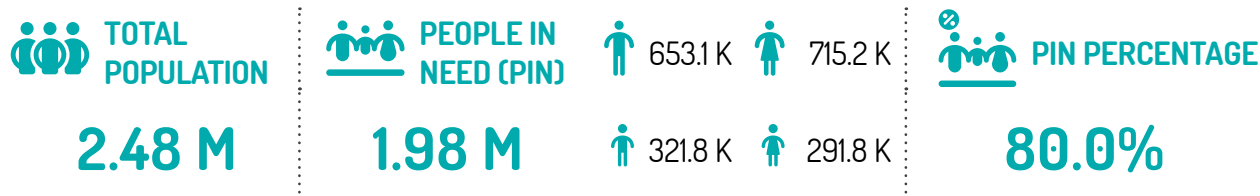
number of daily meals, acquired less nutritious food, or that adults reduced their food consumption in favour of children and/or sold their productive assets. Households also have limited information on food and nutrition, and are unaware of mechanisms to optimize their food purchases and consumption, including self-production.⁵⁰⁰ Needs are most acute for the population in-transit and in pendular movements, peri-urban and rural populations, indigenous peoples,

and households with pregnant and lactating women and young children. The JNA findings also show that women in-transit are more food insecure (92 per cent), while severe food insecurity is more prevalent among men (56 per cent) than women (42 per cent). Levels of food insecurity are particularly high in the departments of Nariño, Cauca, Santander, Norte de Santander, Arauca and La Guajira.



[500] Findings from sectoral analysis during Food Security, Nutrition and WASH Sectors Joint Workshop on needs analysis, July 2022.

HEALTH



As of July 2022, 34 per cent (837,576) of Venezuelan refugees and migrants in-destination had access to the national health system⁵⁰¹ as a result of their Temporary Protection Status, and it is expected that all those who obtain a Temporary Protection Permit will be able to effectively access the national health system and its services. Nevertheless, health issues for refugees and migrants remain: 23 per cent of Venezuelan mothers are adolescents, and refugees and migrants residing in Colombia account for more than 90 per cent of registered cases of preventable or treatable public health events.⁵⁰² The capacities of the national health system are particularly limited in rural and remote areas, as well as in border departments,⁵⁰³ which represents a barrier to the integration of the population and access to health services for those who are not affiliated.

Refugees and migrants in-transit and in pendular movements who suffer from chronic diseases and conditions requiring costly services and procedures face serious barriers to access timely healthcare; in some cases, these delays significantly deteriorate their conditions. Seventy-two per cent of the pendular population report that they come to Colombia to access healthcare, with 57 per cent indicating they travel to Colombia to access medicines that are

unavailable in Venezuela⁵⁰⁴. Thirty-nine per cent of Venezuelans in-transit surveyed through the JNA prioritized the need for health services to address unmet health needs, including those related to infectious diseases, maternal and child mortality.⁵⁰⁵

Health needs derived from events occurring during the transit of refugees and migrants from Venezuela – such as traffic accidents, attacks by animals, and vector-borne diseases – are common. Refugees and migrants in-transit face increased health risks due to their irregular situation, as they choose to cross borders at unofficial crossings. Due to cultural barriers, binational indigenous communities (who often live or transit through remote rural areas that require greater logistical efforts to ensure timely medical attention) face particular vulnerabilities in terms of accessing urgent and life-saving healthcare.

The provision of primary healthcare, complementary services and epidemiological surveillance in compliance with international health regulations, is a priority need for refugees and migrants, as well as for host communities with access barriers. In the first semester of 2022, the following health-related incidents affecting refugees and migrants increased in comparison to 2021: attempted suicide (+51 per cent), GBV (+8.8 per cent), maternal morbidity and

[501] Ministry of Health and Social Protection. Dashboard on statistics on health affiliations (BDUA), accessed 25 August 2022, <https://bit.ly/3ReiDhx>.

[502] Such as cases of maternal mortality (97% of such cases correspond to Venezuelans), tuberculosis (95%), low birth weight (93%) and perinatal and neonatal mortality (86%). National Institute of Health (NIH), Boletín 60. Notificación de eventos de interés en salud pública durante fenómeno migratorio, 2022.

[503] Border territories have limited healthcare capacities (human resources, infrastructure and availability of supplies/medicines), as well as difficulties in referral and counter-referral processes. This is particularly relevant for those who are not intending to stay in Colombia and who, in light of national policy, only have access to healthcare for emergencies.

[504] GIFMM, JNA for Pendular and In-Transit Populations, 2022.

[505] Of 16 children under five years of age who died in the first semester of 2022 from causes related to malnutrition or childhood diseases, only 5 (31%) were residents of Colombia; of the 68 maternal deaths in 2020, 22 correspond to the non-resident population, and account for more than 30% of these deaths. National Institute of Health (INS), Internal bulletin on foreigners' health conditions. <https://bit.ly/2M3JMCh>.

mortality (+50 per cent), HIV (+23 per cent), malaria (+9 per cent), tuberculosis (+25 per cent) and dengue (+98 per cent).⁵⁰⁶ Their access to specialized care for chronic non-communicable diseases also increased: for instance, treatment of cancer among refugee and migrant children under 18 years increased by +414 per cent compared to the same period of 2021.⁵⁰⁷ These stark increases are attributed to the progress in health affiliation pursuant to the TPS.

Quality access to specialized services is also required in the field of mental health (prevention and care of psychoactive substance abuse, suicide, clinical care and promotion of coexistence and xenophobia-free environments); sexual and reproductive health (maternal health, abortion, contraception, prevention

of sexually transmitted diseases, HIV and GBV care); non-communicable diseases (diabetes, cancer, and hypertension); infectious diseases; oral health; children's health; and mechanisms to address health and nutrition social determinants.

Finally, in regard to geographical prioritization, access to healthcare is a priority need particularly in border municipalities – outside of capital cities – and along main transit routes, including the Urabá region in Antioquia, small urban centers, and rural and peri-urban areas. This includes the need for healthcare interventions that are adapted according to the age, gender and diversity (AGD) and ethnicity considerations relevant to each particular context and population.



HUMANITARIAN TRANSPORTATION



In Colombia, refugees and migrants face barriers to access safe and regular humanitarian transportation, due to their socio-economic conditions or irregular situation, considering the restrictions of the Colombian regulatory framework.⁵⁰⁸

Results of the JNA⁵⁰⁹ show that 30 per cent of refugees and migrants who were surveyed in-destination⁵¹⁰ reported that they had to walk at some point of their journey to reach their first destination in the country. Moreover, 16 per cent stated that

they had walked during the entire journey. Similarly, according to the JNA for the pendular and in-transit populations⁵¹¹, 86 per cent of those surveyed reported having walked during some parts of their journey, 62 per cent had walked for one or more weeks, and 29 per cent had walked more than 12 hours straight per day.⁵¹² As a result, populations in-transit indicated that transportation is their second most important need (prioritized by 62 per cent of travel groups) after access to food.

[506] Internal bulletin on foreigners' health conditions. National Institute of Health (INS in Spanish), <https://bit.ly/2M3JMCh>

[507] Ibid.

[508] Anyone in Colombia who transports a foreigner without the corresponding documentation could face a moderate administrative sanction (economic fine). Unique Regulatory Decree of the Administrative Sector of Foreign Affairs. Decree 1067, 2015.

[509] GIFMM, JNA for Venezuelan Population in Destination and Colombian Returnees, 2022.

[510] Bogotá, Cundinamarca and Antioquia are among the main residency areas for the population in destination.

[511] GIFMM, JNA for Pendular and In-Transit Populations, 2022.

[512] The destination countries identified for those in transit are Ecuador, Peru, Chile, the United States, Mexico, and a small number are returning to Venezuela.

There is a need for local, safe and regular transportation to access essential goods and services, and to participate in income-generating activities that could facilitate integration and livelihoods for refugees and migrants. 49 per cent of households in-destination reported having difficulties regarding humanitarian transportation inside the cities in which they are located, to access essential goods and services (particularly food, education and health). Interviewees in-destination, meanwhile, stated that during the 30 days prior to the survey, their household expenditures on transportation had exceeded the resources spent on other services, such as water, health, education, fuel, and communications.⁵¹³

The profiles most affected by the lack of humanitarian transportation include women at risk (women traveling alone, female heads of household in charge of children, pregnant and lactating women and women at risk of and/or survivors of gender-based violence); LGBTQI+ persons at risk and/or survivors of gender-based violence; family groups traveling

with children; UASC; people with disabilities or special health conditions; the elderly; and refugee and migrant families threatened or at risk of violence in the context of the internal armed conflict or generalized violence (common crime, organized crime, etc.). Sector partners identified certain geographical routes where refugees and migrants are most in-need of safe and regular domestic transportation options, to avoid travel on foot or the use of informal, risky transportation.

Based on the above, the main needs of refugees and migrants in the area of humanitarian transportation are: i) protection against the violation of fundamental rights while en route, particularly for 'caminantes' (both for those with an intention to stay and in-transit); ii) family reunification within the country (intention to stay); and iii) daily local transportation for access to essential goods and services for all population groups, especially for those living in rural or peri-urban areas.

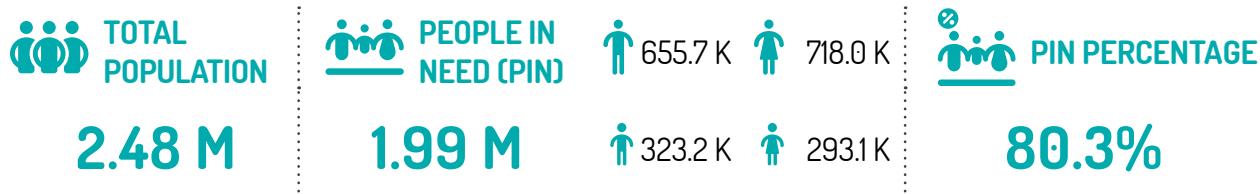
[513] GIFMM, JNA for Venezuelan Population in Destination and Colombian Returnees, 2022.

TRANSIT ROUTES OF REFUGEES AND MIGRANTS



Source: GIFMM analysis as result of workshops on "Caminantes" situation with local GIFMMs partners. December 2021.

INTEGRATION



Refugees and migrants require social and economic integration through access to a comprehensive range of employability, entrepreneurship, financial inclusion, and social cohesion services in Colombia. Being in irregular situations restricts access to goods and services, while regularization – particularly through the Temporary Protection Status for Venezuelans (TPS)⁵¹⁴ – presents the opportunity to overcome barriers to refugees' and migrants' successful integration.

According to the National Administrative Department of Statistics (DANE),⁵¹⁵ in March 2022, the unemployment rate for refugees and migrants stood at 19 per cent, more than two percentage points above the national average. 86 per cent of refugees and migrants work in the informal sector,⁵¹⁶ which is almost 30 percent higher than the Colombian average. Furthermore, the average income of refugees and migrants in December 2021 was approximately 32 per cent lower (757,743 COP/≈169 USD) than the national average (1,106,889 COP/≈247 USD).⁵¹⁷

The lack of information among employers on how to hire refugees and migrants from Venezuela, and on their work skills, impedes new job opportunities

for them. According to a 2021 GIFMM study,⁵¹⁸ 87 per cent of small and medium size companies in Colombia had never hired foreigners. In addition, as reported by DANE,⁵¹⁹ only 7 per cent of approximately 450,000 refugees and migrants from Venezuela who completed higher education have been able to revalidate their professional degrees in Colombia. Similarly, skill certifications and job trainings are limited compared to the number of refugees and migrants with those needs.⁵²⁰

Entrepreneurs, in both rural and urban areas, require institutional support to facilitate the transition from subsistence to sustainability. The lack of institutional pathways to access services, human capital and/or technical guidance are barriers that restrict entrepreneurial development. According to DANE,⁵²¹ more than 506,000 refugees and migrants from Venezuela started their own businesses:⁵²² Some 11,095 were employers of one or more employees and 495,456 reported being informally self-employed.

Refugees' and migrants' low level of financial inclusion, due to the absence of information and barriers to access the financial system, remains

[514] As of 6 September 2022, 2,455,153 refugees and migrants from Venezuela have been registered in the Single Registry of Venezuelan Migrants (RUMV) and 1,580,231 Temporary Protection Permits (TPP) have been approved. Processes for approval and issuance of TPPs will continue until the end of 2023. Migration Colombia, September 2022. <https://bit.ly/3BSLcg8>

[515] DANE collects information on the socioeconomic characteristics of refugees and migrants in Colombia through the Comprehensive Household Survey (GEIH) and the Migration Pulse Survey (PM).

[516] This means that they do not have access to health insurance, pensions or protections from labour exploitation. Migration Pulse Survey, DANE, <https://bit.ly/3KcH1Q>

[517] DANE, Comprehensive Household Survey (GEIH), December 2021.

[518] GIFMM, Analysis of micro, small and medium enterprises (MSME) needs in the COVID-19 pandemic, 2021, <https://bit.ly/3bNEkpH>

[519] DANE, Migration Pulse Survey, Round 2, October and November 2021, <https://bit.ly/3A7MfI3>

[520] Approximately 95% of heads of household who had demonstrable experience have not certified their skills. GIFMM, JNA for population in destination and Colombian returnees, 2022.

[521] DANE and GIFMM, GEIH Statistics and Labour Demand Dashboard. March 2022, <https://bit.ly/3Jl0Kp0>

[522] Half of refugees and migrants initiated their commercial activities as self-employers due to the absence of job opportunities. DANE, Migration Pulse Survey, Round 3, January and February 2022, <https://bit.ly/3A7MfI3>

a challenge to the hiring of Venezuelans and their entrepreneurship development. Only 26 per cent of refugees and migrants over the age of 15 had an account with a financial institution, and 80 per cent of those who tried to start a business considered lack of access to credit as the main difficulty in doing so.⁵²³

Lastly, in terms of xenophobia, refugees and migrants in-transit are the most affected: with 58 per cent reporting having experienced such incidents in the

year prior to their interviews for the JNA, followed by those in-destination with 34 per cent and 21 per cent of those engaged in pendular movements,⁵²⁴ with refugee and migrant women, and those in border departments among those most affected. Some discriminatory behavior has also been identified among employers and financial system staff, who, due to preconceptions and misinformation, restrict Venezuelans' access to job vacancies and banking services.⁵²⁵

NUTRITION



In general, results of JNAs found that all target groups in Colombia demonstrate nutrition needs, with those in-transit and in a pendular situation generally living with inferior conditions than those in-destination. Among pendular travel groups surveyed for the JNA,⁵²⁶ 49.4 per cent of pregnant women and 61.5 per cent of children under 5 years of age reported not having received nutritional interventions (e.g., nutritional screening, breastfeeding counseling, micronutrient supplementation and preventive management of acute malnutrition). The percentage is even higher among populations in-transit, where 66.7 per cent of pregnant women and 64.3 per cent of children under 5 years of age reported not having received nutritional interventions. In addition, 53.8 per cent of pendular boys had not received any nutritional assistance compared

to 44.9 per cent of girls. Nutritional screening⁵²⁷ for pregnant women identified that 23.7 per cent were underweight, 28.9 per cent overweight and 24.1 per cent anemic, all maternal-perinatal risk factors.

Meanwhile, according to the JNA for refugees and migrants in-destination, 31.6 per cent of pregnant women reported not having received nutritional interventions and only 40.8 per cent had received micronutrient supplementation. 27.3 per cent of children under 5 years of age had not received nutritional interventions.⁵²⁸

67.4 per cent of infants from 0 to 5 months in pendular movements, 44.4 per cent in destination and 37.5 per cent in transit, were exclusively breastfed – lower than recommended.⁵²⁹ Only 11.3 per cent of breastfed

[523] DANE, *Migration Pulse Survey, Round 4, March and April 2022*, <https://bit.ly/3A7Mf13>

[524] GIFMM, *JNA for Venezuelan Population in Destination and Colombian Returnees, 2022*.

[525] IDB/ILO - Colombian Public Employment Service. *Labor Inclusion for the migrant population from Venezuela in Colombia*, <https://bit.ly/3qack3k>

[526] GIFMM, *JNA for Pendular and In-Transit Populations, 2022*.

[527] *The GIFMM JNA for Pendular and In-Transit Populations included a nutrition screening process. It evaluated pregnant women (in 87 pendular and 42 in transit groups, in which 87 and 4 women were screened, respectively) and travel groups with children between 0 and 9 years of age (429 pendular and 432 in transit groups, in which 336 and 99 children were screened, respectively).*

[528] GIFMM, *JNA for Venezuelan Population in Destination and Colombian Returnees, 2022*.

[529] WHO and UNICEF recommend that 100% of children under six months of age should be exclusively breastfed. PAHO/WHO, *Fact Sheet: Infant and Young Child Feeding, June 2021*, <https://bit.ly/3CWN84u>

children between 6 and 23 months of age in transit, 13.6 per cent in pendular movements and 34.7 per cent in destination had a Minimum Acceptable Diet.⁵³⁰ 8.8 per cent of pendular infants and none of the non-breastfed infants in transit and in-destination had a Minimum Acceptable Diet.⁵³¹

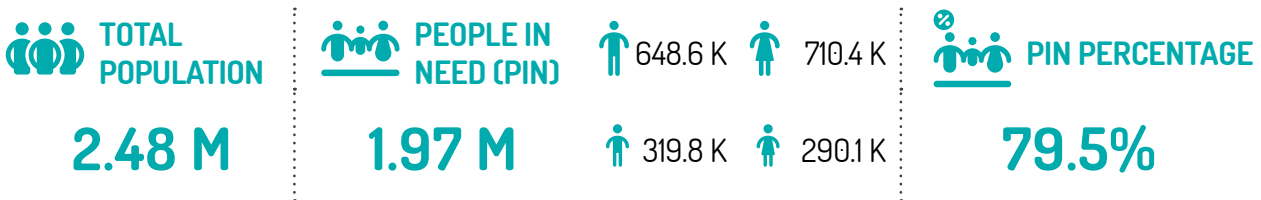
3.2 per cent of refugee and migrant children from Venezuela under 5 years of age, in a pendular situation, were acutely malnourished; no cases of acute malnutrition were identified in children in-transit, possibly due to the low number of children screened. The risk of acute malnutrition was higher in pendular children (12.9 per cent) than in transit children (6.9 per cent).⁵³² 19.6 per cent of children under 5 years of age in-transit and 22.8 per cent of pendular children were stunted.⁵³³ Additionally, 30.8 per cent of children in transit from 6 to 59 months of age and 37.3 per cent of pendular children in the same range had anemia, with 92 per cent of the latter not having received micronutrient supplements.

Thinness was identified in 3.4 per cent of pendular children between 5 and 9 years of age, 11.8 per cent

were at risk of thinness and 20.3 per cent were stunted. Also, 9.8 per cent of children in transit at this age range were at risk of thinness and 12.2 per cent were overweight. Anemia was higher in pendular children (37.3 per cent) than in those in transit (15 per cent).⁵³⁴

Overall, these findings show that nutrition services to refugee and migrant pregnant women, children and caregivers within the health system and social protection services are still inadequate. In addition, counseling services on feeding young children practices remain inadequate, for which staff training, technical assistance and motivation of health facilities and community-based counselors and workers will be required. The most significant needs were identified in the departments of La Guajira, Arauca, Norte de Santander, and Nariño; while the most vulnerable population profiles are pregnant women, children under 10 years old, and children in-transit without health insurance.

PROTECTION



Refugees and migrants in Colombia have been strongly impacted by armed conflict and exposed to numerous risks during their movements, including human trafficking for labour or sexual exploitation,

GBV, involvement in and use for illicit economies, recruitment and use of children and adolescents by illegal armed actors.⁵³⁵ Between 2018 and July 2022, the Ombudsperson’s Office issued 56 early

[530] An indicator recommended by WHO that establishes the proportion of children 6-23 months of age who receive a diet (other than breast milk) that includes a minimum frequency and variety of foods. PAHO/WHO, *The Global Health Observatory, 2021*, <https://bit.ly/3A9utU>

[531] GIFMM, *JNA for Pendular and In-Transit Populations, 2022*. GIFMM, *JNA for Venezuelan Population in Destination and Colombian Returnees, 2022*.

[532] GIFMM, *JNA for Pendular and In-Transit Populations, 2022*.

[533] Stunting is defined as low height-for-age, caused by chronic or recurrent undernutrition. WHO, *Health Topics: Malnutrition*, accessed 18 August 2022, <https://bit.ly/3pxH7a1>

[534] GIFMM, *JNA for Pendular and In-Transit Populations, 2022*.

[535] *Protection Cluster and GIFMM Protection Sector, Colombia Protection Analysis Update, June 2022*, <https://bit.ly/3qjZn6>

warnings identifying protection risks for refugees and migrants,⁵³⁶ with Norte de Santander, Nariño, Bolívar, Arauca, Antioquia and Bogotá being the most affected departments.

Regarding homicides of Venezuelan nationals, the departments of Antioquia, Valle del Cauca, Norte de Santander, Cundinamarca, Atlántico, and Cauca account for more than 45 per cent of such cases in 2022.⁵³⁷ Of this total, 260 homicides by firearms occurred between January and May alone, mainly in Norte de Santander, Valle del Cauca, Arauca, Atlántico and Bogotá, which account for two thirds of the victims.⁵³⁸ Forced disappearances and sexual violence also particularly affected refugees and migrants. The Consultancy for Human Rights and Displacement (CODHES) reported that between 2015 and 2020, 836 forced disappearances of refugees and migrants from Venezuela were registered, and 2,319 refugees and migrants were victims of sexual violence, with 88 per cent being women and/or girls, of whom 71 per cent were girls.⁵³⁹

The Temporary Protection Status for Venezuelans (TPS), with a total of 2,458,919 individuals registered by September 2022,⁵⁴⁰ has been a significant step towards ensuring access to rights and services for refugees and migrants. However, there is an unknown number of Venezuelans who have applied but have been found ineligible to access this regularization

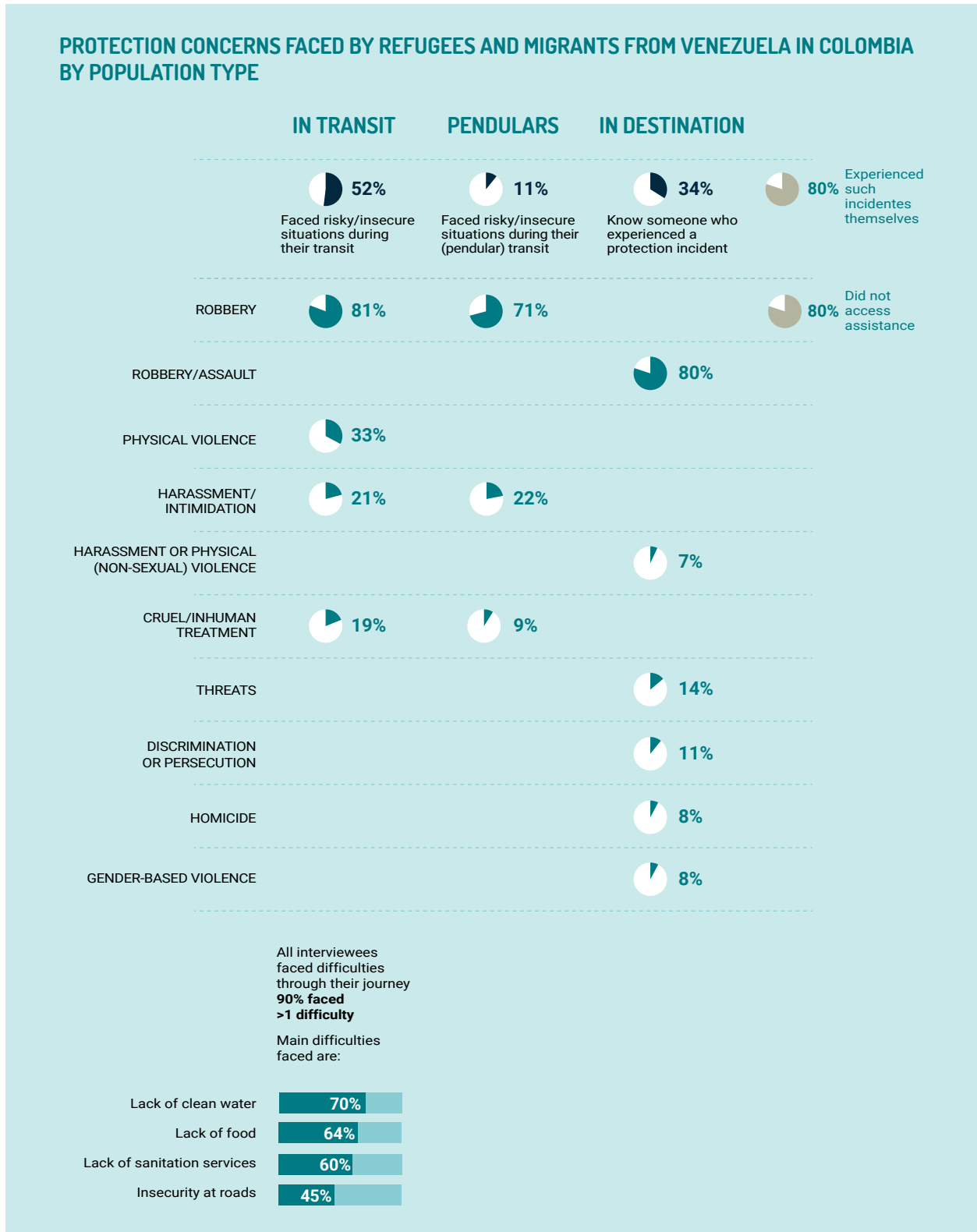
measure,⁵⁴¹ in addition to an estimated 27 per cent who have not attempted to regularize their situation.⁵⁴² This includes in particular binational indigenous peoples in border departments,⁵⁴³ persons without official documentation from Venezuela, and Venezuelans with refugee profiles who have not sought asylum in Colombia, and instead applied for regularization under the TPS, but were found ineligible. The challenges of the asylum system include a shortage of capacity to process applications, which increased by 2,453 per cent between 2017 and 2021.⁵⁴⁴ More recently, between January and April 2022, 42,106 asylum applications were submitted by Venezuelans,⁵⁴⁵ but it is unknown how many have been assessed. According to the JNA, there is also a lack of awareness concerning the refugee status determination procedure, with 58 per cent of households in destination reporting that they did not know about this form of protection. Lack of documentation leads to other persistent vulnerabilities with intersectoral impacts, such as evictions related to a shortage of rent payment capacity for those with limited livelihoods.⁵⁴⁶

Finally, according to the National Statistics Department, in 2021 there were 58,442 births of children in Colombia to Venezuelan mothers residing in the country.⁵⁴⁷ Although Resolution 8470/2019-Law 1997/2019 provides children of Venezuelan parents born in Colombia access to Colombian nationality and

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- [536] Among the main acts identified with refugees and migrants as victims or at risk are homicide, mobility regulation, selective homicide, human trafficking, and gender-based violence. Colombia Ombudsperson's Office, *Dashboard on Early Warnings*. Accessed on 28 July 2022, <https://bit.ly/3JuGxCN>. See also R4V Regional Protection Sector, *Analysis and Identification of Risks Related to Dual Impact and Organized Crime on Refugees and Migrants from Venezuela, 2022*. Publication forthcoming.
- [537] Since 2017, a total of 4,974 fatal injuries against Venezuelans have been reported. National Institute of Forensic Medicine, *Fatal injuries of Venezuelan citizens in Colombia*, <https://bit.ly/3br6R4r>
- [538] Colombia Ombudsperson's Office, *Dashboard on Early Warnings*. Accessed on 28 July 2022, <https://bit.ly/3JuGxCN>
- [539] CODHES, *Affections to life and integrity of the refugee and migrant population from Venezuela in Colombia, June 2021*, <https://bit.ly/3zUUU0c>
- [540] Migration Colombia, *Visibles website - Daily update on TPS figures*. Accessed on 21 September 2022, <https://bit.ly/3BSLcg8>
- [541] Those "irregular" according to official figures (see the immediately preceding footnote).
- [542] Out of 9,787 Venezuelans interviewed for the JNA in June, 2,544 stated not having started their application to obtain TPS; out of those, 32% stated they were unaware of the process, 19% said they intended to apply but lacked time to do so, and 13% named other reasons, mainly problems accessing the web-based registration system.
- [543] The binational indigenous populations suffer from multiple access barriers to regularization, documentation, and access to international protection, among others. R4V Protection Sector. *National Roundtables of Consultation with Venezuelan Indigenous Peoples 2021*, <https://bit.ly/3T9Kjpl>
- [544] In 2017, 625 asylum applications were received, while a total of 15,954 were submitted in 2021. Ministry of Foreign Affairs (non-published information).
- [545] *Ibid.*
- [546] R4V Protection Sector, *Regional Survey on Evictions of Refugees and Migrants from Venezuela, February 2021*. <https://bit.ly/3qbwdXF>
- [547] National Statistics Department (DANE), *Vital Statistics: Technical bulletin on childbirths, 2021*, <https://bit.ly/2Kk8x06>

thus prevents statelessness,⁵⁴⁸ there are still needs and challenges related to its implementation, including for binational indigenous peoples, and for children who

do not meet the requirements (such as those born in Venezuela while having residence in Colombia).



[548] Through Resolution 8470/2019 (Law 1997/2019), measures were established for access to nationality and protection against the risk of statelessness for thousands of children of Venezuelan parents in Colombia. National Registry of Civil Status, August 2019, <https://bit.ly/3bwLIW>

CHILD PROTECTION



Refugee and migrant children and adolescents are especially vulnerable to threats to their physical and emotional well-being in contexts of mixed migratory movements. The Colombian Institute of Family Welfare (ICBF) reported an increase of 2,933 per cent for 2021, compared to 2016, in the number of refugee and migrant children from Venezuela entering protection services due to a threat to or violation of their rights.⁵⁴⁹

Venezuelan children in Colombia are exposed to risks related to armed violence, such as recruitment and usage by organized criminal organizations, as well as sexual violence. Between January and July 2022, the Ombudsperson's Office issued 14 early warnings regarding risks of recruitment and use of refugee and migrant children by armed actors,⁵⁵⁰ in 12 departments. According to the Annual Report of the UN Secretary-General on children in armed conflicts,⁵⁵¹ between July 2019 and June 2021, there were eight verified cases of serious violations of the rights of Venezuelan refugee and migrant children in the context of the Colombian armed conflict. In this context, case management interventions (including best interest determinations) and assistance pathways have proven, in some cases, to be insufficient to address protection incidents against children.

Protective environments created by families, society and the State are not always adequate to guarantee

the rights of children and their families, as barriers for their successful integration remain. According to an R4V partner's assessment on refugee and migrant children in situations of homelessness,⁵⁵² 85 per cent of those surveyed indicated that they were in an irregular situation, making it difficult for them to present the documentation necessary to access health and education services. Likewise, according to the ICBF, 27 per cent of refugee and migrant children in-destination are not enrolled in schools.⁵⁵³ Additionally, the JNA found that 12 per cent of surveyed refugee and migrant households in-destination had at least one child living away from his/her home, while 13 per cent of groups in-transit traveled with UASC. These gaps in children's ability to exercise their fundamental rights to education, health, family life and documentation expose them to risks such as child labour, violence and sexual exploitation, malnutrition, statelessness and family separation.

Among children in mixed movements situations, unaccompanied and separated refugee and migrant children are considered a priority population in terms of protection needs. There has been a marked increase in the number of UASC identified in recent years: in 2020, ICBF reported the admission of 182 UASC from Venezuela to the institution's best interest determination administrative process (PARD),⁵⁵⁴ while in 2021, this increased to 260 UASC (+43 per

[549] Colombian Institute of Family Welfare (ICBF), *Profiling of Venezuelan migrant children and adolescents in Colombia, March 2022*, <https://bit.ly/3SoR8n>

[550] Colombia Ombudsperson's Office, *Dashboard on Early Warnings*. Accessed 28 July 2022, <https://bit.ly/3JuGxCN>

[551] United Nations, *Annual Report of the Secretary-General on Children and Armed Conflict, 2021*, <https://bit.ly/3PZ9ed>

[552] IOM, *DTM assessment focused on refugee and migrant children and adolescents who frequent or live in the street in Colombia*. October 2020, <https://bit.ly/3P5sdS>

[553] Colombian Institute of Family Welfare (ICBF) *Profiling of Venezuelan migrant children and adolescents in Colombia, March 2022*, <https://bit.ly/3SoR8n>

[554] *Proceso Administrativo de Restablecimiento de Derechos (PARD)*. The global child protection framework refers to the restoration of rights as a 'best interest determination'.

cent)⁵⁵⁵ and between January and June 2022, 80 UASC were registered. Unaccompanied refugee and migrant children are exposed to greater protection risks, especially in border areas,⁵⁵⁶ and pose greater challenges for institutions and R4V partners to

assist them. There are gaps in the implementation of assistance pathways, family reintegration strategies and the creation of safe spaces focused on UASC, all of which are essential to promote their rights.

GENDER-BASED VIOLENCE (GBV)



Registered cases of GBV towards refugee and migrant women and girls have increased in Colombia: according to data from the SIVIGILA information system,⁵⁵⁷ in 2021, there were 5,441 cases of GBV reported among the Venezuelan population, of whom 81 per cent were women and girls, an increase of 30 per cent compared to 2020. This coincides with reports by 25 R4V partner organizations of the GBV Sub-sector in 2022, where 76 per cent reported that GBV in the refugee and migrant population had increased in the last year.⁵⁵⁸

Prevention of and assistance to sexual violence survivors is one of the main needs in GBV, with 89 per cent⁵⁵⁹ of Venezuelan women victims of GBV having

experienced sexual violence. According to the JNA of the pendular and in-transit populations, of the total number of refugees and migrants who responded that they knew a survivor of GBV, 15 per cent in-transit and 23 per cent in pendular movements reported that the incident involved sexual violence⁵⁶⁰ with some of these being linked to situations of human trafficking for sexual exploitation. Meanwhile, according to the JNA of the population in-destination,⁵⁶¹ among refugees and migrants exposed to at least one situation of protection risks, 8.4 per cent correspond to GBV, which includes sexual violence.⁵⁶² Regarding the LGBTQI+ population, despite a lack of current data to evidence an increase in GBV, R4V partners have raised concerns regarding the identification of

[555] Colombia Institute for Family Welfare (ICBF), *Statistics of Venezuelan migrants in ICBF services*. Accessed 31 July 2022, <https://tabsoft.co/3SmmCt>

[556] *In 2022, there was an increase in UASC seeking to cross the border from Colombia into Panama through the Darien. Local conditions prevent case identification and best interest determination for UASC; consequently, while UNICEF/Darien Child Protection Worktable in reports >170 UASC identified in Panama from January to June 2022, Colombia registers two ongoing PARD cases in the area in the same period.*

[557] SIVIGILA-SISPRO, 2022, <https://bit.ly/3djh03G>

[558] *Sectoral analysis based on the dashboard of identification and registry of territorial GBV alerts and incidents*, <https://bit.ly/3R5G5O9>

[559] *In 2021, 1,543 cases of GBV were reported, of which 89% corresponded to women from Venezuela who experienced sexual violence. SIVIGILA-SISPRO, 2022, https://bit.ly/3djh03G*

[560] GIFMM, *JNA for pendular and in-transit population, 2022*.

[561] GIFMM, *JNA for population in destination and Colombian returnees, 2022*.

[562] *According to the GIFMM JNA with the population in destination, 9% of respondents knew a woman, girl or LGBTQI+ person who had been exposed to situations of GBV in the last year: 78% mentioned psychological violence, 45% physical violence, 8% retention or damage of documents, 5% economic violence and 7% sexual violence. 6% reported GBV against men or boys, including LGBTQI+ persons, out of whom 73% had experienced psychological violence, 41% physical violence, 5% retention or damage of documents, 5% economic violence and 6% sexual violence.*

new forms of violence linking nationality and sexual orientation and/or gender identity.⁵⁶³

Both for refugees and migrants in-destination and host communities, there is a higher prevalence of violence by intimate partners or ex-partners, including femicides, as compared to violence committed by unknown perpetrators or hired assassins.⁵⁶⁴ R4V partners have also identified a trend in sexual relationships between adult men and refugee and migrant girls and young women, wherein the promise of economic stability or access to regularization is used as a means of control by their partners, exposing girls and young women to cycles of violence and other negative consequences, such as early pregnancy.⁵⁶⁵

Income constraints and poverty are considered triggers for GBV. From 2020 to 2021, 70 per cent of Venezuelan female heads of household in Colombia reported a deterioration in their economic situations.⁵⁶⁶ According to the JNA,⁵⁶⁷ 33 per cent of women engaging in pendular movements and 21 per cent of those in-destination⁵⁶⁸ are unemployed. Lack of access to livelihoods for women increases their risks of experiencing economic violence: 13 per cent

of the in-transit population, 8 per cent of those in-destination and 7 per cent of the pendular population surveyed knew someone who was a victim of this type of violence.

Institutional violence and xenophobia⁵⁶⁹ make it difficult for persons at risk of GBV and GBV survivors to access adequate information, services, and assistance pathways⁵⁷⁰ and is coupled with limitations in the institutional response capacities for protection, justice and health, especially sexual and reproductive health. Refugees and migrants were also impacted by armed conflict and/or natural disasters,⁵⁷¹ which have shown to be contexts with higher risks of GBV, particularly for women and girls.

Among the populations identified as having the greatest needs related to GBV prevention and response are women and girls who are sexually exploited,⁵⁷² both in-transit and in-destination; female heads of households, including those in-destination, in host communities and returnees; and women with disabilities. Regarding the LGBTQI+ population, those with the highest risks of GBV include those in-transit and in-destination.

[563] *Caribe Afirmativo and Mercy Corps, Motivations, expectations and realities from LGBTQI+ persons in situations of human mobility, August 2022, <https://bit.ly/3AfQj7>*

[564] *Colombia Femicide Observatory, Quarterly Bulletin, 2022, <https://bit.ly/3dJ2z9f>*

[565] *According to data from the Observatory on Girls' Reality by PLAN international, in 2020, 90,661 girls and teenagers ages 15 to 19 became mothers in Colombia, <https://bit.ly/3cePPa>*

[566] *National Statistics Department (DANE) and the Ladysmith Organization, Venezuelan Migrant Population: Overview with a Gender Perspective, July 2021, <https://bit.ly/3QokCzq> Between 2020 and 2021, 70% of refugee and migrant female heads of household stated that the economic situation of their households was worse compared to 12 months ago.*

[567] *GIFMM, JNA for Pendular and In-Transit Populations, 2022.*

[568] *GIFMM, JNA for population in destination and Colombian returnees, 2022.*

[569] *96% of those surveyed have felt discriminated against because of their nationality, and 4.3% because of their sexual orientation or in relation to their sex. GIFMM, JNA for the Venezuelan Population in Destination and Colombian Returnees, 2022.*

[570] *80% of respondents in destination who have required access to assistance for GBV survivors did not receive assistance. Ibid.*

[571] *Colombia is prone to natural disasters, particularly floodings, landslides and winter-related events, with >244K people affected from January to July according to OCHA, <https://bit.ly/3AuV6m5>*

[572] *See more information on specific GBV risks and other disproportionate impacts on Venezuelan refugee and migrant sex workers at: <https://bit.ly/3CmCPTe>*

HUMAN TRAFFICKING & SMUGGLING



Refugees and migrants from Venezuela are particularly vulnerable to rights violations in the context of human trafficking and smuggling, given their scarce livelihoods and lack of support networks, and due to the limited institutional presence of protection services at the local level. From January 2021 to July 2022, the Observatory on the Crime of Trafficking in Persons of the Ministry of the Interior recorded 246 cases of human trafficking in Colombia (including all nationalities): of these, almost 83 per cent of victims were women, and 56 per cent of these crimes occurred during the victims' adolescence and/or young adulthood.⁵⁷³ According to the Ombudsperson's Office, Venezuelan women accounted for 34 per cent of human trafficking victims assisted in 2021.⁵⁷⁴ According to the JNA with the pendular and in-transit populations, 10 per cent of respondents reported having been contacted with an offer to travel to another country, and 3 per cent were forced or coerced to carry out some activity against their will.⁵⁷⁵

Regarding smuggling, according to a report by a R4V partner, 84 per cent of Venezuelans surveyed in Colombia used a smuggler or "coyote" during at least one part of their journey.⁵⁷⁶ The borders with Panama, Ecuador and Venezuela are the main points of transit for refugees and migrants, and where greater risks of this crime are identified. In 2022, on the Colombian-Panamanian border, refugees and migrants from Venezuela, as well as from African and Caribbean

countries, represent the main nationalities of those in irregular transit, in a context where geographical challenges and lack of official border crossings increase their exposure to smuggling, sometimes with the involvement of non-state armed groups and/or organized criminal groups.⁵⁷⁷ In the first seven months of 2022, movements of refugees and migrants from Venezuela and other nationalities through the Gulf of Urabá region increased significantly compared to 2021 (+171 per cent). Between January and July 2022, the Government of Panama registered 71,042 foreigners in irregular transit through the border with Colombia, of whom 63 per cent were Venezuelans.⁵⁷⁸

Refugees' and migrants' vulnerability to trafficking, meanwhile, is exacerbated by their lack of awareness of the risks they could face while in-transit, regardless of their intended destinations (Colombia or a third country). Economic vulnerabilities also contribute to higher risks of human trafficking. The main profiles of refugees and migrants identified as vulnerable to trafficking differ according to its form/purpose: in terms of sexual exploitation, female heads of household (often with limited livelihoods), people engaged sex work, and LGBTQI+ persons, especially transgender people are the most vulnerable profiles. Regarding labour exploitation, indigenous persons and African descent, as well as people with disabilities and children (particularly UASC) are the most vulnerable profiles.⁵⁷⁹

[573] Ministry of the Interior, *Observatory on the Crime of Trafficking in Persons, as of 31 July 2022*, <https://bit.ly/3BT4guD>

[574] Ombudsperson's Office, *Overview of measures to assist victims of human trafficking, April 2021*, <https://bit.ly/3vQFUht>

[575] GIFMM, *JNA for Pendular and In-Transit Populations, 2022*.

[576] Mixed Migration Centre, *Data on mixed migration*. Accessed on 28 July 2022, <https://bit.ly/3zCf51q>

[577] Migration Panama, *Irregular transit of foreigners through the border with Colombia by region, January to June 2022*, <https://bit.ly/3p4754y>

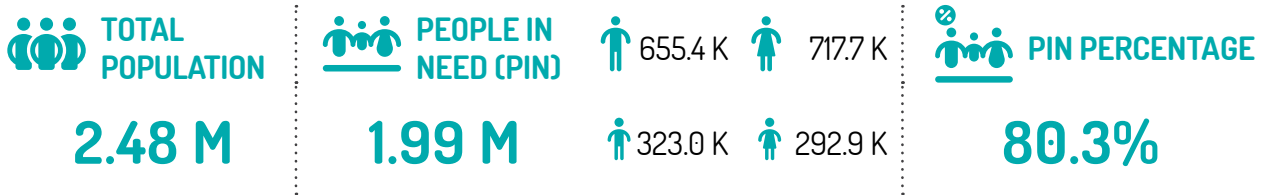
[578] National Migration Service, Government of Panama, *Irregular transit of foreigners through the border with Colombia by region, January to June 2022*, <https://bit.ly/3p4754y>

[579] U.S. Department of State, *Trafficking in Persons Report, 2021*, <https://bit.ly/3QM8hWy>

As in most countries, there is an underreporting of cases, especially trafficking cases, at the national level. This gap in terms of identification and referral hinders victims' ability to access assistance. In parallel, when

identification and referral is possible, the assistance provided to victims often lacks a sensitivity to age, gender and diversity (AGD) considerations and other differential approaches.

SHELTER



Access to timely, dignified and safe accommodation are one of the main needs of refugees and migrants from Venezuela in the country, as well as for Colombian returnees and affected host communities.⁵⁸⁰ While access to the Temporary Protection Permit⁵⁸¹ provides important opportunities for longer-term integration of Venezuelans, in terms of access to formal rental contracts and access to housing loans, challenges persist in accessing housing due the lack of economic resources, basic services and household items. Refugees and migrants face numerous risks and violations of their rights to adequate housing, including barriers to exercising tenants' rights and safety, increasing risks of evictions, unfair charges and other predatory practices by landlords, and the illegal retention of their belongings.

According to the JNA, 19 per cent of the population surveyed in-destination have shelter needs, as they lack a decent, safe, and permanent place to live. They are homeless or settle in temporary communal shelters, shacks/improvised housing, hotels/lodges, short-term or daily paid rentals.⁵⁸² Lack of adequate shelter results in increased protection risks for refugees and migrants who settle in areas prone to natural disasters (such as floods and landslides) or self-constructed structures with inadequate

materials. These needs arise mainly due to insufficient resources, as well as a structural shortage of decent and safe housing in host cities and municipalities.

Forty-six per cent of refugees and migrants in-destination surveyed for the JNA stated that their current accommodation does not provide sufficient protection when it rains due to structural flaws; in the Colombian returnee population, this rises to 61 per cent. In addition, 24 per cent stated that their current housing does not guarantee sufficient privacy, and this same percentage stated that at least one member of the household must sleep outside or on the floor, given insufficient space or the lack of adequate household items.

As for refugees and migrants in-transit, according to the National R4V Platform in Colombia (GIFMM),⁵⁸³ 51 per cent of travel groups reported sleeping in public spaces or on the streets, and 34 per cent had spent nights in temporary communal shelters. The main reason reported for this was a lack of financial means (70 per cent). The highest rate of refugees and migrants from Venezuela who do not have a regular and safe place to stay was in the department of Nariño, where 94 per cent of respondents stated they had spent nights on the street or in temporary communal shelters.⁵⁸⁴

[580] GIFMM, GIFMM, JNA for Venezuelan Population in Destination and Colombian Returnees, 2022; GIFMM, JNA for pendular and in-transit population, 2022.

[581] Migration Colombia, August 2022, <https://bit.ly/3A6OfQK>

[582] GIFMM, JNA for Venezuelan Population in Destination and Colombian Returnees, 2022.

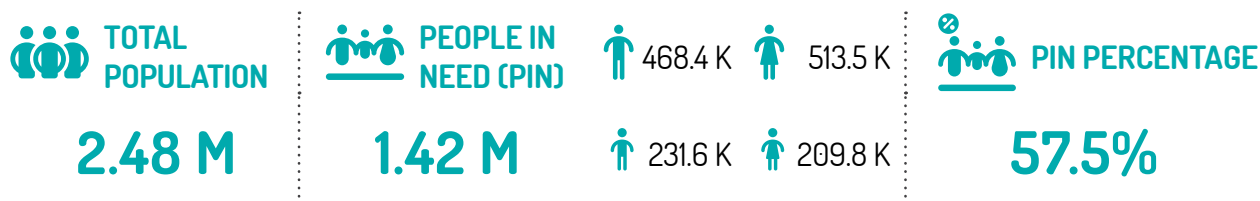
[583] GIFMM, Joint Characterization of Mixed Movements, fourth round, April to June 2022, <https://bit.ly/3p6v03p>

[584] GIFMM, JNA for Pendular and In-Transit Populations, 2022.

Finally, only 4 per cent of the pendular population surveyed reported having received support for accommodation. In relation to this, 48 per cent of pendular refugees and migrants from Venezuela who report having spent more than one night in Colombia do not have sufficient economic resources for a

dignified and safe stay. This is due to the insufficient availability of safe temporary shelter solutions for the refugee and migrant population in-transit and in pendular movements, in contrast with the growing shelter demand.

WASH



Venezuelans in-destination and Colombian returnees who live in informal settlements lack safe, continuous, and quality WASH services. At the national level, 82 per cent of the refugee and migrant settlement sites assessed in 2021 did not have access to improved water sources, and 66 per cent did not have sanitation infrastructure.⁵⁸⁵ This situation was particularly critical in the departments of La Guajira (Maicao, Uribia and Riohacha), Norte de Santander (Cúcuta,⁵⁸⁶ Los Patios, Villa del Rosario), Atlántico⁵⁸⁷ (Barranquilla and Soledad) and Vichada (Puerto Carreño).⁵⁸⁸ The provision of WASH services to these settlements faced numerous structural challenges, such as land ownership issues, land use planning permits, and locations in areas prone to natural disasters, which hinder access to services, causing public health risks⁵⁸⁹ and extra costs for users.

Local public infrastructure, such as schools, health centers and shelters complement or can supply people's WASH needs, considering scenarios of limited access. However, of 1,799 schools assessed in six departments, 18 per cent did not have any water supply, 6 per cent did not have toilets and only 32 per cent of the bathrooms were gender segregated.⁵⁹⁰ These gaps in access to safe drinking water and sanitation for children in schools led to increased school absenteeism and waterborne diseases. In addition, out of the 347 health centers assessed in four departments, 9 per cent had no access to water, 18 per cent did not have enough water to meet their needs, and 8 per cent had no toilets.⁵⁹¹

Refugees and migrants in-transit and in pendular movements face particular challenges accessing

[585] iMMAP, *Settlement Identification*, 2021.

[586] iMMAP, *Settlement Mapping, WASH conditions and water supply points through public piles in Cúcuta, 2022*, <https://colombia.immap.org/agua-saneamiento-e-higiene-wash/mapeo-de-asentamientos-condiciones-wash-y-puntos-de-abastecimiento-de-agua-por-medio-de-pilas-publicas-en-cucuta/>

[587] iMMAP, *Settlement Mapping - Caribbean Coast, 2022*, <https://colombia.immap.org/datos-relevantes-wash/>

[588] *The proportion of the urban population living in informal settlements or inadequate housing is 46% in Ciénaga municipality, 46 per cent in Maicao, 38% in Riohacha, 21% in Cúcuta, 19% in Villa del Rosario, 18% in Soledad, 15% in Los Patios and 11% in Ipiales. This calculation includes variables on access to water and sewage infrastructure. National Administrative Department of Statistics (DANE), Calculation of SDG Indicator 11.11. DANE. Experimental statistics, 2022*

[589] *Out of 776 refugees and migrants surveyed living in shacks or makeshift dwellings, 19% practice open defecation and 20% have toilets connected to septic tanks requiring adjustment. GIFMM, JNA for Venezuelan Population in Destination and Colombian Returnees, 2022*

[590] iMMAP, *WASH infrastructure in different settings. 2022*, <https://bit.ly/3SBjB8T>

[591] *Ibid.*

WASH services. As a result, according to the JNA, 27 per cent of refugees and migrants in-transit drink water from rivers or streams, and 10 per cent purchase bottled water. Meanwhile, among the pendular population, 40 per cent reported that their primary source of water for consumption was the purchase of water in bottles or plastic bags (79 per cent in La Guajira), and 26 per cent pay to access sanitation services. 60 per cent of the in-transit population identified access to water as one of their main difficulties, resulting in an increased demand for WASH services provided in local community infrastructures, such as support spaces and health care centers.⁵⁹² Women and girls also have specific WASH-related needs: 16 per cent of travel groups in pendular movements and 22 per cent in-transit stated that the menstruating women and girls in their group do not have access to menstrual hygiene products.⁵⁹³

Certain population groups have more specific and differentiated WASH needs. The binational indigenous population, for example, often has a precarious shelter

situation and limited access to WASH services.⁵⁹⁴ In Vichada, a cross-border displacement emergency in 2022 left more than 1,000 people from indigenous communities in settlements without water supply systems or adequate sanitation services. Other indigenous peoples face similar problems in settlements with limited access to water and where open defecation is common.⁵⁹⁵ They, as well as other populations located in border, rural and peri-urban contexts, are more vulnerable, since their WASH services are limited during emergencies caused by armed violence and socio-natural disasters, which have worsened in frequency and intensity.⁵⁹⁶ Finally, in the Urabá region (particularly in the municipalities of Necoclí and Acandí) refugees and migrants in-transit to Central and North America have widespread needs to access sanitary services, leading to open defecation or the requirement to pay to access toilets. Water supply services for refugees, migrants and affected host communities in Necoclí are scarce, with periods of up to 20 days without aqueduct services.

[592] GIFMM, *JNA for Pendular and In-Transit Population*, 2022.

[593] *Ibid.*

[594] *The binational indigenous populations suffer from multiple barriers on access to land and housing, and their consequent impacts on WASH access to quality services, among others. R4V Protection Sector. National Roundtables of Consultation with Venezuelan Indigenous Peoples, 2021, <https://bit.ly/3T9Kjpl>*

[595] *Among the 994 Venezuelans and Colombian returnees surveyed in destination belonging to indigenous ethnic groups, 10% practice open defecation, 12% require adjustments to their septic tanks, and 13% access water through a tank truck. GIFMM, JNA for Venezuelan Population in Destination and Colombian Returnees, 2022.*

[596] *iMMAP, Settlement Mapping in Puerto Carreño - Vichada, 2022, <https://colombia.immap.org/agua-saneamiento-e-higiene-wash/mapeo-de-asentamientos-en-puerto-carreno-departamento-del-vichada/>*



CASH AND VOUCHER ASSISTANCE (CVA)

The JNA indicates that refugees and migrants from Venezuela prefer assistance provided through CVA, especially those in-destination.⁵⁹⁷ However, the needs prioritized to be covered through this modality vary according to the different population profiles: pendular and in-transit populations,⁵⁹⁸ Venezuelans in-destination and Colombian returnees.⁵⁹⁹

Food is the main need identified by the four profiles: refugees and migrants in-destination (85 per cent); in-transit (83 per cent); in pendular movements (78 per cent); and Colombian returnees (79 per cent). The use of negative coping mechanisms is mainly associated with a lack of access to food, including incurring debts, asking family members or friends for help, or begging.

- The second priority need varies according to the population profile. Populations in-transit report that their second priority is transportation (65 per cent of travel groups). This coincides with an R4V partner's study on the Arauca-Yopal route,⁶⁰⁰ which found that transportation was the

most common expense for beneficiaries of cash transfers (70 per cent). In contrast, the pendular population indicates that healthcare is its second priority need (78 per cent), followed closely by medicines (55 per cent). As for the Venezuelan population in-destination and Colombian returnees, employment was noted as their second priority need.

- The third priority need also varies between population groups. Forty-five per cent of the pendular population indicated employment, while those in-transit indicated temporary shelter and healthcare, and Colombian returnees and Venezuelans in-destination indicated housing/shelter. To fulfill these needs, each population group uses different coping mechanisms: 60 per cent of refugees and migrants in-destination take on debts to purchase food while 57 per cent of Colombian returnees request support from relatives or friends.



[597] 52% of the people surveyed prefer cash as assistance modality. GIFMM, JNA for Venezuelan Population in Destination, 2022.

[598] GIFMM, JNA for Pendular and In-Transit Populations, 2022.

[599] GIFMM, JNA for Venezuelan Population in Destination and Colombian Returnees, 2022.

[600] ZOA, Post-monitoring report of multipurpose cash assistance in Arauca and Casanare, 2021, <https://bit.ly/3SFxseA>

ECUADOR



ECUADOR

AT A GLANCE

 TOTAL POPULATION

502.2 K

 PEOPLE IN NEED (PIN)

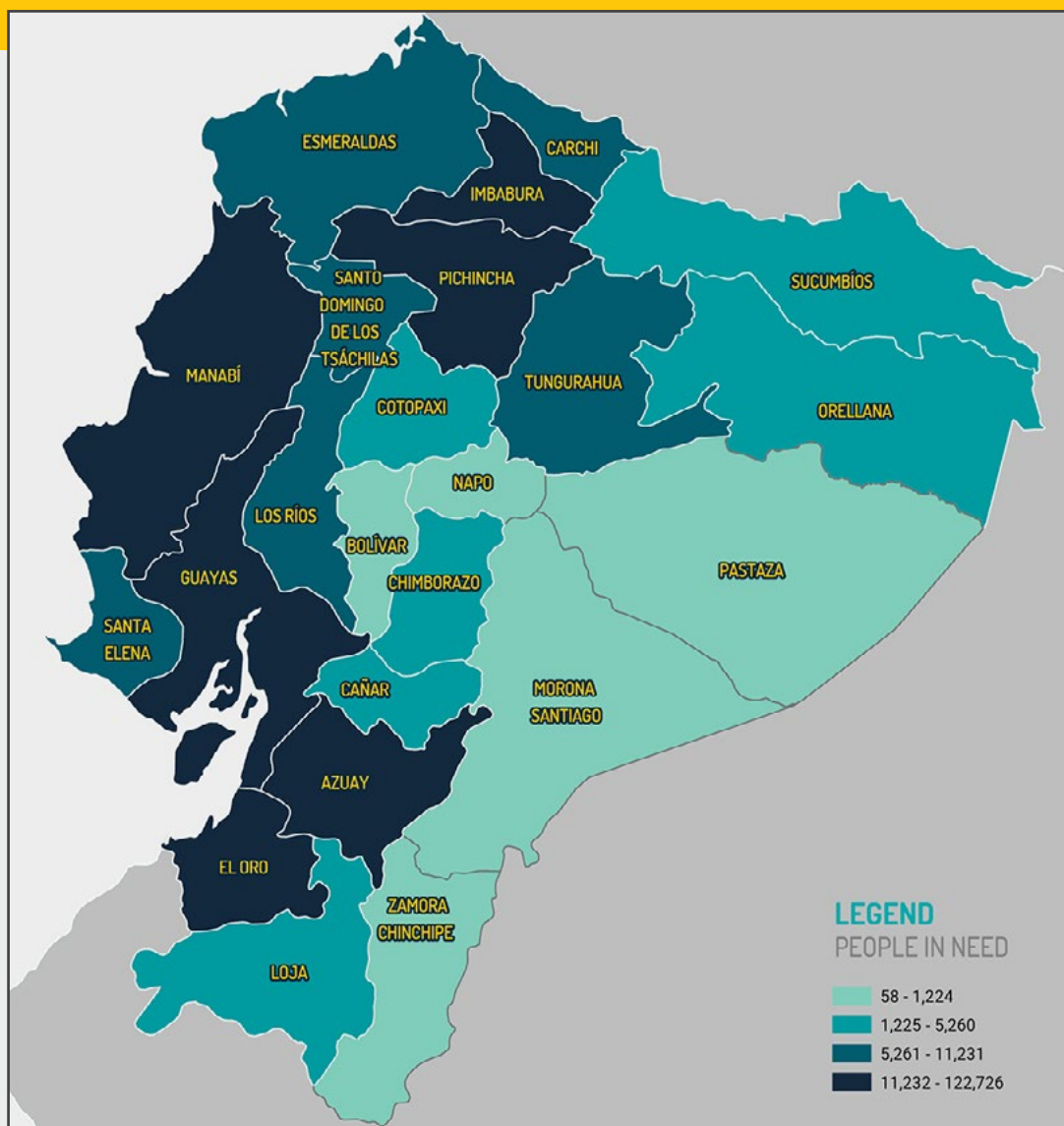
389.6 K

























 90.2 K  131.7 K

 88.4 K  79.2 K

 PIN PERCENTAGE

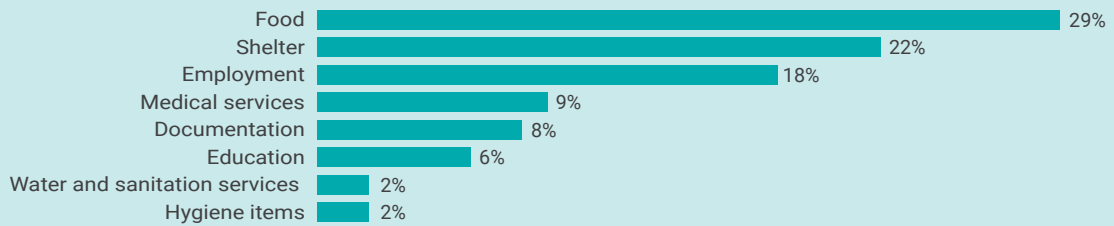
77.6%



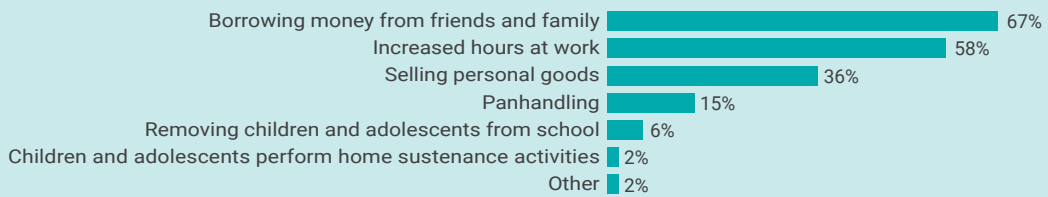
	Sector	Total population	People in need (PiN)	PiN percentage	
	Education	502.2 K	149.9 K	29.8%	
	Food Security	502.2 K	288.8 K	57.5%	
	Health	502.2 K	301.2 K	60.0%	
	Humanitarian Transportation	502.2 K	33.1 K	6.6%	
	Integration	502.2 K	337.5 K	67.2%	
	Nutrition	502.2 K	66.9 K	13.3%	
	Protection	502.2 K	389.6 K	77.6%	
	Child Protection	502.2 K	208.8 K	41.6%	
	Gender-Based Violence (GBV)	502.2 K	126.1 K	25.1%	
	Human Trafficking & Smuggling	502.2 K	7.7 K	1.5%	
	Shelter	502.2 K	239.1 K	47.6%	
	WASH	502.2 K	220.3 K	43.9%	

COUNTRY OVERVIEW

TOP NEEDS IDENTIFIED BY HOUSEHOLDS



PERCENTAGE OF HOUSEHOLDS THAT HAD TO IMPLEMENT DIFFERENT STRATEGIES TO SATISFY THEIR ESSENTIAL NEEDS



As of September 2022, Ecuador hosts over half a million refugees and migrants from Venezuela, and is also a country through which, every year, hundreds of thousands of Venezuelans and other refugees and migrants transit, particularly in a context of increased onwards movements. Visa requirements lead to irregular movements, heightening protection risks and increasing vulnerabilities for refugees and migrants. Despite a successful and inclusive vaccination campaign, Ecuador is still impacted by an economic downturn related to the COVID-19 pandemic and other global developments, which negatively affects the self-reliance and coping capacities of refugees and migrants and their host communities.

In May 2022, 21 partner organizations of the National R4V Platform in Ecuador (GTRM) conducted the fourth joint needs assessment (JNA)⁶⁰¹ to assess the needs and priorities of refugees and migrants from Venezuela in 23 of the country's 24 provinces. Some 2,240 households representing 8,555 people were surveyed through phone interviews. Most respondents were female (78 per cent) and represented households of 3.8 members on average. Additionally, 81 per cent of surveyed households have children.

[601] GTRM, Joint Needs Assessment, May 2022, <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2022>

According to the JNA findings,⁶⁰² the main needs of Venezuelans include access to food (83 per cent), accommodation/shelter (64 per cent), employment/livelihoods (53 per cent), health services (27 per cent), documentation (22 per cent), and education (18 per cent). The top four priority needs have remained the same across the four JNA rounds, with food being the main need. More than half of the surveyed households do not have access to sufficient food, which increases to almost 70 per cent for households that include children. Sixty per cent of those renting accommodation assess them as very bad, bad or regular with continuous issues impacting the liability of the dwelling, and 35 per cent of Venezuelans in the Coastal and Amazon regions do not have regular access to public water supply. Of those with health needs who attempted accessing the public health system and could not (16 per cent), 53 per cent report that they were denied medical attention in a health center. For the 27 per cent of school-aged children who do not attend school, 22 per cent report the reason being lack of resources to pay for uniforms, transportation, and school supplies.

Seventy-three per cent of households have no visa or an expired visa and are thus in an irregular situation. Meanwhile, 36 per cent of households report experiencing incidents of discrimination against at least one family member in the past three months (93 per cent due to their nationality), and 86 per cent report

resorting to negative coping mechanisms to meet basic needs, such as borrowing money from friends and relatives (67 per cent), working more hours (58 per cent), selling personal goods/assets (36 per cent), begging in the streets (16 per cent), taking children out of school (6 per cent) and sending children to work (3 per cent), among others. These factors are related, as xenophobia has a direct negative impact on Venezuelans' access to services, and thereby hinders their social integration. In this context, 34 per cent of Venezuelans are unemployed, in comparison to 6 per cent unemployment among Ecuadorians. Among refugees and migrants from Venezuela with some type of employment, 79 per cent work in the informal sector. 73 per cent of surveyed household members have an average monthly income of USD 85.6, equivalent to the national poverty line. Despite this worrying situation, 42 per cent of Venezuelans are between 26-35 years old, representing a young population of working age with great potential to positively contribute to the labour market.

Against this background, priority needs of refugees and migrants – to be addressed in parallel to the new regularization policy of the Government of Ecuador⁶⁰³ – include socio-economic integration, promoting self-reliance and empowering them to meet their needs in a safe and sustainable manner, while generating revenue and boosting the national economy.

[602] *The unit of analysis of the JNA is refugees and migrants from Venezuela in Ecuador. The data source used to define the sample of the Venezuelan population are contact databases of people assisted by GTRM partners. There is a higher percentage of women over 18 years of age (59%) and of children and adolescents (43%) represented in the sample than in the Venezuelan population in Ecuador at large, because these databases belong to organizations that prioritize attention to these groups due to their vulnerability. Nevertheless, the results of the JNA serve the purpose of evidencing the needs of refugees and migrants from Venezuela and meet all the evaluation criteria of statistical quality, that is, the results are reliable, consistent, timely and comparable.*

[603] *Executive Decree No. 436, 1 June 2022, https://www.fielweb.com/App_Themes/InformacionInteres/d436.pdf*



EDUCATION



TOTAL
POPULATION

502.2 K



PEOPLE IN
NEED (PIN)

149.9 K



20.8 K



30.4 K



52.1 K



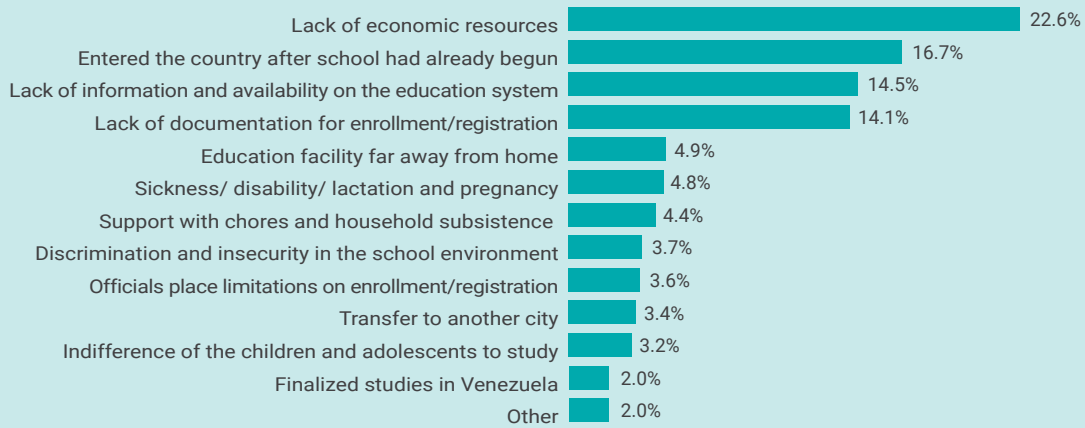
46.7 K



PIN PERCENTAGE

29.8%

REASONS WHY CHILDREN AND ADOLESCENTS ARE NOT STUDYING



Refugees and migrants face barriers in accessing quality inclusive education, especially in terms of ensuring permanence within the education system, improving student retention and achieving holistic learning outcomes within a safe environment that promotes socio-emotional well-being, culminating in obtaining a diploma.

According to data from the Ministry of Education and an R4V partner,⁶⁰⁴ the number of Venezuelan refugee and migrant school-aged children enrolled in schools increased from 10,768 in 2019 to 60,342 in 2022 (93 per cent of whom are enrolled in the public education system). Despite this increase, according to the JNA conducted in May 2022, 27 per cent of Venezuelan children and adolescents remain out of school, exposing them to greater risks of violence, child labour, panhandling and other protection risks.

Meanwhile, 75 per cent of eligible Venezuelan children are enrolled in primary education (1st to 6th grade) whereas only 26 per cent of eligible children are enrolled in middle and secondary education (7th to 12th grade).⁶⁰⁵ This disproportion shows a high drop-out rate after primary school and highlights the need for an educational strategy targeting teenagers' needs and tackling the barriers they face regarding access and permanence.

According to the JNA, four main reasons account for refugees' and migrants' lack of access to education: i) 22 per cent indicate facing financial barriers to cover costs of transportation, uniforms, school supplies and textbooks; ii) 16 per cent indicate arriving when the school year was already in progress; iii) 14 per cent report having trouble obtaining the documentation required for enrolment; and iv) 14 per cent indicate

[604] Ministry of Education, Open Data Platform, 2022, <https://educacion.gob.ec/base-de-datos/202>

[605] Ibid.

a lack of enrolment slots at their local schools. Many of these barriers should be addressed by existing education regulations, which points to practical barriers and improper application of such regulations.

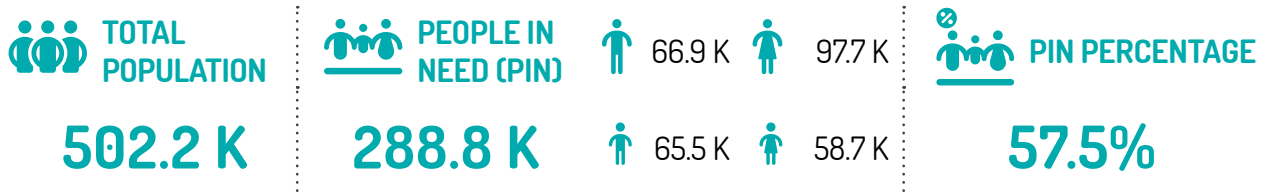
Families interviewed for the JNA reported that 42 per cent of Venezuelan students do not have a family member to support them with schoolwork, only 46 per cent claim to be able to complete their homework. Additionally, 57 per cent do not have textbooks or school supplies and almost two thirds of households do not have an appropriate space dedicated to study, 71 per cent do not have uniforms and 18 per cent do not have access to academic levelling or psychosocial support services. Meanwhile, 57 per cent consider the school to be located in an unsafe environment.

Refugee and migrant children were particularly negatively affected by two years of virtual education as a result of the COVID-19 pandemic. At the time of the JNA was conducted in May 2021, only three in ten Venezuelan children had a laptop or computer

as well as access to internet.⁶⁰⁶ Moreover, six out of ten indicated having learned less than before due the new virtual education modality.⁶⁰⁷ Xenophobia and violence within classrooms were also identified as barriers to learning for Venezuelan students during this time. For instance, 10 per cent of Venezuelan children and adolescents felt discriminated against by their peers for being from another country.⁶⁰⁸

With the return to in-person learning, overcrowding and provision of adequate WASH services in schools are other key challenges for refugee, migrant and host community students, which otherwise impede positive education outcomes. Therefore, adequate school infrastructure is needed to accommodate both host community and refugee and migrant children comfortably.⁶⁰⁹

FOOD SECURITY



The global consequences of the conflict in Ukraine set-in amidst the gradual economic recovery from the damages caused by COVID-19 in Ecuador, leading to rising inflation and production deficits. 67 per cent of refugees and migrants from Venezuela perceive an increase in food prices, according to an R4V partner's assessment⁶¹⁰ from April 2022. Twelve-month consumer price inflation is expected to peak

in the third quarter of 2022, before decreasing to 4.6 per cent by the end of the year, which would be the fastest end-year growth rate since 2011.⁶¹¹ Price pressures are mainly on the supply side, in the form of rises in global prices for energy and agricultural commodities. The combined effects of these shocks have delivered a devastating blow to refugees' and migrants' food security in Ecuador.

[606] GTRM Ecuador, *Joint Needs Assessment, May 2021*, <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>

[607] UNICEF, *Monitoreo del Sistema Educativo Encuesta Situación de los Hogares, Reporte técnico, 2020*.

[608] Banco Mundial: *Retos y oportunidades de la migración venezolana en Ecuador, 2020*.

[609] UNICEF, *Monitoreo del Sistema Educativo Encuesta Situación de los Hogares, Reporte técnico, 2020*.

[610] WFP, *Story map: Food Security update for Latin America and the Caribbean, April 2022*, <https://storymaps.arcgis.com/stories/5a97a239d68f4579ab2a30e28fb5be90>

[611] Economist Intelligence Unit, *June 2022*, <https://www.eiu.com/n/campaigns/global-liveability-index-2022/>

A deteriorating trend of the food security situation among refugees and migrants from Venezuela in-destination was confirmed by an R4V partner's assessment,⁶¹² where the number of severely food insecure refugees and migrants in Ecuador increased from 70,000 (August 2021) to 98,000 (April 2022), constituting 19 per cent of the total Venezuelan refugee and migrant population at the time. Another 191,000 Venezuelan refugees and migrants (37 per cent) in Ecuador, indicated conditions of moderate food insecurity.

Based on the JNA conducted in May 2022, food was reported as the highest priority need of refugees and migrants (83 per cent) in Ecuador for the third consecutive year. Notably, 66 per cent of respondents reported having partial or no access to sufficient food; this was most often reported by households with limited monthly income (from USD 0 to 240). Food insecurity can push refugees and migrants to adopt harmful coping mechanisms that compromise their health and dignity. An R4V partner's recent analysis⁶¹³ found that 3 out of 4 respondents in Ecuador reported resorting to the following harmful coping mechanisms: consumption of less nutrient-rich and cheaper foods 3.8 days per week (88 per cent), reducing meal sizes for 3.4 days per week (80

per cent), reducing the number of meals per day for 2.7 days per week (74 per cent) and begging for or borrowing food 1.9 days per week (68 per cent). This has serious implications for the nutritional health of younger children and pregnant and lactating woman, fuelling chronic malnutrition, particularly among children under age five.

Refugees and migrants in-transit are among the most food insecure population groups, largely due to their living and traveling conditions. According to an R4V partner's monitoring study from September 2021,⁶¹⁴ 47 per cent of Venezuelans in-transit stated that they can only access food for a maximum of two days in a row, while 9 per cent have resources allocated to food for less than one day. This demonstrates that a large part of the population relies on food assistance on a day-to-day basis. In addition, 25 per cent reported eating two meals a day and 1.4 per cent said they only had one meal a day.⁶¹⁵

Finally, while access to public services for refugees and migrants in Ecuador is guaranteed regardless of legal status, significant political, social, and bureaucratic barriers prevent refugees and migrants from Venezuela from accessing social protection systems,⁶¹⁶ limiting their socio-economic inclusion, with an indirect impact on their food security needs.

[612] WFP, *Story map: Food Security update for Latin America and the Caribbean, April 2022*, <https://storymaps.arcgis.com/stories/5a97a239d68f4579ab2a30e28fb5be90>

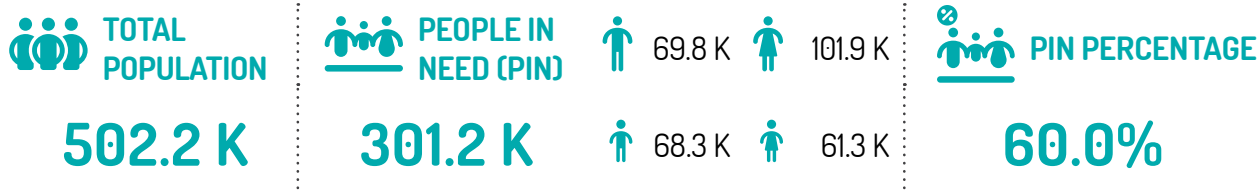
[613] *Ibid.*

[614] IOM, *DTM 2021: Flow Monitoring of the Venezuelan Population – Ecuador, August-September 2021*, <https://displacement.iom.int/sites/default/files/public/reports/REPORTE%20DTM%20R12.pdf>

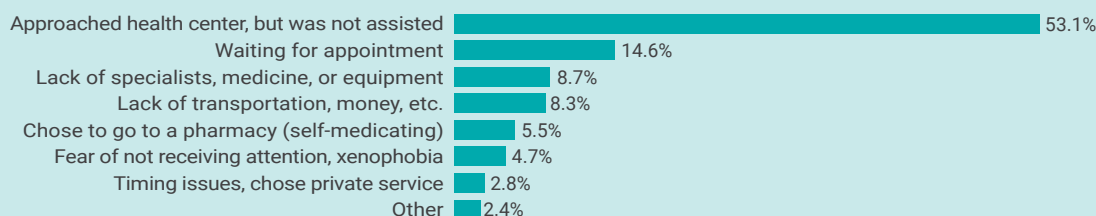
[615] *Ibid.*

[616] *Country Report Ecuador, Economist Intelligence Unit, July 2022*, <https://www.eiu.com/n/>

HEALTH



REASONS WHY PEOPLE WERE UNABLE TO ACCESS HEALTH SERVICES



Health services were severely affected by the COVID-19 pandemic, especially the provision of essential services. According to the JNA conducted in May 2022, 71 per cent of all households surveyed had experienced healthcare needs (not including COVID-19-related needs). Out of these, 16 per cent reported not having had timely access to health services. The main reasons were related to not being treated at health centers they attempted accessing (53 per cent), waiting a long time for an appointment (15 per cent), lack of specialists, medicine or equipment (9 per cent) and lack of money or means for transportation (8 per cent).

The main healthcare needs for refugees and migrants identified related to general health⁶¹⁷ (81 per cent), followed by specialized health services (24 per cent), prenatal and postpartum health (18 per cent), access to contraception and sexual and reproductive health (7 per cent), mental health services (3 per cent) and

antiretroviral medicines (0.6 per cent).⁶¹⁸ Compared to results from the JNA undertaken in 2021, households mentioned having greater access to health services in 2022 (an improvement of 5 per cent)⁶¹⁹. However, there are still great needs to be covered, mainly due to the saturation of the national healthcare system.

Boys and girls ages 0 to 4 years old require access to the regular vaccination schedule in order to avoid vaccine-preventable diseases, whether they are in-transit or reside in the country.⁶²⁰ According to the JNA, only 68 per cent of respondents reported having obtained the regular vaccinations available for all children of this age group in their households. Among the reasons for not vaccinating children, respondents reported having actively decided not to do so (31 per cent) and lack of vaccines in medical centers (11 per cent). It is essential that boys and girls have full access to the regular childhood vaccination schedule.⁶²¹

[617] General health care includes medical care, complementary tests and access to medication.

[618] GTRM Ecuador, Joint Needs Assessment, May 2021.

[619] 84% had access according to the JNA in 2022, compared to 79% in the JNA from 2021.

[620] Such as measles, pneumococcus, rubella, polio, rotavirus, yellow fever, among others, if not vaccinated.

[621] UNICEF, Immunization: Vaccines are the world's safest method to protect children from life threatening diseases: <https://www.unicef.org/immunization>

In relation to the access of refugees and migrants from Venezuela to COVID-19 vaccinations, according to the JNA, 86 per cent of refugees and migrants over 4 years age have received at least one dose of a vaccine against COVID-19, which is in line with the national

vaccination rate. Nevertheless, due to continuous onward movements of refugees and migrants to and through Ecuador, ongoing vaccination efforts remain a key need.

HUMANITARIAN TRANSPORTATION



Refugees and migrants from Venezuela continue to use irregular border crossing points to enter and transit through Ecuador due to their inability to meet visa requirements. Based on an R4V partner’s survey from 2021,⁶²² the lack of economic resources and information about transportation force recently arrived and in-transit populations to walk for long distances in adverse conditions. This situation leads to safety and health risks (particularly for children, pregnant women, the elderly, and people with disabilities) and protection risks (including GBV and human trafficking). A concerning scenario considering that 29 per cent of Venezuelans interviewed in the JNA in 2022 expect their families to join them or transit through Ecuador in the third quarter of 2022, where they are likely to face similar difficulties and be exposed to protection risks.

The need for humanitarian transportation is pressing among refugees and migrants who have been in the country for less than a year or who are staying temporarily in Ecuador, since they have fewer means

to access services and assistance. Whether they need to move on a day-to-day basis within a city or move between cities, lack of financial means to pay for safe transportation can restrict families’ access to health services (for the 8 per cent of households that did not have access to health services) or education (for the 22 per cent of children who do not attend school). For refugees and migrants living in the country for a year or more, lack of economic resources for transportation is often an obstacle for school attendance among school-age children.

As highlighted throughout this section, in view of the risks and consequences related to lack of access to safe transportation, refugees and migrants need support with day-to-day transportation as well as transportation between two points within the country under safe, regular, humane and dignified conditions allowing them to reach their destinations, reunite with their families, or access basic goods, services and assistance.

[622] According to IOM’s DTM published in June 2021, 62% of recently arrived refugees and migrants surveyed indicated having trouble in their journeys and 36% had no economic resources during their transit. IOM, *Flow Monitoring of the Venezuelan Population in Ecuador – Round 11, June 2021*, <https://migration.iom.int/reports/ecuador-monitoreo-de-flujo-de-poblacion-venezolana-ronda-11-junio-2021>



INTEGRATION



TOTAL
POPULATION

502.2 K



PEOPLE IN
NEED (PIN)

337.5 K



78.2 K



114.1 K



76.6 K



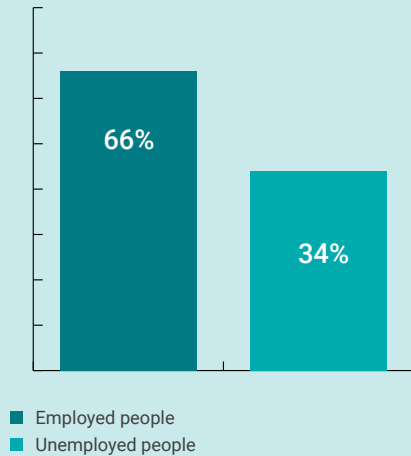
68.6 K



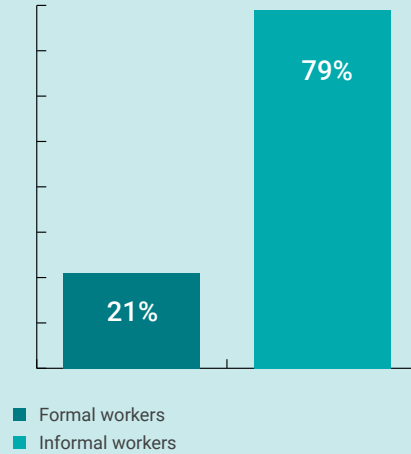
PIN PERCENTAGE

67.2%

PERCENTAGE OF PEOPLE IN THE HOUSEHOLD WITH AND WITHOUT EMPLOYMENT IN THE FORMAL AND INFORMAL SECTORS



PERCENTAGE OF PEOPLE WITH FORMAL AND INFORMAL EMPLOYMENT



According to the JNA conducted in 2022, 79 per cent of the two out of three Venezuelans with some form of employment, work in the informal sector. Informal employment – and its associated vulnerabilities and inadequacies, including lower salaries and poorer working conditions – are correlated with a lack of regular status in the country. Almost three out of four Venezuelans (73 per cent) of the refugee and migrant population in Ecuador is in an irregular situation. Needs related to supporting their entrepreneurship are key, since 34 per cent do not have any form of employment.

Inadequate working conditions have also been identified as a key issue for refugees and migrants. According to multiple studies,⁶²³ labour conditions for refugees and migrants from Venezuela are poorer compared to those of the host community. On average, Venezuelans work five hours more per week than Ecuadorians but are paid 41 per cent less. Moreover, while the formal minimum wage for Ecuadorians is USD 420, the JNA shows that 73 per cent of households report an average monthly income per capita of up to USD 85.60.⁶²⁴ Furthermore, 44 per cent of the surveyed households fall below the extreme poverty line of USD 48.24 monthly income.

[623] See, e.g., ILO, *Tacit and explicit barriers to the employment of people in a situation of human mobility in Ecuador, July 2021*; and World Bank, *Challenges and opportunities of Venezuelan migration in Ecuador, Quito, 2020*.

[624] *Equivalent of Ecuador's poverty line according to the National Institute of Statistics and Census, 2022*.

Salary inequity is even more severe among women.⁶²⁵ In addition, Venezuelan women and girls face greater obstacles to safe and dignified employment: data shows that 72 per cent of Venezuelan women have experienced GBV in Ecuador,⁶²⁶ with a separate survey finding that 38 per cent of survivors of GBV identified their work colleagues or supervisors as perpetrators.⁶²⁷

Refugees and migrants also face barriers to financial inclusion. According to a study on Venezuelans' financial inclusion in the cities of Quito and Guayaquil,⁶²⁸ 86 per cent reported having access to financial products and services in Venezuela, while this percentage dropped to 18 per cent when asked about their access in Ecuador. Regarding the financial products and services most used by the Venezuelan population, 82 per cent use savings accounts, 9

per cent credit or debit cards, and 6 per cent other products such as insurance, remittances and money transfers. Similarly, a 2022 study conducted by an R4V partner found that only 19 per cent of surveyed Venezuelans have a bank account.⁶²⁹

Furthermore, the JNA found that 54 per cent of surveyed households reported having experienced some type of discrimination. Of those, 98 per cent were discriminated against because of their nationality. It is also important to note that 64 per cent of people who identify as non-binary report experiencing additional discrimination due to their actual or perceived sexual orientation and/or gender identity.⁶³⁰ Discrimination in all its forms limits economic opportunities, prevents host communities from benefiting from refugees and migrants' skills and increases risks of abuse and exploitation in the work environment.

NUTRITION



In Ecuador, 27 per cent of all children under 2 years of age suffer from chronic malnutrition, including refugees, migrants and host community members.⁶³¹ Chronic malnutrition is one of the biggest public health problems in Ecuador, which has the second highest rates of malnutrition in Latin America and the Caribbean.⁶³² Chronic malnutrition affects boys' and

girls' development, negatively impacting their health and education prospects.

Chronic child malnutrition is a multicausal problem that requires intersectoral actions with a focus on the first 1,000 days of life. It is important to emphasize that chronic child malnutrition is not a problem limited to food access, and that other factors, such

[625] IOM, DTM, Ecuador, June 2021.

[626] Plan Internacional, Estudio sobre violencia basada en género hacia las mujeres migrantes y/o refugiadas en los países receptores de Perú y Ecuador, 2022, https://www.r4v.info/es/document/Plan_Internacional_Estudio_Binacional_VBG_Feb22

[627] IOM, DTM Venezuelan Population Flow Monitoring, Ecuador – Round 11, June 2021.

[628] USAID/WOCU, Study of Financial Inclusion of Venezuelan Refugees and Migrants and Local Population in the Cities of Lima-Peru and Quito and Guayaquil-Ecuador, 2020.

[629] UNHCR, Ecuador - Technical Note on Access to Financial Services, March 2022.

[630] A high percentage of people of non-binary gender identity expressed having been discriminated against additionally due to their sexual orientation (36%) and/or their gender identity (29%), IOM, DTM Ecuador – Round 11 June 2021.

[631] ENSANUT, National Survey on Health and Nutrition, Tomo 1, 2018.

[632] UNICEF, La desnutrición crónica es un problema que va más allá del hambre, <https://www.unicef.org>

as access to timely health services, proper water and sanitation, and parenting practices play a key role in the prevention of chronic child malnutrition. Refugees and migrants are less likely to have access to this combination of enabling environments, and therefore are more at risk for malnutrition.

According to the JNA, 81 per cent of surveyed households include children and adolescents; out of which 45 per cent correspond to children between 0 and 4 years of age, a priority group for ensuring access to adequate nutrition. Among these children, 71 per cent do not have access to sufficient food (including partial access or no access). As previously stated, the main need reported by refugees and migrants in the JNA is access to food: 66 per cent of family groups surveyed reported problems accessing food, and as a coping strategy in response, 88 per cent chose to consume cheaper or lower quality food, 80 per cent reduced the size of daily meal portions, while 54 per cent restricted the food of other family members to benefit children due to the difficulties faced in meeting household needs.

Six per cent of family groups interviewed in the JNA include pregnant women and 19 per cent include lactating women. In addition, out of the total

households with girls, 1 per cent reported having pregnant girls and 1 per cent lactating girls. According to the Ministry of Public Health,⁶³³ in 2021 only 5 per cent of all prenatal care offered by the public health system was delivered to refugee and migrant women, 17 per cent of which was for girls between ages 10 and 19 years old. Barely 10 per cent of pregnant refugee and migrant women had access to 5 or more prenatal check-ups and only 29 per cent had access to complete iron and folic acid supplementation, which are key to promote proper nutrition for both mothers and developing infants.⁶³⁴

In Ecuador, 1,234 children of refugees and migrant mothers under one year of age had access to at least one well-child visit between 2019-2021. However, no child under 1 year of age of a refugee or migrant mother had accessed a complete healthy child control scheme.⁶³⁵ This is of particular concern given that child growth and development controls allow early detection of alterations in cognitive, physical and nutritional development, and that the lack of access to specialized healthcare and nutrition services for refugee and migrant children can have long-term consequences in their development.

PROTECTION



According to the 2022 JNA, one of the main protection challenges faced by refugees and migrants in Ecuador is access to regularization. 73 per cent of respondents indicate that they are in an irregular situation either because they have not been able to obtain a visa or because their visa has expired.

Among Venezuelans holding a visa, the most common is the humanitarian visa (VERHU) (11 per cent), followed by the permanent residence (3.5 per cent), the asylum-seeker visa (2.8 per cent) and the Union of South American Nations (UNASUR) visa (2.6 per cent). The high percentage of Venezuelans

[633] Ministry of Public Health, Ecuador Administrative Data, 2021., <https://www.salud.gob.ec/wp-content/uploads/2022/06/Boletin-de-indicadores-ENI-JUNIO-2022.pdf>

[634] GTRM Ecuador, Joint Needs Assessment, May 2021.

[635] Ibid.

in irregular situations has a direct impact on their access and ability to enjoy rights and services and increases their vulnerability, particularly in the case of children. The lack of regular status also limits job opportunities and overall local integration prospects.

On 1 June 2022, the Ecuadorian Government announced the first phase of a new registration and regularization exercise focused on Venezuelan nationals.⁶³⁶ According to information from authorities, registration will be the first step of this process, which will provide eligible Venezuelans with a two-year visa and an identity card issued by the civil registry. However, regulations from multiple ministries are pending to understand the scope and details of this process. The main needs of refugees and migrants from Venezuela during the regularization process include adequate and timely information, as well as economic resources to cover associated costs including transportation and legal fees.

Meanwhile, 48,571 applications for refugee status have been filed by Venezuelans in Ecuador: with 3,352 of these currently holding a regular status as asylum-seekers and 1,171 having been recognized as refugees.⁶³⁷ Venezuelans currently represent 71 per cent of all asylum applications in the country.⁶³⁸ Refugees and migrants need access to specialized information to determine how to proceed with a potential choice between regularization and alternative international protection pathways.

In terms of other protection issues and risks, 86 per cent of JNA respondents reported having to resort to negative coping mechanisms to meet their basic needs, such as borrowing money, increasing working hours, selling their assets, begging, withdrawing children from school, and sending children to work. Moreover, a high percentage (93 per cent) of the refugees and migrants who reported having

experienced situations of discrimination (36 per cent of the total population surveyed) attributed them to their nationality (93 per cent). Competition for access to livelihoods, and the presence of Venezuelans in public spaces (sleeping in parks, bus terminals, etc.) particularly in urban settings, has contributed to aggravating tension with local communities. Female sex workers have been particularly affected by discrimination and xenophobia, sexual violence, and denial of access to protection systems or COVID-19 support programmes: they reported experiencing exploitation, homelessness, barriers to accessing documentation and discrimination during legal aid procedures based not only on their nationality but on the type of work they perform.⁶³⁹ Refugees and migrants aspire to achieve peaceful coexistence with their host communities, as xenophobic attitudes increase protection risks (particularly the risk of violence, including sexual and gender-based violence) and prohibit integration.

Additional protection concerns were also identified relating to refugees' and migrants' access to the right to decent housing.⁶⁴⁰ In Ecuador, 72 per cent of Venezuelans surveyed had left behind their own homes in Venezuela and currently live in Ecuador in rented housing (94 per cent),⁶⁴¹ many of them in overcrowded conditions. The Venezuelan population in Ecuador has extremely limited access to home ownership, and faces risks derived from informal lease contracts.⁶⁴²

A recent R4V partner's survey⁶⁴³ shows that a considerable portion of refugees and migrants from Venezuela have specific protection needs or belong to priority attention groups, such as survivors of GBV (17 per cent), people suffering from a chronic disease (23 per cent), pregnant or lactating women (12 per cent), people with disabilities (11 per cent) and UASC

[636] Executive Decree No. 436, 1 June 2022, https://www.fielweb.com/App_Themes/InformacionInteres/d436.pdf

[637] Directorate of International Protection, Ministry of Foreign Affairs and Human Mobility, <https://www.cancilleria.gob.ec>

[638] Reporte estadístico de la Dirección de Protección Internacional del Ministerio de Relaciones Exteriores y Movilidad Humana, <https://www.cancilleria.gob.ec/2020/06/18/sobre-refugio-datos-actualizados/>

[639] R4V Regional Protection Sector and the Organization of American States (OAS), Regional diagnosis on the impacts of the COVID-19 pandemic on refugees and migrants from Venezuela, October 2021, https://www.r4v.info/sites/default/files/2022-02/R4V_ENG_WEB_compressed_0.pdf

[640] R4V Regional Protection Sector, Analysis of the results of the survey of abandoned homes in Venezuela and the situation of homes in host countries for refugee and migrant households from Venezuela, June 2022, (Mimio)

[641] *Ibid.*

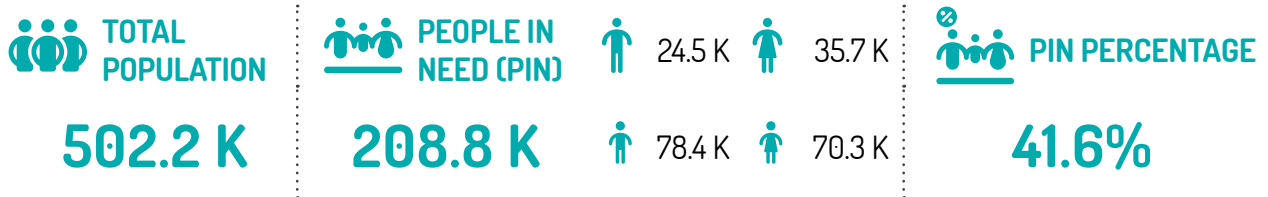
[642] R4V Regional Protection Sector, Regional Survey on Evictions of Refugees and Migrants from Venezuela, Analysis of the main impacts and needs, February 2021.

[643] UNHCR, Protection Monitoring Q1, June 2021, <https://data.unhcr.org/en/documents/details/87953>

(1 per cent). Members of these groups in particular need access to specialized protection routes, legal advice, psychological support and livelihoods in order to reduce

their risks to protection threats and recover from already lived experiences of violations of their rights.

CHILD PROTECTION



According to the JNA undertaken in 2022, 81 per cent of Venezuelan households in Ecuador reported having children within them, out of whom 28 per cent indicate that one or more children were born in Ecuador. Additionally, 2 per cent of family groups with children indicate that one or more are not accompanied by their legal guardian or parents, and 2 per cent report having pregnant or lactating girls in their households. Both groups require specialized assistance and support tailored to their needs.

Taking into consideration these household profiles, the provision of legal assistance is a key need for refugee and migrant children. Of the boys and girls born in the country, 20 per cent do not have a birth certificate,⁶⁴⁴ exposing them to risks of statelessness and access constrains to basic services. Additionally, 76 per cent of respondents with children in their households indicate not having a visa or having an expired visa.⁶⁴⁵ The lack of documentation puts children in vulnerable situations and heightens protection risks.

As per the JNA, 27 per cent of Venezuelan children aged between 5 to 17 years of age and 74 per cent of children aged 0 to 4 years of age were identified as not attending school or early childhood education. This high proportion of children outside the education

system implies a greater risk of being exposed to violence and child labour. The most cited reasons for children's non-attendance in schools were related to economic barriers (22 per cent report not being able to cover costs related to transportation, uniforms, and school supplies) and lack of documentation (14 per cent). Child pregnancy is also mentioned (1 per cent), since pregnant girls often face discrimination and are expected to support their households and oversee children, which affects their access to secondary education and the possibility of accessing tertiary education.

Regarding UASC and the 2 per cent of households identified through the JNA with at least one separated child, assistance data shared by R4V partners indicates that the actual number of UASC is likely much higher, as R4V partners report, on average, 200 UASC identified every month.⁶⁴⁶ These children and adolescents travel without the company of their parents or legal guardians and are one of the most vulnerable groups exposed to protection risks, including sexual exploitation and human trafficking, with serious consequences for their mental and physical integrity.

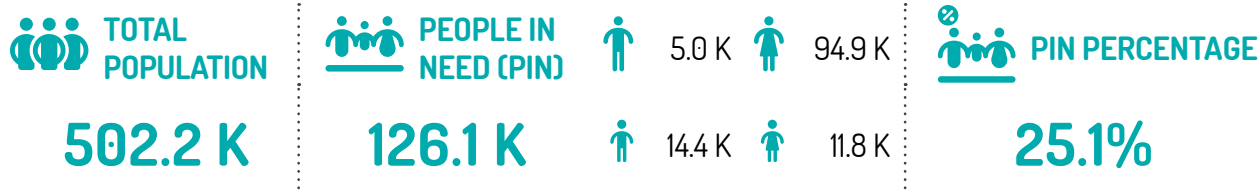
[644] NRC, 'Stay, don't give up'. Data from the integration report of Venezuelan refugees and migrants in Ecuador, 2022.

[645] GTRM, Joint Needs Assessment, May 2022, <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2022>

[646] The methodology for the JNA in 2022 was to interview adults about the members of their households; this therefore excluded interviewing either child-headed households or unaccompanied children. This is an important factor to explain why UASC are under-counted among households interviewed for the JNA 2022, compared to the total number of UASC registered with R4V partners in Ecuador.



GENDER-BASED VIOLENCE (GBV)



Ecuador presents high levels of GBV, with 65 out of every 100 women reporting having experienced GBV in their lifetimes, classified by type of violence as follows: psychological (57 per cent), physical (35 per cent), sexual (33 per cent) and patrimonial (16 per cent).⁶⁴⁷ Ethnicity, gender, age, disability and migration statuses are associated with higher incidences of GBV, with refugee and migrant women and girls at greater risk⁶⁴⁸. Between August 2014 and July 2022, a total of 1,484 homicides of women were recorded, out of which the justice system registered 567 as femicides.⁶⁴⁹ 3.3 per cent of reported victims were refugees and migrants.⁶⁵⁰

With regards to refugees and migrants from Venezuela, 72 per cent of women report directly knowing women who have faced some type of GBV in Ecuador,⁶⁵¹ while 85 per cent of LGBTQI+ persons report having suffered from psychological violence and 41 per cent not having access to health services and medicines.⁶⁵² According to the JNA conducted in 2022, 78 per cent of respondents identified as female and 0.7 per cent identified with another gender. Eighty-one per cent of households report having one or more children or adolescents, 6 per cent pregnant women,

and 19 per cent lactating women, in addition to 2 per cent that report having pregnant and lactating girls. Many of these profiles have specific needs and are exposed to vulnerable situations, including GBV risks.

According to the JNA 2022, when respondents were asked about their knowledge of cases of domestic violence in the immediate environment and/or community, 18 per cent of Venezuelans knew of such cases. Furthermore, 25 per cent of households reported having to share their bath or shower with strangers, which represents an additional GBV risk, while 22 per cent reported that their shower does not have a lock. Among the 72 per cent of Venezuelan women who report knowing women who are facing some type of GBV in Ecuador, 52 per cent of the identified perpetrators were partners or ex-partners, 47 per cent strangers, and 38 per cent supervisors or co-workers.⁶⁵³ Venezuelan refugee and migrant survivors of GBV often face barriers to access local services, including due to lack of information on such services, referral pathways, and GBV case management and sexual and reproductive health services.

[647] INEC, *Encuesta Nacional sobre Relaciones Familiares y Violencia de Género contra las Mujeres (ENVIGMU)*, November 2019, <https://www.ecuadorencifras.gob.ec/documentos/web->

[648] INEC, *Encuesta Nacional sobre Relaciones Familiares y Violencia de Género contra las Mujeres (ENVIGMU)*, November 2019, https://www.ecuadorencifras.gob.ec/documentos/web-inec/Estadisticas_Sociales/Violencia_de_genero_2019/Principales%20resultados%20ENVIGMU%202019.pdf

[649] *At the same time, Fundación ALDEA registered 1,045 femicides between 2014 and 2021, amounting to a femicide in Ecuador every 67.1 hours. Fundación ALDEA, Spotlight Initiative, 2022.*

[650] *Plan Internacional, Estudio sobre violencia basada en género hacia las mujeres migrantes y/o refugiadas en los países receptores de Perú y Ecuador, 2022.*

[651] *Ibid.*

[652] *Fundación Mujer & Mujer, UNFPA, Consejo Nacional para la Igualdad de Género (CNIG), Encuesta para identificar vulnerabilidades en la población LGBTQI+, en el marco de la emergencia por COVID-19, Informe de resultados, 2021, https://mujerymujer.org.e*

[653] *Plan Internacional, 2022. Ibid.*

HUMAN TRAFFICKING & SMUGGLING



According to a governmental 2021 Trafficking in Persons (TIP) Report,⁶⁵⁴ refugees and migrants from Venezuela, together with indigenous and Ecuadorian and Colombian refugees of African descent, are particularly vulnerable to trafficking in Ecuador. Findings show that traffickers use Ecuador as a transit route for trafficking of refugees and migrants to third countries. Women, children, LGBTQI+ individuals, refugees and migrants are the most at risk for sex trafficking. Traffickers reportedly lured Venezuelans in vulnerable situations – particularly those in irregular situations – with fake and fraudulent employment opportunities, and later forced them into sex trafficking and other forms of forced labour. The report also indicates that, in 2020, Ecuadorian authorities identified 140 victims of trafficking (of all nationalities). Meanwhile, the Interactive Map of the Crimes of Human Trafficking and Smuggling of Migrants of the Ministry of Government⁶⁵⁵ reports, between 2019 and 2022, there were 77 identified victims of trafficking, of whom 89 per cent were women and 11 per cent men. Of these, 45 per cent were between 19 and 64 years old, 34 per cent were between 12 and 17 years old, and 5 per cent were between 0 and 11 years old. A total of nine Venezuelans were identified as victims. It should be noted that there are multiple limitations to gathering information and identifying cases of trafficking due to the hidden nature of the crime, as traffickers often isolate victims from their families and communities, and therefore the reported data should be taken

only as a reference and not be interpreted as an indication of prevalence.

Testimonies collected by R4V partners⁶⁵⁶ show that regularization mechanisms and legal entry pathways are two of the main needs of refugees and migrants from Venezuela. This would allow them to avoid vulnerability to human trafficking, as they use irregular entries to avoid border controls and visa requirements, and in the process are exposed to extortion, human trafficking, smuggling and other risks. The factors that heighten the risks of human trafficking are multifaceted. As per findings from the 2022 JNA, 34 per cent of the refugees and migrants from Venezuela surveyed are unemployed (compared to a 5.3 per cent urban unemployment rate in Ecuador) and 79 per cent work in the informal sector. Moreover, 73 per cent of surveyed Venezuelans are in an irregular situation in Ecuador, and 36 per cent reported experiencing discrimination and xenophobia. The inability to meet basic needs and the risks related to unemployment and precarious work conditions, in addition to their irregular situation, puts refugees and migrants at greater risk of trafficking or exploitation.

In order to mitigate the risks related to human trafficking, refugees and migrants require specialized services for victims, access to safe and effective reporting mechanisms, and increased capacity by relevant authorities to provide a victim-centred response.

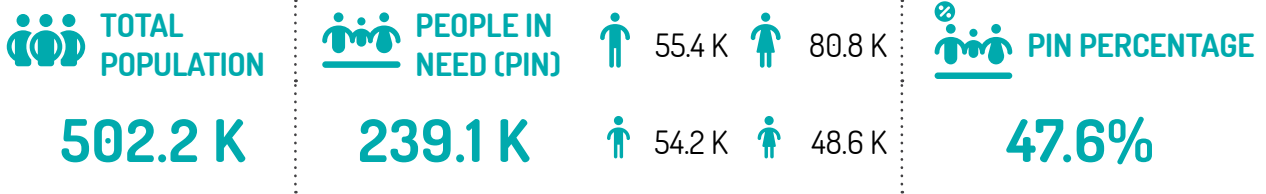
[654] U.S. Department of State, Office to Monitor and Combat Trafficking in persons, *2021 Trafficking in Persons Report, 2021*, <https://www.state.gov/reports/2021-trafficking-in-persons-report/>

[655] Ministry of Government, *Map Interactivo de los Delitos de Trate de Personas y Tráfico Ilícito de Migrantes en Ecuador*, <http://www.trataytrafico.gob.ec/estadisticas/mapaecuador>

[656] CARE, *Fundación Alas de Colibrí y Diálogo Diverso, Situación de Derechos Humanos de migrantes de Venezuela en el Ecuador, August 2020*.



SHELTER



In Ecuador, according to the 2022 JNA, 73 per cent of households interviewed have resided in the country for more than one year, and 91 per cent intend to stay in Ecuador.⁶⁵⁷ Adequate and dignified shelter was the second most prioritized need of interviewed households. While 92 per cent of households live in rented homes, the conditions of accommodations accessible to them is of particular concern, given that the average income for a 4-member household is USD 212.81. Fifty-four per cent of households consider the conditions of their accommodations to be regular, whereas 4.6 per cent rate it as bad and 1.8 per cent as very bad.

The JNA shows that 21 per cent of households experienced housing problems in the past six months, including those related to abuses/problems with landlords (46 per cent), discrimination (23 per cent), and problems with other residents (22 per cent).⁶⁵⁸ For those who consider their rented accommodation very bad, bad or regular (60 per cent of households), 46 per cent report it is due to it being in a bad state, 30 per cent due to lack of furniture, 20 per cent due to overcrowding, and 14 per cent due to insecurity. With regards to overcrowding, 35 per cent report having to

share their accommodations with other households. Finally, 51 per cent of households have been forced to move multiple times since they arrived in Ecuador (on average, 2.3 times since their arrival), out of whom 62 per cent moved in search of cheaper housing, 14 per cent in order to move to a safer place, and 14 per cent due to evictions. Moreover, the longer the time spent in Ecuador, the more often families reported relocating. This shows the wide range of barriers faced by refugees and migrants from Venezuela in accessing safe and adequate shelter and integrating in Ecuador.

With regards to the Venezuelan population in-transit, according to an R4V partner's monitoring survey,⁶⁵⁹ refugees and migrants report finding a place to sleep as one of the top three challenges they face during their journeys. Venezuelans in-transit and new arrivals report a growing need for collective/ temporary shelter solutions, which are vital to ensure their physical integrity and overall protection. In this context, 19 per cent of Venezuelans newly arriving to or transiting through Ecuador do not have a place to sleep along their route, exposing thousands of people to protection risks.

[657] The figure includes the accumulated official migratory balance of arrivals and departures of Venezuelan refugees and migrants, as well as an estimate of the irregular migratory balance through the use of the GTRM Interagency Border Monitoring and Flow Characterization System.

[658] The 29% that corresponds to "others" includes responses such as: problems due to poor housing conditions, eviction or attempted eviction, non-payment or late payment of rent due to economic problems, among others.

[659] IOM, DTM Tulcán and Huaquillas, Ecuador, May 2022.



WASH



WASH needs differ for refugees and migrants in-transit and those who live in Ecuador. Those in-transit, especially people who have no means of transportation and resort to walking long distances along main highways and busy roads, require essential WASH assistance, such as drinking water, personal hygiene items and access to sanitation, along the road, in temporary shelters and at border crossing points.

For those refugees and migrants from Venezuela living in Ecuador, in rural areas, most have access to a piped water service (98 per cent), but only 14 per cent of households have a water meter (compared with 45 per cent for the general population);⁶⁶⁰ this indicates that there is a higher risk of receiving lower quality service for drinking water provision. This assumption was confirmed by the JNA conducted in May 2022, which shows that 31 per cent of Venezuelan households experience water service interruption. This is a higher proportion compared with the 2021 JNA data (a 3.7 per cent increase). Moreover, 10 per

cent of surveyed Venezuelans report interruption of water services due to the provider, and 19 per cent report interruption of water services due to lack of payment. For the latter, the capacity to pay the water bill has decreased by more than 5 per cent in comparison to the 2021 JNA.⁶⁶¹

Furthermore, 7 per cent of surveyed households share sanitation facilities, such as showers, with other families, which is almost twice as much compared to the general population in Ecuador.⁶⁶² The 2022 JNA also identified that 25 per cent of Venezuelan households share a toilet with other families and 22 per cent of them consider that their sanitation facilities are not safe to use.

Finally, refugees and migrants accessing WASH facilities in public institutions, such as schools and healthcare facilities, especially in peri-urban areas which have absorbed greater numbers of arrivals of Venezuelans, face barriers due to the high demand and pressure on service provision in these facilities.

[660] INEC, ENEMDU Anual, 2021, <https://www.ecuadorencifras.gob.ec/enemdu-anual/>

[661] GTRM, Joint Needs Assessment, 2021, <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2022>

[662] INEC, ENEMDU Anual, 2021, <https://www.ecuadorencifras.gob.ec/enemdu-anual/>



CASH AND VOUCHER ASSISTANCE (CVA)

The 2022 JNA shows the same priority needs for refugees and migrants as in 2020 and 2021: food (which 83 per cent of respondents identified as their main need), shelter (64 per cent), employment (53 per cent) and health care (27 per cent). This is followed by documentation (22 per cent) and education (18 per cent). While access to food has improved over the past years, a worrying 66 per cent of households still only partially or not at all meet their food needs.

The JNA also shows that the lower the household income, the lesser the access to food, with more vulnerable groups obliged to resort to harmful coping mechanisms. Access to employment, formal and informal, has improved since 2021; however, for 74 per cent of households, the average per capita income is lower than 85.60 USD (which is the income poverty threshold established by the Ecuadorian Statistic and Census National Institute, INEC). Furthermore, 44 per cent of households fall below the extreme poverty line of USD 48.24.

As a result of a lack of resources to meet their basic needs, households must prioritize some expenditures over others, with food receiving the highest ranking (73 per cent) followed by shelter (68 per cent) and health (47 per cent). With regards to education, of the 27 per cent of households with out-of-school children, 22 per cent report that the reason is not being able to afford it, despite education being among the main needs reported.

The outlook of the most compelling needs of the refugee and migrant population, and of their capacities to cope, is aggravated by a difficult economic situation in Ecuador, worsened by the global

economic consequences of the conflict in Ukraine and ongoing global supply chain issues resulting from the COVID-19 pandemic, including rising inflation affecting especially food items. Although Ecuador is somewhat shielded by its currency (US dollar) and by being an oil producing and exporting nation, the cost of living and thus the minimum expenditure basket are on the rise (1.22 per cent and 2.16 per cent monthly increases for the survival and the livelihood baskets, respectively, set at USD 529.07 and USD 751.04 as of June 2022⁶⁶³). At the same time, as the JNA shows, the average monthly income of USD 235.54 for a Venezuelan family of four is notably lower than the minimum expenditure basket, and not even enough to cover household food needs (the food component is set at 249.36 for the livelihood basket and USD 228.67 for the survival basket, as of June 2022⁶⁶⁴).

In this context, particularly given that refugees and migrants from Venezuela in an irregular situation do not have access to the national social protection system, they are in desperate need of support to meet their basic needs, according to the priorities and particular profiles and circumstances of each household, so that they are less exposed to protection risks, at risk of harmful coping mechanisms and have a better chance of integrating into society.

[663] INEC, Consumer Price Index (CPI), 2022, https://www.ecuadorencifras.gob.ec/documentos/web-inec/Inflacion/2022/Junio-2022/01%20ipc%20Presentacion_IPC_jun2022.pdf

[664] *Ibid.*

PERU



PERU

AT A GLANCE

 TOTAL POPULATION

1.49 M

 PEOPLE IN NEED (PIN)

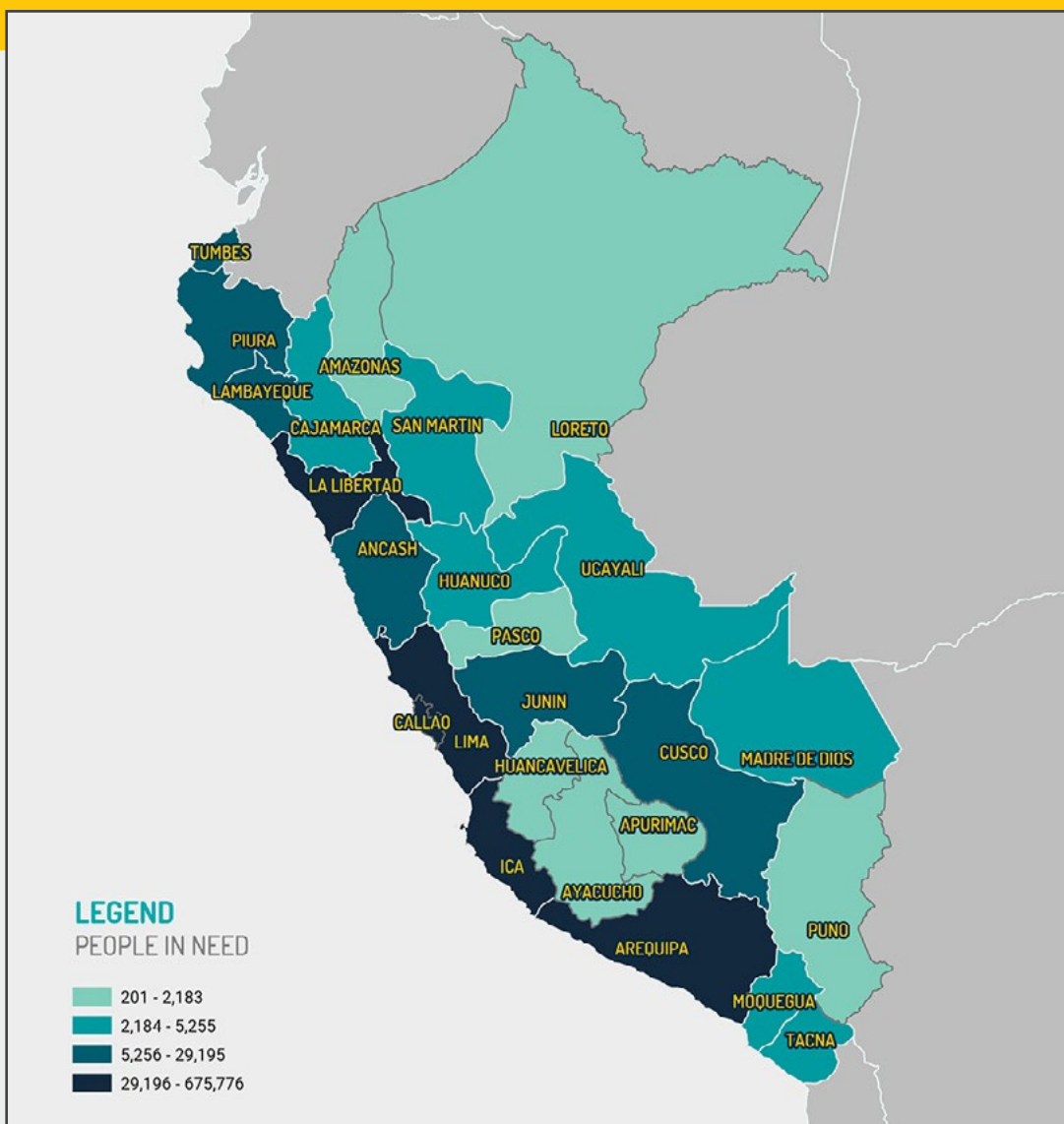
966.2 K

























 297.8 K  318.2 K

 180.8 K  169.4 K

 PIN PERCENTAGE

64.8%



	Sector	Total population	People in need (PiN)	PiN percentage	
	Education	1.49 M	777.8 K	52.2%	
	Food Security	1.49 M	849.7 K	57.0%	
	Health	1.49 M	766.2 K	51.4%	
	Humanitarian Transportation	1.49 M	133.8 K	9.0%	
	Integration	1.49 M	721.5 K	48.4%	
	Nutrition	1.49 M	69.5 K	4.7%	
	Protection	1.49 M	909.3 K	61.0%	
	Child Protection	1.49 M	268.3 K	18.0%	
	Gender-Based Violence (GBV)	1.49 M	468.1 K	31.4%	
	Human Trafficking & Smuggling	1.49 M	314.5 K	21.1%	
	Shelter	1.49 M	538.1 K	36.1%	
	WASH	1.49 M	320.5 K	21.5%	

COUNTRY OVERVIEW

Peru hosts the second largest population of refugees and migrants from Venezuela, estimated at 1.49 million by July 2022,⁶⁶⁵ including the greatest number of asylum-seekers in the region⁶⁶⁶ and the largest number of Venezuelans living in a city (Lima-Callao) outside of Venezuela itself.⁶⁶⁷ This represents an enormous challenge and opportunity to address the needs in Peru's predominantly urban context, and underline human mobility as an enabler of sustainable development.

The methodologies used by the R4V National Platform in Peru (GTRM by its Spanish acronym) in 2022 to identify the needs of refugees and migrants from Venezuela include a Secondary Data Review of 66 documents, the representative survey ENPOVE 2022, official data shared by 10 government institutions, and publicly available information.⁶⁶⁸ The second step consisted of a Joint Strategic Needs Assessment (JSNA) conducted from 15 June to 3 July 2022, with the participation of over 40 organizations⁶⁶⁹ interviewing by phone almost 500 key informants.⁶⁷⁰ A third step consisted of five sectoral analysis workshops⁶⁷¹ where all collected information was thoroughly discussed with sectoral specialists from

51 organisations. Both the JSNA and the workshops were characterized by active participation of Venezuelan community-based organizations.

Peru is still advancing in its socio-economic recovery after the COVID-19 pandemic, during which it had one of the world's highest death rates per capita.⁶⁷² The current global crisis is taking a toll on Peru's economy, with high inflation, particularly on food items,⁶⁷³ worsening the already challenging food insecurity situation for Venezuelans, which is a key concern.⁶⁷⁴ Additionally, political instability continues to result in the recurrent turnover of public officials, which hampers progress in advocacy efforts with authorities and consistency of the response to refugees and migrants.

Despite government efforts and regularization initiatives implemented during 2021 and 2022, the ENPOVE found that 35 per cent of Venezuelans living in Peru are in an irregular situation. Correspondingly, regularization granting permanent residence is one of the main needs of refugees and migrants from Venezuela in Peru.

- [665] R4V Regional Platform, *Venezuelan Refugees and Migrants in Latin America and the Caribbean*, July 2022, <https://www.r4v.info/es/document/r4v-america-latina-y-el-caribe-refugiados-y-migrantes-venezolanos-en-la-region-julio-2022> Data provided by SNM 2022, in response to request for information through the letter N°OIM-CoM-029-2022, 3 August 2022.
- [666] 532,000 Venezuelan asylum-seekers in Peru, according to data provided by UNHCR as of 31 December 2021. See R4V Regional Platform, *Total Pending Asylum Claims Per Country*, accessed 2 August 2022, <https://www.r4v.info/en/pending-asylum-claims>
- [667] *Share of persons registered with the National Superintendence for Migrations residing in Lima and Callao by July 2022, applied to the overall estimate of Venezuelan population in the country. This represents 1,118,000 persons, Superintendence of Migration Dataset, July 2022/ 1,043,000 Venezuelan.*
- [668] *National Survey of the Venezuelan Population in Peru (ENPOVE for Spanish acronym). The ENPOVE-2022 was led by the National Institute for Statistics and Informatics (INEI) of the Government of Peru, which collected data in eight cities in the country. The survey is representative at the national level. INEI, II ENPOVE Survey 2022, 2022.*
- [669] 32 GTRM partner organizations and 10 other partners.
- [670] *GTRM Peru, Joint Strategic Needs Assessment (JSNA), 2022. Groups included, from among the Venezuelan refugee and migrant population, people with disabilities, the elderly, persons in an irregular migratory situation, persons with mental health problems, people in situations of homelessness, children and adolescents, pregnant and lactating women, women and adolescents of reproductive age, persons with chronic health issues, persons living with HIV, single-headed households, survivors of GBV, and LGBTQI+ persons. The JSNA focused on groups in a situation of vulnerability, with key informants: type A being refugees and migrants from Venezuela belonging to these groups, type B community leadership and volunteers and type C civil servants and personnel of organizations working with Venezuelans and host communities.*
- [671] GTRM Peru, *Sectoral Analysis Workshops*, 6 to 13 July 2022.
- [672] Johns Hopkins Coronavirus Resource Center. *Mortality Analyses*, <https://coronavirus.jhu.edu/data/mortality>
- [673] *As of May 2022, the yearly inflation rate for food and energy was 12.7%, according to Peru's Central Reserve Bank, Synthesis Inflation Report June 2022, page 4, https://www.bcrp.gob.pe/docs/Publicaciones/Reporte-Inflacion/2022/junio/reporte-de-inflacion-junio-2022-sintesis.pdf.*
- [674] GTRM Peru, *Sectoral Analysis Workshops*, 6 to 13 July 2022.



Venezuelans also identified improving their income-generating prospects as a priority for integration. There is limited access to livelihoods among refugees and migrants from Venezuela, both as employees and as entrepreneurs, and low employment security, with 80 per cent of Venezuelans working in the informal sector.⁶⁷⁵ When employed, Venezuelans receive on average 20 per cent less pay than Peruvians,⁶⁷⁶ and as entrepreneurs struggle to formalize their initiatives, access credit, and scale-up their businesses.⁶⁷⁷

Venezuelans also reported requiring access to reliable information on available services and associated procedures – such as documentation, health, education and employment – which should be tailored to the special needs of groups in a situation of particular vulnerability.⁶⁷⁸

Moreover, refugees and migrants were found in need of protection and support to address numerous challenges to their safety and well-being, including violence and xenophobia, human trafficking and smuggling, harassment (including sexual

harassment) and discrimination in housing and employment, among other risks⁶⁷⁹ that they reported experiencing on a regular basis.⁶⁸⁰

Finally, refugees and migrants in-transit and recently arriving in-destination have particular needs for humanitarian assistance, including access to documentation and regularization pathways, WASH services, food and shelter.⁶⁸¹ According to inter-agency monitoring carried out by the GTRM, movement occurs largely through irregular border crossings into and out of the country from the north, south and south-east borders, with irregular transit being the norm given that Venezuelans are unable to obtain visas due to a lack of passport or other personal identification documents, as well as prohibitive costs.⁶⁸² Those traveling in vulnerable conditions have the most urgent needs. This concerns predominantly those with children, pregnant and lactating women, the elderly, people with critical or chronic diseases and people with disabilities.

[675] INEI, ENPOVE Survey, 2022.

[676] ENPOVE 2022 provided the average monthly income for Venezuelans which was compared with the average Peruvian monthly salary.

[677] GTRM Peru, JSNA, 2022.

[678] GTRM Peru, JSNA 2022.

[679] At least four bills have been recently discussed in Congress proposing to implement tougher rules to restrict Venezuelan refugees' and migrants' access to rights: PL-074 is one such example.

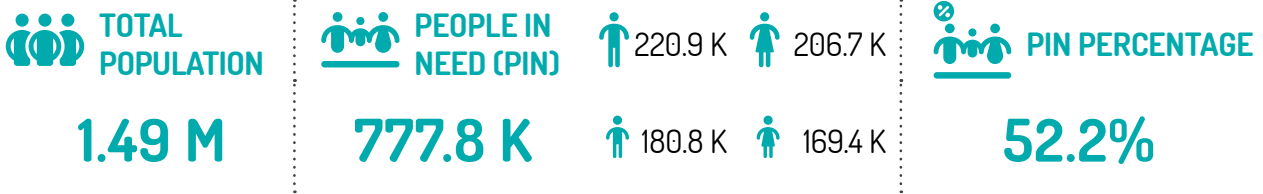
[680] According to the INEI, ENPOVE Survey 2022, a third of the Venezuelan population living in Peru has experienced discrimination, and their perception is that discrimination has increased after the pandemic. According to the JSNA, key informants identified xenophobia and discrimination from neighbors as one of the main barriers to find and stay in a permanent home, to register children and adolescents in school and to remain in it (as a result of bullying), to access employment and improve their working conditions, among other challenges.

[681] GTRM Peru, Sectoral Analysis Workshops, 6 to 13 July 2022.

[682] GTRM Peru, Single Inter-agency Counting and Characterization exercise (CCUI), Tumbes; R4V, Q2 Movements Report, September 2022, <https://www.r4v.info/en/document/r4v-movements-report-second-quarter-2022>



EDUCATION



Access to a quality inclusive education for refugee and migrant children and adolescents remains a priority need for Venezuelans. The 65 per cent of key informants to the JSNA providing information on education mentioned limited enrolment slots as one of the main barriers faced by Venezuelans to register children in public schools, which is particularly important with the reopening of schools following the COVID-19 pandemic. Linked to this, insufficient school infrastructure, furniture and other school services affect Venezuelans as well as host communities. 62 per cent of informants also named lack of documentation as a main barrier, despite the Ministry of Education's policy of universal access to education regardless of legal status. Families are also often unaware of registration procedures. Key informants also highlighted the lack of financial resources (children and adolescents working to support families, 35 per cent); frequent changes of residency (25 per cent); discrimination and xenophobia (17 per cent); and lack of choices for children with disabilities (5 per cent) as barriers to school enrolment and permanence. Barriers for students with disabilities include lack of adequate infrastructure, such as ramps and accessible bathrooms; lack of support for those with hearing and visual impairments; lack of financial resources to purchase medical aids; and bureaucratic obstacles in obtaining disability certificates.

According to the Ministry of Education,⁶⁸³ as of May 2022, nearly 110,000 Venezuelan students were registered in the Regular Basic Education System (RBE), including preschool to high school, a decrease

from over 120,000 registered as of November 2021. While the Ministry has not suggested an explanation for this decrease, onward movements of refugee and migrant families may contribute to the almost 10 per cent decrease in school enrolment. Nevertheless, 44 per cent of key informants surveyed for the JSNA named frequent changes of residency while searching for jobs as one of the main barriers to school permanence, followed by lack of resources to afford school supplies (34 per cent), pay for internet access (31 per cent) and to cover transportation costs (28 per cent). Some 26 per cent also mentioned bullying and discrimination, including because of sexual orientation, as a problem. Consequently, a second priority need is to address barriers that curtail the permanence of refugee and migrant children and adolescents in schools.⁶⁸⁴

Venezuelan students who are unable to finish their RBE in Peru face limited opportunities to reach higher education, an essential step to fight poverty and promote social inclusion through access to better job prospects after graduation. Similarly, access to procedures for the revalidation of foreign degrees and professional qualifications was identified as a need for those Venezuelans who have obtained diplomas and certificates abroad prior to arriving in Peru. The ENPOVE shows that 19 per cent of Venezuelans (18 years old and above) completed their university education, 12 per cent concluded a technical degree and 1 per cent hold postgraduate education (Master or PhD).⁶⁸⁵ According to the National Superintendence for Higher Education, in 2021 over 2,700 academic degrees from refugees and migrants were recognized,

[683] Ministry of Education, *Administrative Records System (SIAGIE)*, communication shared with GTRM on 25 July 2022.

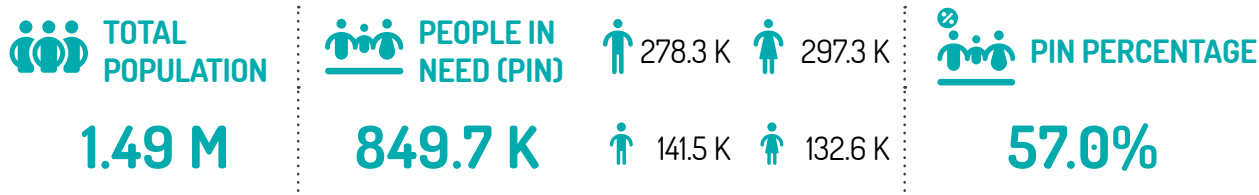
[684] *The educational trajectory is the path that each student takes within the educational system, that allows children and adolescents to continue their educational progress.*

[685] INEI, *ENPOVE Survey, 2022.*

whereas between January to May 2022 some 1,200 degrees were recognized; nevertheless, considering the overall number of Venezuelans with university and post-

graduate education, only some 8 per cent of those with completed higher education have been recognized.⁶⁸⁶

FOOD SECURITY



Food security remains one of the main concerns for refugees and migrants from Venezuela in Peru. During the ongoing economic recovery following the lifting of COVID-19 containment measures, refugee and migrant households have experienced limited access to livelihoods which, in turn, has reduced their access to sufficient quality and quantity of food, exacerbated by inflation and food price increases.⁶⁸⁷ According to the JSNA, 45 per cent of refugees and migrants reported that their household food situation worsened over the last year. Likewise, 43 per cent of key informants reported that they expect the food situation to worsen even more during the second half of the year, largely due to inflation and insufficient incomes. As of March 2022, three out of four refugees and migrants from Venezuela were regularly using coping strategies that negatively affect their diets, such as skipping meals or reducing the amount of food they eat (23 per cent) or going an entire day without eating (21 per cent).⁶⁸⁸ As a result, it is estimated that 57 per cent of Venezuelans face food insecurity in Peru, including 19 per cent facing

severe food insecurity,⁶⁸⁹ while 51 per cent of host communities face food insecurity, out of which 3.5 per cent were severely food insecure⁶⁹⁰.

In particular, refugees and migrants from Venezuela in-transit, as well as those who have recently arrived in destination, face severe food insecurity. According to the GTRM's Single Inter-Agency Counting and Characterization exercise (CCUI), access to food was the most frequently mentioned need by refugees and migrants in-transit surveyed in Tumbes.⁶⁹¹

Also, in Metropolitan Lima, where most Venezuelans reside, severe food insecurity affects a third of the city's population.⁶⁹² Residents have to cope with limited income, exacerbated by inflation, inadequate conditions for the preparation and preservation of food, and for refugees and migrants in particular, not knowing the nutritional value of many locally available ingredients. According to the JSNA, resident Venezuelan households' coping strategies include spending savings or borrowing money to purchase food (63 per cent), reducing essential non-

[686] *Ibid.* Main barriers to degree revalidation include the cost of the procedures, lack of the required documentation, being in an irregular situation, and other challenges related to communication between universities.

[687] INEI, Variación de los indicadores de precio de la economía, July 2022, Informe técnico N°07, <https://m.inei.gob.pe/media/MenuRecursivo/boletines/07-informe-tecnico-variacion-de-precios-jun-2022.pdf>

[688] WFP, Food security monitoring of Venezuelans migrants and refugees in Peru, March 2022, https://www.r4v.info/es/document/WFP_Monitoreo_Seguridad_Alimentaria_Ronda_5_Mar22

[689] *Ibid.*

[690] Ministry of Development and Social Inclusion (MIDIS et al., Perú: Evaluación de Seguridad Alimentaria ante Emergencias (ESAE) 2021, February 2022. Estudio completo: <https://evidencia.midis.gob.pe/esae-2022-documento-discusion/>

[691] GTRM Peru, Single Interagency Counting and Characterization exercise (CCUI), Tumbes.

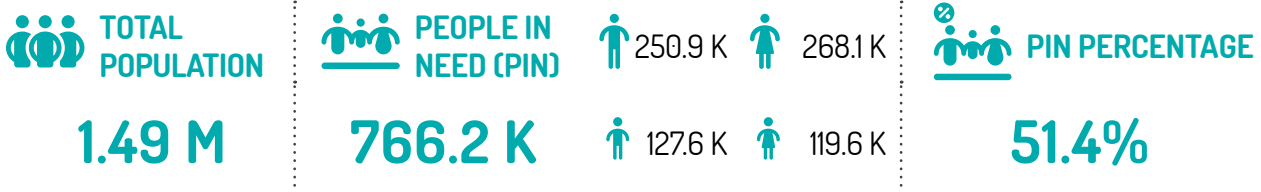
[692] Action Against Hunger, Estudio Multisectorial en personas refugiadas y migrantes de Venezuela que viven en Lima Metropolitana, Peru, 2022, <https://bit.ly/3BhloI>

food expenditures in health or education (36 per cent) and selling household goods (36 per cent), all of which further erode their resilience and economic sustainability.

Significant barriers to accessing government food assistance programmes continue for refugees and migrants. According to the JSNA, only a third of Venezuelans surveyed were able to successfully access the Qali Warma, a national school feeding programme aimed at distributing breakfasts and lunches to students.⁶⁹³ As of April 2022, over 60 per cent of Venezuelan children enrolled in the education

system received assistance through this programme.⁶⁹⁴ Some 28 per cent of respondents to the JSNA named other initiatives promoted by local authorities that Venezuelans were able to access, such as the *Glass of Milk* in-kind transfer programme targeting young children to improve nutritional outcomes, and communal food pantries or soup kitchens. Regarding the latter, 75 per cent of those surveyed considered that these community-based initiatives are feasible alternatives to access food, despite the administrative barriers and limited information that still prevent greater access by refugees and migrants to food assistance programmes.

HEALTH



Refugees and migrants benefitted from the widespread COVID-19 immunization process, which included refugees and migrants regardless of their status, and which saw over 60 per cent of Venezuelans being vaccinated with two doses by March 2022.⁶⁹⁵ Pending the complete reopening of the national primary healthcare system,⁶⁹⁶ refugees and migrants face challenges in accessing available services. Additionally, refugees and migrants face administrative barriers to obtaining public health insurance, leading to only 27 per cent of Venezuelans with such coverage, mainly the Comprehensive Health Insurance (SIS). This lack of coverage

hinders access to healthcare, including sexual and reproductive health (SRH) and mental health services. In comparison, more than 80 per cent of Peruvians have access to some form of health insurance.⁶⁹⁷

According to the JSNA, a significant proportion of Venezuelans in need of healthcare in Peru did not receive such assistance in the last six months, due to lack of health insurance (48 per cent) and/or insufficient financial resources (51 per cent) to pay for specialized tests or medications. This has serious affectations for the most vulnerable members of the Venezuelan population, such as the 13 per cent

[693] *The Qali Warma programme is implemented in public schools for all students aged 3 to 11 years at national level, and for secondary school students (12 to 16 years) from Amazon districts.*

[694] *Ministry of Development and Social Inclusion (MIDIS), Number of Venezuelan within the Qali Warma national programme, April 2022.*

[695] *INEI, ENPOVE Survey 2022. Forthcoming.*

[696] *Aníbal Torres anuncia plena reapertura de postas y centros de salud en próximos 200 días, Andina News, 8 March 2022, <https://andina.pe/agencia/noticia-anibal-torres-anuncia-plena-reapertura-postas-y-centros-salud-proximos-100-dias-883930.aspx> The reopening is being delayed due to infrastructure problems and lack of staff. The COVID-19 pandemic has exacerbated Peru's chronic lack of sanitary personnel, <https://ojo-publico.com/3608/la-promesa-incumplida-de-reforzar-el-nivel-primario-de-salud>*

[697] *INEI, ENPOVE Survey 2022. Forthcoming.*

identified having chronic diseases⁶⁹⁸ (of whom 62 per cent are elderly and 70 per cent are women, including out of which 68 per cent did not have access to treatment), the estimated 95 per cent of Venezuelans living with HIV/AIDS who could not access treatment through the SIS,⁶⁹⁹ and the 70 per cent of elderly Venezuelans in Lima without health insurance.⁷⁰⁰

Meanwhile, over 60 per cent of Venezuelans who benefitted from public mental healthcare between 2021 and 2022 were treated due to stress, anxiety disorders and depression.⁷⁰¹ In terms of SRH, pregnant women tend to have greater access to services available through the SIS, although quality-related issues remain.⁷⁰² Overall, prenatal controls and family planning assistance increased considerably in 2021, especially the latter, with 42 per cent of the concerned refugees and migrants from Venezuela reporting access to contraceptives.⁷⁰³

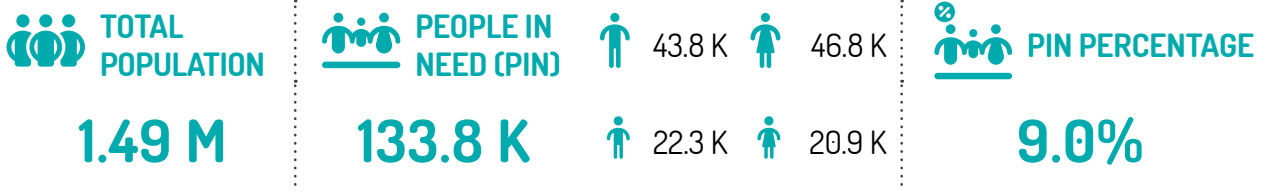
Increasing rates of discrimination and xenophobia limit refugees and migrants from accessing national

healthcare services. According to the JSNA, 18 per cent of Venezuelans perceived deficiencies in the quality of healthcare received, including unclear information provided and discrimination from healthcare professionals.⁷⁰⁴ Coupled with the above, refugees and migrants require timely information on services available, while R4V response actors have noted an ongoing need for statistical health information, including nationality and gender variables based on national health reporting systems, to better identify and assist those with specific health needs.

Owing to their exposed situations, oftentimes having spent months in-transit and without regular access to healthcare, the health of refugees and migrants from Venezuela is particularly impacted by their limited resources, the reduced availability of medical appointments and long distances to health centres. One of the negative coping mechanisms resorted to by refugees and migrants has been self-medication, which can be particularly risky for those with chronic diseases.



HUMANITARIAN TRANSPORTATION



Refugees and migrants in-destination in Peru face difficulties accessing safe and reliable transportation to obtain basic goods and access services. According to the JSNA, 7 per cent of Venezuelans

did not access health treatment due to an inability to pay for transportation.⁷⁰⁵ Venezuelans residing in Metropolitan Lima and in regions outside of Lima usually commute long distances to receive

[698] According to the ENPOVE Survey 2022, 39 per cent of the Venezuelan population suffers from asthma and 19 per cent from hypertension.

[699] The Ministry of Health registered some 400 Venezuelans who were treated through the SIS between 2021 and May 2022, which represents just 5% of the estimated total population of Venezuelans living with HIV/AIDS in Peru, according to UNAIDS, <https://saludconlupa.com/series/venezuela-un-pais-en-busca-de-alivio/lejos-de-casa-en-manos-del-vih/>

[700] PAHO/WHO, Baseline of health needs of refugees and migrants from Venezuela in Metropolitan Lima, March 2022. Forthcoming.

[701] Ministry of Health, Atenciones a personas venezolanas, January 2021 – Abril 2022.

[702] Issues identified include the information delivered, consultation length and quality, and interpersonal communication. PAHO/WHO, Baseline of health needs of refugees and migrants from Venezuela in Metropolitan Lima, March 2022. Forthcoming.

[703] INEI, ENPOVE Survey 2022. Forthcoming.

[704] GTRM Peru, JSNA 2022.

[705] Ibid.

health treatment or to carry out regularization and documentation processes. Especially vulnerable refugees and migrants, having limited economic resources, are unable to afford the required transportation. Given increasing fuel prices in Peru, transportation costs overall are predicted to increase, aggravating the needs in humanitarian transportation.⁷⁰⁶

As concerns broader domestic transportation needs, it is noted that even after the reopening of the Peruvian land borders in February 2022, refugees and migrants continued entering the country primarily in an irregular manner, due to an inability to meet visa requirements. Only 37 per cent of Venezuelans in Peru have a passport (valid or expired).⁷⁰⁷ Those with a passport would, however, still require a visa, an exit stamp from certain countries of departure (as in the case of Ecuador), and must meet sanitary requirements in order to enter regularly.⁷⁰⁸ Most Venezuelans entering Peru do so through Tumbes, along the northern border with Ecuador: upon arrival, 65 per cent reported that they intend to stay in Peru and 33 per cent planned to move onward to Chile.⁷⁰⁹ In this respect, for those crossing southern borders (either transiting to Chile, or from Chile) through Puno⁷¹⁰ or Tacna⁷¹¹ have been found requiring safe transportation solutions, in order to mitigate protection risks, such as smuggling, and impact of harsh climatic conditions, due to very low temperatures and high-altitude effects in Puno.

Given the geographic scale of the country, those who intend to remain in Peru face long journeys to their destinations, primarily Lima (over 1,200 km

from Tumbes and 1,500 km from Desaguadero in Puno). In order to mitigate the specific risks they face during such domestic movements, there is a need for information on how to access safe and reliable forms of transportation as well as on logistics (distances, climatic conditions and available services along the route). This has been noted as being particularly acute for vulnerable profiles, including those who are victims, survivors, or at risk of trafficking, smuggling, GBV and/or facing child protection risks (particularly unaccompanied and separated children). In this respect, it is noteworthy that children and pregnant and lactating women represented on average 24 and 22 per cent, respectively, of those groups surveyed who entered the country through Tumbes.⁷¹²

Additionally, refugees and migrants who are in-transit in border regions, particularly in Puno, Tacna, and Tumbes, are not permitted to purchase tickets from formal transportation providers due to their irregular situation and are therefore more prone to walking long distances or to undertaking unsafe travel in informal transportation arrangements. During the last year, 11 per cent of Venezuelans entering Peru in an irregular manner through Tumbes reported having faced a range of incidents, such as robbery, physical violence, xenophobia or fraud during their journeys, and 45 per cent had to pay fees (between USD 6 to 18) to criminal networks to cross the border.⁷¹³ This insecurity further impacts the physical and mental well-being and socio-emotional stability of an already vulnerable population.

[706] *Metropolitano: Bus fare increases to take effect, Andina News, 16 July 2022, <https://andina.pe/agencia/noticia-metropolitano-pasajes-se-elevan-desde-este-sabado-16-nuevas-tarifas-901585.asp>*

[707] *INEI, ENPOVE 2022.*

[708] *According to Supreme Decree N 108-2022-PCM, non-resident foreigners (over 12 years old) entering the country must have the vaccination according to the scheme of their country of origin or a negative COVID-19 test result (issued within 48 hours*

[709] *UNHCR and PLAN, Tumbes Border Monitoring, July-August 2021, https://www.r4v.info/es/document/ACNUR_PMT_Tumbes_Ago21*

[710] *Misión conjunta a Puno y desaguadero-OIM/UNICEF Marzo 2022, <https://www.r4v.info/es/document/informe-sobre-la-situacion-actual-en-la-frontera-peru-bolivia-0>*

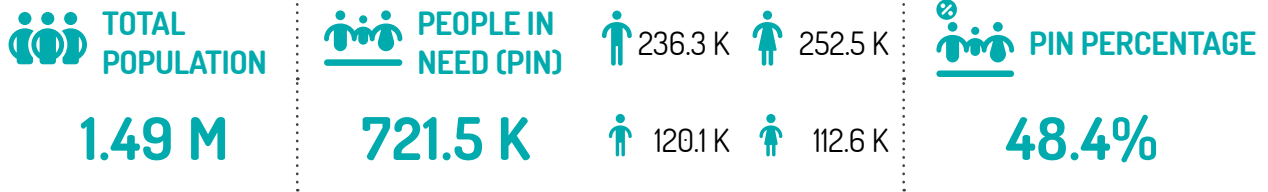
[711] *GTRM Peru, Single Interagency Counting and Characterization exercise (CCUI).*

[712] *Ibid.*

[713] *IOM, DTM Flow Monitoring Survey in Tumbes, rounds 10 (July 2021) <https://www.r4v.info/es/flujo-de-migracion-venezolana-por-tumbes-ronda-10-julio-2021>, 11 (September 2021), <https://www.r4v.info/es/flujo-de-migracion-venezolana-por-tumbes-ronda-11-septiembre-2021>, 12 (November 2021) <https://www.r4v.info/es/flujo-de-migracion-venezolana-por-tumbes-ronda-12-noviembre-2021>, 13 (January 2022) https://www.r4v.info/es/document/OIM_dtm_ronda13_Ene2022, 14 (March 2022) https://www.r4v.info/es/document/OIM_dtm_ronda14_Mar2022 and 15 (May 2022) <https://dtm.iom.int/reports/peru---flujo-de-migración%2%A0venezolana-ronda-14%2%A0abril-2022>*



INTEGRATION



The prevalence of monetary poverty in Peru is estimated at 26 per cent, an improvement from the 30 per cent in 2020 due to the COVID-19 pandemic, but still higher than the 20 per cent in 2019.⁷¹⁴ This has severely affected refugees and migrants from Venezuela, as over 80 per cent of those who are working do so in the informal sector and do not have a regular labour contract.⁷¹⁵ In this regard, key informants to the JSNA noted that refugees and migrants from Venezuela earn, on average, 20 per cent less than Peruvian workers, with an average monthly income for Venezuelans of 1,200 Peruvian soles⁷¹⁶ (equivalent to USD 309) versus the 1,505 Peruvian soles (equivalent to USD 399) for Peruvian workers.⁷¹⁷

Xenophobia and discrimination further reduce the opportunities available for refugees and migrants from Venezuela to access the labour market and hinder their access to social protection systems. Negative stereotypes have been spread in the media⁷¹⁸ and by other means. One out of three participants in the JSNA reported that discrimination or xenophobia was a barrier to their ability to access employment and to improve their working conditions. While some 99 per cent identified nationality as the main reason for discrimination. Some 19 per cent also mentioned experiencing discrimination based on gender, 18 per cent towards the elderly, 17 per cent towards people with disabilities, and 12 per cent based on sexual orientation or gender identity.

Meanwhile, almost 75 per cent of key informants in the JSNA expressed that the most viable modality of work for refugees and migrants from Venezuela was through self-employment, including informal activities such as street vending, as well as through formal entrepreneurship. However, these initiatives often only allow refugees and migrants to cover their basic needs, if that, while not presenting a viable route to sustainable socioeconomic inclusion. The main reason for this, according to those surveyed in the JSNA, were access constraints to financial services, including seed capital and savings accounts. Other reasons included barriers to formalize their businesses, lack of knowledge of market needs, and limited development opportunities of the technical skills needed. As such, a second priority need that Venezuelans identified⁷¹⁹ is to develop their self-employment and entrepreneurship skills, access seed capital, microcredits, and financial education to scale-up and diversify their initiatives.

Likewise, Venezuelans face many barriers to equitable recruitment and employment under conditions equal to those of their Peruvian counterparts. Those lacking widely recognized documentation and in an irregular situation find themselves restricted to work in the informal economy under precarious conditions, while those with documentation and in a regular status still face challenges due to discrimination. National labour legislation in Peru establishes a limit of 20 per cent of foreigners who

[714] INEI, ENPOVE Survey 2022 and new figures on poverty, INEI, 15 July 2022, <https://cdn.www.gob.pe/uploads/document/file/3112613/Ver%20Exposici%C3%B3n.pdf>

[715] *Ibid.*

[716] *Ibid.*

[717] INEI, *Condiciones de vida en el Perú*, 2 June 2022, page 11, https://www.inei.gob.pe/media/MenuRecursivo/boletines/informe_de_condiciones_de_vida_ene-feb_mar2022.pdf

[718] See, e.g. <https://diariodechimbote.com/2022/05/26/meretrices-extranjeras-continuan-invadiendo-calles-de-chimbote/>

[719] GTRM Peru, JSNA 2022 (also the Integration Analysis Workshop.)

can be hired in any given company.⁷²⁰ This limitation is significant in the Peruvian labour market, which is mostly composed of micro and small businesses. Companies find it difficult and cumbersome to recruit foreigners, and once hired, refugee and migrant workers

lack information on available complaint mechanisms and protection channels when facing labour violations, such as receiving less salary or fewer benefits than their Peruvian colleagues, or exploitative working conditions.



NUTRITION



In 2022, 45 per cent of refugees and migrants reported knowing of Venezuelans within their communities who were at risk of, or with visible signs of, undernutrition (underweight or loss of weight, reduced energy or increased fatigue).⁷²¹ This percentage rises to between 51 to 78 per cent for respondents in the northern coastal regions (Lambayeque, Piura and Tumbes) and in Arequipa. Populations that are particularly vulnerable to malnutrition, specifically pregnant and lactating women, and children under the age of five, were found to have a high risk of malnutrition and maternal and child anaemia due to limited access to health and nutrition services and programmes, as well as limited access to nutritious food (particularly due to insufficient economic resources), which lead to inadequate feeding and nutritional practices.⁷²² However, some advances were observed in the first four months of 2022, when 64 per cent of Venezuelan children under the age of 5 received assistance through the Growth and Development Control (CRED) programme

delivered through health centres to track the growth of children up to age 11, and through which 58 per cent accessed iron supplements.⁷²³ Nevertheless, there is still a wide gap in the effective use of health services by Venezuelan households with children under the age of 5 and affiliated with public health insurance (SIS). For example, in Metropolitan Lima, 35 per cent of Venezuelan households reportedly did not access health services due to a lack of financial means to cover resulting costs, given that the SIS does not cover all related expenses, such as exams and specialized tests or medication.⁷²⁴

Refugees and migrants from Venezuela in-transit and recently settled in-destination are those most affected by malnutrition. Those in-transit by foot largely enter the country in more precarious situations and oftentimes physically exhausted and/or weakened. For instance, 45 per cent of surveyed Venezuelans entering through Tumbes (border with Ecuador) after 15 to 30 days of walking showed significant weight loss,⁷²⁵ and 72 per cent of those entering through

[720] *Legislative Decree N 689, Law on the Regulation of the Recruitment of Foreign Workers and its rules of procedure, and Decree N 014-92-TR.*

[721] *GTRM Peru, JSNA 2022.*

[722] *WHO, Factsheets - Malnutrition, 9 June 2021, <https://www.who.int/news-room/fact-sheets/detail/malnutrition#:~:text=There%20are%20a%20broad%20sub,deficiencies%20in%20vitamins%20and%20minerals>*

[723] *INEI, ENPOVE Survey 2022. Forthcoming.*

[724] *PAHO/WHO, Baseline of health needs of refugees and migrants from Venezuela in Metropolitan Lima, March 2022. Forthcoming.*

[725] *IOM, DTM Flow Monitoring Survey in Tumbes: Round 15, May 2022.*

Desaguadero (border with Bolivia) reported eating once or less daily.⁷²⁶ Venezuelans in these conditions are in urgent need of nutritional surveillance and monitoring services in local healthcare centres, particularly for acute cases in border regions.

Meanwhile, regarding refugees and migrants in destination, studies show that around 4 out of 5 Venezuelans in Lima tend to consume a very limited variety of foods.⁷²⁷ Refugee and migrant households living in Peru for less than a year also experience precarious conditions, especially young women with children or newly arrived pregnant women.⁷²⁸ Pregnant women and children under 5 can be

affiliated to the SIS, regardless of their nationality and legal status. Nevertheless, only a small minority of vulnerable refugee and migrant children were assisted through Cuna Más, a programme to support the development of children under the age of three living in poverty⁷²⁹ or other public nutritional programmes and services. These programmes would normally provide education on affordable ingredients with high nutritional values (for example, quinoa, kiwicha and tarwi, which based on the JSNA findings, were consumed by only 52 per cent of respondent Venezuelan households) in order to assist in preventing malnutrition.

PROTECTION

 TOTAL POPULATION

1.49 M

 PEOPLE IN NEED (PIN)

909.3 K

 297.8 K  318.2 K

 151.4 K  141.9 K

 PIN PERCENTAGE

61.0%

The need for regular access to territory remains a top priority for refugees and migrants in Peru. For over two years, borders were closed and all entries by land to Peru took place in an irregular manner. Even after borders reopened in February 2022, visa requirements remain in place. As a result, refugees and migrants continue to enter irregularly as they are unable to fulfil the legal entry requirements, such as presenting an exit stamp from Ecuador.⁷³⁰ Highly vulnerable persons also require support to request humanitarian

exceptions at the border, which have not been consistently applied.⁷³¹ Irregular border crossings and subsequent irregularity in-country increase refugees' and migrants' exposure to protection threats, including from smuggling and trafficking networks that facilitate such border crossings, as well as abusive and exploitative situations which affect their physical and mental health and their financial situations (the average costs for an irregular passage from Ecuador to Peru is USD 6).⁷³² Irregularity also

[726] UNHCR, *Protection Monitoring in Desaguadero, October 2021*.

[727] *Action Against Hunger, Estudio Multisectorial en personas refugiadas y migrantes de Venezuela que viven en Lima Metropolitana, Perú, 2022*, <https://bit.ly/3lBhloI>

[728] PAHO/WHO, *Baseline of health needs of refugees and migrants from Venezuela in Metropolitan Lima, March 2022*. Forthcoming.

[729] *Cuna Mas Programme, Ministry of Development and Social Inclusion, Informe N° 1-2022-MIDIS/PNCM-UOAI-CGSE-SSD, 30 May 2022*.

[730] *Refugees and migrants who do not have an entry stamp to Ecuador in their passports cannot receive an exit stamp which is a requirement for a regular entry to Peru from Ecuador*.

[731] *Since June 2019, the Peruvian Government has required a visa for Venezuelan nationals entering Peru. Only 13% of Venezuelans in Peru have a valid passport, and only 24% have an expired one, while the rest have no document that would facilitate their regular entry. INEI, ENPOVE Survey 2022, forthcoming*.

[732] *Additional to the cost of the irregular passage, refugees and migrants entering irregularly are also often subject to robbery and extortion schemes. IOM, DTM Flow Monitoring Survey in Tumbes, Round 15*, <https://www.r4v.info/es/document/flujo-de-migracion-venezolana-ronda-15-abril-2022>

hinders their integration opportunities because it restricts their access to regularization and therefore access to rights, including health insurance and work permits. Additionally, public discourse villainising irregular entries has led to increasing xenophobia and discrimination.

According to the ENPOVE, some 18 per cent of refugees and migrants from Venezuela hold a Temporary Residence Permit (CPP) and 6 per cent the Humanitarian Immigration Status (CMH), which are the current documentation and regularization pathways promoted by the authorities. However, 35 per cent do not hold a migratory permit. Those who entered Peru irregularly after 22 October 2020 are not eligible to apply to the CPP;⁷³³ they can only submit an asylum claim via the Ministry of Foreign Affairs' website. This information is, however, not widely known.

Closely interlinked with the above is the identified need of refugees and migrants for documentation and access to regularization processes that facilitate their longer-term residency. Documentation and regular stay arrangements are essential for refugees' and migrants' stability, facilitating opportunities for their socio-economic integration and access to basic rights and services (including healthcare, education, food and nutritional services, social protection, and formal employment). This paramount need was also reflected by key informants in the JSNA, who stressed the importance for Venezuelan communities to receive accurate and comprehensible information on issues of documentation and regularization, including on applicable fines and available exemptions, given that fines⁷³⁴ are considered a major barrier

to regularization.⁷³⁵ Meanwhile, asylum-seekers' documentation – including their work permits – are widely unrecognized, including by employers.

While currently available regularization and documentation pathways are important, they have shortcomings: the CMH for asylum-seekers involves a complex application process, resulting in fewer residency permits issued than expected;⁷³⁶ while the CPP, issued to a greater number of Venezuelans,⁷³⁷ provides them with regular status and work authorization, but is temporary (1 year validity) and does not guarantee sufficient access to rights, such as access to the SIS.⁷³⁸

Access to documentation and regularization pathways is key to addressing emergent risks linked to the criminalization of those with an irregular status, fuelling xenophobia and discrimination, and impacting other sectors of the response.⁷³⁹ This adds to the current situation of unemployment, latent risks of evictions, homelessness, family separation, sexual harassment and violence.⁷⁴⁰ These and other protection risks are causing significant stress on particular groups, including pregnant and lactating women, which, if not addressed through psychosocial support, can lead to mental health problems and the need for more complex treatments. Sufficient access to psychosocial support services for Venezuelans is a third priority need with an increasing demand among communities, including for Venezuelans in irregular situations.⁷⁴¹ Cumulatively some 55 per cent of key informants in the JSNA reported that mental health issues are frequent or very frequent in their communities. Across different studies by R4V

[733] Executive Order N010-2020, <https://elperuano.pe/NormasElperuano/2020/10/22/1895950-4/1895950-4.htm>

[734] CPP applicants are required to pay high penalty fees per day of irregular stay. Natalia Cordoves Canache, *El Diario*, "Las multas impagables de los venezolanos para regularizar su permanencia en Perú", 4 May 2022, <https://eldiario.com/2022/05/04/multas-venezolanos-permanencia-en-peru/>

[735] GTRM Peru, Sectoral Analysis Workshops, 6 to 13 July 2022. (Protection Sector Analysis Workshop); CAPS, Participatory assessment on women, girls, and adolescents' psychosocial vulnerability in Carayballo, Independencia, and Carmen de la Legua, during the Pandemic, 2021; and Action Against Hunger, Multisectoral assessment on the refugee and migrant population living in Lima, 2022.

[736] According to the National Superintendence of Migration (SNM), as of 31 July 2022, a total of 26,596 CMH have been delivered to Venezuelan asylum-seekers in Peru. The CMH grants permanent residency in Peru, contrary to the CPP, which is temporary.

[737] SNM reported that 142,607 CPP have been delivered to Venezuelan refugees and migrants as of 24 May 2022.

[738] For example, the CCP does not allow refugees and migrants to access or be enrolled in the SIS (Comprehensive Health Insurance), and some financial institutions do not accept the CPP as a valid document to open accounts or provide financial services.

[739] R4V Regional Protection Sector, Evictions Survey, 2021, <https://www.r4v.info/en/evictiontools>

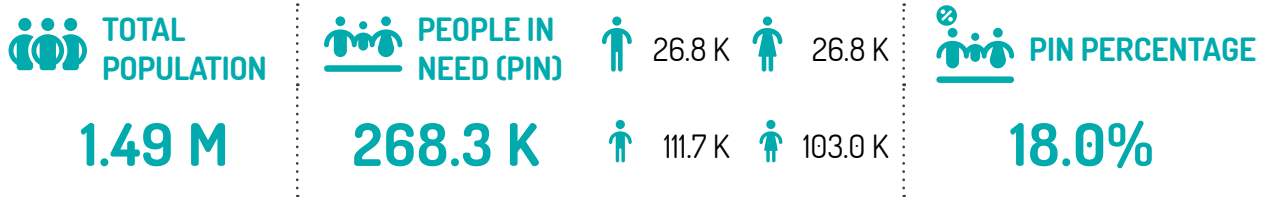
[740] *Ibid.*

[741] Refugees and migrants and partners also report this priority need through support spaces, some of which are already offering psychosocial support.

partners, the most common psychosocial issues mentioned by refugees and migrants surveyed include stress, feeling anguished, and reiterated

sentiments of fear or dread towards the instability of their situation.⁷⁴²

CHILD PROTECTION



Protection from violence is a key need of Venezuelan children and adolescents in Peru. According to the JSNA, 35 per cent of key informants reported knowing cases of violence against children and adolescents within their communities; this percentage increases to 57 per cent among community leaders and activists surveyed. Violence against children takes many forms: JSNA informants reported that emotional and psychological violence was the main type of violence against children they identified in their communities (80 per cent), followed by physical violence (71 per cent), rape (21 per cent) and other forms of sexual violence (16 per cent). When asked about actions taken in response to cases of violence against children within their communities, 44 per cent of key informants stated that the relevant authorities received the reports, 29 per cent requested help from mental healthcare services, and 25 per cent requested help from community leaders.

R4V partners and communities identified very limited capacities and prevention mechanisms to counteract violence against children. Low incomes or outright unemployment of Venezuelan households and other social and economic factors reduce families' resilience, erode the protective environment for children's rights, and limit their integration prospects. Moreover, discrimination and xenophobia have resulted in violence not only within communities,

but also within schools in the form of bullying, which is linked to issues of educational access and permanence for Venezuelan children.

The second priority need identified for refugee and migrant children is access to specialized national protection services, which are designed for Peruvians and still do not sufficiently take into account the specific needs of refugee and migrant children. R4V partners have identified this need as intertwined with a lack of focus on childhood protection, including within current regularization mechanisms, leaving refugee and migrant children increasingly vulnerable, especially those in an irregular situation, which, among others, translates into insufficient access to protection services.⁷⁴³ Furthermore, greater coordination is needed with/ among the national child protection system, which hinders efficient responses to Venezuelans, and host community child protection needs.

In line with the above, as a third priority, the particular situation of UASC and their exposure to threats, exploitation and violence has been noted as a key need by some 32 per cent of Venezuelan respondents to the JSNA. Another 34 per cent of respondents reported this risk and the associated need as occasional. R4V partners have observed increasing numbers of UASC in-transit during 2022: for example, in Tumbes, in April 2022, 28 cases of UASC were identified, while there

[742] GTRM Peru, *Sectoral Analysis Workshops, 6 to 13 July 2022. (Protection Sector Analysis Workshop)*.

[743] *Ibid.*

were 53 in June.⁷⁴⁴ UASC have particular needs to access the national child protection system, but their situation of human mobility, puts them at greater risk of falling through the cracks of the system. This is coupled with a lack of focus on childcare measures,

including alternative care arrangements, within state protection mechanisms. R4V partners, including Venezuelan community-based organizations, have identified that existing mechanisms to recognise and respond to these children's needs are insufficient.⁷⁴⁵



GENDER-BASED VIOLENCE (GBV)



Refugees and migrants from Venezuela are at high risk of GBV. In 2021, reported cases of violence against refugees and migrants increased by more than 60 per cent compared to 2020.⁷⁴⁶ In addition to confirming this trend, the ENPOVE 2022 survey found that physical and psychological violence was caused by a spouse or intimate partner in 39 per cent of cases, and by a stranger in 41 per cent of cases,⁷⁴⁷ demonstrating that GBV occurs in both public and private spaces and not only in the domestic context. Among the factors that increase the vulnerability of the refugee and migrant population to GBV are their loss of livelihoods and of family and community support networks disrupted by displacement and migration, which prevent some survivors from seeking help due to the fact that they are responsible for caring for children and depend economically on their partners.

With this understanding, refugee and migrant women, girls and LGBTQI+ persons face particular socio-

cultural barriers that obstruct them from effectively exercising their right to a life free of violence and bodily autonomy. For example, sex workers at risk of eviction have faced sexual harassment and violence; particularly transgender women reported being sexually abused and persecuted, with threats of deportation and denial of access to existing protocols for survivors.⁷⁴⁸ This has also translated into refugee and migrant adolescents facing bullying with a sexual connotation due to the way they dress and/or speak.⁷⁴⁹ As a result, some refugee and migrant women, girls and LGBTQI+ persons report responding to this context by modifying their behaviours to try to be socially accepted, to counteract the stereotypes the host community has about them, and to attempt to avoid sexual harassment on the streets and in their workplaces, as well as hyper-sexualization.⁷⁵⁰ This self-censorship limits the free expression of gender identities. A perceived normalization and tolerance of GBV, as a particularly perverse form of discrimination

[744] IOM, *DTM Flow Monitoring Survey in Tumbes, rounds 15 (May 2022), 16 (July 2022)*.

[745] R4V Protection Sector in Peru, *Protection sector analysis workshop, 2022*.

[746] UNFPA, *Diagnóstico sobre la situación de las mujeres migrantes y refugiadas y de las comunidades de acogida en el contexto COVID-19, 7 February 2022*, https://www.r4v.info/es/document/UNFPA_Diagnostico_sobre_la_situacion_de_las_mujeres_migrantes_y_refugiadas_Feb22

[747] INEI, *ENPOVE Survey 2022. Forthcoming*.

[748] R4V Regional Protection Sector, *Impact of the COVID-19 Pandemic on Refugees and Migrants from Venezuela, October 2021*, <https://www.r4v.info/en/document/impact-covid-19-pandemic-refugees-and-migrants-venezuela-0>.

[749] HIAS, *Documento diagnóstico de necesidades de protección en Trujillo, 2021*.

[750] CISE PUCP, *Diagnóstico sobre las necesidades y realidades de los adolescentes migrantes con relación a las dinámicas escolares, 15 October 2021, p.47*; and PRESENTE, *Diagnóstico situacional sobre la población LGBTQI+ en situación de movilidad humana en Perú, November 2020, p.47*.

and xenophobia against the Venezuelan population, has played a role in reduced reporting or presenting complaints.⁷⁵¹

According to the JSNA, 28 per cent of those surveyed report knowing GBV survivors who did not present complaints to the authorities – which, in turn, demonstrates the underreporting of GBV experienced by this vulnerable population. The main reason identified for not presenting a complaint among GBV survivors surveyed by an R4V partner in 2022 was distrust in public institutions, noted by some 44 per cent of respondents.⁷⁵² Refugees and migrants from Venezuela also lack trusted information regarding pathways to access justice, legal and health services for GBV survivors. Despite the authorities not requiring an identification document to present a complaint,⁷⁵³ many affected refugees and migrants do not contact the authorities when they become victims of crimes, because of fear that they may be expelled from the country due to their condition either as foreigners

(linked to the widespread fear of xenophobia and discrimination) and/or being in an irregular situation.⁷⁵⁴ The reception and care spaces for the authorities to receive complaints – usually police stations – also often do not offer privacy and confidentiality. In addition to the limited specialized services for people in vulnerable situations (such as adolescents, girls and LGBTQI+ persons) there is a need for improved inter-institutional articulation (including between the Ministry of Women and Vulnerable Populations and the National Superintendency of Migration Peru⁷⁵⁵) in care and case management, particularly in regions outside of Lima. According to the National Ombudsperson’s Office, related shortcomings have contributed to discouraging complaints from being filed.⁷⁵⁶ The Ombudsperson’s Office also reported that the irregular situation of refugees and migrants often leads to greater vulnerability and correspondingly to under-reporting of GBV incidents.

HUMAN TRAFFICKING & SMUGGLING



Refugees and migrants are at heightened risk of human trafficking and smuggling. As of 2022, 59 per cent of the registered number of VoTs and smuggling in Peru were Venezuelan nationals –

mainly women (53 per cent) and adolescents (6 per cent) – in comparison with 29 per cent of VoTs from Venezuela registered in 2019.⁷⁵⁷ The increase in both crimes can be attributed to the expansion

[751] UNFPA, *Diagnóstico sobre la situación de las mujeres migrantes y refugiadas y de las comunidades de acogida en el contexto COVID-19, 7 February 2022*, https://www.r4v.info/es/document/UNFPA_Diagnostico_sobre_la_situacion_de_las_mujeres_migrantes_y_refugiadas_Feb22

[752] *Plan Internacional Deutschland, et al, Estudio sobre violencia basada en género hacia las mujeres venezolanas migrantes y/o refugiadas en los países receptores de Perú y Ecuador, Plan Internacional, Consorcio de Organizaciones Privadas de Promoción al Desarrollo de la Micro y Pequeña Empresa, y Fundación Terranueva, 2022.*

[753] *Law No. 30364* <https://busquedas.elperuano.pe/normaslegales/ley-para-prevenir-sancionar-y-erradicar-la-violencia-contraley-n-30364-1314999-1/>

[754] *Ibid.*

[755] *Ibid.*

[756] *Ombudspersons’ Office, GBV against migrant women in Peru, Working Document N°002-2021-DP/ADM, October 2021.*

[757] *National Police of Peru (PNP), Dirección de Trata de Personas y Tráfico Ilícito de Migrantes (DIRCTPTIM), June 2022.*

of transnational organised crime networks⁷⁵⁸ during the COVID-19 pandemic, which expanded in parallel with countries' proliferation of movement restrictions making it harder for people on the move to meet entry requirements, and whose recruitment and coercion mechanisms encompass various Andean countries, including Peru. Despite Peru reopening its land borders in February 2022, most Venezuelans' inability to meet regular entry requirements has encouraged refugees and migrants to resort to smugglers to continue their transit irregularly, increasing the risk of human trafficking and other forms of abuse, violence, and exploitation.

Additionally, refugees and migrants in-transit and recently arrived in-destination, due to their precarious economic conditions and irregular status, are more likely to accept informal jobs that can lead to situations of exploitation. In this regard, significant numbers of informants to the JSNA were aware of cases of fake job opportunities (63 per cent), children used for begging (33 per cent) and people, mainly women, forced to provide sexual services (14 per cent).

There is an underreporting of the incidence of these crimes because refugees and migrants often face serious barriers to access justice. They also

lack information about the available complaint mechanisms and mistrust the justice system, due to both the stereotypes and prejudices they face when trying to present a complaint, as well as lack of awareness of the law and of the multiplicity of actors involved.⁷⁵⁹ Operational and capacity limitations persist for the adequate prevention and prosecution of these crimes.

Currently, there are no capacities or tools for the early detection of cases of human trafficking in Peru. Similarly, there are limited specialized services and protection mechanisms for VoTs, including a lack of shelters for adult VoTs and no referral pathways for LGBTQI+ persons or male victims, leaving these VoTs without notable institutional support.⁷⁶⁰ As to reinsertion and reintegration programmes, their scope is so limited that even during the COVID-19 pandemic, some rescued VoTs chose to return to their places of exploitation due to the lack of economic and employment opportunities elsewhere.⁷⁶¹ Refugees and migrants from Venezuela at high risk urgently require access to comprehensive specialized services that allow them to break the vicious cycle of these crimes.

[758] IOM, *DTM Flow Monitoring Survey in Tumbes, rounds 10 (July 2021), 11 (September 2021), 12 (November 2021), 13 (January 2022), 14 (March 2022) and 15 (May 2022)* identified that 45% of Venezuelans surveyed had to pay between USD 6-18 to criminal networks to cross the border.

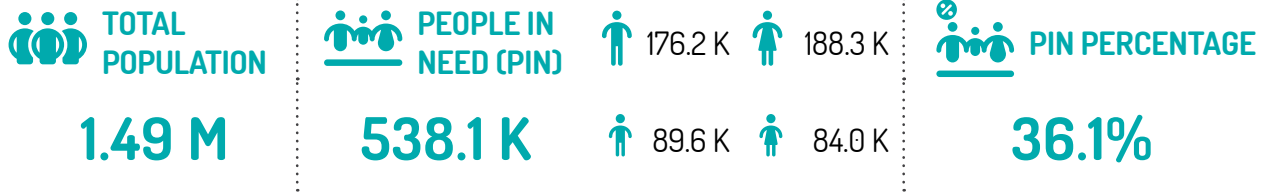
[759] IOM, *Diagnóstico situacional sobre la trata de personas y el tráfico ilícito de migrantes en la región Tacna, February 2022, p.50, https://www.r4v.info/es/document/OIM_Gob_Tacna_Diagnostico_Trata_y_Trafico_de_migrantes_Feb22*

[760] IOM, *Diagnóstico situacional de los delitos de trata de personas y tráfico ilícito de migrantes en la región Tumbes, June 2022, p.45, https://www.r4v.info/es/document/OIM_Gob_Tumbes_Diagnostico_Delitos_de_Trata_y_Trafico_de_migrantes_Feb22*

[761] IDEHPUCP and UNODC, *Report: Human trafficking and migration during the COVID-19 pandemic, September 2021, p.13.*



SHELTER



Refugees and migrants residing in Peru struggle to afford decent, safe, adequate, and sustainable housing.⁷⁶² Some 76 per cent of Venezuelans interviewed for the JSNA reported a lack of economic resources as the main obstacle to accessing a stable dwelling, with 93 per cent of all respondents renting their accommodations.⁷⁶³ A significant number (40 per cent) of key informants also named discrimination and xenophobia as other major obstacles to housing, with some localities reporting a higher prevalence (including 88 per cent of informants in Tacna, 77 per cent in Arequipa and 75 per cent in Puno).⁷⁶⁴ Landlords at times charge higher rents to Venezuelans, who may be unaware of basic service coverage in their neighborhoods or of the prices prevailing in the rental market. As a result, access to decent and safe longer-term housing was established as a priority need for Venezuelans.

Based on the ENPOVE survey in 2022, the average Venezuelan household in Peru has 4.4 members, and more than half of all Venezuelan households live in dwellings with one single room (not counting a bathroom or kitchen). Overcrowding is particularly exacerbated in the urban areas of Chimbote, Lima, Trujillo, and Tumbes, where approximately 86 per cent of refugees and migrants from Venezuela reside.⁷⁶⁵ Similarly, some 42 per cent of key informants in the JSNA identified restrictions on renting accommodations to large families as a

major obstacle to accessing a stable dwelling. Meanwhile, most Venezuelan households have access to essential services such as water, electricity and sanitation. Nationwide, nearly 40 per cent of households in Peru do not have internet access, while this lack of access increases to over 50 per cent in Chimbote and Tumbes.⁷⁶⁶

Refugees and migrants in-transit or recently arriving to Peru in destination need access to adequate short-term accommodation, including temporary collective shelters. Tumbes, the major entry point into Peru from Ecuador, is currently lacking sufficient short-term shelters. Existing shelters need improvements to their infrastructure, their management, and their operating protocols, including to assure that they are accessible to people with different needs and profiles. For example, some 40 per cent of shelter managers interviewed during the JSNA reported that their shelters are currently hosting persons with physical disabilities, but they do not have adequate accessible infrastructure. Meanwhile, coordination with and approval from local governments is required to expand existing temporary collective shelters or to open new facilities.

Finally, refugees and migrants require access to shared community infrastructure, jointly with host communities, particularly in locations with the largest concentrations of refugees and migrants. This includes community centres and other spaces

[762] Please also refer to the survey on abandoned houses (September 2022) from the Regional Protection Sector where the data for Peru shows that 2.61% of refugees and migrants from Venezuela surveyed have been able to buy a house and 1.49% had access to housing programmes in the country.

[763] INEI, ENPOVE Survey 2022, p. 122.

[764] According with the Eviction Survey of the Regional Protection Sector some 20% of pregnant and lactating women surveyed, 19% of persons with a chronic disease and 15% of single-headed households faced eviction risks.

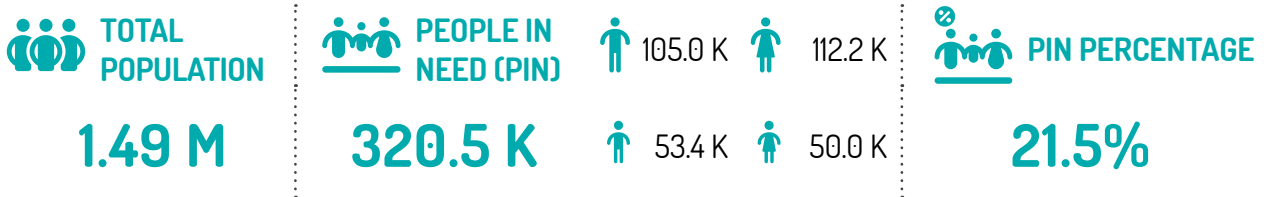
[765] Ibid, p. 110. Please note that aside from Lima and Callao, results for other cities are not representative.

[766] Ibid.

where they can access services or support. There is a lack of information on the existence of these public spaces, as well as the services they provide. Community infrastructure in these areas also often

needs maintenance and support. Lack of awareness or xenophobia and discrimination among host communities can also lead to barriers for Venezuelans in accessing these shared spaces.

WASH



In Peru, priority needs in WASH services are linked to water scarcity in the arid coast of the country, home to most of the population, and areas with limited infrastructure. In 2022, the total population in Peru surpassed 33 million,⁷⁶⁷ out of which over three million people have no access to piped water, and 11 million have no access to a functioning sewage system.⁷⁶⁸ According to estimates by the Superintendence for Sanitation Services, based on the National Household Survey, in Lima some 540,000 persons depend on water trucks and pay a price which is nearly 40 per cent higher than what households in poverty conditions but with access to piped water are paying.⁷⁶⁹ Likewise, according to the ENPOVE 2022 survey, 23 per cent of Venezuelan households do not have piped water within their homes,⁷⁷⁰ while 41 per cent of key informants in the JSNA in Tumbes stated that their communities do not have access to water regularly (24 hours a day). Refugees' and migrants' limited access to safe and quality water translates into inefficient and unhygienic sanitation services and an increased risk of spreading diseases.

The districts in Lima where most refugees and migrants live were among those with the highest rates of COVID-19 deaths, and are also areas of higher poverty, less access to water, and greater informality in urban planning, infrastructure, services and jobs.⁷⁷¹ Given this, refugees and migrants in Lima have a need for access to safe water for domestic consumption, and to sanitation services in homes and in community spaces. Groups with special needs within the population of refugees and migrants may also require special WASH services: for example, some 56 per cent of key informants in the JSNA representing people with disabilities and the elderly noted that sanitation services in their communities are inadequate to meet their mobility needs (such as the use of wheelchairs or other aids) which also represents a challenge in public spaces, such as schools, for children with a physical disability. There is also a lack of sustainable and adequate solid and liquid waste management in many urban areas inhabited by large numbers of refugees and migrants. Garbage collection in poorer urban neighborhoods in Lima is limited, and contributes both to environmental

[767] INEI News 2022, Peruvian State's Digital Platform, accessed July 18 2022, <https://www.gob.pe/institucion/inei/noticias/630584-poblacion-peruana-alcanzo-los-33-millones-396-mil-personas-en-el-ano-2022>

[768] SDGs Monitoring System, INEI, accessed on 15 July 2022, <http://ods.inei.gob.pe/ods/objetivos-de-desarrollo-sostenible/agua-limpia-y-saneamiento>

[769] Statistical bulletin news, Superintendence for Sanitation Services, accessed on 15 July 2022, <https://www.sunass.gob.pe/lima/previo-a-la-pandemia-familias-sin-acceso-a-la-red-publica-pagaban-hasta-38-mas-por-agua-potable/>

[770] INEI, ENPOVE Survey 2022.

[771] Ministry of Health, COVID-19 Update, last modified on 9 July 2022, <https://www.dge.gob.pe/portal/docs/tools/coronavirus/coronavirus080722.pdf>

degradation and unhygienic conditions, for refugees and migrants and host communities alike.⁷⁷²

In line with the above, another priority WASH need for both refugees and migrants in-transit and those residing in Peru – particularly women and girls – is access to hygiene items, including menstrual hygiene articles. About 30 per cent of key informants in the JSNA stated that women and girls in their communities do not have access to sufficient sanitary items during their menstrual cycles. Refugees and migrants require differentiated hygiene items tailored

to the needs of diverse groups, including based on their age and gender, for the elderly and for people with disabilities.

Moreover, in Peru, a lack of attention to environmental sustainability hampers common R4V efforts to counteract the ongoing depletion and pollution of scarce water resources, with climate change-induced water scarcity threatening the health and development of communities, and pollution resulting from inadequate waste management.

[772] GTRM, *Basic Needs Analysis Workshop*.

CARIBBEAN



CARIBBEAN

AT A GLANCE

© Flóres Soláno

 TOTAL POPULATION

201.2 K

 PEOPLE IN NEED (PIN)

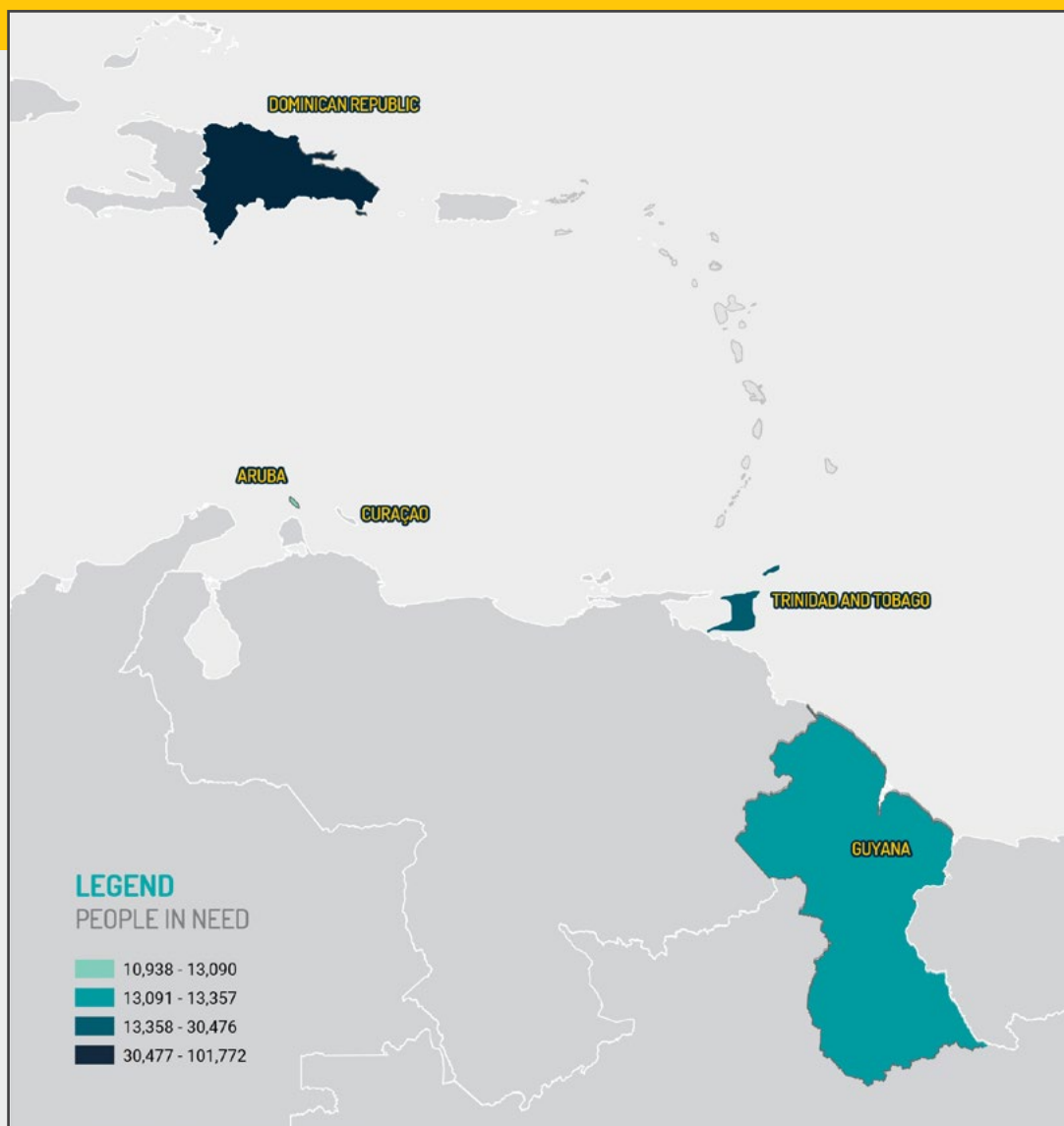
169.6 K

























 54.0 K  68.4 K

 24.9 K  22.3 K

 PIN PERCENTAGE

84.3%



	Sector	Total population	People in need (PiN)	PiN percentage	
	Education	201.2 K	27.1 K	13.5%	
	Food Security	201.2 K	66.6 K	33.1%	
	Health	201.2 K	78.1 K	38.8%	
	Humanitarian Transportation	201.2 K	68.2 K	33.9%	
	Integration	201.2 K	162.4 K	80.7%	
	Nutrition	201.2 K	10.7 K	5.3%	
	Protection	201.2 K	144.4 K	71.8%	
	Child Protection	201.2 K	40.4 K	20.1%	
	Gender-Based Violence (GBV)	201.2 K	44.3 K	22.0%	
	Human Trafficking & Smuggling	201.2 K	19.9 K	9.9%	
	Shelter	201.2 K	42.5 K	21.1%	
	WASH	201.2 K	32.1 K	16.0%	

SUB-REGIONAL OVERVIEW

The R4V Platform for the Caribbean Sub-region carried out JNA in Aruba, Curaçao, the Dominican Republic, Guyana and Trinidad and Tobago, utilizing data from both primary and secondary sources, to identify the needs of refugees and migrants from Venezuela and their host communities. In all five countries, R4V partners conducted joint analysis workshops to collectively analyze the available data.⁷⁷³

To identify priority needs, R4V partners in Aruba held regular consultations with refugee and migrant populations via participatory assessments, focus group discussions, help lines, protection counselling and complaint/feedback mechanisms of individual agencies and inter-agency groups. Partners also used social media and other outreach mechanisms to maintain close ties with the community and monitor the situation with the Aruban host community.

In Curaçao, R4V partners carried out data collection and needs assessments through focus group discussions throughout 2021 to mid-2022. An R4V partner in Curaçao in 2021 carried out a series of interviews targeting Venezuelan refugees and migrants in an irregular situation of all ages, genders, and other diversity profiles,⁷⁷⁴ with information from those interviews informing this analysis in 2022. Other R4V partners' studies were also consulted for available data, including those analyzing the broader legal and policy context.⁷⁷⁵

In Trinidad and Tobago, needs were primarily identified via a national R4V inter-agency participatory assessment conducted in May 2022.⁷⁷⁶ An R4V partner also conducted a movements monitoring

survey across Trinidad and select locations in Tobago in late 2021, to systematically capture, process and disseminate information about the movements and evolving needs of Venezuelan refugees and migrants.⁷⁷⁷ Other assessments by R4V partners and government agencies were also reviewed to determine the main needs among refugees and migrants in Trinidad and Tobago.

In Guyana, the R4V joint needs analysis workshop informed the development of the secondary data review (SDR) matrix, which included various internal and external, published and unpublished assessments, relating to all relevant sectors, and highlighted existing gaps. The data analyzed included information on refugees, migrants and affected host communities, as well as indigenous Venezuelans and returning Guyanese across the country. The SDR provided a comprehensive understanding of needs, based on movements monitoring surveys, focus group discussions, case management data, project monitoring and other reports from R4V partners and other actors.

The Dominican Republic's JNA was conducted through an SDR, encompassing official government statistics, as well as primary data compiled by R4V partners, UN agencies and NGOs. Additionally, a joint needs analysis workshop was conducted with over 35 participants to collect inputs for a needs assessment per sector and sub-sector.

Main needs of refugees and migrants identified in the sub-region through the JNAs include food security and access to shelter, which are both priorities

[773] 2022 R4V Partners Joint Analysis Workshops took place on 18 May (Guyana), 2 June (Aruba), 3 June (Curaçao), 7 June (Dominican Republic) and 17 June (Trinidad and Tobago) of 2022.

[774] IOM, *Study on the Protection Situation of Venezuelan Refugees and Migrants in the Caribbean, February 2022*, <https://www.r4v.info/en/document/study-protection-situation-venezuelan-refugees-and-migrants-caribbean>

[775] IOM, *Needs Assessment on Migration Governance in Curaçao, 2021*, https://kmhub.iom.int/sites/default/files/publicaciones/curacao_1_-_english_impresion_2.pdf

[776] A total of 136 refugees and migrants were interviewed by nine R4V partner organizations. Interviews were conducted in person and by videoconference between 2-27 May 2022. Participants were Venezuelans identified by R4V partners based on different age, gender and diversity of profiles and geographic areas throughout Trinidad and Tobago, including Port of Spain, Arima, Chaguanas, Central Trinidad, Sangre Grande, San Fernando, Penal, Moruga and Tobago.

[777] IOM, *Displacement Tracking Matrix (DTM) Round 4: Monitoring Migrants' Presence, Trinidad and Tobago, December 2021*, https://displacement.iom.int/sites/default/files/public/reports/Trinidad_and_Tobago_round4.pdf

particularly for Venezuelans in Aruba, Curaçao and Trinidad and Tobago. Other main needs identified include limited access to health services (in Aruba, Curaçao and the Dominican Republic), limited WASH facilities (especially in remote regions of Guyana near the border with Venezuela and among indigenous refugees and migrants), lack of protection from detention and deportation (for Venezuelans in an irregular situation in Aruba, Curaçao and Trinidad and Tobago) and other protection issues (such as access to regularization procedures in the Dominican Republic), as well as protection from human trafficking and smuggling across the sub-region.

The needs of refugees and migrants from Venezuela in the Caribbean, as identified through these JNAs, need to be interpreted within the local context of these countries, four out of five of which are island nations. Venezuelan refugees and migrants arrive in the Caribbean into small and already strained host communities. Hence, concerns about integration capacities and cultural and language barriers lead

to xenophobic incidents,⁷⁷⁸ including harassment experienced by refugee and migrant children.⁷⁷⁹ Despite legal frameworks to protect the rights of refugees and migrants,⁷⁸⁰ reports of detentions, deportations, or non-admission of Venezuelans without recourse to international protection procedures are a major concern in the sub-region.

Not with standing visa requirements for Venezuelans⁷⁸¹ and movement restrictions due to COVID-19, including border closures between Venezuela and Aruba and Curaçao, Caribbean countries continue to receive new arrivals of refugees and migrants from Venezuela. Many arrive irregularly, including through dangerous journeys at sea, facing risks of drowning as well as significant security risks, such as human trafficking, smuggling, exploitation, and various forms of abuse. Access to asylum, regularization, and documentation remains restricted, as well as access to essential services such as education and health, particularly in Trinidad and Tobago, Curaçao and Aruba.



[778] IOM, *DTM Guyana - Flow Monitoring Surveys of Venezuelan Nationals in Guyana (September – December 2021)*, 29 March 2022; UNHCR, *Dominican Republic: Protection Monitoring Tool*, 2020, 2021.

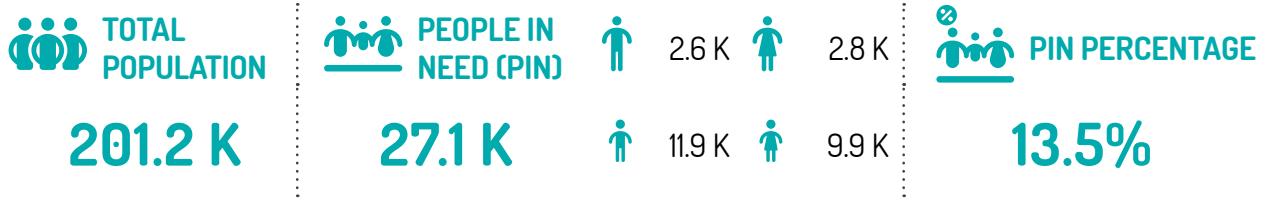
[779] See, for example, the situation in Curaçao. R4V, *Study on the Protection Situation of Venezuelan Refugees and Migrants in the Caribbean*, November 2021.

[780] *Aruba, the Dominican Republic, and Trinidad and Tobago are party to the 1951 Refugee Convention and its 1967 Protocol. Curaçao does not consider itself bound by the 1951 Refugee Convention and its 1967 Protocol, yet individuals who fear returning to their place of origin due to risk of torture or cruel or inhumane punishment, may apply for protection pursuant to Article 3 of the European Convention on Human Rights. Guyana is not a party to the 1951 Refugee Convention or its 1967 Protocol and does not have a government-led procedure to determine international protection needs.*

[781] *Aruba, Curaçao, the Dominican Republic and Trinidad and Tobago currently require visas for Venezuelans to enter, while Guyana does not have any requirements in place.*



EDUCATION



All five countries in the Caribbean sub-region present administrative, financial and cultural barriers to providing quality, holistic education to refugees and migrants⁷⁸². These are compounded by limitations in accessing tertiary education, non-recognition of foreign degrees, and xenophobic sentiments, which translate into bullying at schools. Language barriers also impede access to education in Aruba, Curaçao, Guyana and Trinidad and Tobago.

While public schooling is accessible for children regardless of legal status in Aruba, Curaçao, the Dominican Republic and Guyana, administrative and practical barriers to enrolment complicate access to education for refugee and migrant children. For example, in Aruba and Curaçao, requirements like mandatory purchase of insurance,⁷⁸³ provision of documentation from Venezuela or unaffordable fees for school materials or transportation limit school attendance.⁷⁸⁴ Similarly, to enroll in the Dominican Republic, schools request students' identity documents which are often not available.⁷⁸⁵ According to data from the Dominican Republic

System for School Management (SIGERD), as of 17 September 2021, 7,039 Venezuelan children were enrolled in schools, while according to INAIPI, as of May 2022, only 40 Venezuelan children between 0 and 4 years old received early childhood services.⁷⁸⁶ In Guyana, infrastructural and cultural barriers also hinder refugee and migrant children's access to education, particularly in rural areas with limited school enrolment spaces and infrastructure. Children in these remote areas are placed on waiting lists for enrollment, which impedes their educational advancement.

Meanwhile, in Trinidad and Tobago, school-aged refugee and migrant children from Venezuela cannot enroll in public schools, including early education and school readiness programmes, due to legal and administrative barriers.⁷⁸⁷ An alternative for refugee and migrant children is the "Equal Place" online education programme provided by R4V partners.⁷⁸⁸ Nevertheless, parents in Trinidad and Tobago indicated that children were unable to regularly participate in remote learning, due to lack of stable internet or necessary hardware, and highlighted

[782] R4V, *Education Sector Background Notes – Caribbean*, 3 June 2021: <https://www.r4v.info/en/document/education-sector-background-notes-caribbean>

[783] *Private insurance costs range from ANG 936-1436 depending on the age bracket (equivalent to some USD 520-797). This is a new service being offered in Curaçao.*

[784] C.M. Sandelowsky-Bosman, T. Liefwaard, S.E. Rap en F.A.N.J. Goudappel, 'De rechten van ongedocumenteerde kinderen in Curaçao' 16 June 2021. For Aruba, focus groups discussions with R4V partners, 2021.

[785] R4V, *Participatory Assessments: Dominican Republic*, 2021.

[786] Instituto Nacional de Atención Integral a la Primería Infancia (INAIPI), Dominican Republic, https://inaipi.gob.do/index.php?gclid=Cj0KCQjw7KqZBhCBARIsAl-FTKLweD466p9WrcwSWmgjqBaj30_8g4SD_1JQOkAp4bj8rwas3wqFTHMaAnW6EALw_wcB

[787] *In Trinidad and Tobago, R4V partner records indicate that 439 children between ages 0 and 4 years old have requested and are awaiting enrolment for early childhood services, 238 Venezuelan children remain outside the school system, and 142 children who attended school from 2021-2022 could not complete the documentation required by the Ministry of Education.*

[788] *Living Water Community, UNICEF, DAWERE and Trinidad and Tobago Solidary Network, Survey to parents of children who attend Equal Place, March 2022. The programme has cumulatively served 1,935 children, with 251 children enrolled as of July 2022.*

that increased food prices in 2022 left families under pressure to prioritize expenses other than education.⁷⁸⁹ Thirty-six per cent of parents indicated that financial reasons will prevent them from sending children to face-to-face learning activities if these became available.⁷⁹⁰

Prevailing language barriers have led to lower educational outcomes among Venezuelan children who do not speak Dutch or Papiamentu in Aruba and Curaçao. In late 2020, the Ministry of Education in Aruba made substantial changes to the curriculum, including abolishing the previous PRISMA programme for Dutch language acquisition, switching to multilingual schooling. Nevertheless, to date, foreign children in irregular situations do not receive a diploma upon graduation in Aruba. In Guyana, R4V partners identified a great demand among Venezuelans for after-school education in English as a Second Language (ESL). According to the Ministry of Education, there is a need for ESL for refugee and migrant children; yet sufficient slots remain elusive. Based on the Ministry's records, as of 18 July 2022 there were 2,036 refugee and migrant children, 90 per cent of whom were Venezuelans,⁷⁹¹ enrolled in formal education in Guyana.

Educational needs raised by refugees and migrants from Venezuela in Curaçao included the lack of access to secondary and tertiary education, as well as the limited availability of specialized education and vocational trainings.⁷⁹² Schools for children with special needs, such as people with disabilities, are often private and unaffordable.⁷⁹³ In the Dominican Republic, there is no access to the education system for children with disabilities, due to the lack of public institutions that attend the needs of this population and the high costs of private institutions that guarantee education programs for children up to 12 years old. Additionally, the issue of bullying of children with special needs was also identified in the Dominican Republic.⁷⁹⁴

Other identified needs linked to education are food insecurity and hunger, which are significant reasons for children's poor participation and high dropout rates in Guyana and Trinidad and Tobago.⁷⁹⁵ Hence, there is a pressing need to link educational programmes with food security (e.g. school feeding) and livelihood activities that encompass students and their households.⁷⁹⁶

[789] Caribbean COVID-19 Food Security & Livelihoods Impact Survey – Regional Summary Report, accessed 7 June 2022, https://docs.wfp.org/api/documents/WFP-0000138771/download/?_ga=2.30817339.541887496.1654441167-215507486.1654282656

[790] R4V Caribbean Sub-Regional Platform, Trinidad and Tobago Country Chapter, 2022 (internal).

[791] Ministry of Education, Guyana, Risk Management and Migrant Support Unit (RMMSU) (2022).

[792] R4V, Participatory Assessments: Curaçao, 2021.

[793] R4V, RMNA Planning Workshop: Dominican Republic, 2022.

[794] *Ibid.*

[795] National Roundtables of Consultation of Venezuelan Indigenous Peoples 2021: Guyana, April 2022, <https://www.r4v.info/en/document/national-roundtables-consultation-venezuelan-indigenous-peoples-2021-guyana> National Roundtables of Consultation of Venezuelan Indigenous Peoples 2021 Trinidad and Tobago, April 2022, <https://www.r4v.info/en/document/national-roundtables-consultation-venezuelan-indigenous-peoples-2021-trinidad-and-tobago>

[796] National Roundtables of Consultation of Venezuelan Indigenous Peoples 2021: Guyana, April 2022, <https://www.r4v.info/en/document/national-roundtables-consultation-venezuelan-indigenous-peoples-2021-guyana>

FOOD SECURITY



Food insecurity is a key concern for refugees and migrants from Venezuela in the Caribbean sub-region. The lack of food security has worsened, largely due to the economic impact caused by the COVID-19 pandemic, combined with heavy rainfall and flooding in some countries which has affected supply chains and harvests, and the overall increase in global food prices. R4V partners confirmed that food was the most sought-after need of refugees and migrants throughout 2021 and into mid-2022. In Aruba, local R4V partners identified some 5,000 households in need of food packages in 2021, while in Guyana, around 752 households, some 2,266 refugees and migrants, were in need of food assistance.

Despite initial signs of economic recovery, disruptions to incomes and increasing food prices threaten food security in the Caribbean.⁷⁹⁷ In Curaçao, supermarkets' food prices rose by 14 per cent from 2020 to 2022,⁷⁹⁸ and in Guyana, according to the Bureau of Statistics, there was an increase of 7.3 per cent in food prices in June 2022 compared to the same period in the previous year.⁷⁹⁹ Similarly, rising inflation rates in the sub-region impede refugees' and migrants' access to essential food items, especially for those with special dietary requirements, including persons with medical conditions, the elderly, and those with disabilities and special needs. Trinidad and Tobago is also experiencing increases in food costs,⁸⁰⁰ which R4V partners anticipate will create additional economic

strain on Venezuelan refugees and migrants and host communities. This is expected to particularly affect indigenous communities in remote areas.

Limited access to food is a significant issue that affects host communities in the sub-region as well as refugees and migrants. In Guyana the most worrisome levels of food insecurity are in the remote areas with limited infrastructure, including Regions 1, 2, 7, 8, and 9. In addition, flooded farmlands and loss of livestock due to heavy rainfalls which have worsened over the last few years, coupled with the increased cost of farming equipment and supplies due to the COVID-19 pandemic, have severely hindered the Guyanese farming sector, resulting in increases in food prices. The cost of transportation of food supplies to remote areas also rose in 2022, adding to the overall increase in costs. Meanwhile, in Aruba, despite food assistance initiatives by the Government of the Netherlands, the deteriorating economic situation has left many without sufficient income to cover food costs, consequently increasing requests for food assistance from R4V partners, including to meet specialized nutritional needs for babies, pregnant and lactating women.

In Trinidad and Tobago, a survey in 2021 highlighted food as the main priority among the Venezuelan population, indicating that 42 per cent of respondents 'skipped meals or ate less than usual' or 'went one

[797] Caribbean COVID-19 Food Security & Livelihoods Impact Survey – Regional Summary Report https://docs.wfp.org/api/documents/WFP-0000138771/download/?_ga=2.30817339.541887496.1654441167-215507486.1654282656

[798] Curaçao, "Boodschappen in twee jaar tijd veertien procent duurder", 17 March 2022, <https://curacao.nu/boodschappen-in-twee-jaar-tijd-veertien-procent-duurder>

[799] "Guyana Inflation Rate 2022, Consumer Price Index, <https://statisticsguyana.gov.gy/subjects/price-indices/consumer-price-index-georgetown-guyana-july-2022/>

[800] Caribbean COVID-19 Food Security & Livelihoods Impact Survey, Regional Summary Report, accessed 7 June 2022, https://docs.wfp.org/api/documents/WFP-0000138771/download/?_ga=2.30817339.541887496.1654441167-215507486.1654282656

whole day without eating'.⁸⁰¹ In Guyana, 58 per cent of respondents to a survey of all households (including host communities) in February 2022 mentioned being moderately or severely food insecure, higher than the Caribbean average.⁸⁰² In particular, Warao

indigenous refugees and migrants from Venezuela are vulnerable to food insecurity, with children in 2022 showing signs of acute malnutrition,⁸⁰³ with some even perishing from undernutrition.

HEALTH



Access to national healthcare systems is a challenge for Venezuelans with or without documentation.⁸⁰⁴ Difficulty of access is greater for those in irregular situations, as they often do not have an income to cover medical costs. There are also challenges accessing transportation to reach health facilities. The quality of healthcare services received by refugees and migrants is also affected by language and cultural barriers and unavailability of medicines and supplies. The inability to access or afford private health insurance results in refugees and migrants having to pay out-of-pocket for medical care in Aruba and Curaçao.⁸⁰⁵ In Trinidad and Tobago, refugees and migrants have access to free primary and emergency healthcare, but they cannot access secondary and tertiary medical services, and administrative and language barriers hinder their access to such services. Venezuelans often face challenges to enroll in health insurance plans due to lack of valid

documentation (i.e., expired, stolen or lost passports) or lack of an employment contract that confers health insurance.⁸⁰⁶

Although primary health care is available to all refugees and migrants in the Dominican Republic and Guyana, regardless of their legal status, limited access to secondary and tertiary care is a severe concern in all Caribbean countries. This prevents refugees and migrants with chronic and serious illnesses from obtaining needed medical care which can cause irreversible damage to their health. In Trinidad and Tobago, 17 per cent of surveyed Venezuelans reported having chronic conditions such as diabetes, hypertension, cancer or respiratory diseases⁸⁰⁷ and among the 19,648 Venezuelans registered with an R4V partner, 3 per cent have serious medical condition.⁸⁰⁸ According to focus group discussions and surveys conducted with Venezuelans in both Aruba and Guyana,⁸⁰⁹ 7 per cent of respondents in

[801] IOM, DTM Monitoring Venezuelan Citizens Presence, Round 4, Trinidad and Tobago, December 2021, <https://migration.iom.int/reports/trinidad-and-tobago-monitoring-venezuelan-citizens-presence-round-4-december-2021>

[802] Caribbean COVID-19 Food Security and Livelihoods Impact Survey, World Food Programme, 20 April 2022.

[803] National Roundtables of Consultation of Venezuelan Indigenous Peoples 2021: Guyana, 20 April 2022.

[804] R4V, Health Background Notes – Caribbean, 2021: <https://www.r4v.info/en/document/health-background-notes-caribbean>

[805] R4V, Participatory Assessment Report: Curaçao, October 2021.

[806] Experiences gathered by R4V partners from Venezuelan community-led associations and from individual refugees and migrants facing access barriers, in Dominican Republic, Trinidad and Tobago, Guyana, Aruba and Curaçao.

[807] IOM, DTM Round 4: Monitoring Migrants Presence, Trinidad and Tobago, December 2021, https://displacement.iom.int/sites/default/files/public/reports/Trinidad_and_Tobago_round4.pdf

[808] UNHCR ProGRes Report, (Internal), August 2022.

[809] IOM, Guyana, Flow Monitoring Surveys of Venezuelan Nationals in Guyana, September-December 2021, <https://dtm.iom.int/reports/guyana-flow-monitoring-surveys-venezuelan-nationals-guyana-september-%E2%80%94-december-2021>

both countries indicated that they had a medical condition, such as diabetes, asthma, high blood pressure or heart disease. While in the Dominican Republic, an R4V partner's report showed that 5 per cent of refugees and migrants from Venezuela had chronic conditions.

Some Caribbean countries present particular healthcare challenges. In Guyana, the paramount need is access to quality healthcare services in areas with limited infrastructure, in particular emergency services in rural areas which can only be accessed by boat or plane or require transferring patients to the capital city of Georgetown.⁸¹⁰ Additionally, refugees and migrants who settle in rural mining areas located in dense Amazon rainforest in Guyana in order to earn income are at particular risk of contracting tuberculosis and typhoid due to their proneness to *Aedes* and *Anopheles* mosquitoes, known for transmitting malaria and dengue fever.

Gaps also exist in the availability of SRH services, including family planning, gynecological and obstetric services, as well as pediatric attention for refugees and migrants. This is particularly the case for rural areas in the Dominican Republic, Guyana and Trinidad and Tobago, where 9 per cent of respondents to a 2021 survey to refugees and migrants from

Venezuela had no access to SRH services and 46 per cent of pregnant mothers could not access prenatal services.⁸¹¹ Additionally, SRH services (and mental health and psychosocial services) are needed for refugees and migrants who turn to coping mechanisms such as survival sex and the use of psychoactive substances.⁸¹²

Where psychosocial and psychiatric support is not readily available to refugees and migrants in the sub-region, corresponding mental healthcare becomes a priority. In Curaçao, for example, there is a lack of access to specialized medical services, including mental health and psychosocial support.⁸¹³ In Trinidad and Tobago, while access to MHPSS services is available through the National Family Services Division, and emergency psychiatric treatment is accessible through the public health services, response gaps exist in case management and the provision of medication.⁸¹⁴

Finally, challenges to complete regular vaccination schemes for Venezuelan children have been identified by R4V partners, including in the Dominican Republic, especially for children who started receiving vaccines in Venezuela or are older than the age targeted by national vaccination efforts within host countries.⁸¹⁵

[810] <https://www.unhcr.org/news/briefing/2021/11/61a0be914/unhcr-concerned-difficult-conditions-indigenous-venezuelans-guyana.html>

[811] IOM Trinidad and Tobago, *Monitoring Venezuelan Citizens Presence, Round 4, December 2021*, <https://dtm.iom.int/reports/trinidad-and-tobago-%E2%80%94-monitoring-venezuelan-citizens-presence-round-4-december-2021>

[812] UNHCR, *Protection Monitoring Tool, 2019-2020-2021*; UNHCR and IDDI, *Participatory Assessment on Main Needs of UNHCR's population of concern, 2021*.

[813] R4V, *Participatory Assessment Report: Curaçao, October 2021*.

[814] UNHCR, *Protection Monitoring Tool, 2019-2020-2021*; UNHCR and IDDI, *Participatory Assessment on Main Needs of UNHCR's population of concern, 2021*.

[815] *Experiences gathered by R4V partners and Venezuelan community-led associations from individual refugees and migrants facing vaccine access challenges in the Dominican Republic*.



HUMANITARIAN TRANSPORTATION



Needs for humanitarian transportation in the sub-region stem from refugees' and migrants' inability to access safe and regular transportation, including transportation within or between cities or provinces, hindering their access to education, health, administrative and other services, as well as livelihoods opportunities. Without access to safe local transportation, the already vulnerable situation experienced by refugees and migrants is aggravated and increases their exposure to protection risks, including risks of human trafficking, smuggling and GBV, as well as barriers to successful integration.

In 2022, travel restrictions in Guyana implemented for health and safety reasons during the COVID-19 pandemic were lifted. However, restrictions for travelling between regions in Guyana are still imposed on refugees and migrants from Venezuela, leading to challenges accessing transportation to reach health facilities.⁸¹⁶ Venezuelans requiring medical treatment or needing relocation due to security and protection issues can only travel to other regions with authorization from migration authorities, which is provided on a case-by-case basis.⁸¹⁷ Subsequent transportation (particularly within urban areas) and return transportation following medical evacuations, - only provided by R4V partners – has hence evolved as a priority need in Guyana.⁸¹⁸

As a result of the above domestic movement restrictions and limited availability of humanitarian transportation, refugees and migrants who live in remote areas outside of the capital are often unable

to access essential health care services if they are not available locally. Movement restrictions also tend to keep refugees and migrants residing in regions where livelihood opportunities are scarcer, leading to irregular movements to other regions in search of employment opportunities. R4V partners have identified cases where refugees and migrants from Venezuela were returned to their regions of residence for not having authorization to travel.

Refugee and migrant survivors of GBV in-need of evacuations to the capital in Guyana for security reasons or to access health services are subject to the same approvals before receiving travel authorizations. The delayed processing of travel authorizations and the requirement of filing a complaint with the local police where the GBV incident happened has caused re-traumatization and heightened survivors' risk of being located by the perpetrator. According to R4V partners, this has also led GBV survivors – women in particular – to return to or unable to escape from situations of violence, abuse, and exploitation due to a lack of alternatives.

Identified humanitarian transportation needs in Guyana, therefore, include transportation support for relocation within the country, including return to places of residence for refugees and migrants requiring medical relocations, as well as daily transportation support during the time of relocation. Relocations for health reasons are the most common, followed by cases of GBV and other cases where the physical integrity of the person is compromised and no local

[816] *Venezuelan refugees and migrants are not permitted to travel from one administrative region to another in Guyana, except in the following cases: i) there is a medical emergency that requires medical evacuation to the Guyana Public Hospital in Georgetown; ii) a family member who is well established in another region and has the financial means to receive their family members presents a request to immigration for travel authorization for their family members; or iii) IOM or UNHCR present written requests to Central Immigration, for travel authorization when the physical integrity of the person is at risk in the region where they are.*

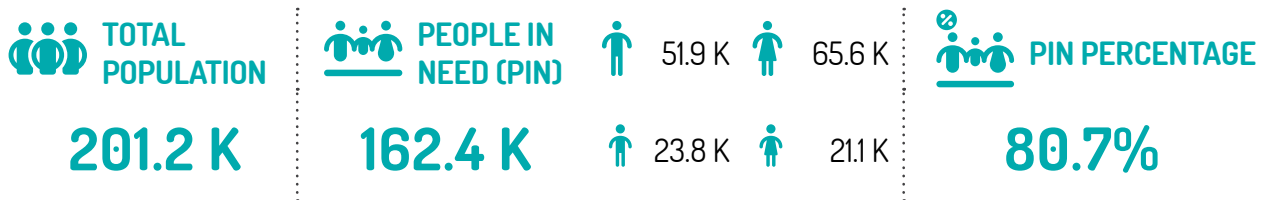
[817] *National Tuberculosis Platform (NTP) Migrant Workshop 2022, Guyana, April 2022.*

[818] <https://www.unhcr.org/news/briefing/2021/11/61a0be914/unhcr-concerned-difficult-conditions-indigenous-venezuelans-guyana.html>

solution is possible i.e., safe shelter. Venezuelan refugees and migrants also require support to travel to urban areas from rural regions to renew their stay

permits or to identify/access employment/livelihood and education opportunities.

INTEGRATION



The Caribbean socio-economic context was severely impacted by the COVID-19 pandemic. This, together with the lack of effective documentation and regularization frameworks and the absence of legislation related to the regular status of refugees and migrants in most countries, undermine Venezuelans' integration. The Dominican Republic is the notable exception in the sub-region, with a Normalization Plan that has facilitated access to essential services and the labour market in the Dominican Republic for refugees and migrants from Venezuela.

Owed to the absence of regularization pathways or asylum and refugee legislation in many Caribbean countries, Venezuelans struggle to regularize their situations and enhance their integration. In the Dominican Republic, the implementation of a Normalization Plan throughout 2022 represents an important opportunity to overcome this challenge, with approximately 43,000 Venezuelans having applied for the first phase of the Normalization Plan, which concluded at the end of 2021.⁸¹⁹ However, challenges to Venezuelans obtaining formal employment and accessing livelihoods persist, as employers lack information on hiring Venezuelans and their work entitlements. The lack of regularization pathways or asylum and refugee legislation also impacts Aruba and Curaçao, where many refugees

and migrants from Venezuela are largely in an irregular situation, without formal work authorization. While no official data is available on Venezuelans in irregular situations in Aruba, a survey conducted by an R4V partner⁸²⁰ indicates that 56 per cent of respondents were in an irregular situation, while 16 per cent were asylum seekers and 7 per cent had legal citizenship. Meanwhile, in Curaçao, 4,159 civil registries of Venezuelans who accessed temporary permits were confirmed in 2021 by the Government. The process for obtaining work permits in both countries is administratively challenging, requiring an employer to sponsor the permit and initiate the application.

Other barriers to employment in Caribbean countries include the general non-recognition of diplomas obtained in Venezuela. In Trinidad and Tobago, minimal recognition of professional certificates and diplomas limits Venezuelans' access to decent work. In the Dominican Republic, over 60 per cent of Venezuelans have university degrees and many have considerable professional experience (among entrepreneurs, an average of 13 years of experience).⁸²¹ Nevertheless, most Venezuelans in the Dominican Republic reported being unemployed, working informally, including as street vendors⁸²².

[819] Dirección General de Migración, 2021, <https://migracion.gob.do/en/>

[820] R4V Partners, *Aruba Internal Assessment*, 2021.

[821] UNHCR-ILO, *Study on the Promotion of Livelihoods for Venezuelans in the Dominican Republic, 2020*: <https://data.unhcr.org/en/documents/details/76698>

[822] *Ibid*; UNHCR, *Protection Monitoring Tool, 2020-2021*.

Given these barriers to accessing formal employment, resulting in lower income levels for Venezuelans, as compared to nationals, despite relatively high levels of education and experience, there is a need for enhanced livelihoods and entrepreneurship opportunities.⁸²³ The lack of sustainable employment and income-generation opportunities are a significant challenge for most refugees and migrants in Guyana, 64 per cent of whom report being unemployed.⁸²⁴ In Aruba, being heavily dependent on tourism for employment and income, the pandemic and a sharp decline in leisure travel had an enormous negative impact on local economies, reducing incomes of host communities as well as refugees and migrants. Refugees' and migrants' greater dependence on informal employment in Aruba has led to even greater reductions in post-pandemic income levels, and has exposed Venezuelans to abuse and exploitation, such as wage theft, exploitative working conditions, and other forms of labour exploitation. Meanwhile, in the Dominican Republic, 68 per cent of Venezuelans indicated being engaged in formal employment, followed by the 28 per cent who indicated informal employment.⁸²⁵ Venezuelan refugees and migrants work predominantly as salaried employees (69 per cent) while 21 per cent were self-employed. Only 4.2 per cent indicated they were unemployed, and approximately 86 per cent of Venezuelans work in the service sector. The monthly income of 79 per

cent of Venezuelans does not exceed RD\$ 20,000.00 (some USD 375).⁸²⁶

Xenophobia and discrimination have also been highlighted as another significant barrier to integration. In the Dominican Republic, the relationship with the host community is described as good or very good by over 80 per cent of Venezuelans.⁸²⁷ Cultural, linguistic, and historical similarities help to prevent xenophobia to a considerable extent. On the other hand, for the other countries in the sub-region, refugees and migrants face the challenge of a language barrier, which has contributed to stigma and discrimination. In Curaçao, Venezuelans indicated to R4V partners that the lack of linguistic integration as well as irregular status are risks for them, because their limited understanding of the local languages prevents them from accessing vital information about services that are available to them. Further, being in an irregular situation puts them at the risk of detention and deportation.⁸²⁸ In Guyana and Trinidad and Tobago, meanwhile, being unable to communicate in English can result in significant challenges with employment, especially work in the service sector as well as a lack of participation in socio-cultural initiatives. It can also lead to xenophobic practices such as discrimination, marginalization, and victimization, which indigenous populations are particularly vulnerable to and impacted by.

[823] R4V, *Joint Needs Analysis Workshop: Dominican Republic, 2022*.

[824] IOM, *DTM: Flow Monitoring Surveys of Venezuelan Nationals in Guyana, December 2021*, https://dtm.iom.int/reports?title=Guyana&body=&field_report_regional_report=All

[825] Instituto Nacional de Migración de La República Dominicana, *Estudios Migratorios (No. 1)*, January 2021, https://www.inm.gob.do/transparencia/phocadownload/Publicaciones/2021/Rev%20Estudios%20Migratorios%201_INM%20RD_ISSUU.pdf

[826] *Ibid.*

[827] UNHCR, *Protection Monitoring, Dominican Republic, 2019-2020*, <https://microdata.worldbank.org/index.php/catalog/3913>

[828] R4V, *Participatory Assessment Report: Curaçao, October 2021*.

NUTRITION



While the nutrition situation, access to and needs of nutrition services among refugee and migrant groups vulnerable to malnutrition (children under 5 and pregnant and lactating women) was not assessed in any of the five Caribbean countries, underlying determinants of malnutrition, such as lack of access to health services, precarious WASH conditions, and food insecurity can provide insights into the risks of malnutrition among these vulnerable groups. Price increases, hardships related to the COVID-19 pandemic, decreased financial resources, and generally precarious living conditions have impacted refugees' and migrants' access to food in the Caribbean and have negatively impacted household purchasing power, contributing to unhealthy diets and food consumption that does not meet nutritional needs.⁸²⁹ Such situations compromise the dietary and nutrient intake of children under 5 and pregnant and lactating women, who cannot meet their specific nutrient needs, and contribute to an increased risk of infectious diseases by not permitting for the correct absorption of nutrients. These are immediate causes of malnutrition which require that refugees and migrants have access to nutrition-specific interventions to prevent, identify, and treat malnutrition.⁸³⁰

While rising food prices impact the whole population, lowest-income households such as refugees and migrants from Venezuela are the most affected. In Guyana, the situation has resulted in Venezuelan

women and girls engaging in sex work in order to obtain sufficient income for food to meet their households' nutritional needs.⁸³¹ Indigenous refugees and migrants are also particularly vulnerable, with participants of a National Roundtable held with indigenous Venezuelans in Guyana indicating that families in their settlements have diets based only on cassava due to scarce access to food.⁸³² In other communities, reported cases of acute malnutrition combined with diarrhoea have caused the death of indigenous children.⁸³³ So far in 2022, the cause of death of one indigenous child in Guyana was confirmed as malnutrition, with two other possible malnutrition deaths not formally confirmed, and at least two other children hospitalised with severe malnutrition.⁸³⁴ While information on the nutritional status of the overall population is available in Guyana, specific data on refugees and migrants is needed to help the Government and R4V partners to better identify and respond to the nutritional needs of vulnerable refugees and migrants.

In Curaçao, lack of awareness of healthy nutritional habits and the lack of access to nutrient-dense food results in many refugees and migrants from Venezuela suffering from unhealthy diets. This particularly affects children under the age of 5 and pregnant and lactating women, given their higher nutritional intake needs. Likewise, according to R4V partners, persons with special needs in the Dominican Republic (i.e., children with Asperger syndrome) face challenges

[829] UN Position Paper: Strengthening food systems in response to rising food prices in Guyana, April 2022.

[830] R4V Regional Nutrition Sector, Introduction to the R4V Nutrition Sector, Panama, 2022, <https://www.r4v.info/es/node/89793>

[831] National Coordinating Coalition (NCC), Rapid GBV Assessment, Guyana, March 2021.

[832] R4V Regional Protection Sector, National Roundtables of Consultation with Venezuelan Indigenous Peoples: Guyana, 2021, <https://www.r4v.info/es/document/mesas-nacionales-de-consulta-pueblos-indigenas-venezolanos-2021-guyana>

[833] Ibid.

[834] Ibid.

in accessing specialized diets required for medical reasons. Associations of Venezuelan refugees and migrants have highlighted the difficulties with accessing food items with a high nutritional value, as often the most affordable foods are not sufficient to meet nutritional needs. Lack of information about the prevention of child malnutrition is also a problem.⁸³⁵ For refugee and migrant children, who make up approximately 24 per cent of the Venezuelan population in Trinidad and Tobago⁸³⁶, R4V partners

identified challenges with access to nutrition services, which results in refugees and migrants being unable to purchase preferred or healthy food options and in some cases has resulted in reduced food and meals consumed.⁸³⁷ In the Dominican Republic, Venezuelan refugees and migrants also highlighted difficulties accessing food items with a high nutritional value, as the most affordable food frequently does not meet nutritional needs.⁸³⁸

PROTECTION



Refugees and migrants from Venezuela face challenges in the Caribbean with accessing documentation, asylum and/or regularization pathways, to receive legal protection, avoid detention and deportation and live free of discrimination and violence.⁸³⁹ They are exposed to numerous protection risks, including human trafficking and smuggling, shipwrecks at sea and other protection concerns, which particularly affect Venezuelans in irregular situations. In some cases, states in the Caribbean deny access to asylum and international protection for Venezuelans most at-risk, including those with life-threatening circumstances.

Main protection issues identified in the sub-region, therefore, include: (1) lack of regularization pathways (including effective international protection or regularization procedures) for Venezuelans in irregular situations; (2) lack of information on rights (e.g., civil rights, documentation, asylum, detention, etc.); (3) lack of access to justice (e.g., legal assistance, Ombudsperson, etc.) and (4) lack of access to documentation (e.g., civil registry, birth certificates, passport renewals, etc.).

Overall, refugees and migrants require legal orientation and support with various issues, including asylum procedures and regularization. People who face heightened protection risks, including LGBTQI+ persons,⁸⁴⁰ the elderly, youth, and persons living

[835] R4V, *Joint Needs Analysis workshop: Dominican Republic, 2022*.

[836] UNHCR, *Trinidad and Tobago Face Sheet, March-April 2022*: <https://reporting.unhcr.org/document/2484>

[837] PADF *Food security status among Venezuelan asylum seekers and Migrants in Trinidad and Tobago, September 2020*, www.padf.org/wp-content/uploads/2021/07/Food-Insecurity-Status-Among-Venezuelan-Migrant-and-Refugee-Report.pdf

[838] *Joint Needs Analysis workshop by various organizations in the Food security and Nutrition working group in Dominican Republic, 2022*.

[839] *For example, in Trinidad and Tobago, a survey conducted by a R4V partner in 2021 found that 14% of Venezuelans interviewed reported an experience of violence. Most common forms of violence experienced were assault, attempted assault and GBV in that order. Living Water Community, Experiences of Migrants and Refugees with Violence in Trinidad and Tobago, July 2021.*

[840] *For example, out of 7,122 LGBTQI+ persons surveyed in the Dominican Republic (2.7% of whom were Venezuelans) 97% indicated that they had been exposed to violence and discrimination since adolescence, while 29% live in the country in an irregular situation. UNDP Dominican Republic, Encuesta Nacional LGBTI 2020, Dominican Republic, August 2020, https://dominicanrepublic.un.org/sites/default/files/2021-08/Informe%20de%20Resultados%20Encuesta%20Nacional%20LGBTI%202020en%20la%20Republica%20Dominicana_2.pdf*

with HIV often lack information about how to access available protection services. An R4V study of the effects of the COVID-19 pandemic on refugees and migrants from Venezuela identified evicted persons, sex workers and indigenous peoples as some of those most affected by discrimination and xenophobia, labour exploitation, sexual violence and denial of access to social protection systems.⁸⁴¹ While most needs are cross-cutting within the sub-region, the protection context in the countries varies significantly.

An R4V study conducted in 2022 found that refugees and migrants from Venezuela – including those in the Caribbean – are victims of the “dual impact” of the risks, needs and vulnerabilities inherent to their displacement process, combined with the risks and threats derived from organized crime and non-state armed actors with a presence in their host countries.⁸⁴² These include exposure to smuggling and human trafficking, disappearance, displacement, extortion, threats and loan sharking, among others. Women, separated and unaccompanied children and adolescents, and young people are particularly vulnerable.

In the Dominican Republic, despite being party to the 1951 Refugee Convention and its 1967 Protocol, challenges to access asylum persist, including a 15-day application deadline, and low recognition rates for Venezuelans.⁸⁴³ The Normalization Plan which commenced in 2021 represents a pathway for a significant number of Venezuelans to obtain documentation/regular status and access to basic rights: of approximately 115,000 Venezuelans in the country, 43,000 have applied for the first phase of the Normalization Plan, or 1 in 3 Venezuelans.⁸⁴⁴ Nevertheless, high application costs, documentation requirements and lack of available transportation

from provinces to the capital where many services are centralized prevent many Venezuelans from applying.⁸⁴⁵

Meanwhile, although Curaçao does not consider itself bound by the 1951 Refugee Convention or its 1967 Protocol, Venezuelans may apply for international protection based on Article 3 of the European Convention on Human Rights (ECHR).⁸⁴⁶ Nevertheless, as of August 2022, R4V partners were not aware of any approved protection request under Article 3 of ECHR in Curaçao. Other avenues of documentation and regularization are not easily accessible for refugees and migrants, and much of the Venezuelan population remains undocumented. The government regularly detains and deports Venezuelans in irregular situations, and there are few limitations on the length or conditions of immigration detention in Curaçao.

In Aruba, many Venezuelans are in irregular situation, which limits their access to national services and benefits, such as healthcare and education. Due to their irregular situation, Venezuelans are more vulnerable to labour and sexual exploitation, eviction, detention, and other protection concerns.

In Guyana, there is no government-led asylum procedure given that the country is the only one in South America not a party to the 1951 Convention or its 1967 Protocol. Meanwhile, although the Ministry of Foreign Affairs began to extend Venezuelans’ stay permits to six months in 2022, access to these permits remains difficult, in particular for indigenous populations who lack documents from Venezuela, or in remote areas without consistent presence of immigration officials.⁸⁴⁷ Meanwhile, according to R4V partners, lack of legal remedies and distrust of law

[841] R4V Regional Protection Sector, *Impact of the COVID-19 Pandemic on Refugees and Migrants from Venezuela, October 2021*, https://www.r4v.info/sites/default/files/2022-02/R4V_ENG_WEB_compressed_0.pdf

[842] R4V Regional Protection Sector, *Analysis and identification of risks related to dual impact and organized crime on refugees and migrants from Venezuela. Publication forthcoming.*

[843] For example, only one Venezuelan was recognized as a refugee between 2019 and early 2022 in the Dominican Republic, and by end 2021, 204 Venezuelans were awaiting decisions on their pending asylum claims. Dominican Republic’s National Commission for Refugees (CONARE), *Official Statistics, 2021.*

[844] DGM, *Statistics from the online database of DGM regarding applications to Phase 1 of the Normalization Plan. As of August 2022, 23,000 visas were approved, 6,199 work permits were issued and 854 student permits were granted.*

[845] R4V, *Dominican Republic Participatory Assessments, 2021. Additionally, the information is based on reports of individual cases managed by Venezuelan community-led associations who coordinate the inter-agency information desks.*

[846] *This procedure provides protection against forced return while awaiting local procedures to be exhausted, and protection from forced return if successful, but no other type of relief or assistance is provided by the government while awaiting the decision or afterwards, nor does a decision result in the granting of a residence permit or a work permit.*

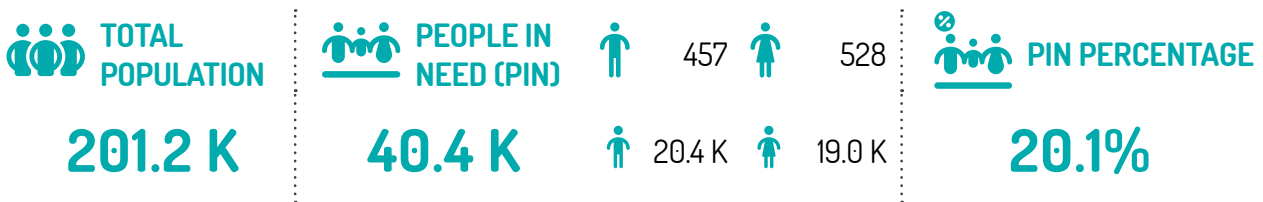
[847] R4V Caribbean Sub-Regional Platform, *Guyana Country Chapter, 2022 (internal).*

enforcement are among the main reasons refugees and migrants prefer not to report protection incidents such as trafficking and GBV. Other protection risks identified by R4V partners include labour exploitation and extortion.

In Trinidad and Tobago, authorities regularly detain and deport Venezuelans in an irregular situation. Legislation on refugee status and access to the

asylum procedure remains absent, and many Venezuelans have been deported without any screening for international protection needs. This puts refugees at risk of *refoulement*, and refugees and migrants – especially women, children, and persons with disabilities or those with special and specific needs – at risk of human trafficking or smuggling, GBV, sexual exploitation and abuse, and labour exploitation, among others.

CHILD PROTECTION



Refugee and migrant children have limited opportunities to access documentation and/or regularize their status, and encounter challenges with accessing national child protection mechanisms. For example, within the Dominican Republic, children born to Venezuelans in an irregular situation are not entitled to Dominican nationality. To prevent statelessness, it is necessary to register the children and confirm their Venezuelan nationality through a Venezuelan consulate. Additionally, practical challenges remain, due in part to delays from Venezuelan consular services, as well as due to a lack of information on civil documentation.⁸⁴⁸

For children without valid documentation, it is especially difficult to access regularization procedures, where available. In the Dominican Republic, although the Normalization Plan opened an important avenue for Venezuelans in an irregular situation to regularize, many families deprioritized applications for their children due to high costs – ranging between USD

230 and 280 per person.⁸⁴⁹ Since the application for normalization is done at the individual – instead of the family – level, R4V partners noted that a higher percentage of Venezuelan children appearing to remain irregular compared to adults. Meanwhile, in Curaçao, no child-specific procedural safeguards are included in the immigration framework, and the government authority in-charge of child protection often does not accept cases of undocumented children, even in case of abuse or neglect. A report from April 2021 in Curaçao noted a lack of uniform interpretations of the best interests of the child, and an absence of adequate protection for children who have suffered violence.⁸⁵⁰ In Trinidad and Tobago if parents are deported, children who remain in the country are left under the care of relatives or friends, while other UASC may not have options for foster care or children’s homes placements.⁸⁵¹ All children within these categories face increased vulnerability to exploitation, abuse and harm.

[848] Information gathered at the Joint Needs Analysis workshop from various organizations working with child protection. Additionally, UNHCR and IDDI. Participatory Assessments 2021. The information is based on reports of individual cases managed by Venezuelan community-led associations that coordinate the inter-agency information desks.

[849] Dirección General de Migración, <https://migracion.gob.do/en/>

[850] Antillean Federation for Youthcare, ‘4th Ngo Report on the Implementation of the Convention on the Rights of the Child in Curaçao, Kingdom of The Netherlands, 2021.

[851] R4V Caribbean Sub-Regional Platform, Trinidad and Tobago Country Chapter, 2022 (internal).

In the Caribbean sub-region, refugee and migrant children, in particular adolescent girls, are at risk of gender-based violence, sexual exploitation and abuse (SEA), neglect, human trafficking or smuggling, teenage pregnancy, and separation from their families; and have limited access to comprehensive services. Limited capacity and language barriers directly impact the effectiveness of the services provided to refugee and migrant children, including indigenous children. For example, particularly due to families strained economic situations and a lack of support services, Guyana partners identified that some children are forced to work, including commercial sexual exploitation of children in mining areas. Lack of access to education and safe spaces, community structures and alternative care

arrangements for children also contribute to their exposure to exploitation and abuse.⁸⁵² Children with special needs, including children with disabilities, lack access to specialized support.

In Curaçao, separated and unaccompanied children are reportedly institutionalized with limited freedom of movement.⁸⁵³ They do not feel safe on the streets, and especially girls are subject to sexual harassment.⁸⁵⁴ In Guyana, child protection concerns such as child abuse, incest, and early marriage are recurrent, particularly in rural regions close to the border with Venezuela.⁸⁵⁵ Lacking education opportunities also hinders refugee and migrant children's integration, with negative implications for their mental health and well-being.



GENDER-BASED VIOLENCE (GBV)



Refugees and migrants and other vulnerable groups, such as gender non-conforming persons, sex workers and LGBTQI+ persons, face complex barriers to accessing timely and effective lifesaving services for GBV survivors, such as barriers related to lack of information, fear of stigmatization, fear of victimization, gaps in terms of services, limited technical capacity of services providers, and overall limited resources.⁸⁵⁶

The COVID-19 pandemic led to an increase in incidents of GBV, particularly intimate partner violence.⁸⁵⁷ Prevailing social norms regarding gender roles and negative perceptions towards Venezuelan women and girls have resulted in incidents of intimidation, sexual harassment and GBV in multiple Caribbean countries. Survivors are often reluctant to report to the police due to lack of response and fear of arrest and deportation, suffering retaliation, or having their

[852] UNHCR Guyana, internal report, July 2022.

[853] C.M. Sandelowsky-Bosman, T. Liefwaard, S.E. Rap en F.A.N.J. Goudappel, *The Rights of Undocumented Children in Curaçao, Netherlands*, June 2021, <https://www.boomdenhaag.nl/webshop/de-rechten-van-ongedocumenteerde-kinderen-in-cur>

[854] R4V, *Participatory Assessment Report: Curaçao*, October 2021.

[855] National Coordinating Coalition (NCC), *Rapid GBV Assessment, Guyana*, March 2021.

[856] See, e.g., Carisa Lee, *TTPS Helping Migrants in Domestic Violence Cases*, 25 November 2021, https://www.guardian.co.tt/news/ttps-helping-migrants-in-domestic-violence-cases-6.2.1418844.0753c016ac?app_multi=NeoDirect,NeoDirect&com_multi=6%2F2%2F1418844%2F0753c016ac,6%2F0%2F0%2F92a3c957d6

[857] R4V, IOM, *Study on the protection situation of Venezuelan refugees and migrants in the Caribbean*, November 2021. <https://www.r4v.info/en/document/study-protection-situation-venezuelan-refugees-and-migrants-caribbean>

claims discredited. In Curaçao, refugees and migrants indicated that access to services for GBV survivors is limited and that they do not know where to seek support or information.⁸⁵⁸ Shelter capacity to support survivors in the sub-region is limited, forcing them to stay in places easily located by perpetrators.⁸⁵⁹ Due to lack of or limited access to economic inclusion or livelihood programmes, survivors are at increased risk of revictimization, remaining financially dependent on abusive partners or resorting to coping mechanisms such as survival sex. For example, in Aruba, refugees and migrants from Venezuela report feeling unsafe in the current environment due to lack of information on their rights and legal remedies, social isolation, and lack or limited access to economic inclusion. These make them more vulnerable to and unable to protect themselves when in situations of GBV. In addition, access to information about sexual and reproductive health and rights (SHRH), including maternal health, is insufficient or lacking.⁸⁶⁰

According to a national survey on GBV, one in every two women in Guyana experience GBV in their lifetimes.⁸⁶¹ While GBV may affect anyone, risks are exacerbated for Venezuelan women, girls and LGBTQI+ persons, especially those in an irregular situation. In the Dominican Republic and Trinidad and Tobago, Venezuelan women and girls reported facing harassment in the streets and often being incorrectly perceived as sex workers due to negative stereotypes.⁸⁶² In Guyana, adolescent refugee and migrant girls risk exposure to sexual harassment, intimidation, and violence and rarely count on safe

spaces to foster their local integration,⁸⁶³ while LGBTQI+ refugees and migrants in remote border areas frequently live in isolation. The high dispersion of the indigenous population contributes to their vulnerability to sexual and labour exploitation. Survival sex has been identified as a particular concern in mining areas in Guyana, where women experience and witness violence and situations of exploitation.⁸⁶⁴ In Trinidad and Tobago, a survey by an R4V partner in 2021 found that 14 per cent of refugees and migrants interviewed had experienced violence (with almost three quarters of survivors being women).

After assault or attempted assault, sexual and GBV was the most common type of violence experienced.⁸⁶⁵ Survivors of GBV also face barriers to accessing available support, including for medical, psychosocial and legal needs. In the Dominican Republic, although its national GBV response system is accessible to all survivors of GBV, regardless of nationality or status, services are often insufficient and fall short of providing a timely response. For example, Safe Houses (*Casas de Acogida*) managed by the Ministry of Women are accessible to Venezuelans, but there are not always available slots, nor safe houses in all rural and remote locations.⁸⁶⁶

In Guyana, service coverage for GBV survivors outside the capital is inadequate, leading to unmet medical, shelter and other needs of survivors in more remote areas. At the community level, knowledge about GBV, how it manifests, and its consequences are limited,⁸⁶⁷ which hinders prevention and response efforts.

[858] R4V, *Participatory Assessment Report: Curaçao, 2021*.

[859] R4V, IOM, *Study on the protection situation of Venezuelan refugees and migrants in the Caribbean, November 2021*.

[860] 2022 R4V Partners Joint Analysis Workshops, Aruba, 2 June 2022

[861] UN Women Caribbean, "1 in every 2 women in Guyana will experience Intimate Partner Violence", 13 November 2019, <https://caribbean.unwomen.org/en/news-and-events/stories/2019/11/1-in-every-2-women-in-guyana-will-experience-intimate-partner-violence>

[862] R4V, *Participatory Assessment Report: Dominican Republic, 2021*.

[863] UNHCR, *Safe from the Start Report, 4th quarter, Guyana, 2021*.

[864] National Coordinating Coalition (NCC), *Rapid GBV Assessment, Guyana, March 2021*.

[865] Living Water Community, *Experiences of Migrants and Refugees with Violence in Trinidad and Tobago, July 2021*.

[866] Oficina Nacional de Estadísticas, 2019. *Encuesta Nacional de Hogares de Propósitos Múltiples*. Santo Domingo: ONE, <https://dominicanrepublic.unfpa.org/es/publications/fasci%CC%81culo-i-salud-sexual-y-reproductiva-de-las-adolescentes-enhogar-2018>

[867] UNHCR, *Informal Focus Group discussion with approximately 35 women in Mabaruma, Guyana, April 2022*.

HUMAN TRAFFICKING & SMUGGLING



Human trafficking and smuggling are complex transnational crimes that impact refugees and migrants from Venezuela throughout the Caribbean. Border closures due to COVID-19 subsequently increased both human trafficking and migrant smuggling in the Caribbean. Incidents of human trafficking and smuggling are placing greater demands on national protection systems and emphasizing the need for more medium to long-term solutions to address key challenges in the provision of comprehensive support for VoTs. Some of the main challenges identified are the lack of resources in the Caribbean to combat human trafficking, poor information and data-gathering apparatus in the region, complicit and corrupt public officials and porous, unsecured borders.⁸⁶⁸

According to the 2022 Trafficking in Persons Report, of the 17 R4V countries, the only three to be included in either Tier 3 (the lowest tier, for countries that do not meet minimum standards for the elimination of human trafficking) or Tier 2 Watch Lists were all in the Caribbean: Curaçao, Aruba and Trinidad and Tobago.⁸⁶⁹ In all these countries, Venezuelan women and girls are particularly vulnerable to sex trafficking, with online platforms increasingly used for recruitment.⁸⁷⁰ According to the findings, refugees and migrants from Venezuela in an irregular situation are at increased risk of various forms of trafficking and forced labour in Aruba (largely in service and construction industries), as well as Curaçao, where

Venezuelans are reportedly trafficked for commercial sex work. Meanwhile, Trinidad and Tobago, in addition to being a locus for sex trafficking (which particularly affects Venezuelan women, girls, unaccompanied and separated children, and LGBTQI+ persons) also serves as a transit point for Venezuelan refugees and migrants with intended destinations in Europe, North Africa or other countries in the Caribbean.

Gaps are notable in the prevention, protection, and prosecution mechanisms for human trafficking and smuggling. For example, although 80 trafficking victims were identified by the Government of Trinidad and Tobago in 2021 – with all 46 victims of sex trafficking being Venezuelan women and girls – support services provided to victims were limited and linked to their willingness to cooperate in investigations, while the government only initiated the prosecution of 15 suspected sex traffickers in the same time period.⁸⁷¹ The Government of Curaçao, meanwhile, neither identified nor assisted any trafficking victims over the past two years, with this lack of identification linked to the lack of any screening procedures to identify VoTs. The lack of identification also affected Venezuelans detained for being in an irregular situation, which possibly resulted in the deportation of unidentified Venezuelan trafficking victims.⁸⁷² R4V partners, meanwhile, have identified and supported multiple VoTs in all five sub-regional countries over the last year.⁸⁷³

[868] *Ibid.*

[869] U.S. Department of State, *Trafficking in Persons Report, July 2022*, https://www.state.gov/wp-content/uploads/2022/08/22-00757-TIP-REPORT_072822-inaccessible.pdf Guyana was classified as Tier 1 while the Dominican Republic was on Tier 2.

[870] *Ibid.*

[871] *Ibid.*

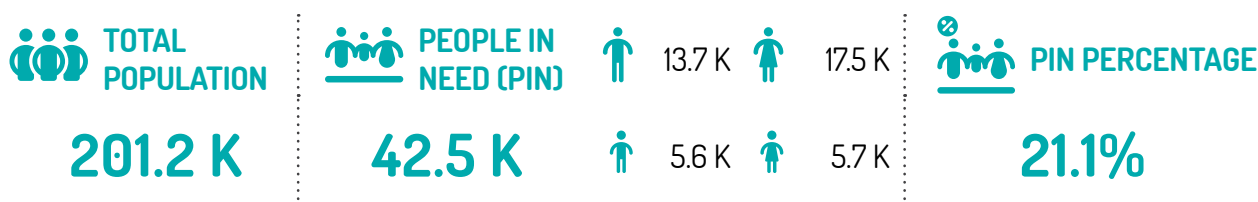
[872] *Ibid.*

[873] *Ibid.*

Online contracting by international trafficking and smuggling networks via digital media remains a key protection concern in the Caribbean.⁸⁷⁴ When Venezuelans – particularly young women and adolescent girls – reach host countries, they are offered work which turns into sexual exploitation⁸⁷⁵ or forced labour⁸⁷⁶ and slavery. VoTs are obliged to work through the use of violence or threats, or

through means such as accumulated debt or debt bondage, retention of identity papers, restricted movement, threats of alerting immigration authorities, and threats against the lives of family members in Venezuela. Victims are discouraged from participating in criminal investigations due to the risk of deportation and distrust in law enforcement.

SHELTER



People on the move are vulnerable to a range of human rights violations, including violations of the right to adequate housing. Exposure to xenophobia, racism and other forms of discrimination can interfere with their ability to secure sustainable and adequate shelter. Rising rental costs and requirements, lack of financial resources, documentation or gainful employment opportunities, as well as limited accountability mechanisms for landlords have worsened this scenario for refugees and migrants. Often unable – in practice or because of their status – to rent adequate accommodations, many refugees and migrants in the Caribbean are forced to live in overcrowded and insecure conditions.⁸⁷⁷

Venezuelan refugees and migrants living in Curaçao and Trinidad and Tobago highlighted the risk of abuse and exploitation by landowners/homeowners due

to the lack of formal rental contracts, their irregular status, and lack of financial power.⁸⁷⁸ The refugee and migrant community also noted discriminatory practices in the provision of housing to LGBTQI+ persons.⁸⁷⁹ Additionally, Curaçao also does not have shelters to temporarily house evicted or homeless individuals and families.

Rising inflation in 2022 has further strained Venezuelans' capacity to access dignified and safe housing in the Dominican Republic.⁸⁸⁰ Refugees and migrants from Venezuela facing hardship and an inability to cover their rents request cash assistance from R4V partners, particularly the elderly, persons with medical conditions, single parents, GBV survivors and LGBTQI+ persons. While formal data remains unavailable, R4V partners in the Dominican Republic indicated low quality of available rented housing,

[874] R4V, *Trafficking in Persons Background Notes – Caribbean, August 2020*, <https://www.r4v.info/en/document/trafficking-persons-background-notes-caribbean>

[875] 24ora, "Tin Hasta Detencion: Investigacion Na Maxim Bar Relaciona Cu Traficacion Di Hende", 5 June 2021. <https://24ora.com/tin-hasta-detencion-investigacion-na-maxim-bar-relaciona-cu-trafficacion-di-hende/>

[876] ArmandolInfo, *Connectas, Venezuelan Sex Slaves – a Booming Industry in Trinidad, An investigation by Marielba Núñez and Claudia Smolansky*, <https://www.connectas.org/especiales/esclavas-sexuales-venezolanas/en/>

[877] R4V Caribbean Sub-Regional Platform, *Country Chapters for Aruba, Curaçao, Guyana and Trinidad and Tobago, 2022 (internal)*.

[878] R4V Caribbean Sub-Regional Platform, *Trinidad and Tobago Country Chapter, 2022 (internal)*.

[879] R4V, *Participatory Assessment Report: Curaçao, October 2021*.

[880] Dominican Republic Central Bank, *Inflation Data*, <https://tradingeconomics.com/dominican-republic/inflation-cpi>

including poorly constructed wooden structures and houses without potable water as major issues.⁸⁸¹

The cost of rent in the Caribbean varies significantly according to country and location. For example, in Guyana, the gold mining areas have the highest cost of rent, followed by the capital city of Georgetown.⁸⁸² Indigenous refugees and migrants such as the Warao, who live close to the border with Venezuela, are less affected by rental costs because they live primarily in rural areas and construct their houses with available materials from the forest. However, inadequacies with these living standards – including shelters without access to running water, nor septic tanks or sewage systems – have resulted in health and protection risks, including diarrhea, water-borne and vector-transmitted diseases, identified within communities of Venezuelan refugees and migrants settled in swamp areas.⁸⁸³ A significant need for infrastructural development and maintenance of shelters has been noted in remote rural areas. In Guyana, there is a high need for housing in Region 1, which experienced a notable influx of refugees and migrants from Venezuela, increasing from 7,774 in August 2021, to 9,659 in April 2022.⁸⁸⁴

Meanwhile, in Trinidad and Tobago, 24 per cent of Venezuelans surveyed in December 2021 indicated that they had nowhere to sleep or had been evicted.⁸⁸⁵ In 2022, R4V partners noted instances of Venezuelans living in overcrowded and unhygienic housing situations, with some refugees and migrants

occupying make-shift domiciles in remote areas, without access to sanitation, potable water, and hygiene materials. Additionally, state-managed shelters are often at full capacity and not adequately resourced to receive and address the needs of vulnerable refugees and migrants, who also do not qualify for public sector assistance.

In Aruba, due to unattainable rental costs, documentary requirements and lack of financial resources many are forced to live in small, crowded apartments. The economic contraction experienced in Aruba resulting from the COVID-19 pandemic left refugees and migrants without livelihood opportunities and unable to find work when lockdown restrictions were lifted. This further decreased their ability to meet rent obligations and housing needs, resulting in rising debt and risk of eviction as well as unsafe living situations.⁸⁸⁶

Finally, specific vulnerable groups such as GBV survivors, VoTs and UASCs have immediate unmet needs for shelter – particularly emergency shelter. These vulnerable groups require safe accommodations once situations of violence and violations of their rights are identified, to remove them from immediate danger and harm, until they can receive specialized support and develop longer-term solutions. Such specialized emergency shelter options are currently very limited or not available, depending on the location in the Caribbean.

[881] 2022 R4V Partners Joint Analysis Workshops, Dominican Republic, 7 June 2022.

[882] Zoisa Fraser, "Port Kaituma or bust!", *Starbroeknews*, Guyana, 4 August 2012, <https://www.starbroeknews.com/2012/08/04/news/guyana/port-kaituma-or-bust/>

[883] *National Roundtables of Consultation of Venezuelan Indigenous Peoples 2021: Guyana*, April 2022, <https://www.r4v.info/en/document/national-roundtables-consultation-venezuelan-indigenous-peoples-2021-guyana>

[884] *National Tuberculosis Platform (NTP) Migrant Workshop 2022*, Guyana, April 2022.

[885] *IOM Trinidad and Tobago, DTM, Monitoring Venezuelan Citizens Presence, Round 5, December 2021*, <https://dtm.iom.int/reports/trinidad-and-tobago-%E2%80%94-monitoring-venezuelan-citizens-presence-round-4-december-2021>

[886] R4V Partners



WASH



In most countries in the Caribbean sub-region, even though high costs may prevent access, potable water, sanitation, and hygiene (WASH) services are generally available in urban areas. Meanwhile, in rural areas, WASH infrastructure is often limited and does not extend to all communities, especially indigenous host communities and refugees and migrants, which is particularly the case for Guyana and Trinidad and Tobago. Clean water supplies, plumbing, handwashing, and bathroom facilities are often inadequate in these areas.⁸⁸⁷ This is especially a risk for indigenous communities that reside on riverbanks.⁸⁸⁸

In addition, cultural and language barriers in Guyana have presented a challenge to promoting healthy sanitation practices. For example, indigenous Waraos who speak neither English nor Spanish struggle to understand treatment prescribed by doctors and often do not take the medicines or adopt the hygiene practices recommended by health authorities, also due to a reluctance to take modern medicine instead of alternatives, such as herbal medicine.⁸⁸⁹

Meanwhile, refugees and migrants in Caribbean countries who live in overcrowded urban conditions, where regular supplies of potable water and sanitation services are not guaranteed nor affordable, can face serious challenges in accessing WASH facilities. Gaps also remain in accessing information on hygiene promotion in languages that refugees and migrants understand, including Spanish and indigenous languages, tailored to their specific cultural needs and practices. Inaccessibility of hygiene items negatively affects refugees' and migrants' health, particularly in the context of COVID-19 and vector-borne diseases. Moreover, lack of access to hygiene supplies, including menstrual hygiene items, is a concern that affects both urban and rural communities in the Caribbean, particularly girls and women. In Curaçao, refugees and migrants were in particular need of hygiene kits and COVID-19 self-tests during the pandemic, especially sex workers and vulnerable groups such as children, as they were not granted access to social protection systems.⁸⁹⁰

[887] IOM, *DTM Flow Monitoring Surveys of Venezuelan Nationals in Guyana (September – December 2021)*.

[888] R4V Caribbean Sub-Regional Platform, *Guyana Country Chapter, 2022 (internal)*.

[889] This information was shared by indigenous community/village leaders and is based on observations made by R4V partners.

[890] R4V Regional Protection Sector, *Impact of the COVID-19 Pandemic on Refugees and Migrants from Venezuela, October 2021*, https://www.r4v.info/sites/default/files/2022-02/R4V_ENG_WEB_compressed_0.pdf

CENTRAL AMERICA & MEXICO



CENTRAL AMERICA & MEXICO

AT A GLANCE

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 TOTAL POPULATION

257.6 K

 PEOPLE IN NEED (PIN)

148.3 K

























 49.7 K  58.1 K

 21.5 K  19.0 K

 PIN PERCENTAGE

57.5%



	Sector	Total population	People in need (PiN)	PiN percentage	
	Education	257.6 K	35.6 K	13.8%	
	Food Security	257.6 K	88.5 K	34.3%	
	Health	257.6 K	56.4 K	21.9%	
	Humanitarian Transportation	257.6 K	17.5 K	6.8%	
	Integration	257.6 K	85.2 K	33.1%	
	Nutrition	257.6 K	18.7 K	7.3%	
	Protection	257.6 K	117.3 K	45.5%	
	Child Protection	257.6 K	11.7 K	4.5%	
	Gender-Based Violence (GBV)	257.6 K	65.2 K	25.3%	
	Human Trafficking & Smuggling	257.6 K	37.3 K	14.5%	
	Shelter	257.6 K	78.4 K	30.4%	
	WASH	257.6 K	18.1 K	7.0%	

SUB-REGIONAL OVERVIEW

R4V partners in Costa Rica, Mexico and Panama conducted JNAs at national levels to identify the needs of refugees and migrants from Venezuela, herewith compiled from a sub-regional perspective. Given the significant increase in the number of refugees and migrants from Venezuela in transit through Central America and Mexico observed by R4V partners in 2022 compared to previous years,⁸⁹¹ the JNAs considered both refugees and migrants in-destination and in-transit.

In Panama, six R4V partner organizations⁸⁹² conducted a JNA via a desk review and a joint analysis workshop convened in June 2022 to analyze available data from individual agencies' multi-sectoral assessments, including on population movements, protection assessments, programme and protection monitoring. Data on refugees and migrants in-transit collected by other humanitarian and development organizations⁸⁹³ was also consulted.

In Costa Rica, the two R4V partners⁸⁹⁴ conducted primary data collection exercises with refugees and migrants from Venezuela using their respective institutional tools and jointly analyzed the results.

Two surveys were conducted with the population in-destination: one with a sample of 263 respondents conducted between 9 May – 8 June 2022⁸⁹⁵ and another between April to June 2022 with a total of 403 telephone and in-person interviews.⁸⁹⁶ There were also five surveys conducted with refugees and migrants in-transit at the border between Panama and Costa Rica between December 2021 and April 2022.⁸⁹⁷

In Mexico, the two R4V partner organizations⁸⁹⁸ jointly conducted a primary data collection exercise⁸⁹⁹ through 275 in-person and phone interviews with households of refugees and migrants from Venezuela in five cities across the country in June 2022⁹⁰⁰. A total of 749 Venezuelans were interviewed, of whom 52 per cent were men and 48 per cent women. Of the population surveyed, 72 per cent were adults and 28 per cent were children. The exercise did not include unaccompanied children or child-headed households.

An increasing number of refugees and migrants from Venezuela are in-transit northward through the sub-region and face severe conditions throughout a

[891] R4V, *Central America, Mexico and Colombia: Special SitRep (June Update)*: <https://www.r4v.info/en/document/central-america-mexico-and-colombia-r4v-special-situation-report-june-update>

[892] HIAS, IOM, NRC, RET International, UNHCR and UN Habitat.

[893] Including reports from MSF, UNICEF and WFP.

[894] IOM and UNHCR.

[895] The UNHCR High Frequency Survey (HFS) was presented in a self-administered form accessible online, distributed through social networks and groups of refugees and asylum-seekers from Venezuela, who could complete the form via an online link regardless of their immigration status in Costa Rica.

[896] The IOM Displacement Tracking Matrix (DTM) targeting the population in destination in Costa Rica surveyed Venezuelans residing in 59 cantons and 117 districts throughout 7 provinces of the country. All respondents were adults (18+ years old) who had previously been in contact with R4V partners or the General Directorate of Migration and Foreigners (DGME) for assistance. The sampling was therefore non-probabilistic and of convenience.

[897] The IOM DTMs targeting the population in transit in Costa Rica were monthly surveys carried out using official data provided by the Government of Panama through its National Migration Service (SNM). A total of 364 completed surveys with Venezuelans were conducted over five months (41 in December, 120 in January, 98 in February, 63 in March and 42 in April). The statistical analysis was based on sample weight allocation to infer characteristics of the population in transit: <https://dtm.iom.int/costa-rica>

[898] IOM and UNHCR.

[899] R4V Mexico National Platform, *Joint Primary Data Collection, June 2022*. A secondary data review was also conducted jointly by the R4V Mexico National Platform prior to initiating the survey exercise.

[900] The cities in Mexico where data collection took place are: Mexico City (11%), Tapachula (48%), Villahermosa (5%), Guadalajara (4%) and Monterrey (32%). The sample is not representative as cities with the largest presence of mixed movements were prioritized, including border localities and urban areas with migrants and refugees.

perilous journey along irregular routes. Their profiles, needs, and vulnerabilities are markedly different from those of refugees and migrants from Venezuela already living in the three countries of the sub-region.⁹⁰¹

For refugees and migrants from Venezuela in-transit, the main needs identified related to protection, with the types of protection risks varying based on age and gender. Almost half of the population in-transit – made up of approximately 75 per cent men and boys⁹⁰² – reported being victims of security incidents including robbery, fraud, physical violence and intimidation,⁹⁰³ while women and girls – approximately 25 per cent of the population in-transit – were at greater risk for GBV,⁹⁰⁴ and children – approximately 15 per cent of those in-transit – were at risk of child protection issues.⁹⁰⁵ In the south of Mexico, where 96 per cent of the respondents indicated to be in-transit, 44 per cent of the households surveyed have some type of protection needs.⁹⁰⁶ Other main needs included food security (24 per cent in Panama⁹⁰⁷ and 53 per cent in

Costa Rica⁹⁰⁸), shelter (45 per cent in Costa Rica⁹⁰⁹ and 52 per cent in Mexico⁹¹⁰), health, and mental health (23 per cent in Costa Rica, including psychosocial support and health assistance for injuries incurred while in-transit through Panama) and WASH services, particularly for women and infants.⁹¹¹ Furthermore, safe transportation is a key need across the sub-region (e.g. mentioned as such by 38 per cent of respondents in Costa Rica), due mainly to a lack of funds for transportation.⁹¹²

Among the Venezuelan refugee and migrant population in-destination, main needs depend on the context of each country. In Costa Rica and Mexico, one of the top needs is access to health services. 78 per cent of refugees and migrants in Costa Rica have required some sort of medical attention,⁹¹³ while 54 per cent in Mexico expressed the need to receive medical assistance,⁹¹⁴ particularly due to the requirements for enrolling in public health systems and lack of information on how to access those services. In Panama, meanwhile, the top priority need

[901] For example, in Mexico, far greater needs were identified among the Venezuelan population surveyed along the southern border (in Tapachula) which is a major point of arrival for refugees and migrants in transit, as compared to other locations that include the Venezuelan population in destination. R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[902] According to the National Migration Service (SNM) of the Government of Panama, from January to July 2022, a total of 71,012 refugees and migrants transited through the Darien, of whom 85% were adults and 15% children; and 75% were men and boys while 25% were women and girls. SNM, Irregular Transit via Colombian Border (Darien), January – July 2022, https://www.migracion.gob.pa/images/img2022/PDF/IRREGULARES_POR_DARIEN_JULIO_2022.pdf.

[903] IOM, DTM: Understanding Venezuelan Migratory Flows in Mexico – Northern Border, 2021, <https://displacement.iom.int/sites/default/files/public/reports/DTM-%20Entendiendo%20el%20flujo%20venezolano%20Frontera%20Norte.pdf>.

[904] There were at least 1,000 reported cases of sexual violence and abuse against refugee and migrant women and girls while crossing the Darien Gap into Panama in 2021. See, e.g. R4V Regional Platform, Central America and Mexico: R4V Special Situation Report, March 2022, <https://www.r4v.info/en/document/central-america-and-mexico-r4v-special-situation-report>

[905] UNICEF, Twice More Children Migrating Through the Panama Darien Gap This Year, 17 June 2022, <https://www.unicef.org/lac/en/press-releases/twice-more-children-migrating-through-the-panama-darien-gap-this-year>

[906] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[907] WFP Mixed Movements Human Mobility Survey, Panama, 20 December 2021 – 8 April 2022.

[908] IOM, DTMs conducted with the in transit population in Costa Rica in December 2021, <https://dtm.iom.int/reports/costa-rica-panam%C3%A1-monitoreo-de-flujos-de-personas-en-situaci%C3%B3n-de-movilidad-por-las> and in January, <https://dtm.iom.int/reports/costa-rica-panam%C3%A1-monitoreo-de-flujos-de-personas-en-situaci%C3%B3n-de-movilidad-por-las-0> February, <https://displacement.iom.int/reports/costa-rica-panama-monitoreo-de-flujos-de-personas-en-situacion-de-movilidad-por-las-1> March, <https://displacement.iom.int/reports/costa-rica-panama-monitoreo-de-flujos-de-personas-en-situacion-de-movilidad-por-las-2> April, <https://migration.iom.int/reports/costa-rica-panama-monitoreo-de-flujos-de-personas-en-situacion-de-movilidad-por-las-3?close=true> May <https://dtm.iom.int/reports/costa-rica-panam%C3%A1-monitoreo-de-flujos-de-personas-en-situaci%C3%B3n-de-movilidad-por-las-4> and June 2022.

[909] *Ibid.*

[910] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[911] IOM, DTMs conducted with the in transit population in Costa Rica in [December 2021](#) and in [January, February, March, April, May](#) and June of 2022.

[912] *Ibid.*

[913] UNHCR, High Frequency Survey, Costa Rica, June 2022.

[914] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

for the population in-destination is food security (for 37 per cent of respondents surveyed).⁹¹⁵ In all three countries, documentation is a key need (e.g. 46 per cent in Panama)⁹¹⁶ linked to many other needs identified. These include Venezuelans in irregular situations facing challenges which undermine their access to services and rights and create barriers to accessing livelihoods and income-generation activities. Refugees and

migrants also report a lack of access to shelter and an inability to afford rent (e.g. 64 per cent in Costa Rica).⁹¹⁷ The lack of employment and income-generating activities is also a major concern for Venezuelans in the sub-region, who expressed a strong interest in the revalidation of academic degrees, self-employment trainings and employment opportunities.



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[915] UNHCR, *Protection Monitoring/High-Frequency Survey, Panama, May - June 2022*.

[916] *Ibid.*

[917] *Ibid.*

EDUCATION



The right to education for children regardless of their nationality and status is guaranteed by all three countries in the sub-region. Costa Rica and Mexico offer free primary and secondary education to all children, while in Panama education is mandatory for children between ages 5 to 15. Nevertheless, 8.5 per cent of Venezuelans under 18 are not enrolled in schools in Costa Rica,⁹¹⁸ while in Panama, 20 per cent of Venezuelan children were reportedly not attending schools⁹¹⁹, with 8 per cent of Venezuelan refugee and migrant households⁹²⁰ reporting one or more children not enrolled in school. In Mexico, school enrolment varies according to time spent in the country and among the population in-destination and those in-transit.⁹²¹ Children of school age represented 18 per cent of the total population surveyed in Mexico, and among those, 50 per cent are not enrolled in schools, with the large majority (96 per cent) having recently arrived in Tapachula.⁹²² Across the other cities surveyed in Mexico, 45 per cent of children did not attend schools.⁹²³ According to the 2020 Census, 11 per cent of Venezuelan children residing in Mexico did not attend schools.⁹²⁴

Access to education is limited due to several factors, including, in Costa Rica and Panama, the lack of economic resources to purchase school supplies and uniforms and pay for related expenses (food, materials, transportation; noted by 33 per cent of respondents in Costa Rica).⁹²⁵ In Panama, foreigners with less than 10 years of residency do not have access to government scholarships for primary and secondary education.⁹²⁶ In Costa Rica, other reasons reported include the recent arrival to the country (11 per cent),⁹²⁷ the expiration of the enrollment period (11 per cent)⁹²⁸ and the intention to relocate elsewhere in the country (11 per cent),⁹²⁹ as well as the need for information on access to education (11 per cent).⁹³⁰ In Mexico, different trends were observed among Venezuelan children surveyed in northern and southern Mexico (corresponding to the in-destination versus in-transit populations). The vast majority of the children not enrolled in Mexico were part of the households that only recently arrived in the country. The main reasons stated for not having enrolled their children were the limited absorption capacity of the education system in the southern states of Chiapas

[918] UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[919] IOM, *Informe de Encuesta Provincia de Panamá y Panamá Oeste, August - September 2021*, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>

[920] UNHCR, *Protection Monitoring/High-Frequency Survey, Panama, May - June 2022*.

[921] R4V Mexico National Platform, *Joint Primary Data Collection, June 2022*.

[922] *Ibid.*

[923] *Ibid.*

[924] *Censo 2020 de hogares de INEGI*, <https://www.inegi.org.mx/programas/ccpv/2020/?ps=microdatos> through a "muestra del cuestionario ampliado".

[925] UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[926] *Provided by the Instituto para la Formación y Aprovechamiento de Recursos Humanos (IFARHU)*.

[927] UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[928] *Ibid.*

[929] *Ibid.*

[930] IOM, *DTM IV, Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022*.

and Tabasco, and their lack of intention to remain in the south.⁹³¹

Access to education for refugees and migrants in-transit entails specific challenges: for example, children in-transit through the Darien in Panama show extremely low levels of literacy and little knowledge and skills corresponding to their age groups. Having been on the move for months or even years has prevented them from accessing adequate formal education, as confirmed by R4V partners managing children’s safe spaces in Panama’s Darien and Chiriquí provinces.⁹³² Meanwhile, 44 per cent of adult refugees and migrants from Venezuela interviewed in the Darien reported having completed secondary education and 25 per cent reported having obtained a university degree prior to their departure from Venezuela, while only 1 per cent did not have any type of formal education.⁹³³

Lack of documentation and revalidation of academic progress and degrees attained abroad is a major

challenge for refugees and migrants in-destination. In some cases, the parents (or legal guardians) do not have their children’s previous school records, impeding their enrolment. In Panama, both public and private schools require all education certificates to be authenticated by the relevant education authorities in Venezuela⁹³⁴ (this requirement does not apply to registered asylum-seekers and refugees, as per Executive Decree No. 1225/2015). In Mexico, among Venezuelans surveyed in-destination, 59 per cent have a family member interested in revalidating their studies, with 75 per cent of these households based in cities in central and northern Mexico.⁹³⁵ The priority for respondents in Mexico was to validate university diplomas, followed by high school, elementary school and middle school certificates.⁹³⁶ Validation of primary and secondary diplomas remains a challenge also in Costa Rica, negatively impacting the possibility to access higher education or skilled employment.

FOOD SECURITY



R4V partners in Panama⁹³⁷ report food security as the top priority need among refugees and migrants from Venezuela, with more than 50 per cent of requests for assistance being related to food needs and around 37 per cent of interviewees indicating access

to food as their top priority.⁹³⁸ In Costa Rica, 14 per cent of refugees and migrants surveyed indicated access to water or food as a necessity, with women manifesting greater difficulties accessing food (16 per cent) than men (11 per cent).⁹³⁹ Up to 64 per cent

[931] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[932] RET International, Panama Bi-Annual Programmatic Reports, 2021-2022.

[933] WFP, Mixed Movements Human Mobility Survey – Panama: Darien, 20 December 2021 – 8 April 2022.

[934] IOM, UN-Habitat and UNHCR, Perfil de Movilidad Humana en las Ciudades: Área Metropolitana de Ciudad de Panamá, Panama, <https://ciudadesincluyentes.org/wp-content/uploads/2022/05/perfil-de-movilidad-Panama-v-final.pdf>

[935] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[936] Ibid.

[937] Panama R4V National Joint Analysis Workshop, 8 June 2022.

[938] UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

[939] IOM, DTM IV: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022.

of Venezuelan households in Costa Rica⁹⁴⁰ and 45 per cent in Panama⁹⁴¹ consume two or fewer meals daily. For Venezuelans recently arrived in Mexico, 4 per cent of families reported that they resorted to eating food scraps and 17 per cent resorted to begging to meet basic needs, including for food.⁹⁴² Adults in approximately 8 per cent of Venezuelan refugee and migrant households in Mexico ate less than they should, due to a lack of resources or funds, and 5 per cent indicate that they had not eaten at all in a day in the previous three months due to lack of money or resources.⁹⁴³

The economic impacts of the COVID-19 pandemic also affected access to food. Such challenges are related not only to employment, income and other vulnerability factors of refugee and migrant households, but also to inflation-driven increases of basic food items. According to the National Institute of Statistics and Census of Costa Rica, the price of the basic food basket increased from about USD 69⁹⁴⁴ to USD 78.50⁹⁴⁵ (+14 per cent) between May 2021 and May 2022.⁹⁴⁶ In Panama, the cost of the basic food basket also registered a 5 per cent rise in May 2022 compared to the previous year and continued to increase during the following months.⁹⁴⁷

An R4V partner survey targeting Venezuelans in-destination in Panama found that 41 per cent of respondents faced difficulties in accessing sufficient food.⁹⁴⁸ To cope with such reduced access to food, among recognized refugees from Venezuela surveyed

in Panama, 81 per cent reported having had to reduce the number of meals per day, 86 per cent had to limit adults' food consumption to prioritize children, 70 per cent had to borrow money to buy food and 27 per cent had to work in exchange for food.⁹⁴⁹

Refugees and migrants also face difficulties accessing food while in-transit, especially those with specific dietary needs, including people with chronic diseases, the elderly, infants and young children, and pregnant and lactating women.⁹⁵⁰ A survey conducted among refugees and migrants from Venezuela traveling through the Darien⁹⁵¹ found that 85 per cent of those interviewed were worried about not accessing enough food, 24 per cent named food for their family as their top priority and 25 per cent mentioned a lack of food as their main source of anxiety while in-transit. Similarly, about 53 per cent⁹⁵² of Venezuelans interviewed while in-transit from Panama to Costa Rica in 2022 reported having difficulties accessing food during their journey. While in-transit in Costa Rica, 13 per cent of respondents indicated food as their first priority and 16 per cent as their second. In particular, 39 per cent identified the need to receive information about how to access food.⁹⁵³

[940] UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[941] UNHCR, *Protection Monitoring/High-Frequency Survey, Panama, May - June 2022*.

[942] R4V Mexico National Platform, *Joint Primary Data Collection, June 2022*.

[943] INEQI, *Census of Population and Housing 2020*, <https://en.www.inegi.org.mx/programas/ccpv/2020/>

[944] Equivalent to 47,583 Costa Rican Colones.

[945] Equivalent to 54,189 Costa Rican Colones.

[946] INEC, *Costo Canasta Básica Alimentaria*, <https://www.inec.cr/economia/costo-canasta-basica-alimentaria>

[947] From USD 266.78 in May 2021 to USD 280.71 in May 2022, <https://acodeco.gob.pa/inicio/informe-canasta-basica-familiar-de-alimentos-mayo-2022/>

[948] IOM, *Informe de Encuesta Provincia de Panamá y Panamá Oeste, August - September 2021*, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>

[949] UNHCR, *Protection Monitoring/High-Frequency Survey, Panama, May - June 2022*.

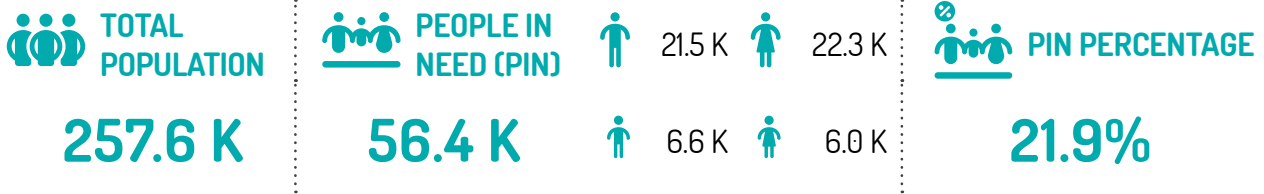
[950] Panama R4V National Joint Analysis Workshop, 8 June 2022.

[951] WFP *Mixed Movements Human Mobility Survey, Panama, 20 December 2021 – 8 April 2022*.

[952] IOM, *DTMs conducted with the in transit population in Costa Rica in December 2021 and in January, February, March, April, May and June of 2022*.

[953] *Ibid.*

HEALTH



Refugees' and migrants' access to health varies from country to country depending on their age, migratory status and financial capacity. The lack of sufficient health infrastructure and medical personnel, as well as capacity limitations in healthcare facilities due to the COVID-19 pandemic, further impede access to medical assistance.

In Mexico, access to healthcare services varies greatly according to the location: among Venezuelan refugee and migrant households surveyed in Tapachula, only 43 per cent were able to access assistance from a medical center, while 76 per cent of Venezuelan households surveyed in other Mexican cities could obtain medical assistance.⁹⁵⁴ In Panama, universal access to public health is guaranteed to refugees and migrants regardless of their status under the same conditions and costs as nationals. Emergency care and hospitalization can be paid in installments, and its cost depends on a socioeconomic assessment of the patient. Health services are also provided by the Social Security Fund (CSS), available to those who pay a monthly social security fee and hold a legal work contract. It is estimated that 36 per cent of refugees and migrants from Venezuela in-destination in Panama do not receive medical care due to lack of resources or lack of health insurance.⁹⁵⁵ Pregnant women and children under five have access to a free health program of the Ministry of Health (MINSa), which includes regular vaccinations and prenatal

care. Meanwhile, in Costa Rica, only children and pregnant and lactating women have free access to healthcare services. All other refugee and migrant population groups need to be insured through Costa Rican social security, unless they require emergency care. Only regularized migrants, asylum-seekers and recognized refugees qualify for the insurance, provided that they have the financial means to cover its monthly cost, or if they are formally employed.⁹⁵⁶ Refugees and migrants from Venezuela therefore face barriers in accessing healthcare beyond emergency services, either due to their largely irregular status (primarily those in-transit) or because of a lack of financial means.

As a result, refugees and migrants from Venezuela in-destination tend to focus first on stabilizing their socioeconomic situation, seeking medical assistance only once their conditions have become severe and urgent. In Panama, 90 per cent of refugees and migrants from Venezuela do not have medical insurance, either public or private, as per a recent inter-agency R4V assessment.⁹⁵⁷ A recent evaluation conducted by an R4V partner in Panama⁹⁵⁸ found that more than 63 per cent of surveyed refugees and asylum-seekers from Venezuela had no health insurance, due to lack of documentation (53 per cent), lack of livelihoods (32 per cent), lack of financial resources (31 per cent), or working without an employment contract (42 per cent). Another survey by an R4V partner⁹⁵⁹ found

[954] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[955] UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

[956] Once someone is hired formally, the employer is responsible for covering insurance costs. The insurance plan costs between USD 25-55 per month and can be accessed by regularized migrants, asylum-seekers and recognized refugees who are not formally employed.

[957] IOM, UN-Habitat and UNHCR, Perfil de Movilidad Humana en las Ciudades: Área Metropolitana de Ciudad de Panamá, Panama, <https://ciudadesincluyentes.org/wp-content/uploads/2022/05/perfil-de-movilidad-Panama-v-final.pdf>

[958] HIAS Program Monitoring Reports, Panama, 2021.

[959] UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

that 67 per cent of Venezuelans in Panama needed healthcare services in the first quarter of 2022, but 38 per cent could not access it due to lack of financial means, lack of health insurance or lack of information or availability of the needed service. Meanwhile, a survey conducted by an R4V partner in Costa Rica⁹⁶⁰ found that 78 per cent of Venezuelan refugee and migrant households required some form of medical attention in the recent past, but 12 per cent could not access it and 4 per cent chose not to seek medical care due to a lack of insurance (68 per cent), lack of resources (48 per cent) or lack of documentation (10 per cent). Similarly, 16 per cent of respondents to another R4V partner's survey in Costa Rica⁹⁶¹ were in need of medical assistance at the time of the interview, 40 per cent had no medical insurance, 30 per cent said they required medication on a daily or regular basis and 7 per cent were unable to access such medication. In Mexico, 54 per cent of refugee and migrant households from Venezuela surveyed in the JNA in June 2022 had needed health assistance in the previous 30 days; of those, 39 per cent did not access medical services because they could not find such services, did not seek medical assistance or self-medicated.⁹⁶² In terms of serious medical conditions, 16 per cent⁹⁶³ of Venezuelan households interviewed in Costa Rica reported at least one member with a critical or chronic illness without access to medical treatment. In Mexico, 33 per cent

of refugees and migrants from Venezuela reported having a chronic or critical disease, while 9 per cent of households have a family member with disabilities.⁹⁶⁴ In Panama, a survey at the individual level found that 6 per cent of Venezuelans reported having a chronic health condition and/or disability,⁹⁶⁵ while a survey at the household level found up to 30 per cent of Venezuelan households having at least one member with a critical or chronic medical condition and 11 per cent with a physical or mental disability.⁹⁶⁶

The hazards experienced by refugees and migrants in-transit through the Darien in Panama have dire consequences on their physical and mental health. 69 per cent of refugees and migrants from Venezuela needed health assistance during their journey or upon arrival at San Vicente and Lajas Blancas Migration Reception Centers (ERMs) in Panama.⁹⁶⁷ Conditions treated in ERMs include foot injuries (63 per cent), skin injuries/burns (34 per cent) and injuries from torture (2 per cent).⁹⁶⁸ Overall, 29 per cent of Venezuelan refugees and migrants surveyed while in-transit in Panama reported healthcare and medicines as their top priority need,⁹⁶⁹ while 13 per cent of those surveyed in Costa Rica reported medical assistance as their first priority and 10 per cent as their second priority.⁹⁷⁰ Similarly, 23 per cent of refugees and migrants in-transit in Costa Rica expressed having health issues during their journeys.⁹⁷¹

[960] UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[961] IOM, *DTM IV: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022*.

[962] R4V Mexico National Platform, *Joint Primary Data Collection, June 2022*.

[963] UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[964] R4V Mexico National Platform *joint primary data collection, June 2022*.

[965] IOM, *Informe de Encuesta Provincia de Panamá y Panamá Oeste, August - September 2021*, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>

[966] UNHCR, *Protection Monitoring/High-Frequency Survey, Panama, May - June 2022*.

[967] *Darien WFP Mixed Movements Human Mobility Survey, Panama, 20 December 2021 – 8 April 2022*.

[968] IOM, *DTM Flow Monitoring, March 2022*, <https://panama.iom.int/es/dtm-monitoreo-de-flujos-migratorios-en-panama>

[969] *Darien WFP Mixed Movements Human Mobility Survey, Panama, 20 December 2021 – 8 April 2022*.

[970] IOM, *DTMs conducted with the in transit population in Costa Rica in December 2021 and in January, February, March, April, May and June of 2022* <https://dtm.iom.int>.

[971] *Ibid.*

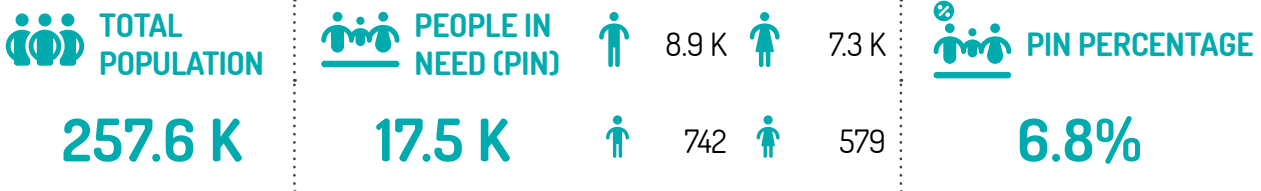
Mental health and psychosocial support are also growing needs, according to R4V partners. Mental health care comprised up to 40 per cent of all medical consultations provided by humanitarian organizations in Panama,⁹⁷² mostly for refugees and migrants who survived violence while in-transit, more than half of whom suffer from acute stress.⁹⁷³ In Costa Rica, 7 per cent⁹⁷⁴ of Venezuelans surveyed in-transit reported that their mental health was affected by the hardship of the journey. In Panama, despite high levels of COVID-19 vaccination-- with 89 per cent of Venezuelans reporting that they received at least two doses-- 53 per cent of respondents to an R4V partner survey stated that the pandemic continued to have a significant impact on their mental health.⁹⁷⁵

Access to sexual and reproductive health services is also a priority for refugees and migrants from Venezuela in the sub-region. In Mexico, 11 per cent of households surveyed reported that at least one household member required gynecological care,

contraception, or treatment for HIV or other sexually transmitted infections.⁹⁷⁶ The situation of those sexually assaulted during their journeys (mostly women and girls) is a major concern, as they are unable to access timely medical assistance and psychosocial support. Concerningly, R4V health partners operating in the Darien report that they are often unable to provide timely post exposure preventive (PEP) kits to survivors of rape, as they reach ERMs too late for the treatment to be effective against infections and unwanted pregnancies. Healthcare for pregnant and lactating women on the move, including pre-natal and post-natal care, is also a priority, with 7 per cent of refugees and migrants from Venezuela interviewed in the Darien⁹⁷⁷ reporting that they traveled with pregnant or lactating women. In Costa Rica, 42 per cent of refugees and migrants in-destination⁹⁷⁸ indicated that during the last year they did not have access to sexual and reproductive healthcare (44 per cent of respondents being women).



HUMANITARIAN TRANSPORTATION



Particularly outside urban centers, humanitarian transportation remains a need for refugees and migrants from Venezuela in Panama, Costa Rica and Mexico. Refugees and migrants in-transit and those

in-destination in remote locations, especially those with limited financial resources,⁹⁷⁹ are deterred from traveling to healthcare facilities unless absolutely necessary, underscoring the need for safe and reliable

[972] Panama Red Cross, Programme Monitoring Internal Reports, 2021-2022 and MSF, "Migrantes venezolanos, quienes más cruzan el Darien", 16 June 2022, <https://www.msf.mx/actualidad/migrantes-venezolanos-quienes-mas-cruzan-el-darien/>

[973] WFP Mixed Movements Human Mobility Survey, Panama, 20 December 2021 – 8 April 2022. Their main sources of anxiety include fear of deportation (26%), inability to meet food needs (25%), inability to meet other essential needs (18%), fear of the spread of diseases (13%) and restriction of movement (11%).

[974] IOM, DTMs conducted with the in transit population in Costa Rica in December 2021 and in January, February, March, April, May and June of 2022.

[975] UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

[976] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[977] WFP, Mixed Movements Human Mobility Survey – Panama: Darien, 20 December 2021 – 8 April 2022.

[978] IOM, DTM: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022.

[979] See hereto: Integration Sector RMNA chapter for Central America and Mexico (below).

transportation to facilities, often only found in larger urban hubs.⁹⁸⁰ Their inability to afford basic goods and services, let alone regular and safe domestic transportation has been found to lead refugees and migrants to walk extensive distances and/or resort to informal, i.e. unlicensed, uninsured and unsafe forms of transport, offered by private individuals, or on trucks or trains intended for the transportation of goods, which, in turn put at risk their health and lives, especially for women and children.⁹⁸¹

The number of refugees and migrants from Venezuela moving irregularly northwards through Central America and Mexico has increased considerably during 2022, and is expected to continue.⁹⁸² Refugees and migrants from Venezuela are largely unable to meet current visa requirements to enter countries in the sub-region.⁹⁸³ They largely resort to irregular alternatives via land routes, where they are exposed to multiple protection risks, such as GBV, smuggling and human trafficking. The presence of criminal groups along irregular transit routes throughout Central America and Mexico entails additional risks of robbery, fraud, exploitation, and violence of refugees and migrants.

Although the significant majority of Venezuelans using these routes are men and boys (including 76 per cent of the population in-transit through Costa Rica in April 2022⁹⁸⁴ and 74 per cent of the population in-transit through Panama in June 2022⁹⁸⁵), women and girls (approximately 1 in 4 people in transit) face particular risks, including greater vulnerability to sexual violence,⁹⁸⁶ while children (15 per cent of the total) are more vulnerable to drowning, human trafficking and exploitation.⁹⁸⁷ Among families on the move, elderly persons with chronic diseases are also present.⁹⁸⁸

In Mexico, the absence of opportunities for socio-economic integration in the southern regions of the country where refugees and migrants arrive (in the states of Chiapas and Tabasco) has created a need for internal relocation to other parts of the country where the local economy offers better job opportunities as well as improved access to basic services such as healthcare, education and housing. In order to benefit from internal relocation, refugees and migrants require humanitarian transportation to cities of destination across the country, primarily in the centre and north.

[980] R4V, *Special Situation Report: Central America, Mexico and Colombia, June 2022 Update*.

[981] *Ibid.*

[982] *Ibid.*

[983] *In 2022, new visa requirements for Venezuelan nationals were introduced in Mexico (21 January) and Costa Rica (21 February), while visa requirements to enter Panama were in place since 1 October 2017.*

[984] IOM, *DTM Costa Rica, Flow Monitoring of People in Mobility Situations Through the Americas, April 2022*, <https://dtm.iom.int/reports/costa-rica-panama-flow-monitoring-people-mobility-situations-through-americas-5-april-2022>

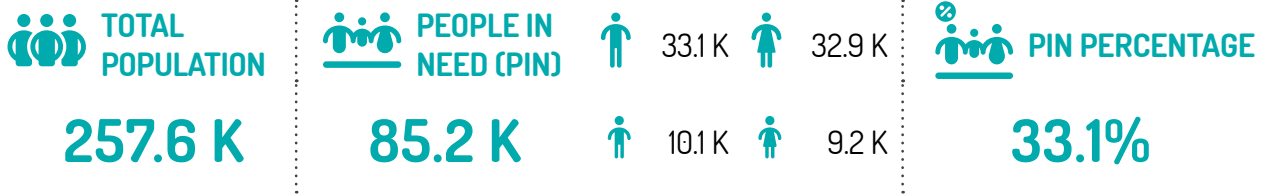
[985] SNM, *Irregular Transit of Foreigners Through the Border with Colombia by Gender: 2022*, <https://www.migracion.gob.pa/transparencia/datos-abiertos>

[986] *As confirmed by health partners and other humanitarian organizations operating in Darien.*

[987] UNICEF, *Twice More Children Migrating Through the Panama Darien Gap This Year, 17 June 2022*, <https://www.unicef.org/lac/en/press-releases/twice-more-children-migrating-through-the-panama-darien-gap-this-year>

[988] R4V, *Special Situation Report: Central America, Mexico and Colombia, June 2022 Update*, <https://www.r4v.info/en/document/central-america-mexico-and-colombia-r4v-special-situation-report-june-update>

INTEGRATION



The ongoing impact of the COVID-19 pandemic has negatively affected the socio-economic integration opportunities of refugees and migrants from Venezuela in Costa Rica, Mexico and Panama, further exacerbating their vulnerabilities and needs. Refugees and migrants in Panama have lost income from both, formal and informal sources. Households that previously had stable incomes were negatively affected by layoffs and job suspensions caused by the closure or bankruptcy of companies, or by reductions in personnel and working hours during lockdown restrictions.⁹⁸⁹ In Costa Rica, 79 per cent⁹⁹⁰ of Venezuelan refugees and migrants indicated that their employment situation was affected by the pandemic, and for 63 per cent⁹⁹¹ of them the situation had yet to improve by mid-2022. While the national unemployment rate is progressively falling,⁹⁹² employment remains one of the main needs (25 per cent) identified by Venezuelans in Costa Rica. In Mexico, 24 per cent of refugee and migrant households from Venezuela reported resorting to negative coping mechanisms to survive, including begging and collecting food scraps.⁹⁹³ Venezuelans

in Mexico also largely rely on remittances, with 32 per cent of households reporting to have received remittances in the past six months.⁹⁹⁴

Unemployment is high among Venezuelans in Central America and Mexico. Two different surveys⁹⁹⁵ conducted by R4V partners in Costa Rica in mid-2022 found that between 35 and 39 per cent of refugees and migrants from Venezuela were unemployed, while 25 per cent work in the informal sector. Furthermore, about 50 per cent of respondents indicated they work three or fewer days a week, and 25 per cent earn less than the minimum wage, with 13 per cent not earning enough to cover basic household needs and 39 per cent indicating they can only partially cover household needs⁹⁹⁶. In Mexico, 53 per cent of surveyed Venezuelan heads of households are unemployed, while 10 per cent have an informal job, 11 per cent have sporadic jobs or are street vendors, and only 26 per cent have formal employment.⁹⁹⁷ Formal employment and social security affiliation are therefore major needs, as they guarantee access to health services, housing and retirement benefits

[989] IOM, UN-Habitat and UNHCR, *Perfil de Movilidad Humana en las Ciudades: Área Metropolitana de Ciudad de Panamá, Panamá, 2022*, <https://ciudadesincluyentes.org/wp-content/uploads/2022/05/perfil-de-movilidad-Panama-v-final.pdf>

[990] IOM, *DTM IV: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022*.

[991] *Ibid.*

[992] UNHCR, *Protection Monitoring/High-Frequency Survey, Panama, May - June 2022*.

[993] R4V Mexico National Platform, *Joint Primary Data Collection, June 2022*.

[994] *Ibid.*

[995] IOM, *DTM IV: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022* and UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[996] IOM, *DTM IV: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022*.

[997] *Of those refugees and migrants from Venezuela who participate in economic activities, the majority work in retail (16%), administrative (14%), and industrial (9%) sectors. Among them, only 47% have social security, and only 34% have a work contract. R4V Mexico National Platform Joint Primary Data Collection, June 2022.*

in Mexico. The unemployment rate of refugees and migrants from Venezuela is particularly high in Tapachula (92 per cent of the heads of households versus 17 per cent of those surveyed in other locations).⁹⁹⁸ Meanwhile, in Panama, R4V partners estimate that around 20 per cent of refugees and migrants from Venezuela need livelihoods support,⁹⁹⁹ with women disproportionately impacted by the challenges of accessing jobs and other livelihood opportunities.¹⁰⁰⁰ A recent survey found that 35 per cent of refugees and migrants from Venezuela in Panama had no employment, while 42 per cent were working without a contract.¹⁰⁰¹ Furthermore, a relatively high percentage (ranging between 22¹⁰⁰² to 33 per cent¹⁰⁰³ according to surveys undertaken in 2021 and 2022, respectively) reported not receiving any payment or less than what was expected for a job performed. Difficulties with accessing jobs and receiving appropriate remuneration disproportionately affect Venezuelan women: 60 per cent of Venezuelan refugees and migrants looking for employment were women, although they only represented 50 per cent of respondents.¹⁰⁰⁴ Access to financial services is also a priority need: in Mexico, 19 per cent of Venezuelans surveyed at the national level did not have access to financial services or products, while this was 96 per cent of Venezuelans surveyed in Tapachula (most of

whom were new arrivals or population in-transit).¹⁰⁰⁵

Xenophobia and discrimination also represent a major integration challenge for Venezuelan refugee and migrant households. In Panama, R4V partner surveys¹⁰⁰⁶ from mid-2022 found that between 37 and 55 per cent of Venezuelan respondents had experienced discrimination due to their nationality or for being foreigners. Discriminatory attitudes towards refugees and migrants in public spaces, including in various health, education, and labour-related governmental institutions, were also reported. In Costa Rica, 26 per cent of Venezuelans reported feeling discriminated against, mostly because of their nationality (71 per cent), while 50 per cent report having difficulties co-existing with the local population.¹⁰⁰⁷ Despite perceptions of social isolation or discrimination, 93 per cent of Venezuelans reported feeling safe in Panama¹⁰⁰⁸. Similarly, more than 82 per cent of refugees and migrants from Venezuela surveyed by R4V partners¹⁰⁰⁹ said they maintain positive or very positive relationships and interactions with their host community members, and reported improved solidarity and social cohesion in the context of the COVID-19 pandemic. Likewise, 95 per cent of Venezuelan households that had lived in Mexico for more than two years

[998] Among Venezuelan households interviewed in Tapachula by R4V, only 8% have any income, while 30% of households interviewed in other cities across Mexico have an income lower than USD 400 each month. R4V Mexico National Platform joint primary data collection, June 2022.

[999] UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022 and IOM, Informe de Encuesta Provincia de Panamá y Panamá Oeste, August - September 2021, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>

[1000] IOM, Survey Report for Panama City and Western Panama, August – September 2021.

[1001] UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

[1002] Ibid.

[1003] IOM, Informe de Encuesta Provincia de Panamá y Panamá Oeste, August - September 2021, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>

[1004] Ibid.

[1005] Venezuelans who do have access to financial services in Mexico report having either a savings account, a checking account, a credit card, or income from humanitarian or government agencies via cash or voucher assistance. R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[1006] IOM, Informe de Encuesta Provincia de Panamá y Panamá Oeste, August - September 2021, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021> and UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

[1007] UNHCR, High Frequency Survey, Costa Rica, June 2022.

[1008] UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

[1009] IOM, UN-Habitat and UNHCR, Perfil de Movilidad Humana en las Ciudades: Área Metropolitana de Ciudad de Panamá, Panamá, 2022, <https://ciudadesincluyentes.org/wp-content/uploads/2022/05/perfil-de-movilidad-Panama-v-final.pdf> and UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

considered themselves integrated into their local communities.¹⁰¹⁰ Nevertheless, 28 per cent of Venezuelan households surveyed in Mexico reported

having one member who has felt discriminated against, and 18 per cent said they felt unsafe in their communities.¹⁰¹¹

NUTRITION



Among refugees and migrants from Venezuela in the sub-region, pregnant and lactating women and children under 5 have specific dietary and nutritional needs that make them more vulnerable to various forms of malnutrition. These nutritional intake requirements can be particularly challenging to meet for the population in-transit. According to surveys by R4V partners, approximately 9 per cent of refugee and migrant women in-transit entering Panama from Colombia in the first half of 2022 were pregnant or lactating,¹⁰¹² while approximately 15 per cent of the population in-transit through Costa Rica in April 2022 were children.¹⁰¹³ Diverse forms of malnutrition have been detected among Venezuelan pregnant and lactating women and children under 5 arriving in Mexico, as lack of sufficient quantity and quality of food, combined with limited or no access to nutrition services such as support to breastfeeding counseling, provision of micronutrient supplementation, support to nutrition growth and evaluation of children, referral of acute malnutrition cases and treatment, among others, was available during the journey.

The nutrition situation, access to and needs of nutrition services among refugees and migrants from Venezuela vulnerable to malnutrition (children under 5 and pregnant and lactating women) were

not assessed in any of the three countries; however, underlying determinants of malnutrition, such as lack of access to health services, precarious WASH conditions, and food insecurity, can provide insights into the risks of malnutrition among these vulnerable groups. Without access to health services, nutrition services cannot be provided to prevent, identify and treat malnutrition and disease. Precarious WASH conditions are one of the factors affecting the nutritional status of the most vulnerable. Furthermore, the impact of the COVID-19 pandemic on economic activities for income generation reduced the purchasing power of Venezuelan families, making it difficult to maintain a complete and adequate diet that covers basic nutritional needs. According to a survey conducted by an R4V partner among refugees and migrants in-destination in Costa Rica, in a week only 2 per cent¹⁰¹⁴ of Venezuelan households consume food that meets the daily nutritional recommendations and dietary guidelines issued by the Ministry of Health (including cereals, legumes, fruits, vegetables and dairy products). Mexico's 2020 Population and Housing Census, meanwhile, notes that adults in 10 per cent of Venezuelan households in Mexico had a diet based on a very limited variety of foods, due to a lack of financial resources to purchase sufficient

[1010] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[1011] *Ibid.*

[1012] IOM, WiFi Analytics Project: Flows and Profiles of Refugees and Migrants in Colombia (extract of data of population in transit from Colombia – Necoclí entering Darien – Panamá), June 2022, <https://bit.ly/3ULRDsB>

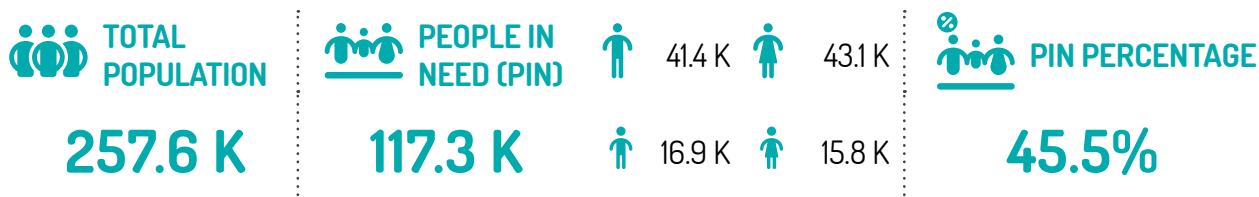
[1013] IOM, DTM, Flow Monitoring of People in Mobility Situation Through the Americas at the Paso Canoas Border, Costa Rica-Panama, Round 5, April 2022, https://displacement.iom.int/sites/default/files/public/reports/05_DTM%20abril_2022.ENG_.pdf

[1014] UNHCR, High Frequency Survey, Costa Rica, June 2022.

quantity and quality food in the three months prior to the census. This situation compromises the dietary and nutrient intake of children under five and pregnant and lactating women, not fulfilling their specific

nutrient needs, and contributes to an increased risk of infectious diseases, not allowing the correct absorption of nutrients.

PROTECTION



Being in an irregular situation is one of the key protection concerns for refugees and migrants from Venezuela in the sub-region. In Costa Rica, an estimated 36 per cent of Venezuelans need legal or administrative assistance to regularize their stay, and 65 per cent have expired passports that they cannot currently renew from within Costa Rica.¹⁰¹⁵ While they remain in an irregular situation, they are unable to work in the formal sector or to access social security or health care, unless in very particular situations. In Panama, meanwhile, an estimated 30 per cent of the Venezuelan population is in an irregular situation.¹⁰¹⁶ Venezuelans in an irregular situation in Panama are exposed to risks of abuse and exploitation, including unpaid and abusive work, and face obstacles accessing essential rights and services, such as health, education, and regular employment opportunities¹⁰¹⁷. Documentation and regularization

were therefore the top priority need for 46 per cent of Venezuelans surveyed by an R4V partner in Panama in mid-2022.¹⁰¹⁸ Similarly, access to documentation and legal assistance to regularize their status is a key need for Venezuelans in Mexico, including support to renew national passports as well as legal assistance to file asylum applications and carry out family reunification procedures.

Refugees and migrants from Venezuela in the sub-region include population groups with specific needs, such as people with disabilities, the elderly, pregnant and lactating women, and people with chronic diseases. In Panama, refugees and migrants with disabilities constitute around 0.3 per cent of the Venezuelan population in the country¹⁰¹⁹, and are not adequately included in social and educational systems, often remaining confined to their homes.

[1015] IOM, DTM IV: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022.

[1016] Based on the IOM, UN-Habitat and UNHCR Human Mobility Profile (Perfil de Movilidad Humana en las Ciudades: Área Metropolitana de Ciudad de Panamá, Panamá, 2022, <https://ciudadesincluyentes.org/wp-content/uploads/2022/05/perfil-de-movilidad-Panamá-v-final.pdf>), 30% of Venezuelans surveyed in Panama have no residency status at all, while 57% have the status of temporary or pending residence, 8% are asylum-seekers and 6% have permanent residency status. According to the IOM DTM round conducted in August – September 2021, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>, 73% of Venezuelans surveyed have been in Panama for more than three years and 39% plan to stay in Panama for more than one year or indefinitely. Almost 20% reported that their passports were expired and 22% reported being in the country with tourist visas. Although only 8% reported being in an irregular situation, considering the percentage of people reporting being in the country only with tourist visas, with expired passports, and the duration they have been in Panama, the percentage of Venezuelans in an irregular situation appears to be much higher.

[1017] For instance, 86% of Venezuelans surveyed had not signed an employment contract nor had provided proof of their services, and 35% of them received less than the agreed payment or did not receive payment at all for work performed. Source: IOM, Informe de Encuesta Provincia de Panamá y Panamá Oeste, August - September 2021, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>.

[1018] UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

[1019] IOM, UN-Habitat and UNHCR Human Mobility Profile, 2022.

Seventy-four per cent of surveyed Venezuelan households in Panama reported having a member with a special need: 36 per cent with a critical or chronic medical condition, out of which most did not have access to treatment or medicine (73 per cent); 15 per cent with a pregnant or lactating woman; and 17 per cent single-parent households.¹⁰²⁰ Meanwhile, among the population in-transit in Panama, 20 per cent of those assessed in the Darien were pregnant and lactating women, and 9 per cent were nursing children.¹⁰²¹ In Mexico, the JNA identified that 46 per cent of Venezuelan households included members with special needs, including those with chronic diseases, the elderly, pregnant women and other profiles.¹⁰²²

Refugees and migrants in-transit across the sub-region – particularly those using irregular overland routes that cross through dense jungles, mountains and deserts in remote regions of Panama, Costa Rica and Mexico – face a variety of protection threats exacerbated by the harsh conditions of the journey. Refugees and migrants from Venezuela are exposed to physical hardship, abuse, violence, fraud, and robbery: almost half of Venezuelans in transit through the Darien in Panama (42 per cent)

reported being victims of fraud and/or robbery during their journeys.¹⁰²³ The urgent need for protection for refugees and migrants crossing the Darien has been identified by multiple humanitarian partners.¹⁰²⁴ Similarly, in Mexico, 25 per cent of Venezuelans interviewed in 2022 indicated that at least one person per household had experienced crimes or forms of abuse such as theft, physical threats, labor exploitation, fraud, or bribery while in-transit in Mexico.¹⁰²⁵ Acute protection needs have also been identified among refugees and migrants from Venezuela in Costa Rica, where over 40 per cent¹⁰²⁶ have suffered or witnessed violent incidents, either in the country of origin or during transit. The vast majority indicate they are currently unable to return to Venezuela since they would be at risk (80 per cent) due to insecurity (51 per cent) and/or the inability to engage in employment to cover their families' basic needs (51 per cent).¹⁰²⁷ The main difficulties reportedly encountered by the population in-transit in Costa Rica are insecurity or theft (32 per cent), documentation issues (5 per cent) and arrest or detention (1 per cent). In Costa Rica, 7 per cent of Venezuelans indicated requiring information or support in terms of security, 5 per cent for legal assistance and 2 per cent for documentation assistance.¹⁰²⁸

[1020] *Ibid.*

[1021] IOM, *Monitoreo de Flujo de Población Venezolana, Darien, Panama, 16 May – 13 June 2022*, <https://dtm.iom.int/reports/panama-%E2%80%94-monitoreo-de-flujo-de-poblaci%C3%B3n-venezolana-%E2%80%94-dari%C3%A9n-16-de-mayo-13-de-junio-2022>

[1022] R4V Mexico National Platform, *Joint Primary Data Collection, June 2022*.

[1023] World Food Programme, *Mixed Movements Human Mobility Survey: Darien (Panama), 20 December 2021 – 8 April 2022*.

[1024] MSF, *Emergency healthcare and protection needed as more people cross to Panama, May 2022*, <https://www.msf.org/emergency-healthcare-and-protection-needed-more-people-cross-panama>

[1025] R4V Mexico National Platform, *Joint Primary Data Collection, June 2022*.

[1026] UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[1027] *Ibid.*

[1028] IOM, *DTMs conducted with the in transit population in Costa Rica in December 2021 and in January, February, March, April, May and June of 2022*.

CHILD PROTECTION



Venezuelan children and adolescents are impacted by many of the same issues around access to documentation, xenophobia, and discrimination as their parents and caretakers, but from a position of dependency on and vulnerability to the adults and institutions that should be responsible to protect them. Children also face additional challenges around access to education and wellbeing. In Costa Rica, for instance, refugee and migrant children face barriers to access education and health services due to lack of information from institutions, even where the host country guarantees universal access to health and education to all children regardless of their migratory status. The children of survivors of GBV are also exposed to additional vulnerability due to the risks faced by their parents or caregivers. An R4V partner reported that 42 per cent of Venezuelan survivors of GBV assisted in Panama have an average of two children.¹⁰²⁹

Children in refugee and migrant households often require additional support because of the vulnerabilities of their family circumstances, including irregular status and limited household income. In Costa Rica, 26 per cent¹⁰³⁰ of Venezuelan households with children do not have sufficient economic resources to cover their basic needs. In Panama, R4V partners estimate that around 30 per

cent¹⁰³¹ of Venezuelan children and adolescents are in need of specialized child protection assistance, mostly related to legal assistance for regularization, health (including mental health and psychosocial support) and WASH. According to an R4V partner survey conducted in late 2021, among the population in-destination in Panama, around 10 per cent of Venezuelan children and adolescents did not have a regular status and more than 15 per cent reported only having a tourist visa.¹⁰³² Meanwhile, in Mexico, children have needs related to access to education, documentation, and psychological support.

Refugee and migrant children also face unique needs while in-transit through Central America and Mexico. According to the Government of Panama, as of May 2022, 15 per cent of refugees and migrants in-transit through the Darien since the beginning of the year were children, of whom 45 per cent were Venezuelans.¹⁰³³ The number of refugee and migrant children crossing the Darien has quadrupled between May 2021 and 2022 (5,028 as of May 2022). More than half (57 per cent) of children with protection needs identified by humanitarian actors¹⁰³⁴ were UASC and 89 per cent were under 17 years old.¹⁰³⁵ According to R4V partners working with children in-transit in the sub-region, UASCs' main needs include mental health and psychosocial support, family

[1029] *HIAS case management system.*

[1030] *IOM, DTM: Flow Monitoring of the Venezuelan Population, Costa Rica, April – June 2022.*

[1031] *PiN estimation of the population in need out of the total population of refugee and migrant children in Panama, according to R4V Child Protection Sub-Sector.*

[1032] *IOM, Informe de Encuesta Provincia de Panamá y Panamá Oeste, August - September 2021, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>*

[1033] *National Migration Service (SNM), Government of Panama, Irregular Transit of Foreigners Through the Border with Colombia by Country, https://www.migracion.gob.pa/images/img2022/PDF/IRREGULARES_POR_DARIEN_MAYO_2022.pdf*

[1034] *351 cases of refugee and migrant children identified in Panama, including Venezuelan children and adolescents. Source: <https://www.unicef.org/panama/respuesta-de-unicef-y-socios-en-dari%C3%A9n-0>*

[1035] *Meanwhile, in Mexico, the percentage of identified Venezuelan UASC has remained relatively low, according to the results of joint monitoring exercises carried out in 2022 by R4V partners with Mexico's Child Development System (DIF), social service providers and civil society shelters.*

reunification and personal items such as hygiene kits and clothes. Specialized child protection services, including tracing, are also a priority need for UASC. Even when accompanied by their parents or family members, refugee and migrant children face severe risks during their journey through the Darien, such as drowning, violence (including sexual violence), risks of trafficking, exploitation, and serious health issues.¹⁰³⁶ Main child protection needs identified in the Migration Reception Centres (ERMs) in Panama were health assistance (including mental health and psychosocial support), WASH (including diapers and hygiene items) and food security and nutrition

(including formula for infants).¹⁰³⁷ Similarly, children are at risk of not receiving regular education or healthcare in Costa Rica.

In addition, among children in-transit in Panama, there is a small but growing number identified without birth certificates (born in countries including Colombia, Ecuador, and Venezuela)¹⁰³⁸ contributing to risks of statelessness and human trafficking due to difficulties in verifying family relationships without documentation. In Mexico, R4V partners have also detected a lack of proper training for government officials to register newborn Venezuelan children.¹⁰³⁹

GENDER-BASED VIOLENCE (GBV)



The sexual social stigma existing around Venezuelan women and girls exposes them to increased risks of different form of GBV, including intimate partner violence; sexual abuse/sexual assault (including rape in shared shelter accommodations); sexual harassment at work; sexualized bullying at school; and sexual abuse of girls left under the care and supervision of friends and neighbors, among others.¹⁰⁴⁰ Situations of labour exploitation of women have also been reported by R4V partners in Panama, especially in the area of domestic service, as well as an increase in GBV against the LGBTQI+ population.¹⁰⁴¹ According to R4V partners in Panama, most episodes

of GBV are not reported to the authorities, largely due to the fear that reporting will affect their regular situation or present obstacles to integration.¹⁰⁴² Furthermore, most survivors of GBV in Panama are unaware of the assistance and support services available from the National Institute for Women (INAMU), the Ombudsperson Office (Defensor del Pueblo), or the Municipalities' Gender Secretariats. GBV incidents are likely also underreported to the authorities in Costa Rica for similar reasons, nevertheless, 10 per cent of Venezuelans surveyed by R4V partners in Costa Rica stated that they or family members had survived sexual violence or physical, psychological

[1036] Panama R4V Platform, Joint Analysis Workshop, 8 June 2022.
 [1037] RET International, Panama: Bi-Annual Programmatic Reports, 2021-2022.
 [1038] R4V, Central America, Mexico and Colombia: R4V Special Situation Report (June 2022 update), <https://www.r4v.info/en/document/central-america-mexico-and-colombia-r4v-special-situation-report-june-update>
 [1039] <https://mexico.iom.int/es/news/familias-migrantes-de-56-ninas-y-ninos-nacidos-en-mexico-obtienen-actas-que-aseguran-su-identidad-legal>
 [1040] IOM, UN-Habitat and UNHCR Profile of Human Mobility in Cities: Metropolitan Region of Panama City, Panama, 2022, <https://ciudadesincluyentes.org/wp-content/uploads/2022/05/perfil-de-movilidad-Panama-v-final.pdf>
 [1041] Panama R4V Joint Analysis Workshop, 8 June 2022.
 [1042] Ibid.

and/or sexual abuse).¹⁰⁴³ Meanwhile, in Mexico, 7 per cent of Venezuelan households surveyed by R4V partners stated that at least one member is a survivor of sexual violence.¹⁰⁴⁴ Three per cent of Venezuelans surveyed in Mexico said that they had felt discriminated against for being a woman.¹⁰⁴⁵

GBV against refugee and migrant women and girls while in-transit is extremely concerning. In Panama, refugees and migrants who have been sexually assaulted during their journeys through the Darien often arrive at the Migration Reception Centers (ERMs) with medical complications and with

insufficient time for preventive medical treatment to be effective. It is estimated that at least 10 per cent¹⁰⁴⁶ of the women transiting through the Darien are in need of emergency health assistance (including the provision of emergency contraceptives) and mental health and psychosocial support due to sexual abuse and attacks while in-transit.¹⁰⁴⁷ Concerns around responses to sexual assault for the in-transit population are heightened by the limited state presence and the difficulty of referrals to service providers due to the limited response capacity of state agencies.

HUMAN TRAFFICKING & SMUGGLING



While in previous years, refugees and migrants intending to engage in onward movements were impeded by COVID-19 related border closures and thus resorted to irregular and perilous border crossings, in the course of 2022, a number of additional countries introduced visa requirements (notably Mexico in January 2022, Costa Rica, Honduras and Belize in February 2022). Noting that all countries of Central America and Mexico now have visa requirements for Venezuelans, coupled with their prohibitive costs and the widespread unavailability of passports or other personal identification documentation for

refugees and migrants, their reliance on smuggling networks to cross borders – thereby increasing their vulnerability to trafficking. Despite different operations conducted by the Panamanian authorities in 2021 and 2022 which led to the detention of both nationals and foreign citizens allegedly involved in human trafficking and smuggling, their presence in the Darien persists.¹⁰⁴⁸ In Mexico, refugees and migrants from Venezuela assisted by R4V partners have reported an increase of smuggling networks offering transportation to the border with the United States, as well as to enter Mexico, some of which

[1043] UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[1044] R4V Mexico National Platform joint primary data collection, June 2022.

[1045] *Ibid.* Out of a total of 28% of Venezuelan respondents who reported feeling discriminated against for any reason, 10% felt discriminated against for being a woman (or 3% of all respondents in Mexico).

[1046] Estimation made based on the number of survivors of GBV assisted by R4V partners operating in Darien by early May 2022, compared to the number of women transiting through the Darien in 2022. However, the number of women in need of assistance may be much higher as sexual abuse and attacks remain largely unreported.

[1047] UNICEF, *Case Management Monitoring System*, <https://www.unicef.org/panama/respuesta-de-unicef-y-socios-en-dari%C3%A9n-0> and MSF, *Denunciamos el Deterioro de las Condiciones de Acogida de los Migrantes en Panamá y la Falta de Atención Oportuna a Víctimas de Violencia Sexual*, 18 May 2022, <https://www.msf.org.ar/actualidad/denunciamos-deterioro-las-condiciones-acogida-los-migrantes-panama-y-la-falta-atencion>

[1048] *Operations Crepusculo 1, Hammer, Caminante, Felix, Tridente, and Crepusculo 2. Information provided by the National Commission Against Human Trafficking (Comisión Nacional contra la trata de personas).*

operate under fake travel agencies: 7 per cent of Venezuelan respondents interviewed for the JNA reported that they traveled with such a “guide”.¹⁰⁴⁹ The prevalence of the use of smugglers by Venezuelans in Mexico to try to enter the United States may be much higher, as suggested by data from U.S. Customs and Border Protection (CBP) documenting 17,651 encounters with Venezuelans in July 2022 alone,¹⁰⁵⁰ combined with an understanding that most refugees and migrants who try to enter the United States irregularly from Mexico would rely on the assistance of smugglers to do so.¹⁰⁵¹ Although refugees and migrants may initially willingly engage the services of smugglers for their assistance to cross borders irregularly when they cannot transit through regular means, this makes them vulnerable to exploitation and abuse, including smuggling situations that turn into human trafficking when freedom of movement is restricted, documents are retained, exorbitant fees are demanded for further onward movement or as payment for services already rendered, physical and sexual violence are used to exert control, and more.

Refugees and migrants in an irregular situation have reduced opportunities to access services, engage in formal employment and integrate in their host

communities, significantly increasing their risks of falling victim to human trafficking. Cases of trafficking in the sub-region remain largely under-identified and under-reported, limiting prevention and prosecution efforts and exposing victims and potential victims to ongoing risks and vulnerabilities from those responsible for human trafficking. In Costa Rica, only one case of a Venezuelan VoT was identified and accredited by the Immediate Response Team of the National Coalition against Human Trafficking and Human Smuggling in 2021.¹⁰⁵² In Panama, according to the statistics provided by the National Commission Against Human Trafficking, among 95 suspected cases of trafficking, 70 victims were identified over the past four years, mostly in Panama, Herrera, and Chiriquí provinces.¹⁰⁵³ Most were victims of sexual exploitation, except in 2021, when the main form of abuse identified was forced labour. In terms of the nationalities of VoTs, 96 per cent were foreigners, with exception of 2022, when the majority of identified victims so far has been Panamanians.¹⁰⁵⁴ In Mexico, Venezuelan refugees and migrants were identified among those groups most at risk for trafficking, where the number of Venezuelan VoTs has increased in recent years.¹⁰⁵⁵

[1049] R4V Mexico National Platform, *Joint Primary Data Collection*, June 2022.

[1050] U.S. Customs and Border Protection (CBP), *Nationwide Encounters (Southwest Land Border: Venezuelans)*, accessed 15 August 2022, <https://www.cbp.gov/newsroom/stats/nationwide-encounters>

[1051] See, e.g., Miriam Jordan, *Smuggling Migrants at the Border Now a Billion-Dollar Business*, *N.Y. Times*, 25 July 2022, <https://www.nytimes.com/2022/07/25/us/migrant-smuggling-evolution.html>

[1052] *National Coalition Against Migrant Smuggling and Human Trafficking Immediate Response Team*, Costa Rica.

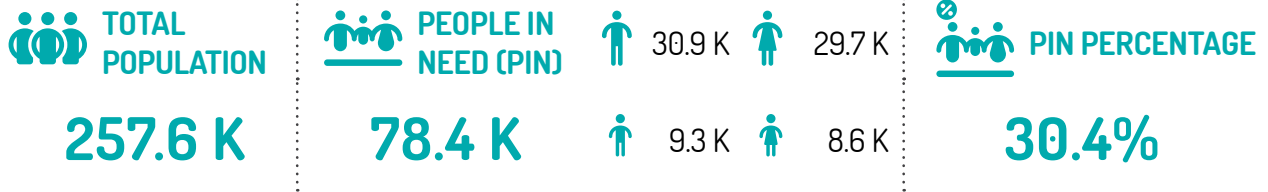
[1053] *According to statistics provided by the National Commission against Trafficking (Comisión Nacional contra la trata de personas)*, January 2019 – June 2022. This data includes 33 reported cases in 2022, of which eight relate to Venezuelan victims.

[1054] *Ibid.*

[1055] U.S. Department of State, *Mexico, Trafficking in Persons Report: July 2022*, https://www.state.gov/wp-content/uploads/2022/08/22-00757-TIP-REPORT_072822-inaccessible.pdf



SHELTER



Access to adequate shelter remains a top priority for refugees and migrants from Venezuela in the sub-region. Access to semi-permanent/ permanent accommodations is a key element to facilitate refugees' and migrants' integration in their countries of destination. In Costa Rica, an estimated 89 per cent¹⁰⁵⁶ of Venezuelans in-destination rent accommodations, and 58 per cent reported having problems in their place of residence, including the payment of rent or utilities (68 per cent), security problems (17 per cent) and insecure infrastructure (13 per cent). In Mexico, 92 per cent of refugees and migrants from Venezuela surveyed by R4V in cities of destination (other than Tapachula) live in rented houses or apartments, while 82 per cent of Venezuelans surveyed in Tapachula (upon arrival to the country/while in-transit) live in temporary accommodations (primarily collective shelters) or are in a situation of homelessness.¹⁰⁵⁷ In Panama, a large majority of Venezuelans surveyed by an R4V partner (70-80 per cent) reported having difficulties accessing or maintaining housing in the last six months.¹⁰⁵⁸ The economic impact of the pandemic led to refugees and migrants not being able to pay rent or taking on debts. For instance, in

a recent survey, 47 per cent of Venezuelan refugees and asylum-seekers in Panama reported having rental debts,¹⁰⁵⁹ and many are therefore at risk of eviction. Fear of eviction is also present among Venezuelan households living in Mexico (13 per cent of respondents) where only 59 per cent of refugees and migrants who rent accommodations have a written contract with their landlords, 32 per cent have a verbal agreement and 9 per cent did not have a clear written or verbal agreement at all.¹⁰⁶⁰ Protection against evictions is therefore an important need for Venezuelan households in Mexico and Panama, particularly those with children, women, and the elderly.¹⁰⁶¹

The main obstacles to access adequate housing for the refugees and migrants from Venezuela in-destination in the sub-region include high costs, lack of documentation to meet the requirements for rent contracts, and landlords' rejection and mistrust of foreigners. In Panama, entire households (of 2 to 5 members) usually share one-room apartments¹⁰⁶² or rent rooms or beds within houses or apartments (57 per cent),¹⁰⁶³ and in some cases share common spaces or bathrooms with other households (33

[1056] IOM, DTM IV: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022.

[1057] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[1058] Based on IOM, DTM Panama August – September 2021, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>, 43.5% of Venezuelan refugees and migrants surveyed reported having the same difficulties related to access to housing (renting) as prior to the COVID-19 pandemic, while 44.3% reported worse difficulties than before the pandemic. Due to the impact of the COVID-19 pandemic on the livelihoods of thousands of Venezuelan refugees and migrants, several households resorted to not paying rent as a coping strategy during the crisis. According to the UNHCR, Protection Monitoring/High-Frequency Survey (Panama, 2022), 73% of Venezuelan refugees and asylum seekers reported having debts related to rental payments.

[1059] UNHCR, Protection Monitoring/High Frequency Survey, Panama, 2022.

[1060] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[1061] The risk of evictions is reportedly lower in Costa Rica, where only 3% of surveyed Venezuelan households identified evictions as a concern. UNHCR, High Frequency Survey, Costa Rica, June 2022.

[1062] UN-Habitat, Perfil de Movilidad Humana en las Ciudades: Área Metropolitana de Ciudad de Panamá, Panamá, 2022, <https://ciudadesincluyentes.org/wp-content/uploads/2022/05/perfil-de-movilidad-Panama-v-final.pdf>

per cent). Such situations of overcrowding enhance vulnerabilities, especially for women, children, and the elderly, who are at greater risk of domestic violence and abuse under these circumstances. Furthermore, given the prohibitive cost of rent in Panama City, refugees and migrants tend to settle in the outskirts, in areas often classified as red zones or with high rates of violence and social risk.¹⁰⁶⁴ Similarly, insecurity issues were reported by 17 per cent of Venezuelans residing in Costa Rica.¹⁰⁶⁵ Meanwhile, in Costa Rica, just 2.9 per cent¹⁰⁶⁶ of respondents to one survey lived in shared accommodations such as pensions or rooms, while 11 per cent¹⁰⁶⁷ of respondents to another survey said that they were residing in room rentals, 6.6 per cent were in “*cuarterias*”,¹⁰⁶⁸ 0.8 per cent resided in spontaneous settlements and 0.4 per cent were in situations of homelessness.¹⁰⁶⁹

Refugees and migrants from Venezuela in-transit in the sub-region have difficulties accessing temporary accommodations while on the move. In Costa Rica, almost half (45 per cent¹⁰⁷⁰) of Venezuelans in-transit report not having a place to sleep during their journeys, and about 10 per cent of those surveyed indicated shelter was their first priority and 12 per cent their second. This need has been expressed more by women (35 per cent) than by men (18 per cent) as

well as by children (54 per cent). Eleven per cent¹⁰⁷¹ of Venezuelans indicated that they required information or support for safe shelter or lodging in Costa Rica. In Panama, refugees and migrants from Venezuela arriving in the Darien are hosted in two government Migration Reception Centers (ERMs) *located in San Vicente and Lajas Blancas (average length of stay 48 hours)* and in Los Planes de Gualaca in Chiriquí.¹⁰⁷² There are often insufficient accommodation spaces at the ERMs for the volume of arrivals, and their sanitation and structural conditions do not meet minimum humanitarian standards, especially given recurrent flooding during rainy seasons. In Mexico, meanwhile, the percentage of Venezuelan households in-transit or recently arrived staying in temporary collective shelters in Tapachula (44 per cent) is much higher than in the rest of the country, while 18 per cent are in a situation of homelessness, and 8 per cent rent a room in a hotel, among other temporary shelter options.¹⁰⁷³ There are urgent needs to improve habitability conditions and services in collective shelters in southern Mexico, as significant numbers of Venezuelan refugees and migrants surveyed there stated not having access to drinking water (46 per cent) or electricity throughout the day (15 per cent).¹⁰⁷⁴

[1063] UNHCR, *Protection Monitoring/High-Frequency Survey, Panama, May - June 2022*.

[1064] UN-Habitat, *Perfil de Movilidad Humana en las Ciudades: Área Metropolitana de Ciudad de Panamá, Panamá, 2022*, <https://ciudadesincluyentes.org/wp-content/uploads/2022/05/perfil-de-movilidad-Panamá-v-final.pdf>

[1065] *Ibid.*

[1066] IOM, *DTM: Flow Monitoring of the Venezuelan Population, Costa Rica, April - June 2022*.

[1067] UNHCR, *High Frequency Survey, Costa Rica, 2022*.

[1068] *A precarious construction divided into many small rooms with sometimes only one shared bathroom.*

[1069] UNHCR, *High Frequency Survey, Costa Rica, 2022*.

[1070] IOM, *DTMs conducted with the in transit population in Costa Rica in December 2021 and in January, February, March, April, May and June of 2022* <https://dtm.iom.int/>.

[1071] *Ibid.*

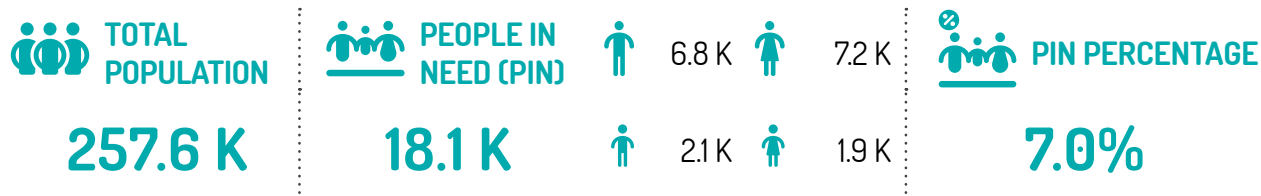
[1072] IOM, *Panama, Flow monitoring in ERMs in Darien, Round 2, 10 September 2021*: <https://dtm.iom.int/reports/panam%C3%A1-monitoreo-de-flujos-migratorios-en-estaciones-de-recepcion-migratoria-erm-en-0>

[1073] R4V Mexico National Platform, *Joint Primary Data Collection, June 2022*.

[1074] *Ibid.*



WASH



The WASH needs of refugees and migrants from Venezuela in Central America and Mexico vary greatly for the population in-transit compared to the population in-destination. Access to clean drinking water has been reported by refugees and migrants in-transit through Panama as one of their key humanitarian needs: 65 per cent of refugees and migrants from Venezuela drank water from rivers, lakes, and rainwater while transiting through the Darien, followed by 17 per cent who reported drinking water provided by humanitarian organizations.¹⁰⁷⁵ Lack of access to safe drinking water is associated with greater risk of contracting water-borne diseases that can become life-threatening if untreated, including chronic diarrhea as well as severe dehydration in the hot and humid climates of the sub-region. Around 12 per cent of refugees and migrants from Venezuela in Panama reported drinking water as their top need to be able to continue their transit.¹⁰⁷⁶ Furthermore, refugees and migrants in-transit through Central America and Mexico also lack regular access to safe and hygienic sanitary facilities, or to basic hygiene items, including menstrual hygiene items. It is estimated that hygiene needs of at least 30 per cent of the population in-transit in Panama

are unmet, especially those of children, women, the elderly, and people with disabilities.¹⁰⁷⁷ In Costa Rica, refugees and migrants in-transit have expressed a need for personal care items, including hygiene items, although less than 1 per cent considered these supplies as their first priority and 2 per cent as their second priority.¹⁰⁷⁸ In Mexico, meanwhile, 46 per cent of Venezuelans staying in shelters or reception centers reported not having access to drinking water for drinking and cooking, while 6 per cent did not have access to water for personal hygiene and cleaning.¹⁰⁷⁹ Poor WASH conditions in collective shelters can trigger the spread of communicable diseases such as chickenpox, scabies, dengue, or the outbreak of head lice, fleas and bedbugs.

Meanwhile, refugees and migrants residing in-destination in countries of the sub-region largely have access to safe drinking water, although access to other WASH services remains limited. In Panama, 95 per cent of Venezuelans surveyed in-destination¹⁰⁸⁰ reported having access to safe drinking water, while 98 per cent of those surveyed by another R4V partner confirmed having access to drinking water from a tap for more than two hours a day.¹⁰⁸¹ In Costa Rica, only 0.4 per cent of Venezuelan households surveyed¹⁰⁸² do

[1075] WFP Mixed Movements Human Mobility Survey, Panama, 20 December 2021 – 8 April 2022.

[1076] *Ibid.*

[1077] Based on IOM-DTM data collected at the ERMs, around 11% of the participants were pregnant and lactating women: <https://panama.iom.int/es/dtm-monitoreo-de-flujos-migratorios-en-panama>. Additionally, based on Migration Panama, 15% of the people who transited through the Darien in 2022 were children (5,028 until May 2022) and 26% were women: <https://www.migracion.gob.pa/inicio/estadisticas>

[1078] IOM, DTMs conducted with the in transit population in Costa Rica in [December 2021 and in January, February, March, April, May and June of 2022](https://dtm.iom.int/) <https://dtm.iom.int/>

[1079] R4V Mexico National Platform, Joint Primary Data Collection, June 2022.

[1080] IOM, Informe de Encuesta Provincia de Panamá y Panamá Oeste, August - September 2021, <https://migration.iom.int/reports/panama-informe-de-encuesta-provincia-de-panama-y-panama-oeste-agosto-septiembre-2021>

[1081] UNHCR, Protection Monitoring/High-Frequency Survey, Panama, May - June 2022.

[1082] UNHCR, High Frequency Survey, Costa Rica, June 2022.

not have access to drinking water. Meanwhile, access to adequate sanitation facilities among refugees and migrants in-destination is limited, with only 59 per cent of Venezuelan households surveyed in Panama reporting access to private bathrooms, with 36 per cent sharing a bathroom with other households.¹⁰⁸³ Around 4 per cent reported having access to public bathrooms only (shared with strangers), while 1 per cent reported not having access to bathrooms at all.¹⁰⁸⁴ Similar patterns exist in Costa Rica, where 2.5

per cent of households surveyed share a bathroom with other families.¹⁰⁸⁵ In Mexico, 1 per cent of surveyed Venezuelan households obtain water from taps or hoses that are in the yard or land where they live, as they do not have water access points inside their homes, while 3 per cent do not have a water tank or cistern, and only 4 per cent of households have drainage or sewage connected to a septic tank.¹⁰⁸⁶

[1083] UNHCR, *Protection Monitoring/High-Frequency Survey, Panama, May - June 2022*.

[1084] *Ibid.*

[1085] UNHCR, *High Frequency Survey, Costa Rica, June 2022*.

[1086] Mexican National Institute of Statistics and Geography (INEGI), *Population and Housing Census, 2020*, <https://en.www.inegi.org.mx/programas/ccpv/2020/>

SOUTHERN CONE



SOUTHERN CONE

AT A GLANCE

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 TOTAL POPULATION

212.6 K

 PEOPLE IN NEED (PIN)

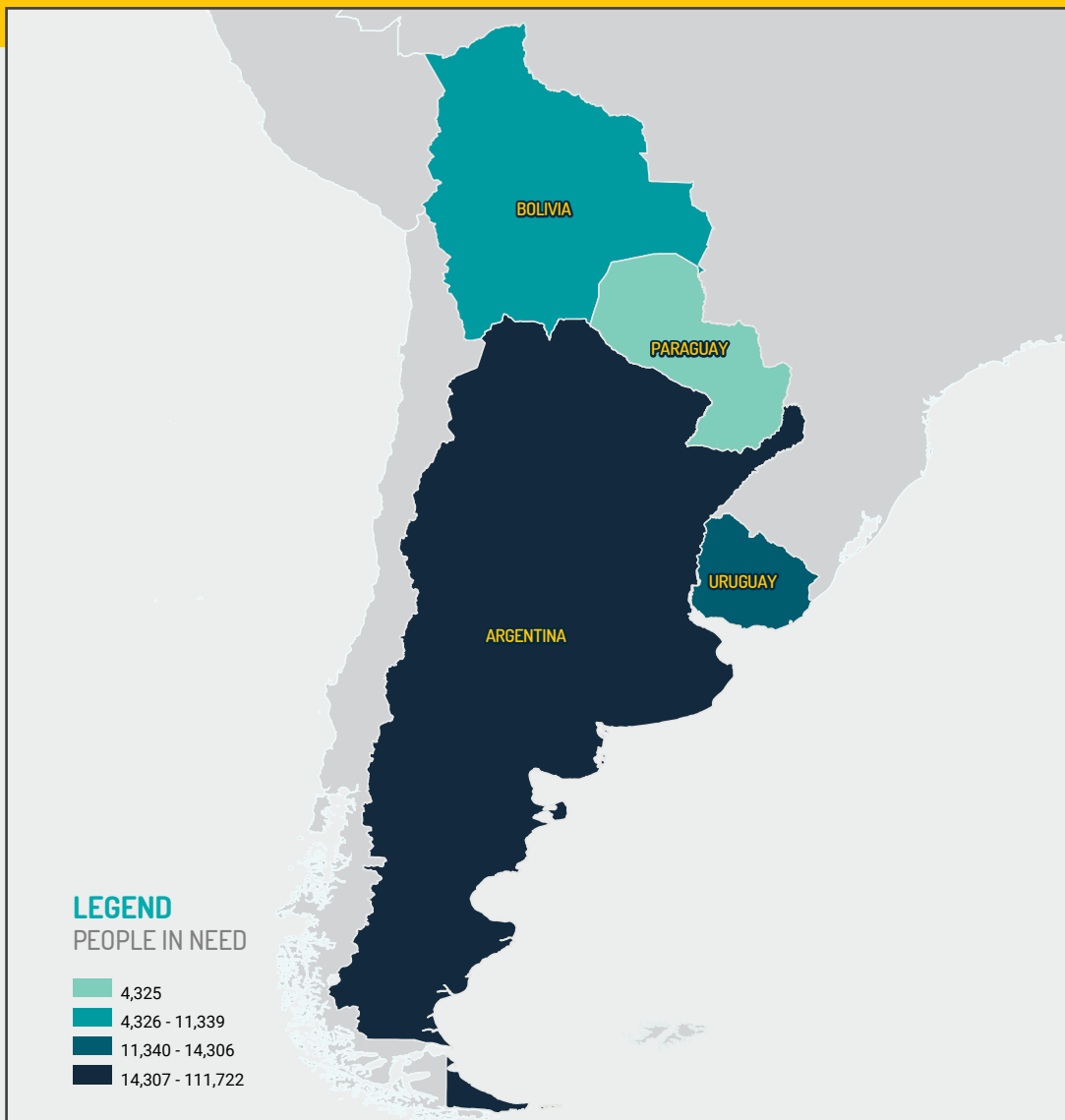
141.7 K

























 55.0 K  65.7 K

 9.6 K  11.4 K

 PIN PERCENTAGE

66.6%



	Sector	Total population	People in need (PiN)	PiN percentage	
	Education	212.6 K	64.2 K	30.2%	
	Food Security	212.6 K	133.1 K	62.6%	
	Health	212.6 K	32.1 K	15.1%	
	Humanitarian Transportation	212.6 K	30.5 K	14.3%	
	Integration	212.6 K	118.1 K	55.6%	
	Nutrition	212.6 K	25.8 K	12.1%	
	Protection	212.6 K	51.1 K	24.0%	
	Child Protection	212.6 K	3.4 K	1.6%	
	Gender-Based Violence (GBV)	212.6 K	5.8 K	2.7%	
	Human Trafficking & Smuggling	212.6 K	7.6 K	3.6%	
	Shelter	212.6 K	53.7 K	25.2%	
	WASH	212.6 K	47.2 K	22.2%	

SUB-REGIONAL OVERVIEW

By mid-2022, refugees and migrants from Venezuela in the four countries composing the Southern Cone sub-region (Argentina, Bolivia, Paraguay and Uruguay) had largely resumed pre-pandemic patterns of mobility, after governments in the sub-region lifted most of the border closures and travel restrictions associated with the COVID-19 pandemic. However, the sub-region faces an important change of context due to the increase of irregular entries of Venezuelans during the pandemic and subsequent onward movements.

Marking an important milestone for inter-agency coordination and the ability to identify needs of refugees and migrants in the sub-region, the R4V Platform for the Southern Cone Sub-region carried out its first sub-regional primary data collection exercise as part of its JNA from May to June 2022, through a telephone survey of Venezuelan refugees and migrants in all four countries.¹⁰⁸⁷ The survey methodology allowed for the identification and comparison of needs of refugees and migrants across sectors and countries. A total of 600 Venezuelan adults were interviewed (318 in Argentina, 102 in Bolivia, 102 in Paraguay and 78 in Uruguay).¹⁰⁸⁸

As part of the JNA process, information on needs obtained through the survey was analyzed in parallel to available secondary data¹⁰⁸⁹, which was collected and reviewed through a series of joint analysis workshops carried out with R4V partners in the Southern Cone between June and August 2022.

Based on the JNA findings, despite open borders, 67 per cent of Venezuelans surveyed in Bolivia had entered the country irregularly during the last two years, followed by 59 per cent in Argentina, 14 per cent in Paraguay and 7 per cent in Uruguay.¹⁰⁹⁰ The rate of irregular entries grew further during periods where these land borders were closed. However, an estimated 75 per cent of Venezuelans in Bolivia remained in an irregular situation by June 2022, compared to just 6 per cent in Uruguay, 3 per cent in Argentina and 1 per cent in Paraguay.

Along the Bolivian border with Chile, mainly in the municipality of Pisiga, R4V partners regularly observed daily crossings of 300 to 600 refugees and migrants during the months of February and June 2022, the vast majority of whom were Venezuelans.¹⁰⁹¹ The lives and well-being of these refugees and migrants are regularly at risk, as a result of lack of

[1087] R4V Southern Cone Platform, *Joint Needs Assessment, June 2022* [Hereafter R4V Southern Cone Platform, JNA, June 2022].

[1088] Interviews were conducted by phone from May to June 2022 by a team of specialized interviewers selected and coordinated by R4V partner CAREF (Comisión Argentina para Refugiados y Migrantes). Refugees and migrants from Venezuela residing in the four countries were invited to participate voluntarily in the survey, which was conducted anonymously. The invitation to participate was disseminated through social media and contact lists provided by R4V partners. The target of 600 interviews total was successfully reached, nevertheless in Uruguay only 78 Venezuelans responded to the survey, out of the target of 100 minimum per country. All refugees and migrants who voluntarily registered to participate in the exercise were interviewed. While not a fully representative sample of the refugee and migrants community in the Southern Cone, the sample included both Venezuelans in-destination and in-transit, and a majority of respondents reported having resided in their host countries for two or more years. A majority of survey respondents were women, and the most prevalent age demographic was 18-49 years old. Among respondents in Uruguay and Argentina, the majority of Venezuelans surveyed were concentrated in the most populated urban centres: Montevideo and Buenos Aires. In Bolivia and Paraguay, there was a greater distribution among cities beyond the national capitals: Asunción, Central, Alto Paraná and Itapúa in Paraguay, and Santa Cruz, La Paz, Cochabamba and Chuquisaca in Bolivia.

[1089] For the Secondary Data Review (SDR) component of its JNA, the R4V Southern Cone Platform gathered 42 studies and key documents produced by R4V partner organizations, other NGOs, governments and academic institutions. These materials were analyzed using a standardized methodology. R4V Southern Cone Platform, "Protection Situation of Refugees and Migrants from Venezuela in the Southern Cone (Argentina, Bolivia, Paraguay and Uruguay)," July 2022. (Not yet published). [Hereafter R4V Southern Cone Platform, Secondary Data Review, June 2022].

[1090] R4V Southern Cone Platform, JNA, June 2022.

[1091] Refugees and migrants are frequently seen organizing themselves into groups of up to 50 people and being guided by smugglers through unauthorized border crossings. IOM Bolivia, "Situational Report N°5" (Not yet published).

basic infrastructure and response capacities of the States; restrictive immigration and asylum policies; militarization of the border as a result of the state of exception in the north of Chile;¹⁰⁹² the increasing presence of cross-border organized criminal groups;¹⁰⁹³ and the exacerbation of manifestations of discrimination and xenophobia.¹⁰⁹⁴ Related to this, it has been reported that more than 30 Venezuelan refugees and migrants have died between 2021 and July 2022 in-transit from Bolivia to Chile along the Pisiga-Colchane route¹⁰⁹⁵ due to prevailing extreme weather and climatic conditions.

Meanwhile, the slow and unequal post-pandemic recovery in countries of the sub-region disproportionately affects the ability of refugees and migrants to exercise basic rights and to access essential services due to rising costs of living and limited access to livelihoods on account of difficulties in labour insertion. According to the JNA, access to employment, support for housing/shelter solutions and access to food were the three priority needs identified by Venezuelans surveyed in Argentina, Uruguay and Paraguay.¹⁰⁹⁶ In Bolivia, protection related interventions (e.g. access to documentation or legal assistance) were identified as the primary needs (by 31 per cent of respondents), followed by shelter (25 per cent) and employment (24 per cent). In Argentina and Uruguay, refugees and migrants highlighted more difficulties than in the past to achieve self-reliance, with greater numbers of

refugees and migrants working in the informal market in comparison with previous years – for example, 42 per cent of Venezuelans surveyed in Argentina – largely due to the lack of proper documentation.¹⁰⁹⁷ Insufficient documentation was also found to limit access to adequate shelter in the mid- and long-term, which was attributed to the challenges meeting administrative and financial requirements for rental contracts.¹⁰⁹⁸

Deteriorating livelihoods in host countries has prompted onward movements across countries of the sub-region, particularly from Bolivia and Paraguay to Argentina and Uruguay, as well as to Chile, but also from Chile and Argentina to Uruguay and to Peru through Bolivia. These onward movements result in many households finding themselves repeatedly in irregular situations, when relocating from one country of destination to another, and hence needing to recommence regularization and/or documentation procedures and integration processes.¹⁰⁹⁹

The JNA also identified changes in demographic characteristics and family structures of refugees and migrants who arrived between late 2021 and early 2022, in comparison to 2019 and 2020. Among the more recent arrivals a higher percentage of women, children and elderly persons was identified, with fewer adult men. Newer arrivals also included more people with specific needs and in more vulnerable socio-economic conditions than those who arrived earlier.¹¹⁰⁰

[1092] R4V Regional Platform, "R4V Special Situation Report - Bolivia, Chile & Peru (March Update)", March 2022, <https://www.r4v.info/en/document/r4v-special-situation-report-bolivia-chile-peru-march-update>

[1093] R4V partners and media in Bolivia have noted the presence of the cross-border criminal group "Tren de Aragua," reportedly associated with Venezuelans in Desaguadero and Pisiga, where situations of human trafficking and smuggling of refugees and migrants have been identified. See, e.g., "Tren de Aragua en Bolivia secuestra migrantes venezolanas", *El Diario*, accessed 18 July 2022, <https://eldiario.com/2022/07/04/tren-de-aragua-en-bolivia-secuestro-migrantes-venezolanas/>

[1094] R4V Regional Platform, "R4V Special Situation Report - Bolivia, Chile & Peru (March Update)", March 2022, <https://www.r4v.info/en/document/r4v-special-situation-report-bolivia-chile-peru-march-update>

[1095] R4V Regional Platform, "R4V Special Situation Report - Bolivia, Chile & Peru (March Update)", March 2022, <https://www.r4v.info/en/document/r4v-special-situation-report-bolivia-chile-peru-march-update> and R4V Southern Cone Platform, "Situational Report - July 2022", <https://www.r4v.info/en/document/sitrep-july-2022-southern-cone>

[1096] Employment was the top priority need of 47% of Venezuelans surveyed in Uruguay; 35% in Argentina; and 16% in Paraguay. Shelter was the top priority need of 39% of Venezuelans in Paraguay; 33% in Argentina; and 24% in Uruguay. Food was the top need of 24% of Venezuelans in Paraguay; 13% in Uruguay; and 12% in Argentina. R4V Southern Cone Platform, JNA, June 2022.

[1097] R4V Southern Cone Platform, JNA, June 2022.

[1098] Rent is the main expense for which refugees and migrants from Venezuela use their cash and voucher assistance (CVA) received from R4V partners: according to cash post-distribution monitoring exercises, 70% of refugees and migrants in Argentina, 72% in Bolivia, 64% in Paraguay and 32% in Uruguay used CVA to pay for rent. UNHCR, "Post-Distribution Monitoring (PDM) of Cash Support in Argentina, Bolivia, Paraguay and Uruguay," December 2021, <https://data.unhcr.org/en/documents/details/93968>, <https://data.unhcr.org/en/documents/details/93969>, <https://data.unhcr.org/en/documents/details/93984>, <https://data.unhcr.org/en/documents/details/93985>

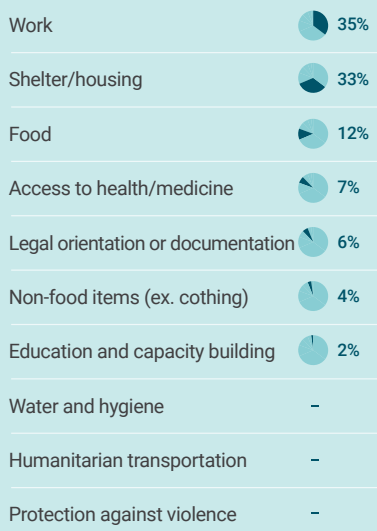
[1099] *Ibid.*

[1100] For example, 65% of refugees and migrants observed in transit in Pisiga, Bolivia by an R4V partner in early 2022 were women or people with disabilities. IOM Bolivia, "Situational Report N°5", March 2022.

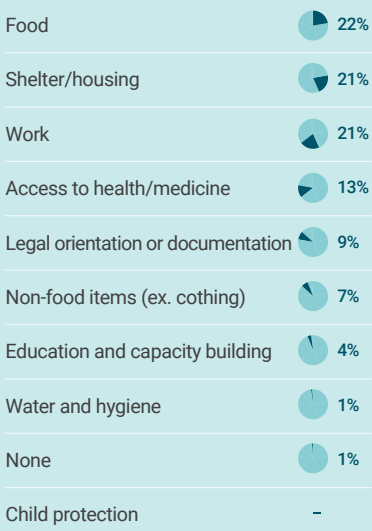
MAIN NEEDS IN HOUSEHOLDS

ARGENTINA

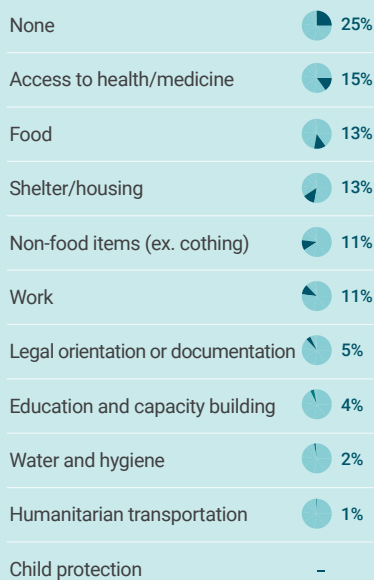
First priority need



Second priority need



Third priority need



BOLIVIA

First priority need



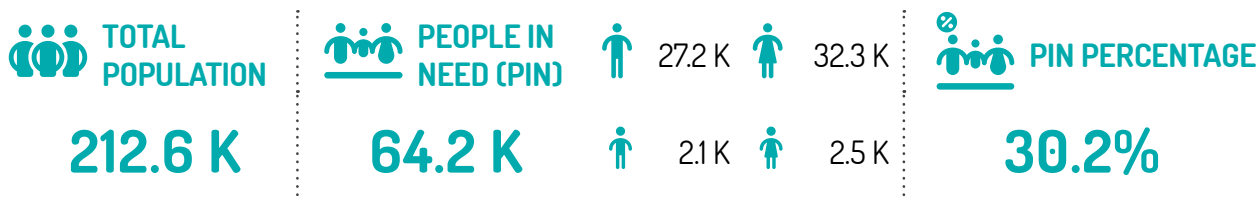
Second priority need



Third priority need



EDUCATION



Although access to education should be protected as a “multiplier right” for refugees and migrants (a right that facilitates their access to multiple other areas of social inclusion), interruptions to the educational trajectories of refugee and migrant children, adolescents and adults are evident throughout the sub-region, particularly in countries with the largest in-transit population movements.¹¹⁰¹ In Bolivia, only 30 per cent of the Venezuelan school-aged population were enrolled in the education system in 2021, another 3 per cent was attending classes while not formally enrolled, and 63 per cent were not enrolled in any educational institution.¹¹⁰² Additionally, in Uruguay, almost half of Venezuelan households interviewed reported their children were facing at least one problem with maintaining their schooling, while 10 per cent of Venezuelan children of school age were not attending school at all.¹¹⁰³ The main constraint reported to be undermining educational permanence in Uruguay was the lack of access to learning materials due to a lack of economic resources.¹¹⁰⁴ In Argentina, only 1 per cent of school-aged children were not attending school, while 27 per

cent of families indicated facing at least one problem with maintaining children in school, related to lack of materials and/or economic means.

Although some host countries have positive practices and initiatives that facilitate educational integration, recognition and revalidation of studies at different educational levels – as in Paraguay, for example, where children of all nationalities and migratory statuses can enroll in any educational institution with only a birth certificate,¹¹⁰⁵ or in Uruguay, where children can provisionally register at schools even without any migratory documentation¹¹⁰⁶ – gaps persist that exacerbate inequalities. For example, Venezuelans in Uruguay who do not have an identity card cannot access free laptops via the government initiative “Plan Ceibal”,¹¹⁰⁷ or have difficulties accessing social benefits linked to education, such as the food baskets provided by the National Administration of Public Education. Meanwhile, in Paraguay, problems with the recognition of foreign degrees and diplomas, and barriers to the continuity of studies are exacerbated by costs and documentary requirements that are often inaccessible for refugees and migrants.¹¹⁰⁸

[1101] UNESCO Regional Bureau for Education in Latin America and the Caribbean, “Educación para personas jóvenes y adultas migrantes y refugiadas en América Latina: contexto, experiencias y situación en el marco de la pandemia,” 2022, <https://unesdoc.unesco.org/ark:/48223/pf0000380560>

[1102] IOM Bolivia, DTM Round 1, June 2021, <https://dtm.iom.int/reports/bolivia-%E2%80%93-monitoreo-de-flujo-de-la-poblaci%C3%B3n-venezolana-en-bolivia-%E2%80%93-ronda-1-2021>

[1103] R4V Southern Cone Platform, JNA, June 2022.

[1104] *Ibid.*

[1105] Coordinadora por los Derechos de la Infancia y la Adolescencia-CDIA, “Realización de un estudio sobre acceso a educación de niños, niñas y adolescentes migrantes y refugiados/as, incluida la población de Venezuela en Paraguay”, 2022. Not yet published.

[1106] Government of Uruguay, Article 48, Decree No. 394/009. “Regulation of Law No. 18,250: Uruguay Migration Law”, <https://www.impo.com.uy/bases/decretos/394-2009#:~:text=Art%C3%ADculo%2048&text=La%20referida%20documentaci%C3%B3n%20ser%C3%A1%20requerida,Ministerio%20de%20Educaci%C3%B3n%20y%20Cultura>

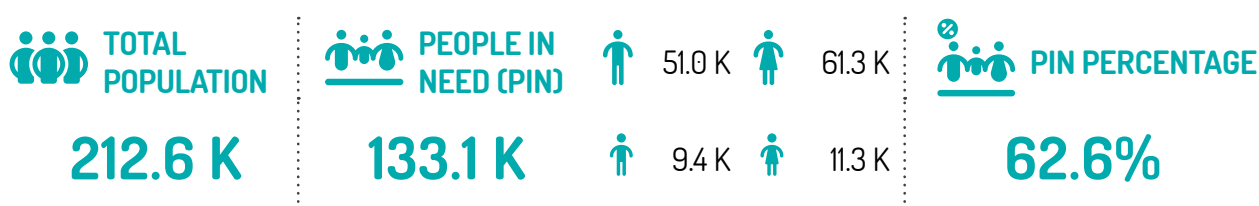
[1107] <https://www.ceibal.edu.uy/es>

[1108] 42% of Venezuelans surveyed in Paraguay expressed having difficulties paying revalidation costs and meeting documentation requirements. IOM Paraguay, DTM Round 5, September-October 2021, <https://dtm.iom.int/reports/paraguay-%E2%80%93-flujo-de-migraci%C3%B3n-venezolana-ronda-5-septiembre-octubre-2021>

Difficulties associated with documentation also delay the processes for foreign degree recognition and revalidation, which limit Venezuelan adults' ability to obtain better-paying formal employment opportunities in line with their academic levels.¹¹⁰⁹

This is especially important considering that, for example, 44 per cent of surveyed Venezuelans in Uruguay report having university degrees obtained abroad, and 9 per cent hold postgraduate degrees.¹¹¹⁰

FOOD SECURITY



According to the R4V JNA carried out in mid-2022, in all four countries of the Southern Cone sub-region refugees and migrants from Venezuela indicated the need for food among their top priorities: 24 per cent in Paraguay, 13 per cent in Uruguay, 12 per cent in Argentina and 12 per cent in Bolivia.¹¹¹¹

Also, according to the JNA, 2 out of 3 Venezuelans reported having reduced the quantity of food they consumed over the last six months, including 62 per cent of refugees and migrants in Argentina, 64 per cent in Bolivia, 67 per cent in Paraguay and 65 per cent in Uruguay. In Argentina, Paraguay and Uruguay more than 50 per cent of refugees and migrants surveyed declared having resorted to lower quality food, while in Uruguay 41 per cent of respondents resorted to begging for food or money to be able to eat. For refugees and migrants in-transit in Bolivia, access to food was identified as one of their most urgent humanitarian needs, with particular risks of

malnutrition among pregnant and lactating women, young children and the elderly.¹¹¹²

R4V partners' post-distribution cash and voucher assistance (CVA) monitoring exercises also reflect the need for food among refugees and migrants, as 68 per cent of refugees and migrants in Argentina, 78 per cent in Bolivia, 65 per cent in Paraguay and 43 per cent in Uruguay used the CVA they received during 2021 to buy food.¹¹¹³

The primary causes of lack of sufficient quantity and quality of food were identified as being decreased access to livelihoods, coupled with increasing food costs, which also negatively affected host communities in the sub-region. Despite hopes that the sub-region would emerge quickly from the post-pandemic economic crisis and food security would begin to recover, the prevalence of hunger rose further in 2021, with 8 per cent of the total population in South America.¹¹¹⁴ In Argentina for instance, food prices

[1109] R4V Southern Cone Platform, JNA, June 2022.

[1110] IOM Uruguay, DTM Round 3, "Impact of COVID-19 among the Venezuelan population in Uruguay", December 2020 - January 2021, <https://dtm.iom.int/uruguay>

[1111] R4V Southern Cone Platform, JNA, June 2022.

[1112] R4V Regional Platform, "R4V Special Situation Report - Bolivia, Chile & Peru (March 2022 Update)", 16 March 2022, <https://www.r4v.info/en/document/r4v-special-situation-report-bolivia-chile-peru-march-update>

[1113] UNHCR, "Post-Distribution Monitoring (PDM) of Cash Support in Argentina, Bolivia, Paraguay and Uruguay," December 2021, <https://data.unhcr.org/en/documents/details/93968>, <https://data.unhcr.org/en/documents/details/93969>, <https://data.unhcr.org/en/documents/details/93984>, <https://data.unhcr.org/en/documents/details/93985>

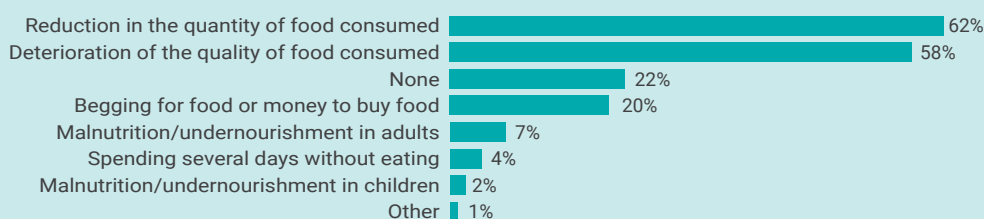
[1114] FAO, IFAD, UNICEF, WFP and WHO, "The State of Food Security and Nutrition in the World 2022", <https://www.fao.org/3/cc0639en/cc0639en.pdf>

rose by 40 per cent over a six month period, from January to June 2022,^[1115] driven also by an inflation rate of 36 per cent by June 2022, and 64 per cent year-on-year.^[1116] This illustrates a grave increase in food insecurity in the country, which in 2021 recorded an

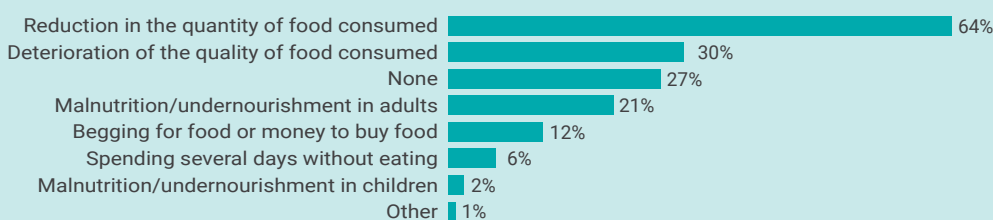
estimated 19 per cent of children between the ages of 13 to 17 experiencing severe food insecurity in Argentina, the most affected age group, while 9 per cent of all age groups had experienced severe food insecurity.^[1117]

FOOD SECURITY RELATED CONCERNS

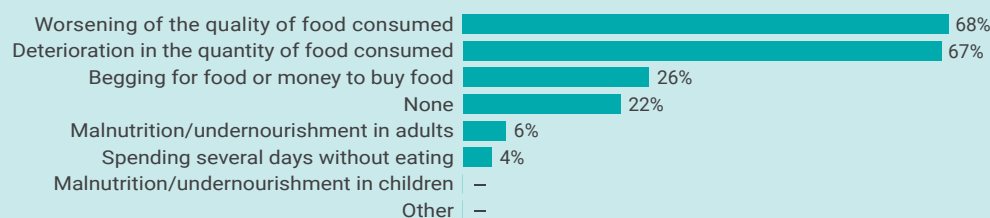
ARGENTINA



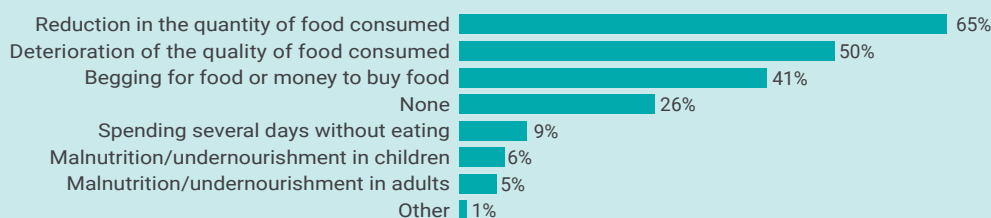
BOLIVIA



PARAGUAY



URUGUAY



[1115] Mariano Espina, "INDEC inflación 2022, mes a mes: de cuánto fue la suba acumulada en Argentina," Bloomberg Online, 15 July 2022, <https://www.bloomberglinea.com/2022/07/15/indec-inflacion-2022-mes-a-mes-de-cuanto-fue-la-suba-acumulada-en-argentina/>

[1116] National Census and Statistics Institute of the Republic of Argentina (INDEC), "Consumer Price Index", 14 July 2022, <https://www.indec.gob.ar/indec/web/Nivel4-Tema-3-5-31>

[1117] Florencia Belen Mogno, "La ONU advirtió la existencia de inseguridad alimentaria en América Latina", Nota al Pie, 7 July 2022, <https://www.notaalpie.com.ar/2022/07/07/la-onu-advirtio-la-existencia-de-inseguridad-alimentaria-en-america-latina/>



HEALTH



Although challenges in accessing healthcare by refugees and migrants were largely mitigated in some countries of the Southern Cone via inclusive government initiatives – such as in Bolivia through affiliation to the Single Health System (Sistema único de salud) for Venezuelans with residence permits or in a vulnerable situation due to their irregular situation,¹¹¹⁸ or in Uruguay via its migration policy that explicitly guarantees access to healthcare for all refugees and migrants¹¹¹⁹ – notable constraints remain for refugees and migrants from Venezuela to effectively exercise their right to health. The main health issues reported by Venezuelans surveyed through the Southern Cone JNA in 2022 included: covering the costs of healthcare services (43 per cent of respondents in Bolivia, 33 per cent in Paraguay and 19 per cent in Argentina) and in meeting administrative requirements to access healthcare services (43 per cent of respondents in Bolivia and 17 per cent in Uruguay).¹¹²⁰ In Paraguay, for example, more than 89 per cent of Venezuelans surveyed in late 2021 did not have health insurance, and noted the high costs of

medical services and medicines as reasons for not accessing healthcare services.¹¹²¹ For the population in-transit through Bolivia, in border areas with limited service capacities and insufficient infrastructure, the extreme climate and high altitudes, the healthcare needs and risks to life and well-being of refugees and migrants are exacerbated: for example, at least 30 Venezuelans died while attempting to pass through or from Pisiga between 2021 and June 2022.¹¹²² Such health issues were largely attributed to dehydration, malnutrition, hypothermia, altitude sickness and risk of contagion by COVID-19.¹¹²³

Regarding access to vaccines against COVID-19, in Argentina, Paraguay, and Uruguay, more than 80 per cent of Venezuelans surveyed had a complete vaccination scheme, while in Bolivia, there was a lower proportion of fully vaccinated refugees and migrants (64 per cent): Venezuelans surveyed in Bolivia reported fears of accessing vaccine services mainly due to a lack of documentation and being in an irregular status.¹¹²⁴

[1118] Children under 5 years of age, adults over 60, pregnant women and people with disabilities can access the Single Health System (SUS) regardless of their immigration status. Persons who do not belong to any of these groups can only access the SUS with a residence permit. Government of Bolivia, Law No. 1152 – Single Health System (SUS).

[1119] Government of Uruguay, Law No. 18,250 on Migration Policy, Article 8: "Migrants and their families shall enjoy the rights to health, work, social security, housing and education on an equal footing with nationals.", <https://www.impo.com.uy/bases/leyes/18250-2008>

[1120] R4V Southern Cone Platform, JNA, June 2022. Meanwhile, in terms of the number of Venezuelans who reported no issues related to healthcare in each country, this reached 67% in Uruguay, 58% in Argentina, 48% in Paraguay, but only 29% in Bolivia.

[1121] IOM Paraguay, DTM Round 5, September-October 2021, <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-5-septiembre-octubre-2021>

[1122] R4V Southern Cone Platform, "Situational Report - July 2022", <https://www.r4v.info/en/document/sitrep-july-2022-southern-cone>

[1123] IOM Bolivia, Situation of Venezuelan Migration on the Bolivia-Chile Border, Reports No. 1,2,3,4 and 5, 2021-2022. (Not yet published).

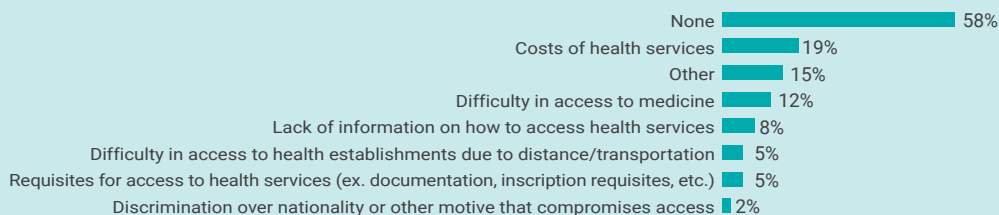
[1124] In the JNA workshops, R4V partners reported that refugees and migrants in Venezuela are afraid to approach health centres because they are in an irregular situation and fear that they may be intercepted by the authorities. Also, refugees and migrants who are in transit are less likely to be able to access a full vaccination schedule due to their mobility. R4V Southern Cone Platform, JNA Workshop Sessions, June 2022.

Other healthcare needs noted by refugees and migrants from Venezuela include mental health services and support (with 42 per cent of Venezuelans in Argentina surveyed in 2022 reporting

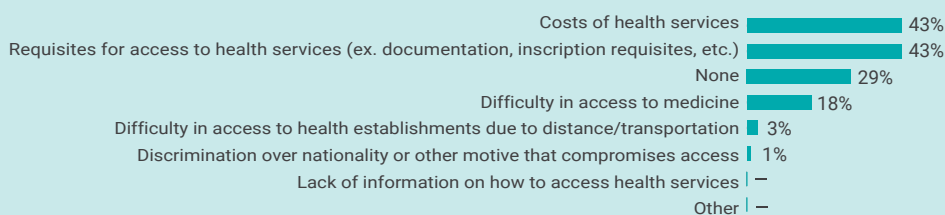
having suffered stress or emotional discomfort);¹¹²⁵ psychosocial support for children and adults; support to address chronic medical conditions; and access to sexual and reproductive health care.¹¹²⁶

HEALTH RELATED CONCERNS

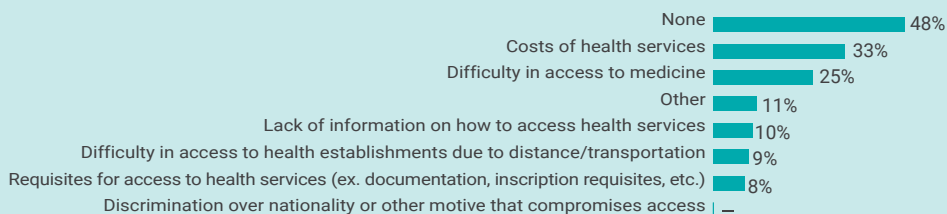
ARGENTINA



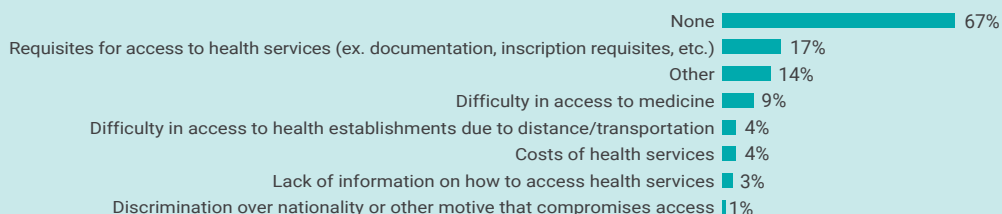
BOLIVIA



PARAGUAY



URUGUAY



[1125] IOM Argentina, *Displacement Tracking Matrix, Round 9 – Buenos Aires, Nov. 2021-Jan. 2022*, : <https://displacement.iom.int/sites/default/files/public/reports/DTM%20TEMPLATE%20RONDA%209.pdf>

[1126] R4V Southern Cone Platform JNA, June 2022.



HUMANITARIAN TRANSPORTATION



Humanitarian transportation is a critical need for refugees and migrants from Venezuela in-transit; for those who have recently arrived in countries of destination; and for those who live in rural or peripheral areas of urban centres, where accessing public transport to access services or jobs is limited.

Regarding access to safe transportation from the border/periphery to urban centres for basic services, the greatest needs were identified from La Quiaca, Misiones and Jujuy to Buenos Aires in Argentina; from Desaguadero and El Alto to La Paz or Santa Cruz in Bolivia; from Rivera and El Chuy to Montevideo in Uruguay; and from Infante Rivarola to Asunción in Paraguay.¹¹²⁷ For example, 14 per cent of Venezuelans surveyed in 2022 in Paraguay stated that they needed help to move from borders to urban areas after their arrival to the country; 20 per cent of those surveyed in Uruguay; and 13 per cent of those surveyed in Argentina said that they needed support for humanitarian transportation from the border after their arrival.¹¹²⁸ Once in destination areas, refugees and migrants require daily safe transportation in order to access livelihoods opportunities, health and education services, among others.¹¹²⁹

Lack of access to safe transportation options and the use of irregular transportation – including on cargo vehicles and unlicensed transporters – result in numerous risks of harm. Some Venezuelans unable to enter Chile or other neighbouring countries in the Southern Cone resort to changing their country of destination.¹¹³⁰ This can result in circular movements through transit countries, increasing risks to the safety and security of refugees and migrants while transiting through unsafe routes, where they are susceptible to theft, loss of documents, and risks of situations of exploitation and abuse, including human trafficking and smuggling.¹¹³¹

In terms of gender, more women expressed a need for access to humanitarian transportation than men: for example, in Argentina 14 per cent of women and 9 per cent of men reported needing support for humanitarian transportation, while in Uruguay this was 21 per cent of women compared to 15 per cent of men.¹¹³² This may be linked to the greater perceived or real vulnerability of women and girls to dangers along transit routes when safe transportation is not available, including risks of GBV and human trafficking.¹¹³³ Humanitarian transportation needs are aggravated in situations of greater vulnerability

[1127] In early 2022, R4V partners reported population movements of Venezuelans in the Paraguayan Chaco and the disappearance of a person in this critical border area with Bolivia. The Paraguayan Chaco area has no roads or public transportation. R4V Southern Cone Platform, "Situation Report - March 2022", <https://www.r4v.info/en/document/sitrep-march-2022-southern-cone>

[1128] IOM Argentina, DTM Rounds 6,7,8,10 and 11, 2021-2022. (Not yet published).

[1129] R4V Southern Cone Platform, JNA, June 2022.

[1130] Ibid.

[1131] Ibid.

[1132] R4V Southern Cone Platform JNA, June 2022.

[1133] R4V Southern Cone Platform, JNA Workshop Sessions, June 2022.

where refugees and migrants from Venezuela are more likely to have problems with safe transportation, including in cases of UASC, pregnant or lactating

women, persons at risk of GBV and people with reduced mobility and disabilities.¹¹³⁴

INTEGRATION



In the four countries of the Southern Cone, economic and labour situations have deteriorated due to the lasting socioeconomic impact of COVID-19; the health emergency that has accentuated structural imbalances and inequalities among population groups, including for refugees and migrants; and the complicated macroeconomic outlook with limited growth prospects in the short term.¹¹³⁵ This situation affects refugees and migrants from Venezuela to a greater extent than members of their host communities due to their over-reliance on the labour sectors most affected by the post-pandemic crisis, including informal labour, with determining factors of their work situation including lack of opportunities and lack of documentation.¹¹³⁶ According to the JNA, employment was the top priority need reported by Venezuelans surveyed in both Uruguay (47 per

cent) and Argentina (35 per cent) while it was third in Bolivia (24 per cent) and Paraguay (16 per cent).¹¹³⁷ According to other surveys by R4V partners, the vast majority of Venezuelans working in Paraguay did so informally (61 per cent of respondents)¹¹³⁸ while 2 out of 5 Venezuelans surveyed in Argentina also reported working informally (42 per cent of respondents).¹¹³⁹ Of Venezuelans working in Bolivia informally, the main sectors employing them include commerce, construction, housework, mechanics, and manufacturing.¹¹⁴⁰ Finally, in Uruguay, the Venezuelan population reliant on income from informal jobs identified that their vulnerability increased during the pandemic due to a lack of inclusion in the government's social assistance and economic support programmes.¹¹⁴¹

[1134] 13% of Venezuelans surveyed in 2021 in Paraguay mentioned having some problem with their mobility or that of a household member. IOM Paraguay, DTM Round 5, September-October 2021, <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-5-septiembre-octubre-2021>

[1135] For example, the World Bank estimates an annual GDP percentage growth rate of 2.6% for 2022 and 2.1% for 2023 in Argentina. World Bank, "World Development Report 2022", <https://openknowledge.worldbank.org/bitstream/handle/10986/36883/9781464817304.pdf>. For Uruguay, there is evidence of a greater impact of the pandemic on youth unemployment and the "silver economy," where the acceleration of the obsolescence of low-skilled jobs and the gap between job skills and available jobs leads to income insecurity in the country. International Monetary Fund (IMF), "Economic challenges facing the country", October 2022, <https://www.imf.org/es/News/Articles/2021/10/06/mcs100621-uruguay-staff-concluding-statement-of-the-2021-article-iv-mission>

[1136] The economic situation in these countries has been detrimental to Venezuelans' livelihoods. For example, common industries employing Venezuelans informally in Bolivia include commerce, construction, domestic work, mechanics and the manufacturing sector, R4V Southern Cone Platform, JNA, June 2022.

[1137] R4V Southern Cone Platform, JNA, June 2022.

[1138] IOM Paraguay, DTM Round 5, September-October 2021, <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-5-septiembre-octubre-2021>

[1139] "DTM Ronda 9 – CABA", OIM Argentina, 2022. Not yet published.

[1140] IOM Bolivia, DTM Round 1, June 2021, <https://dtm.iom.int/reports/bolivia-%E2%80%93-monitoreo-de-flujo-de-la-poblaci%C3%B3n-venezolana-en-bolivia-%E2%80%93-ronda-1-2021>

[1141] Caminar Américas, "Derechos sociales y económicos de las personas migrantes y refugiadas durante la pandemia por COVID-19: El caso de Uruguay," 2021, <https://www.caminaramericas.org/documentos>

R4V surveys carried out in June 2022 identified higher unemployment rates for Venezuelans compared to their respective host communities,¹¹⁴² with 40 per cent of Venezuelans in Uruguay unemployed, followed by Bolivia with 29 per cent, Paraguay with 27 per cent, and 25 per cent in Argentina.¹¹⁴³ Other

surveys by R4V partners found that Venezuelan women were exposed to both unemployment and informality to a much greater extent than Venezuelan men:¹¹⁴⁴ for example, in Argentina, the unemployment rate of Venezuelan women (25 per cent) was double than that of men (12 per cent).

NUTRITION



According to the JNA conducted in June 2022, 58 per cent of refugees and migrants from Venezuela in Argentina had reduced their quality of food intake in the last six months, with 7 per cent reporting malnutrition among adults in their households and 2 per cent reporting malnutrition in boys and girls in their households.¹¹⁴⁵ In Bolivia, of Venezuelan respondents who indicated having suffered some problem in relation to their nutritional situation in the last six months, 30 per cent reported that the quality of the food they consumed had worsened in this time period, while the percentage of households with adults suffering from malnutrition in the last 6 months was 21 per cent (triple that of Argentina).¹¹⁴⁶ Even more worrying, 88 per cent of Venezuelans surveyed in Paraguay indicated that they had suffered

from nutrition-related issues in the past six months, of whom 68 per cent attributed this to the quality of the food consumed, and 4 per cent reported that the household had access to one meal or less per day, with children showing a higher incidence of malnutrition in the last six months than adults. Finally, of the 74 per cent of Venezuelans in Uruguay who reported having had nutrition-related issues in the past six months, half attributed this to the quality of the food they consumed, and 5 per cent of households reported malnutrition in adults and 6 per cent in children.¹¹⁴⁷

The nutritional status of the most vulnerable groups of refugees and migrants from Venezuela in the sub-region – including pregnant and lactating women and children under 5 – has been put at risk due to the convergence of their socio-economic situation,

[1142] Paraguay, <https://www.ine.gov.py/news/news-contenido.php?cod-news=1155> Bolivia, World Bank, August 2022, : <https://datos.bancomundial.org/indicador/SL.UEM.TOTL.ZS?locations=BO>; Uruguay, INDEC, Mercado de trabajo. Tasas e indicadores socioeconómicos, June 2022. INE UY, August 2022, : [Actividad, Empleo y Desempleo - Instituto Nacional de Estadística, https://www.ine.gub.uy/actividad-empleo-y-desempleo/-/asset_publisher/ddWrDpxj9ogb/content/actividad-empleo-y-desempleo-diferencial-diciembre-2021#:~:text=En%20julio%20del%202022%20para%20el%20total%20pa%C3%ADs,56%2C8%25%20y%20la%20tasa%20de%20desempleo%20en%208%2C1%25](https://www.ine.gub.uy/actividad-empleo-y-desempleo/-/asset_publisher/ddWrDpxj9ogb/content/actividad-empleo-y-desempleo-diferencial-diciembre-2021#:~:text=En%20julio%20del%202022%20para%20el%20total%20pa%C3%ADs,56%2C8%25%20y%20la%20tasa%20de%20desempleo%20en%208%2C1%25) Argentina, : Mercado de trabajo. Tasas e indicadores socioeconómicos (EPH). Primer trimestre de 2022, https://www.indec.gov.ar/uploads/informesdeprensa/mercado_trabajo_eph_1trim22756BA7CC2D.pdf

[1143] R4V Southern Cone Platform, JNA, June 2022.

[1144] IOM Argentina, DTM Round 9 – Buenos Aires, November 2021-January 2022, <https://displacement.iom.int/sites/default/files/public/reports/DTM%20TEMPLATE%20RONDA%209.pdf>

[1145] R4V Southern Cone Platform, JNA, June 2022.

[1146] Ibid.

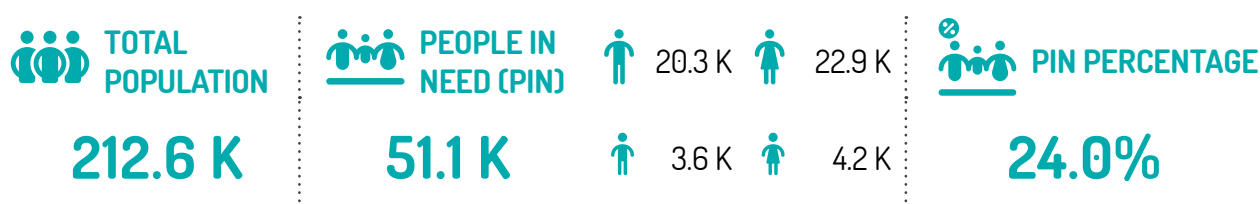
[1147] Ibid.

precarious WASH conditions, and the health emergency due to COVID-19.¹¹⁴⁸

Finally, according to R4V partners, the nutritional situation of refugees and migrants in-transit in Bolivia is particularly precarious, with access to food

identified as one of the most urgent needs among this population, contributing to their risks of malnutrition, especially among people with specific needs and people with chronic diseases, as well as children under the age of 5 and pregnant and lactating women.¹¹⁴⁹

PROTECTION



Until the onset of the COVID-19 pandemic, most countries in the Southern Cone maintained policies largely allowing access to territory for refugees and migrants from Venezuela. With the onset of the public health crisis, restrictive measures such as the closure of borders and mandatory lockdowns hindered refugees' and migrants' access to territory and to asylum and regularization procedures, with very limited exceptions, such as in Uruguay.¹¹⁵⁰ In Argentina, by December 2021, an exceptional measure originally adopted in 2019 pursuant to Provision 520/2019¹¹⁵¹ – whereby refugees and migrants from Venezuela could enter the country with an expired ID or passport – expired, which contributed to the increase of subsequent irregular entries.

Data from the 2022 JNA underscored the above, in finding that a majority of refugees and migrants from Venezuela entered Southern Cone countries

irregularly over the last two years due to pandemic-related movement restrictions, with an average of 59 per cent of respondents in Argentina having entered irregularly while borders were closed, 67 per cent in Bolivia, 14 per cent in Paraguay and 7 per cent in Uruguay.¹¹⁵² Despite border re-openings occurring gradually as of October 2021 in all four countries,¹¹⁵³ irregular entries continued to be significant in several countries in the sub-region: 34 per cent of Venezuelans surveyed in Argentina said that they entered the country irregularly after the borders re-opened; 20 per cent in Bolivia; 11 per cent in Paraguay; and 5 per cent in Uruguay.¹¹⁵⁴ These ongoing irregular entries suggest an enduring legacy from the pandemic, whereby refugees and migrants who do not meet entry criteria, such as having valid passport or vaccination records or who do not have adequate information on entry requirements use irregular routes that leave them more vulnerable to protection risks, such as obstacles

[1148] R4V Regional Platform, "Regional Nutrition Sector: RMRP 2021 Year-End Report", May 2022, <https://www.r4v.info/es/document/sector-regional-de-nutricion-reporte-de-fin-de-ano-rmrp-2021>.

[1149] R4V Regional Platform, "R4V Special Situation Report - Bolivia, Chile & Peru (March Update)", March 2022, <https://www.r4v.info/en/document/r4v-special-situation-report-bolivia-chile-peru-march-update>

[1150] In Uruguay, the Government adopted exceptions to entry restrictions for persons manifestly in need of international protection through National Decree No. 104/020 on 24 March 2020, <https://www.impo.com.uy/bases/decretos/104-2020>

[1151] As long as the document had expired no more than two years prior. Dirección Nacional de Migraciones de Argentina, "Disposición 520/2019", last modified 31 January 2019, <https://www.argentina.gob.ar/normativa/nacional/disposici%C3%B3n-520-2019-319449/texto>

[1152] R4V Southern Cone Platform, JNA, June 2022.

[1153] Argentina reopened its borders in October 2021; Bolivia in November 2021; Paraguay in October 2021; and Uruguay in November 2021. In the latter three countries, there were previous partial reopenings.

[1154] R4V Southern Cone Platform, JNA, June 2022.

to access the territory and asylum, rejections at the border, abuses and extortion by security forces, including sexual violence and harassment, human trafficking and smuggling, natural hazards, and lack of documentation upon arrival.¹¹⁵⁵

The JNA also highlighted that, as of June 2022, while many Venezuelans who had entered countries in the sub-region irregularly remained in an irregular situation in some countries (e.g. Bolivia), they were largely able to regularize their situations in others (e.g. in Argentina and Paraguay): it is estimated that 75 per cent of Venezuelans in Bolivia remain in an irregular situation for more than six months, while only 3 per cent of Venezuelans surveyed in Argentina, 1 per cent in Paraguay, and 6 per cent in Uruguay remained in an irregular situation.

Against this background, regularization opportunities and/or access to documentation, which, in turn facilitate access to other rights (such as work, integration, education and health) remain a priority for refugees and migrants in the Southern Cone. In Bolivia, access to documentation and legal assistance was identified as the number one priority

need of refugees and migrants (31 per cent of those surveyed), which is in line with 3 out of every 4 being in an irregular situation.¹¹⁵⁶ Meanwhile, in Uruguay, legal advice was the fourth most important need for Venezuelans (the top need of 10 per cent of respondents).¹¹⁵⁷ In Paraguay, which has had a history of high recognition rates of Venezuelan refugees over the last three years,¹¹⁵⁸ 74 per cent of Venezuelans interviewed only had a proof of an asylum application or are recognized refugees but without an identity card,¹¹⁵⁹ and therefore face challenges in access to services and the enjoyment of rights.¹¹⁶⁰

[1155] Many of these situations are described and exemplified in the case of Argentina in UNHCR/CAREF, "Fronteras cerradas por pandemia -Familias en movimiento y sus tránsitos hacia Argentina 2020-2021", June 2022.

[1156] R4V Southern Cone Platform / JNA, June 2022: in Bolivia, 50% of interviewees stated that they did not apply for asylum as they were recommended not to do so. Meanwhile, the authorities were reportedly carrying out operations to detect foreigners living in the country in an irregular situation and apply the relevant administrative sanctions. R4V Southern Cone Platform, "Situation Report - April 2022", <https://www.r4v.info/en/document/sitrep-april-2022-southern-cone>

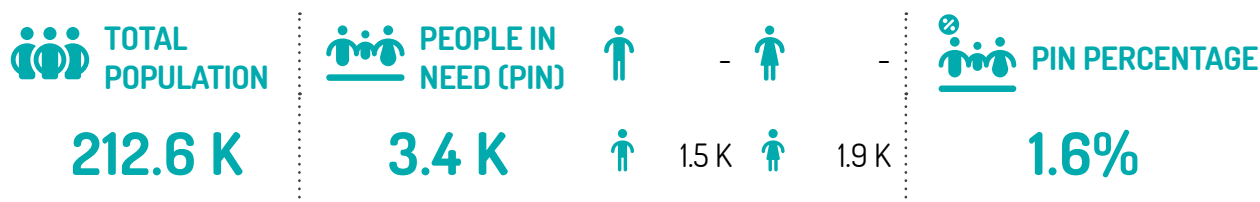
[1157] This may be due to delays in processing the certificate of arrival for Venezuelans with the National Directorate of Migration, which were being reported by May 2022. This certificate is a prerequisite for obtaining the Uruguayan identity card, which is essential to guarantee access to health, education, formal employment and other rights. R4V Southern Cone Platform, "Situation Report - June 2022", <https://www.r4v.info/en/document/sitrep-june-2022-southern-cone>

[1158] UNHCR, "Annual Fact Sheet Stats 2021: Paraguay", 2022, <https://www.acnur.org/624db4564.pdf>

[1159] R4V Southern Cone Platform, JNA, June 2022.

[1160] UNHCR, "Diagnóstico participativo 2020 Resumen ejecutivo: Paraguay", 2020, <https://reporting.unhcr.org/sites/default/files/UNHCR%20Paraguay%20Participatory%20Assessment%20Executive%20Summary%20Spanish%202020.pdf>

CHILD PROTECTION



For refugee and migrant children and adolescents from Venezuela, the priority needs identified in the sub-region include protection from particular risks faced in the border areas of the four countries (especially in Bolivia and Argentina) and addressing the obstacles to exercising their rights to education and healthcare (often linked to lack of documentation and being in irregular situations). In Argentina, Paraguay and Uruguay, according to the JNA, more than 50 per cent of Venezuelan households include children and adolescents, while in Bolivia, children are present in more than 80 per cent of households.

Families with children in Argentina face obstacles entering the country, as [Provision 520/19](#) – which established procedures for the entry of Venezuelans with expired documentation and for children with birth certificates – expired in December 2021.¹¹⁶¹ A similar situation is occurring in Bolivia, where Regulation 148/2020 allowed regular access to territory for Venezuelan families with children, but in practice, is not being applied at land borders.

In Bolivia, 2022 witnessed increased arrivals of Venezuelan families with children, as well as

UASC,¹¹⁶² in a context of aggravated protection risks due to obstacles to access territory and asylum procedures. At the same time, local protection systems for children are characterized by structural deficiencies, including lack of awareness of refugee and migrant children's rights, and xenophobia.¹¹⁶³ As a consequence, there is a general lack of adequate reception conditions and safe spaces for families, children and adolescents.¹¹⁶⁴ According to an R4V partner's survey of the Venezuelan population in Bolivia, 74 per cent of families with children under age 5 indicated that the children were not registered in the public health system, even though Bolivian regulations allow them to do so even if they are in an irregular situation.¹¹⁶⁵ Children also face challenges when enrolling in schools, especially when they lack documentation or if they are asylum-seekers,¹¹⁶⁶ despite the Andrés Bello Convention being in force and not impeding access to education due to the lack of study documents from the country of origin.¹¹⁶⁷

In Uruguay, R4V partners identified Venezuelan children lacking travel and identity documents, as well as those without residence permits and national

[1161] R4V Southern Cone Platform, "Situation Report - December 2021", <https://www.r4v.info/en/document/situation-report-december-2021-southern-cone>

[1162] R4V Regional Platform, "R4V Special Situation Report - Bolivia, Chile & Peru (March Update)", March 2022, <https://www.r4v.info/en/document/r4v-special-situation-report-bolivia-chile-peru-march-update>; R4V Southern Cone Platform, "Situation Report - May 2022", <https://www.r4v.info/en/document/sitrep-may-2022-southern-cone-r4v>

[1163] R4V Southern Cone Platform, "Situation Report - June 2022", <https://www.r4v.info/en/document/sitrep-june-2022-southern-cone>

[1164] *Ibid.*

[1165] IOM Bolivia, DTM Round 1, June 2021, <https://dtm.iom.int/reports/bolivia-%E2%80%93-monitoreo-de-flujo-de-la-poblaci%C3%B3n-venezolana-en-bolivia-%E2%80%93-ronda-1-2021>

[1166] R4V Southern Cone Platform, "Situation Report - June 2022", <https://www.r4v.info/en/document/sitrep-june-2022-southern-cone>

[1167] UNICEF, "Niñas y niños venezolanos tendrán la oportunidad de estudiar en Bolivia", 16 November 2021, <https://www.unicef.org/bolivia/comunicados-prensa/ni%C3%B1as-y-ni%C3%B1os-venezolanos-tendr%C3%A1n-la-oportunidad-de-estudiar-en-bolivia>

documents.¹¹⁶⁸ Meanwhile, families in pursuit of family reunification have heightened protection risks both when in the territory or in-transit (i.e. cases of international return of children and adolescents; impossibility to regularize in Uruguay; obstacles or delays with refugee status determination or asylum recognition).¹¹⁶⁹ Children's access to education is also limited, despite being guaranteed by law in Uruguay,

due to the lack of adequate information on enrolment procedures and lack of digital devices, provided freely by the State to nationals, due to the lack of an Uruguayan identity card.¹¹⁷⁰

In Paraguay, the JNA revealed that 11 per cent of Venezuelan families that needed specific services for the children were not able to obtain them, such as psychosocial support and mental health services.¹¹⁷¹



GENDER-BASED VIOLENCE (GBV)



Experts consider GBV to be under-reported in all settings, including GBV against refugees and migrants from Venezuela in the Southern Cone, and that reported cases only represent a fraction of the overall total. In response to questions posed on this topic in the phone survey carried out by R4V partners in all four sub-regional countries in June 2022, 6 per cent, 4 per cent and 2 per cent of Venezuelan respondents in Bolivia, Argentina and Uruguay respectively reported having needed GBV services and not being able to access them, or preferring not to disclose.¹¹⁷² Refugees and migrants participating in the survey were also asked if one or more members of their household were survivors of physical,

psychological and/or sexual violence or abuse: 4 per cent of respondents in Argentina, 9 per cent in Bolivia, 2 per cent in Paraguay and 1 per cent in Uruguay self-identified as survivors of one or more of these forms of violence.¹¹⁷³

In Bolivia, according to R4V partners and the media, organized criminal groups operating throughout the country (including in Santa Cruz de la Sierra, La Paz, Cochabamba and Oruro) reportedly abduct Venezuelan refugee and migrant women in vulnerable situations – particularly those with weakened social support networks and limited livelihoods opportunities – and traffic them to Chile via Pisiga where they face sexual exploitation and abuse.¹¹⁷⁴

[1168] R4V Southern Cone Platform, JNA, June 2022.

[1169] Instituto del Niño y Adolescente del Uruguay, "Resol 0413/2020 Protocolo para la atención de niños, niñas y adolescentes venezolanos indocumentados", 19 February 2020, <https://www.inau.gub.uy/institucional/funcionarios/resoluciones/121-resoluciones-2020/2880-resol-0143-2020-protocolo-para-la-atencion-de-ninos-ninas-y-adolescentes-venezolanos-indocumentados>

[1170] UNHCR/Universidad Católica del Uruguay, "Estudio sociodemográfico sobre personas solicitantes de asilo, refugiadas y otras personas del interés del ACNUR en diez departamentos uruguayos: Artigas, Canelones, Colonia, Florida, Lavalleja, Maldonado, Montevideo, Rivera, Rocha y San José", 24 July 2022, <https://data.unhcr.org/en/documents/details/94548>

[1171] R4V Southern Cone Platform, JNA, June 2022.

[1172] Ibid.

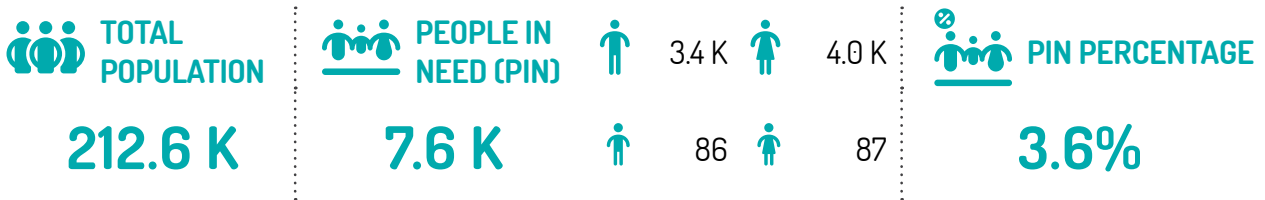
[1173] Ibid. It is important to note the limitations of the over-the-phone survey format in soliciting disclosures of GBV from potential survivors, including due to the reality that the perpetrators may live in the same household as the victims.

[1174] "Tren de Aragua secuestra mujeres venezolanas en el eje central y obliga a sus esposos a llevar droga a Chile", El Deber, 3 July 2022, https://eldeber.com.bo/edicion-impresa/tren-de-aragua-secuestra-mujeres-venezolanas-en-el-eje-central-y-obliga-a-sus-esposos-a-llevar-droga_284799

In this context, Venezuelan women subject to sexual exploitation were identified in the city of El Alto (a town neighboring the capital of La Paz).¹¹⁷⁵ Other surveys carried out by R4V partners have identified a significant prevalence of GBV among the Venezuelan population in Bolivia, with 12 per cent of refugees and migrants surveyed stating that they were aware of situations of GBV among other refugees and migrants, including psychological violence (44 per cent), physical violence (37 per cent) and sexual violence (11 per cent).¹¹⁷⁶

In Paraguay, a survey carried out by R4V partners found that 15 per cent of Venezuelan respondents had been victims of violence, including workplace abuse or mistreatment, robbery, assault, domestic violence, and verbal harassment.¹¹⁷⁷ Although this did not distinguish between forms of violence that would or would not constitute GBV, women represented 66 per cent of the respondents who suffered from these incidents.¹¹⁷⁸

HUMAN TRAFFICKING & SMUGGLING



The increase in onward movements and irregular border crossings in the countries of the Southern Cone has also increased the risk of refugees and migrants falling victim to organized criminal groups engaging in trafficking and smuggling along transit routes. This has intensified with the difficulties of the most vulnerable people in accessing safe and regular humanitarian transportation.¹¹⁷⁹ Irregular transit routes that are currently being used between countries of the Southern Cone pose greater risks of trafficking and smuggling because of the long

distances, the geographical conditions and the extreme climates that render refugees and migrants more isolated and reliant on assistance to navigate them, and more vulnerable to the criminal groups that control such passages.¹¹⁸⁰

Identified critical routes include the Pisiga-Colchane corridor, along Bolivia’s border with Chile, where there is a low presence of state authorities and an inconsistent presence of humanitarian actors,¹¹⁸¹ a combination that increases the risks of refugees and migrants to the organized criminal groups that

[1175] R4V Southern Cone Platform, “Situation Report - June 2022”, <https://www.r4v.info/en/document/sitrep-june-2022-southern-cone>

[1176] IOM Bolivia, “Flow Monitoring of the Venezuelan Population in Bolivia – Round 1”, May-June 2021, https://displacement.iom.int/sites/default/files/public/reports/DTM_Bolivia_Ronda1_%28V8%29.pdf

[1177] IOM Paraguay, Flow Monitoring of the Venezuelan Population, Round 5, (September - October 2021), IOM, accessed on 18 July 2022, https://displacement.iom.int/sites/default/files/public/reports/DTM%20Paraguay%20Ronda%205_PRINTVersion.pdf

[1178] *Ibid.*

[1179] R4V Southern Cone Platform, JNA, June 2022.

[1180] *Ibid.*

[1181] “Bolivia does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so. The government demonstrated overall increasing efforts compared with the previous reporting period, considering the impact of the COVID-19 pandemic on its anti-trafficking capacity [...] However, the government did not meet the minimum standards in several key areas. Authorities prosecuted fewer traffickers, specialized services for all victims nationwide remained scarce, and efforts to address forced labor were negligible.” U.S. Department of State, 2022 Trafficking in Persons Report, July 2022, <https://www.state.gov/reports/2022-trafficking-in-persons-report/>

operate in these locations.¹¹⁸² In return for large amounts of money, smuggling networks move refugees and migrants from one border to another, sometimes abandoning victims along the road, far away from shelter, food, water and other essential services.¹¹⁸³ Reports of situations of extortion and kidnapping, including Venezuelan women and girls trafficked into sex work from Bolivia to Chile, with male relatives coerced into transporting drugs to third countries in exchange for promises by organized criminal groups to recover their kidnapped family members compound the situation.¹¹⁸⁴

In Paraguay, the JNA identified the need to address the risks of trafficking for labour and sexual exploitation, especially in border areas such as El Chaco in Infante Rivarola, Ciudad del Este and Encarnación.¹¹⁸⁵ In Argentina, trafficking risks are exacerbated in areas such as La Quiaca-Villazón bordering Bolivia and affect those Venezuelan refugees and migrants in-transit from the Bolivian City of Tarija, either walking or using unsafe transport.¹¹⁸⁶

It is traditionally difficult to track and measure the prevalence of human trafficking victims among

Venezuelans in the Southern Cone. Nevertheless, the JNA found that in Bolivia, 13 per cent of respondents reported having been forced or coerced to carry out activities against their will, and 2 per cent expressed the need for support with protection services to address human trafficking and smuggling. Meanwhile, in Argentina, 4 per cent of JNA respondents reported having carried out activities against their will.¹¹⁸⁷

In all four countries, the JNA survey found that the largest number of reported VoTs were women and girls.¹¹⁸⁸ Identification of VoTs is often delayed, which affects the ability of victims to receive any available support and assistance, as in the example of Paraguay¹¹⁸⁹. Some Southern Cone governments overlap their legal frameworks between human trafficking and related crimes, which, in turn limit victim identification efforts. Authorities confused human trafficking with crimes such as child pornography, general labour exploitation, sexual abuse, and migrant smuggling, hindering their ability to identify trafficking victims.¹¹⁹⁰

[1182] For example, the cross-border criminal group “Tren de Aragua,” which is engaged in human trafficking and smuggling of refugees and migrants in Bolivia. “Tren de Aragua en Bolivia secuestra migrantes venezolanas”, *El Diario*, 4 July 2022, <https://eldiario.com/2022/07/04/tren-de-aragua-en-bolivia-secuestro-migrantes-venezolanas/>

[1183] The costs for smuggling reportedly range between USD 50 to 300 per person. IOM Bolivia, “Situation of Venezuelan Migration on the Bolivia-Chile Border, Reports No. 1,2,3,4 and 5”, 2021-2022. (Not yet published).

[1184] *Ibid.*

[1185] R4V Southern Cone Platform, JNA Workshop Sessions, June 2022.

[1186] R4V Regional Platform, “Special Situation Report - Bolivia, Chile & Peru– March 2022”, 16 March 2022.

[1187] R4V Southern Cone Platform, JNA, June 2022.

[1188] R4V Southern Cone Platform, JNA, June 2022.

[1189] IOM Paraguay, “Dinámicas Migratorias del Paraguay con Enfoque de Género y Datos Inclusivos”, 2021, <https://publications.iom.int/books/dinamicas-migratorias-del-paraguay-con-enfoque-de-genero-y-datos-inclusivos>

[1190] U.S. Department of State, 2022 Trafficking in Persons Report, July 2022, <https://www.state.gov/reports/2022-trafficking-in-persons-report/>



SHELTER



According to the JNA conducted in 2022, in all four countries of the Southern Cone respondents rated shelter as one of their most important needs: in Paraguay it was the most important need for the greatest number of respondents (39 per cent), while in Argentina, Bolivia and Uruguay it was chosen as the most important need by the second greatest number of respondents (for 33 per cent, 25 per cent and 24 per cent of respondents, respectively).¹¹⁹¹

In Argentina, the most common shelter-related concerns reported by refugees and migrants were challenges in paying rent and an inability to comply with documentary requirements to obtain a rental contract; in Bolivia and Uruguay the most common issue reported was a lack of ability to pay for rent; while in Paraguay, in addition to being unable to pay for rent, refugees and migrants also reported precarious conditions in their dwellings, associated risks of evictions and difficulties to access public services due to the remote location of dwellings.¹¹⁹² In 2021, the vast majority of refugees and migrants who received CVA from an R4V partner reportedly used these amounts to pay for rent: 70 per cent of refugees and migrants in Argentina, 72 per cent in Bolivia, 64 per cent in Paraguay and – to a lesser extent – 32 per cent in Uruguay.¹¹⁹³

In spite of the high percentage of refugees and migrants in the Southern Cone who have some sort of contractual rental arrangement, large numbers of Venezuelan households still live in precarious accommodations, especially those having recently arrived to their new host countries. According to the JNA, in Bolivia, 51 per cent of refugees and migrants reported living in hotels, group or makeshift accommodations or as renters or guests of other families; in Paraguay this was 41 per cent of respondents; in Uruguay 38 per cent and in Argentina 21 per cent. Moreover, a significant percentage of Venezuelan households living under precarious conditions have children in their households (47 per cent in Bolivia, 39 per cent in Uruguay and 34 per cent in Paraguay).

Regarding the specific shelter needs of the Venezuelan population in-transit, as well as those having recently arrived in-destination, especially in high altitude border areas with cold weather conditions such as in Argentina and Bolivia, a need for adequate temporary shelter and for common household items (including bedding and warm clothes) to cope with low temperatures and prevent exposure to the elements, which otherwise pose threats to their wellbeing and health, was reported.¹¹⁹⁴

[1191] R4V Southern Cone Platform, JNA, June 2022.

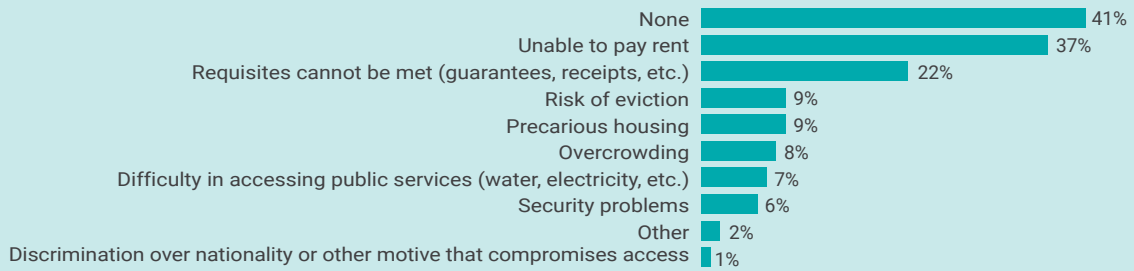
[1192] *Ibid.*

[1193] UNHCR, "Post-Distribution Monitoring (PDM) of Cash Assistance in Argentina, Bolivia, Paraguay and Uruguay," December 2021, <https://data.unhcr.org/en/documents/details/93968>, <https://data.unhcr.org/en/documents/details/93969>, <https://data.unhcr.org/en/documents/details/93984>, <https://data.unhcr.org/en/documents/details/93985>

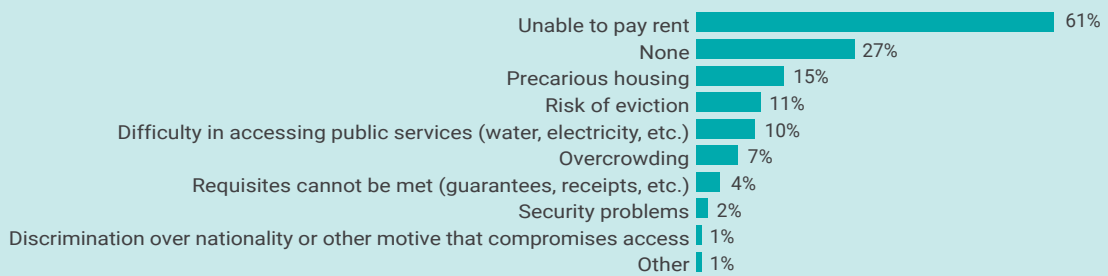
[1194] R4V Regional Platform, "Special Situation Report - Bolivia, Chile & Peru – March 2022", 16 March 2022, https://www.r4v.info/sites/default/files/2022-03/Special%20SitRep%20Chile_Bolivia_Peru%20Update%20I%20ENG%20FINAL.pdf

SHELTED RELATED CONCERNS

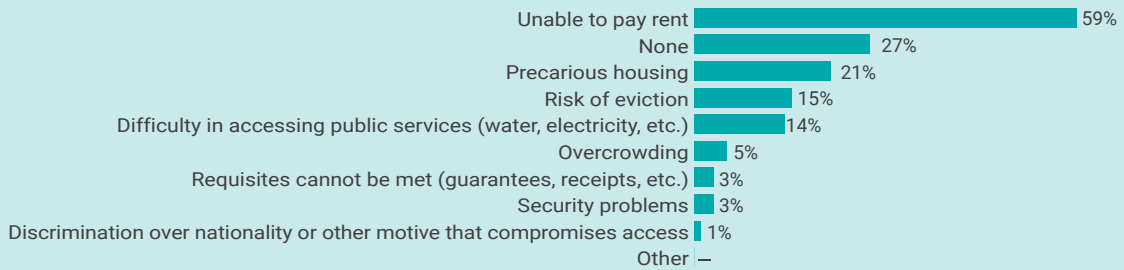
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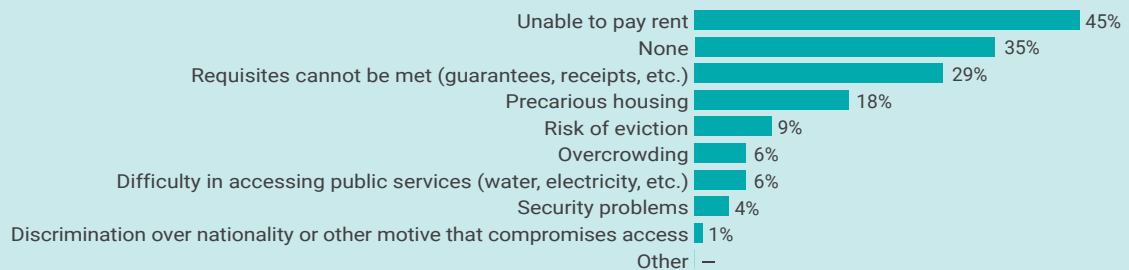
BOLIVIA



PARAGUAY



URUGUAY





WASH



In general, refugees and migrants from Venezuela residing in countries of the sub-region have relatively stable access to WASH, while access to adequate WASH services is more precarious for the Venezuelan population in-transit or recently arriving to border regions of countries of the Southern Cone. The correlation between residence in urban areas and access to basic services in the sub-region is high¹¹⁹⁵, and explains the relatively high level of access to these services for most Venezuelans living in densely populated areas (and the comparatively lower level of WASH access for Venezuelans arriving to or transiting through rural border areas). This is reflected in the results of the JNA, which identified that the majority of Venezuelans surveyed in Argentina, Bolivia, Paraguay and Uruguay have regular access to drinking water.¹¹⁹⁶

Corresponding with the above, a greater demand for access to safe drinking water and hygiene kits was identified in border areas, particularly in Misiones and Jujuy in Argentina¹¹⁹⁷ and Pisiga in Bolivia, where there are limited services or availability of public toilets and showers in proportion to the high numbers of Venezuelan refugees and migrants in-transit. In these more vulnerable situations, and while in-transit, Venezuelan women and girls reportedly do not have

economic resources to purchase menstrual hygiene and biosafety items.¹¹⁹⁸ Also after arriving in their destination, according to the JNA, in Uruguay 19 per cent of Venezuelan women reported limitations in accessing menstrual hygiene items, followed by Paraguay and Bolivia with 13 per cent and 12 per cent, respectively, and 10 per cent of Venezuelan women in Argentina.¹¹⁹⁹ The level of access is correlated with the cost of menstrual hygiene items in these countries; the higher the costs for these basic hygiene items, the lower the level of access reported by Venezuelan women and girls.¹²⁰⁰

Meanwhile, for refugees and migrants from Venezuela residing in the sub-region, those with informal rental agreements are more likely to live in conditions that do not meet basic sanitation and hygiene standards for WASH facilities. This is owed to the relationship between having greater economic means and/or being in a regular situation, and subsequently having the ability to afford better-equipped dwellings.¹²⁰¹ According to the JNA, this is the case in 20 per cent of surveyed Venezuelan households in Argentina, 17 per cent in Bolivia, 14 per cent in Paraguay and 12 per cent in Uruguay.

[1195] R4V Southern Cone Platform, JNA, June 2022.

[1196] *Ibid.*

[1197] IOM Argentina, DTM 9 –Buenos Aires, November 2021-January 2022, <https://displacement.iom.int/sites/default/files/public-reports/DTM%20TEMPLATE%20RONDA%209.pdf>

[1198] IOM Bolivia, "Situation of Venezuelan migration on the Bolivia-Chile border, Reports No. 1,2,3,4 and 5", 2021-2022. (Not yet published).

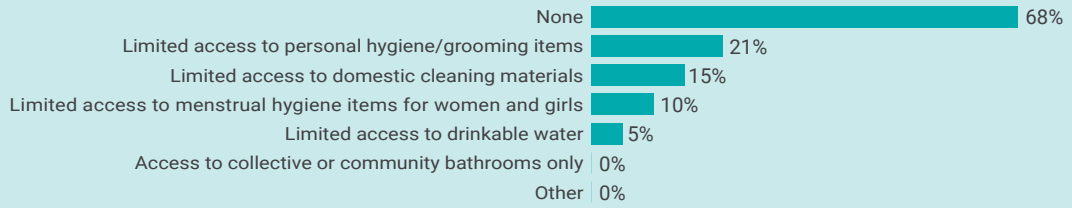
[1199] R4V Southern Cone Platform, JNA, June 2022.

[1200] The average price of a package of 8 sanitary pads varies in all four Southern Cone countries: USD 1.45 in Argentina, USD 2.35 in Paraguay, USD 2.39 in Bolivia, and USD 5.97 in Uruguay. Comparison of price in current dollars, consulted on 18 of July 2022.

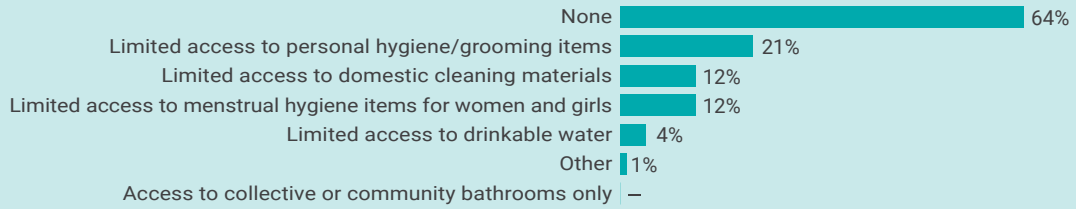
[1201] Pilar Uriarte et al, "Acceso a la vivienda y población migrante en Montevideo. Segundo informe: Análisis del marco normativo referente a pensiones", 2018, <https://www.fhuce.edu.uy/index.php/nucleo-de-estudios-migratorios/publicaciones-nemmpo/8186-acceso-a-la-vivienda-y-poblacion-migrante-en-montevideo-segundo-informe-analisis-del-marco-normativo-referente-a-pensiones>

WASH RELATED CONCERNS

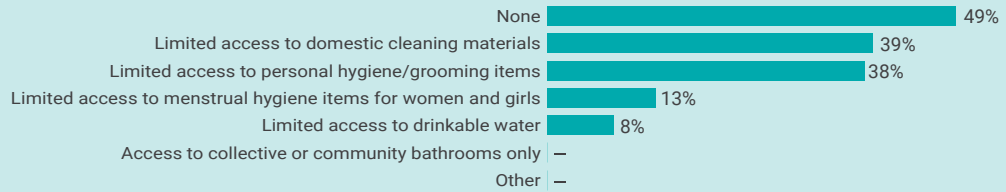
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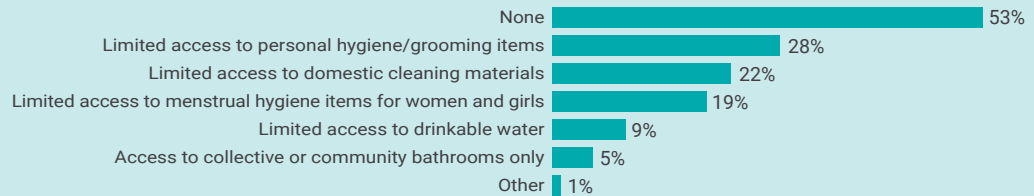
BOLIVIA



PARAGUAY



URUGUAY



ABBREVIATIONS AND ACRONYMS

AAP	Accountability to Affected Populations	DTM	Displacement Tracking Matrix
AGD	Age, Gender and Diversity	ECHR	European Convention on Human Rights
CAM	Central America and Mexico	ENPOVE	Encuesta dirigida a la población venezolana que reside en el país, Spanish acronym for Survey directed to the Venezuelan population who reside in the country in Peru
CBP	U.S. Customs and Border Protection	ERM	Migration Reception Centres
CMH	Humanitarian Immigration Status	FAO	Food and Agriculture Organization
CCUI	Single Inter-Agency Counting and Characterization exercise	FGD	Focus Group Discussions
COVID-19	Coronavirus Disease	FTS	Financial Tracking System
CPI	Consumer Price Index	GAM	Gender and Age Marker
CPP	Temporary Residence Permit	GBV	Gender-Based Violence
CRED	Growth and Development Control Programme	GEIH	Gran Encuesta Integrada de Hogares, Spanish acronym for Comprehensive Household Survey
CSS	Social Security Fund	GIFMM	Grupo Interagencial para los Flujos Migratorios Mixtos, Spanish acronym for Interagency Group for Mixed Migration Flows, the National Platform in Colombia
CVA	Cash and Voucher Assistance	GTRM	Grupo de Trabajo sobre Refugiados y Migrantes, Spanish acronym for the National Platforms in Peru and Ecuador
DANE	Departamento Administrativo Nacional Spanish, acronym for National Administrative Department of Statistics in Colombia		
DRC	Danish Refugee Council		

HDX	Humanitarian Data Exchange	LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
HIAS	Hebrew Immigrant Aid Society	MHPSS	Mental Health and Psychosocial Support
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome	MINSA	Ministry of Health
HNO	Humanitarian Needs Overviews	MPC	Multipurpose Cash
HRP	Humanitarian Response Plans	MPT	Public Labour Prosecutor's Office
HT&S	Human Trafficking and Smuggling of Migrants	MSF	Doctors Without Borders
IASC	Inter-Agency Standing Committee	MSNA	Multi-Sector Needs Assessment
ICBF	Colombian Institute of Family Welfare	NGO	Non-Governmental Organization
ID	Identity Document	NICU	Neonatal Intensive Care Unit
ILO	International Labour Organization	NFIS	Non-Food Items
INAMU	National Institute for Women	OAS	Organization of American States
IOM	International Organization for Migration	PEP	Post-Exposure Prophylaxis
JIAF	Joint Intersectoral Analysis Framework	PIN	People in Need
JNA	Joint Needs Assessment	PSEA	Prevention of Sexual Exploitation and Abuse
JSNA	Joint Strategic Needs Assessment	PSS	Psychosocial Support
JUNAEB	National Board for School Aid and Scholarships	R4V	Regional Inter-Agency Coordination Platform for the Response for Refugees and Migrants from Venezuela
LAC	Latin America and the Caribbean		

RBE	Regular Basic Education System	UASC	Unaccompanied and Separated Children
RMNA	Refugee and Migrants Needs Analysis	UN	United Nations
RMRP	Regional Refugee and Migrant Response Plan	UNAIDS	United Nations Programme on HIV/AIDS
SDGS	Sustainable Development Goals	UNDP	United Nations Development Programme
SDR	Secondary Data Review	UNESCO	United Nations Educational, Scientific and Cultural Organization
SEA	Sexual Exploitation and Abuse	UN-HABITAT	United Nations Human Settlements Programme
SIGERD	Dominican Republic System for School Management	UNHCR	United Nations High Commissioner for Refugees
SIS	Comprehensive Health Insurance	UNICEF	United Nations Children's Fund
SISVAN	Brazilian Food and Nutrition Surveillance System	UNODC	United Nations Office on Drugs and Crime
SJM	Jesuit Migration Service	UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
SNM	Superintendencia Nacional de Migraciones, Spanish acronym for Superintendence of Migration	UNASUR	Union of South American Nations
SOM	Smuggling of Migrants	VOT	Victims of Trafficking
SRH	Sexual and Reproductive Health	WASH	Water, Sanitation and Hygiene
SRHR	Sexual and Reproductive Health and Rights	WB	World Bank
STI	Sexually Transmitted Infection	WFP	World Food Programme
TIP	Trafficking in Persons	WHO	World Health Organization
TPS	Temporary Protection Status for Venezuelans		

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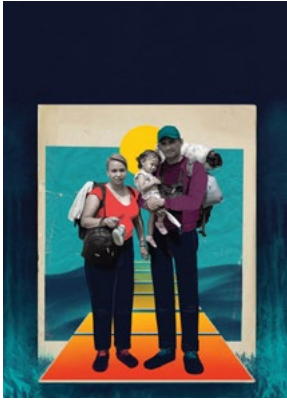


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