

COVID-19 UPDATE



Situation

In the months of June and July, **several RMRP countries reopened borders that had been closed due to COVID-19 containment measures and/or eased entry restrictions for Venezuelans.** Key developments in this respect included:

In **Brazil**, starting on 23 June, for the first time since March of last year, Venezuelans could enter the country legally and those who previously entered irregularly could apply to regularize their status.

Colombia re-opened its border with Venezuela on 2 June (although this did not lead to any significant subsequent increase in entries or exits).

Chile re-opened its borders for the first time in four months on 26 July, but only to Chilean nationals and fully vaccinated foreigners. Newly arriving Venezuelans must still obtain consular permits to enter the country legally.

Trinidad and Tobago re-opened its borders in July, and **Curacao** began to allow tourists to enter in June, although the border with Venezuela remained closed and Venezuelans required visas prior to entry.

Meanwhile, also during the reporting period, **several countries in Latin America and the Caribbean experienced a second or third wave of the COVID-19 pandemic, with increasing active case rates and deaths** in countries such as Brazil, Chile, Argentina and Paraguay. Other countries saw active case rates decline in July, including Bolivia, Uruguay, Guyana, the Dominican Republic, and Trinidad and Tobago. A number of **countries made important advances in vaccine campaigns, including outreach to and inclusion of refugees and migrants from Venezuela, while other countries struggled to obtain sufficient doses of vaccine.** Highlights in the COVID-19 context from the 17 RMRP countries include:

In **South America**, in June **Argentina** was among the countries with the highest number of daily cases of COVID-19 and related deaths globally. It implemented a cap of 600 citizens and resident foreign nationals who could enter daily, and [suspended the entry of foreigners for family reunification purposes](#), including Venezuelans. [More than half of the population was at least partially vaccinated](#) by the end of July. **Bolivia** crested a third wave of the pandemic in early June, at times with more than [3,000 new cases a day](#), which [lessened by the end of July](#), with approx. [14%](#) of the population completely vaccinated. **Brazil** was the country with the second highest absolute number of deaths due to COVID-19 in the world by 29 June, at 514,092, which rose to 554,497 by 30 July. Only approx. [19%](#) of the population was fully vaccinated by end-July. Meanwhile, on 19 and 20 June, *Operation Welcome* began the COVID-19 vaccination of indigenous people from Venezuela sheltered in Boa Vista. COVID-19 active cases in **Chile** soared to over 7,000 new cases / day in mid-June, but then dropped by end-July to under 1,000 new cases / day. Chile reached approx. [65%](#) of the population fully vaccinated by the end of July. In **Colombia**, the national government issued [Decree 744 of 2021](#), modifying its national vaccination plan to require a census of all persons who do not have an identity document issued by the Colombian Government. Meanwhile, the country carried out large-scale vaccinations of pregnant women, in which refugees and migrants from Venezuela were able to participate regardless of their migratory status. By the end of July, approx. [24%](#) of the population was fully vaccinated, and 8,798 vaccines had been applied to Venezuelans in Colombia. The Government of **Ecuador** began “phase 3” of its vaccination program in July, which includes all foreigners, including refugees and migrants from Venezuela no matter their migratory status. As of 31 July, the Ministry of Public Health reported via a [public dashboard](#) that 6,792 refugees and migrants had received their first vaccine doses. Hospitals in **Paraguay** were saturated with COVID-19 patients in June, and by end-July, just [5%](#) of the population had been fully vaccinated when, owing to a lack of vaccines, the country was required to [suspend its vaccination campaign](#). In **Peru**, the Ministry of Health coordinated with local authorities to remove barriers accessing COVID-19 vaccinations for refugees and migrants, including those relating to difficulties in proving residence and low return rates for second doses (up to 73% were not returning for a second shot, a challenge also identified among host communities),

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* Source: <https://fts.unocha.org/appeals/944/summary>

**These are examples of activities carried out by National/Sub-Regional Platforms and/or Regional Sectors. For further details, please see [R4V.info](https://www.r4v.info).

particularly in Lima and Tacna. As of 13 July, some 40,000 doses of the vaccine had been applied to Venezuelans living in Peru. Finally, in **Uruguay**, after the country's worst moments of the pandemic in April and May, cases declined dramatically in June and July as the result of an intense vaccination campaign which included a [registry of asylum-seekers and migrants without an Uruguayan identity card, in order to include them in the vaccination plan](#) and resulted in approx. [64%](#) of the population being fully vaccinated by end-July.

In the **Caribbean**, after a decrease in active cases in June in countries like Aruba, Curacao, Guyana and Trinidad and Tobago, the month of July brought dramatic increases in active case rates in Aruba (620% increase) and Curacao (1,734% increase), while active case rates declined in Guyana, the Dominican Republic, and Trinidad and Tobago. By end-July, approx. [61%](#) of the population of **Aruba** had been fully vaccinated against COVID-19, in a campaign including Venezuelan refugees and migrants; [50%](#) of the population of **Curacao** was fully vaccinated, and 4,144 refugees and migrants had received their first doses; [37%](#) of the population of the **Dominican Republic** had been fully vaccinated; [17%](#) of the population of **Guyana** was fully vaccinated; and approximately [14%](#) of the population of **Trinidad and Tobago** was fully vaccinated, with [Venezuelan refugees and migrants being included in the country's mass vaccination exercise](#).

In **Central America**, by end-July, **Panama** had fully vaccinated approx. [16%](#) of its population, and the country's Ombudsman's office issued a statement about the [difficulties](#) and logistical challenges of providing access to vaccinations for all refugees and migrants in a situation of human mobility; **Costa Rica** began its mass vaccination campaign for everyone over age 20, including refugees and migrants with legal residence holding a [DIMEX](#) card; and **Mexico** had fully vaccinated approx. [20%](#) of its population and began vaccinations for people aged 40-49 at the end of July, including refugees and migrants, although access for Venezuelans continued to be complicated by a lack of adequate documentation. (See additional information in "Platforms' Response" below.)

Platforms' Response**

In **Brazil**, R4V partners focused on capacity-building efforts for state and local authorities, including training on providing assistance to refugees and migrants in a COVID-19 context. In Minas Gerais, R4V partners and the Ministry of Citizenship trained 60 local officials; the Secretariats of Social Assistance from all 78 municipalities in the state of Espírito Santo received training on the protection and integration of indigenous refugees and migrants; and some 100 participants in Paraná were trained on assistance to LGBTQI+ refugees and migrants in a COVID-19 context. On 12 July, [the Brazilian Government announced the release of the equivalent of USD 1.2 million](#) for municipalities hosting Venezuelan refugees and migrants in order to support social assistance and reception conditions, including COVID-19 prevention and response activities.

R4V partners in **Chile** provided medical care for Venezuelans affected by COVID-19, as well as psychosocial care in northern cities such as Antofagasta, Iquique and Arica; and conducted a COVID-19 prevention course in coordination with the Ministry of Public Health. R4V partners also continued to provide winter kits to vulnerable refugees and migrants (including masks as preventive measures against COVID-19, as well as blankets and food items), especially in northern cities where temperatures reached dangerous lows. Meanwhile, in Santiago, R4V partners worked together with local governments and the private sector to support refugees and migrants from Venezuela with livelihoods activities and integrate them into economic activities connected with post-pandemic recuperation efforts, in an effort to transition from a COVID-19 humanitarian model to a recovery model.

In **Colombia**, R4V partners finalized the first round of the joint needs assessment for refugees and migrants, the [results](#) of which revealed that only 2% of Venezuelans surveyed had been able to access the COVID-19 vaccine. In addition to integrating COVID-19 prevention and responses into activities across all sectors, R4V partners supported the COVID-19

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response by delivering biosecurity items, food kits and educational materials to facilitate the reactivation of in-person education starting in July; supporting local authorities with the COVID-19 vaccination campaigns for pregnant Venezuelan women; and donating antigen tests to the departmental health institutes (IDS in Spanish) to detect COVID-19 and support screening initiatives.

In July in **Ecuador**, to support the roll-out of the national COVID-19 vaccination program for refugees and migrants, the R4V National Platform (GTRM) established an Intersectoral Task Team composed of 16 organizations with the financial and technical capacity to support the process. The Task Force focuses on three priorities: (1) communication with refugees and migrants and their host communities on COVID-19 vaccines and anti-xenophobic messaging; (2) technical support to the Ministry of Public Health at the national level to provide medical supplies to vaccination sites; and (3) deployment of personnel to areas where human resources and capacity strengthening are most needed. The GTRM also released a joint needs assessment [report](#) and [factsheet](#) with information on the profiles, protection issues and sectoral needs of Venezuelan refugees and migrants in the country, including related to COVID-19.

The R4V National Platform in **Peru** (GTRM) participated in a newly created Vaccination Working Group, chaired by the Ministry of Health, and supported the dissemination of information and access to COVID-19 vaccines for refugees and migrants from Venezuela. Communication materials created by the GTRM were included in official materials distributed by the Presidency of the Council of Ministers as part of the vaccination campaign. In addition, R4V partners prioritized support for the most vulnerable refugees and migrants and affected host community members in the context of COVID-19 prevention and response through the distribution of food and hygiene kits, and the installation of handwashing facilities, as well as the provision of cash and voucher assistance (CVA) to buy food, cover rents and pay for health services.

In the **Caribbean** sub-region, R4V partners working in close coordination with government health authorities directly provided vaccines to 4,144 refugees and migrants from Venezuela in **Curacao** by end-July, and supported outreach and information-sharing on vaccines with refugees and migrants in other countries in the Caribbean. In **Trinidad and Tobago**, an R4V partner provided supplies to equip the locations for an upcoming COVID-19 rapid antigen testing initiative targeting Venezuelan refugees and migrants. Throughout the sub-region, meanwhile, the socio-economic impacts of COVID-19 control measures continued to result in lost livelihoods for refugees and migrants from Venezuela, decreasing their self-reliance and increasing basic needs, especially in food security and shelter. As a result, R4V partners throughout the Caribbean prioritized these forms of assistance. In **Aruba** and **Curacao**, R4V partners validated and registered beneficiaries ahead of impending food distribution programs, previously run by the respective National Red Cross Societies, through e-vouchers and food kits. In **Guyana**, partners provided hygiene kits and rental subsidies to vulnerable refugees and migrants. In the **Dominican Republic**, R4V partners prioritized female heads of households for assistance, including support accessing medical assistance and buying medicines for refugees and migrants with critical and chronic health conditions, which has become both more difficult and more essential due to the COVID-19 pandemic.

In the **Central America and Mexico** sub-region, R4V partners in **Mexico** conducted surveys showing that 51% of all refugees and migrants from Venezuela lack adequate documentation, and only 23% of Venezuelans have the Seguro Popular (public health insurance), impeding the vast majority's access to public health services in Mexico, including related to COVID-19. R4V partners worked to facilitate access to documentation and health care for Venezuelans, including through CVA for health needs and multipurpose CVA. In **Costa Rica**, R4V partners incorporated sessions on the psychological effects of lockdown and COVID-19 in workshops delivered to 91 refugees and migrants in June and July. Meanwhile, in **Panama**, R4V partners used a [webpage](#) and other means to disseminate information to refugees and migrants on vaccinations, health services and COVID-19 related measures.

In the **Southern Cone** sub-region, in response to needs exacerbated by the COVID-19 pandemic and associated border closures and control measures, R4V partners in **Argentina**, **Bolivia**, **Paraguay** and **Uruguay** provided shelter solutions, NFIs, food assistance, humanitarian transportation services and CVA to the most vulnerable refugees and migrants from Venezuela, in border areas and in urban centers, where most are located. Given the extreme low temperatures of the

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*Source: FTS Website

season in some parts of the sub-region, R4V partners also provided winterization kits (which included masks to prevent COVID-19 transmission, blankets and warm clothing).

Regional Sectors**

The Regional Education Sector monitored the status of schools reopening throughout the 17 RMRP countries, with the situation in flux due to the appearance of new waves and strains of COVID-19. As of July, all R4V countries had schools partially open, with different restrictions related to in-person attendance due to COVID-19. Throughout Latin America and the Caribbean, some 101 million children and adolescents were affected by school closures and had gone an average of 154 school days without face-to-face classes since March 2020.

The Regional Food Security Sector noted the findings of an R4V partner's [study](#), where 2 out of 4 refugees and migrants interviewed in Colombia, Ecuador and Peru had to sell domestic assets, borrow money, or accept low-paid or high-risk jobs to meet food needs, and 68% reported a reduction in income due to the COVID-19 pandemic. In response, the Regional Food Security Sector focused on articulating multi-actor efforts – including inter-sectoral coordination – to combine school feeding programmes, cash transfers, food kits, in-kind distributions and provision of hot meals.

The Regional Integration Sector conducted a survey of R4V integration partners to identify key developments and priorities for each country as part of the RMRP 2022 planning process, as well as to suggest indicators to measure outcomes and outputs of integration sector activities. The Integration Sector also started research on socio-economic measures taken by host governments that include refugees and migrants from Venezuela in nine RMRP countries. Meanwhile, a July 2021 report indicated that, by the first trimester of 2021, only 58% of the jobs lost in Latin America and the Caribbean had been recovered, and estimated a slowed growth rate of 2.9% for 2022 in the region.

The Regional Nutrition Sector identified regular training of personnel on nutrition as a key priority, after noting that turnover of personnel among R4V partners has been a challenge to provide nutrition support to vulnerable refugees and migrants adapted to the COVID-19 context. Meanwhile, R4V nutrition partners identified population groups most at risk of malnutrition and provided them with timely nutrition support.

The Regional Protection Sector, in coordination with the **Regional Sub-Sector on Human Trafficking and Smuggling**, organized a meeting with the UN Special Rapporteur on Trafficking in Persons, with the participation of R4V protection partner organizations from Brazil, Bolivia, Chile, Colombia, Panama and Uruguay, to discuss issues regarding prevention, protection, prosecution and partnership actions. The sector also held consultations with R4V organizations in Guyana and Trinidad and Tobago working with indigenous peoples from Venezuela in the lead-up to the *High-Level Forum on the Rights of Cross-Border Indigenous Peoples* that will be held later in the year. Finally, the Protection Sector conducted a country-of-origin information session with expert panelists from Venezuela for R4V protection partners to analyze the protection impacts of recent armed confrontations in densely populated areas of Caracas.

The Regional WASH Sector prioritized support for the reopening of education facilities by improving access to WASH services, in order to prevent the spread of COVID-19. WASH partners in Colombia and Ecuador supported national R4V coordination platforms and host governments in carrying out needs assessments, prioritizing interventions for education facilities and the structuring of school return plans, while also continuing to provide support directly to refugees and migrants, including through the distribution of hygiene and bio-security kits in border areas.