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30-months Operation Update Americas Region: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal: MDR42004	
Date of issue: 16 April 2021	Timeframe covered by this update: 6 September 2018 – 6 March 2021
Operation start date: 6 September 2018	Operation end date: 30 June 2021
Funding Requirements: 14,700,000 CHF	DREF amount initially allocated: 741,590 CHF
Number of people being assisted: At least 543,000 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Argentine Red Cross (ARC); Brazilian Red Cross (BRC); Bolivian Red Cross (BRC), Chilean Red Cross (ChRC); Ecuadorian Red Cross (ERC); German Red Cross; Guyana Red Cross Society (GRCS); International Committee of the Red Cross (ICRC); International Federation of the Red Cross and Red Crescent Societies (IFRC); Panama Red Cross Society (PRCS); Peruvian Red Cross (PRC); Spanish Red Cross; Trinidad and Tobago Red Cross Society (TTRCS); and Uruguayan Red Cross (URC).	
Other partner organizations actively involved in the operation: National governments of the affected countries; CARE; faith-based organizations (Jesuit Solidarity Service and Caritas); International Organization for Migration (IOM); Norwegian Refugee Council; Pan American Health Organization (PAHO); Save the Children; and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA); United Nations High Commissioner for Refugees (UNHCR); the United Nations Children’s Fund (UNICEF), Global Brigades, vicariate from La Peñita, Idas y vueltas, Manos Veneguayas in Uruguay, Pastoral Migrante, ADRA, CAREF, MIRARES y Manos Abiertas in Argentina, Caritas in Brazil, Fundación Scalabrini, Jesuit Migration Service, vicariate caritas and World Vision in Chile.	
Donors involved in the operation: American Red Cross; British Red Cross; British Red Cross (from British government); China Red Cross (Hong Kong branch); European Commission (ECHO); Italian Red Cross; Japanese Red Cross Society; Norwegian Red Cross; Red Cross of Monaco; Spanish Government; The Canadian Red Cross Society (from Canadian government); The Netherlands Red Cross (from Netherlands government); United Nations High Commissioner for Refugees (UNHCR); the United Nations Children’s Fund (UNICEF); and the United States Government (PRM)	

<Click [here](#) for the financial report, and [here](#) for the contact information.>

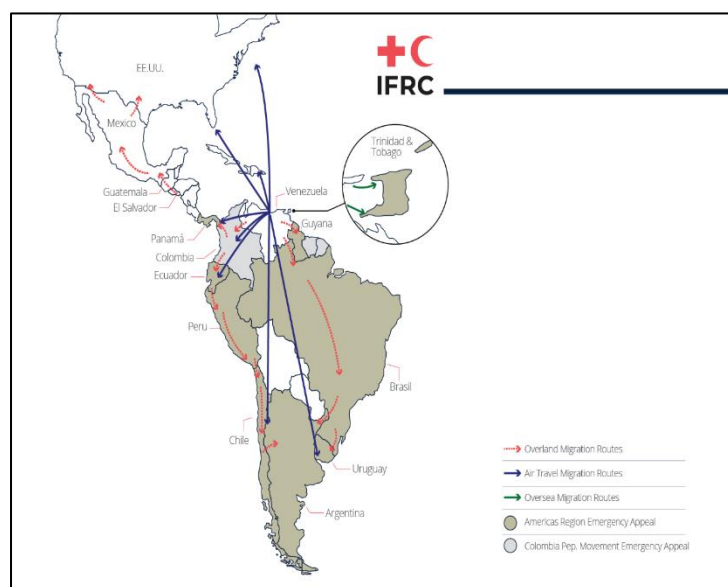
This 30-month Operation Update provides information about the overall migration situation in the Americas region. It explains how the Red Cross Red Crescent Movement has adapted its response to meet evolving humanitarian needs. This report covers the period from 6 September 2018 to 6 March 2021, emphasizing activities implemented from 7 September 2020 to 6 March 2021. For more information on completed activities implemented within this Regional Appeal please see the [12-month Operation Update](#), [18-month Operation Update](#), and [24-months Operation Update](#). This document also includes information about the implementation of the [Revised Emergency Plan of Action](#).

The current Appeal coverage is at 70%¹, with an implementation of 91%. Thus far, National Societies have provided a total of 1,167,459 services. An estimated 5,754 people have been reached with Shelter services, 32,722 with Livelihoods services, 142,696 with Health services, 453,130 with WASH services, 35,111 with Protection, Gender, and Inclusion services and 498,399 with Migration services.

The IFRC kindly encourages increased donor support to [the different programmes and operation](#) that will enable the target National Societies to continue contributing to the humanitarian and recovery needs of the migrant population and host communities.

A. SITUATION ANALYSIS

Description of the emergency



Migration routes in the Americas Region
Source: IFRC

In recent months, the COVID-19 pandemic has further aggravated Venezuelan migrants' and refugees' migratory situation, especially considering the country of origin, lack of access to services, protection, livelihoods, and health.

The Regional Response Plan for Refugees and Migrants (R4V) warns that the number of Venezuelan refugees and migrants could reach 8.13 million by 2021².

Based on the Displacement Tracking Matrix (DTM), [form IOM in collaboration with R4V](#), the profile of the Venezuelan population in human mobility has been changing from being mainly single men, to families with several members, including children and adolescents, pregnant and lactating women, people with chronic conditions, people with physical and mental disabilities and other vulnerable groups³.

Among these vulnerable groups, the mobilization of LGBTI+ people from Venezuela to Colombia, Ecuador, Chile, and other countries have Colombia, Ecuador, Chile, and other countries in the region have increased significantly. Significantly, this process is taking place in contexts with strong legal and normative gaps and prejudices that accentuate stigmas and representations that associate LGBTI+ people as a threat or as persons behind the window of services⁴.

Prolonged confinement measures and restrictions on mobility have had a negative impact on the ability of refugees and migrants to maintain their livelihoods and access to essential goods and services, as many refugees and migrants from Venezuela have suffered the loss of income and, at the same time, have not been systematically included in the social safety nets established for the local population. Their plight has led some refugees and migrants to consider returning to Venezuela, often through irregular channels, posing additional protection and health challenges. However, the last quarter of 2020 has seen, at the same time, pre-existing dynamics such as pendular movements and an increasing number of re-entries to neighbouring countries.

These confinement measures also have had increased protection risks faced by migrants in the region. According to the guideline, "[Including migrants and displaced populations in preparedness and response activities to COVID-19 Guidance for Americas National Societies](#)", there is an increasing anti-migrant sentiment sweeping through the continent: episodes of discrimination, xenophobia, and harassment against migrants, are observed in several contexts.

¹ Check the [Donor Response](#) for more information.

² <https://r4v.info/en/situations/platform>

³ <https://r4v.info/es/situations/platform>

⁴ <https://r4v.info/es/documents/details/85788>

There is also increasing situations of gender-based violence mostly against women and girls. This has been manifested through sexual abuse (reported and underreported cases) and the high risk of trafficking with sexual exploitation oriented to children (boys and girls) and women.

Following these matters, the gender assigned roles can be a risk factor during COVID-19. For example, most at-risk persons (primarily women and girls) demanded to be the primary caregivers of people with chronic illnesses.

The infodemic⁵ has also shown a disproportional impact for some specific populations. For example, children might not have adapted access to information. They cannot express their fears abiding to seek help. People with disabilities and other populations (such as people living with HIV, ethnic groups, elderly, and LGBTQ+ groups) may face cultural and social barriers to access health services, even information adapted to their specific needs.

One of the leading social impacts, affecting primarily children and adolescents, is the closure of informal education settings (such as child-friendly spaces). However, children still face challenges to be included in the educational system, exposing them to different risks such as child labor, children living in the streets, child marriage or early unions, and specific forms of exploitation such as forced servitude and mendicancy. All these risks remain increasing due to the direct affectation of their livelihoods.

In addition to this general situation, the Caribbean continues to experience an increasing number of arrivals despite introducing restrictions on access to the territories. Current trends suggest that new arrivals will be predominantly in Caribbean countries that share land or maritime border with Venezuela. It is also possible that some inland movements to the Caribbean islands will continue to occur, increasing the risks of human smuggling and trafficking. Incidents of Venezuelan vessels attempting to reach Caribbean countries will continue to happen. They will likely increase throughout the year by introducing visa requirements in four of the five Caribbean countries concerned.

The new scope of this migration dynamic in the Caribbean poses unprecedented challenges in the region, as maritime crossings via irregular vessels present significant risks for migrants, such as disappearing, being injured, or facing death in shipwrecks and tragic accidents that take place on these routes.

According to the last R4V situational report of the Caribbean subregion⁶, countries are developing some protection related activities. For example, Curaçao approved the SOPs on Trafficking in Persons, including protection and assistance with a victim-centered approach. Similar actions have been made by Trinidad and Tobago, together with Venezuela, since a network of trafficking using sexual exploitation was affecting mainly migrant women. In 2020, two significant shipwrecks occurred between the coasts of Venezuela and Trinidad and Tobago

Although the Caribbean has been the most affected by this phenomenon, this situation is not unique in the region. In Panama, African and Asian migrants, including refugees, arrive by boat (facing the same risks mentioned above) from neighbouring countries after gruelling journeys that have taken them through Brazil, the Amazon in Peru, and Ecuador, before attempting to cross Central America to northern countries.

According to the latest data reported by the R4V Coordination Platform, there are: in the world: 5.6 million and in Latin America and the Caribbean: 5 million. It is assumed that, if all irregular movements were considered, the total number of refugees and migrants in the region could be more than 5 million.

In addition to migrants from Venezuela settling throughout the region, some countries in the Americas receive significant numbers of extra-regional migrants from the Caribbean, Asia and Africa. While some settle permanently in the region, many others choose to travel north, crossing from Colombia into Panama through the Darien Gap on their way to North America.

⁵<https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation#:~:text=An%20infodemic%20is%20an%20overabundance,of%20groups%20or%20individuals.>

⁶ <https://r4v.info/es/documents/details/85835>

Overall, as the COVID-19 crisis impacts host countries, migrants experience increasing difficulties and vulnerabilities, especially in host countries where there are already feelings of xenophobia and discrimination towards people under human mobility situations. Different sources estimate that over 100,000 Venezuelans have returned to their home country since early April 2020⁷. The recent report [Venezuelans in return](#) by IFRC, expands on the risks and needs that return migrants face.

Below is a brief description of the migration context in each of the countries included in the Emergency Appeal. For more information on how the COVID-19 pandemic has impacted migrant populations in the region and how National Societies are responding, please see the [recent update published](#) by the IFRC's Migration Cell.



Argentina

There are currently 222,658 Venezuelans in Argentina. Venezuelans have become the largest foreign-born population requesting residency in the country. At the very beginning, the Venezuelan migrants were in its great majority, economically active population, professionals, technicians, or university studies. These people usually arrived in Argentina by plane through the international airports of large cities. However, the migrant profiles have dramatically changed, with most migrants coming through land borders with high levels of vulnerability and needs. The vast number of entries occurred in La Quiaca, Jujuy (border with Bolivia), and Iguazú, Misiones (border with Brazil), with most migrants continuing their route to urban cities. However, the land borders remain closed since March 2020 due to the pandemic with only limited cases of regular and irregular entries.

In response to the influx of migrants in recent years, Argentina's immigration authorities have provided certain exceptions to expedite and facilitate the registration process. For example, Venezuelan identity cards and passports are acceptable for up to two years after they have expired, and minors are allowed to register using only birth certificates. A virtual platform provided by the Ministry of the Interior—[Modulo de Radicación a Distancia de Extranjeros \(RADEX\)](#)—allows migrants to start their filing process digitally, lightening bureaucratic delays. Due to the COVID-19 pandemic, the Argentinian Migration Office established the automatic extension of visas as well as the suspension of administrative deadlines. Furthermore, the Government recently derogated a decree which allowed expedited expulsion of migrants without due process.



Brazil

Approximately 262,000 Venezuelans reside in Brazil, according to the latest figures from the R4V Regional Platform. To respond to the humanitarian needs created by the influx from Venezuela, the Federal Government launched an initiative ("Operação Acolhida") in February 2018 coordinated by the Brazilian Armed Forces, to provide registration and documentation upon arrival, as well as emergency humanitarian assistance, including food and temporary shelter. The Brazilian Armed Forces also manage a voluntary relocation programme known as "Interiorização," which was launched in April 2018 in coordination with federal and local authorities, UNHCR and other UN organizations, the International Movement of the Red Cross / Red Crescent, civil society actors and the private sector. The programme, which initially started in Roraima, has also been extended to the state of Amazonas. Over 49,000 Venezuelans have been relocated to more than 600 municipalities where there are more integration opportunities, thus relieving pressure on border communities.⁸

⁷ ["Latin America and the Caribbean: Venezuelan Refugees and Migrants in the Region"](#). R4V, 12 October 2020.

⁸ <https://r4v.info/es/situations/platform/location/7509>



Hygiene kit distribution in Amazonas by the BRC
Source: BRC

Even though the country continues suffering from the second wave of the COVID-19 pandemic and the borders remain closed, Venezuelan migrants continue entering the country in increasing numbers through irregular crossing borders, especially in Pacaraima, Roraima state. As they entered irregularly, they cannot access documentation in Brazil or public services. Thus deportations continue to occur as migrants are caught by the police while crossing the border, in the streets of Pacaraima or while travelling to the capital city of Boa Vista.

According to local authorities, about 100 migrant's cross daily to Brazil. At the same time, humanitarian agencies report an increasing number of migrants living in Operation Acolhida's transit camp BV-8 in Pacaraima and in the reception post next to the bus terminal (PRA) in Boa Vista, which both have now

reached their maximum capacities of 1,000 and 1,500 occupants, respectively. The indigenous migrant community is also increasing in Roraima, which presents additional challenges to their sheltering, given its unique profile and vulnerabilities.



Bolivia

Until last year, Venezuelan migration in Bolivia was a transit migration, with the deepening of the crisis in the region and the difficulties that displaced Venezuelans have encountered with the migratory restrictions implemented by several countries, many of them have decided to settle in Bolivia, which has led to a significant increase in Venezuelan migration in this country, reflected in the increase of refugee applications.

According to the last report published by the Organization of American States in 2020⁹, the transitional government of Bolivia is making significant efforts for the protection of Venezuelan migrants and refugees. Decree 148/2020 allows the use of supplementary documents to regularize minors and their representatives. Resolution 274 will grant validity for two years to passports that have expired since March 2018 is evidence of this.

Despite these efforts and the progress achieved so far, many Venezuelans still find it difficult to regularize their immigration status, either because they do not have the resources to cover the costs of the procedures or because they have not been able to enter the labour market. Many of them find themselves in a vulnerable situation, exposed to risks such as begging and prostitution.



Chile

According to a study conducted by the National Institute of Statistics and the Department of Foreign Affairs and Migration about the number of migrants in Chile, as of December 2019, there were 1,492,522 migrants in Chile.¹⁰ Chile is currently the third most common destination for Venezuelan migrants after Colombia and Peru, with an estimated 472,827 Venezuelans representing the largest migrant group in the country. Most migrants in Chile are in the Metropolitan Region of Santiago (70%). In comparison, the remainder chooses the regions of Valparaiso (8%), Libertador Bernardo O'Higgins (3%), Maule (4%), and Bio Bio (4%) as their destination in the country.

⁹ <https://reliefweb.int/sites/reliefweb.int/files/resources/Informe-situacion-migrantes-refugiados-venezolanos-en-Bolivia.pdf>

¹⁰ https://www.inec.cl/docs/default-source/demografia-y-migracion/publicaciones-y-anuarios/migraci%C3%B3n-internacional/estimaci%C3%B3n-poblaci%C3%B3n-extranjera-en-chile-2018/estimaci%C3%B3n-poblaci%C3%B3n-extranjera-en-chile-2019-metodolog%C3%ADa.pdf?sfvrsn=5b145256_6

Since June 2019, Venezuelan nationals seeking to enter Chile and apply for work authorization need to obtain a consular tourist visa before entry. They can no longer enter Chile under visa-exempt status. The tourist visa is valid for 90 days, with the possibility of extension.¹¹ Notwithstanding, the Chilean borders remain close, so there are practically no regular entries into the country. Due to this situation, the number of irregular entries through the borders with Peru and Bolivia has significantly increased over previous months, causing great concern for the Government and humanitarian agencies. For this reason, in February 2021, the Chilean Government has decided to employ the armed forces at border control and proceed with the deportation of migrants entering through irregular border crossings; for more information, please refer to the [information bulletin](#) published in February 2021. The vulnerability of the people crossing borders through irregular entries is significantly high and exposes people to human traffic, violence, and robbery. Due to the pandemic, most local actors on the border do not provide in-person assistance, especially shelter and protection assistance.

The civil unrest that started in October 2019 across the country has triggered the intention of return for many migrants to Venezuela or other countries and an increase in displacement within the country. Many migrants have moved from Santiago to northern regions or live in border cities due to fear of violence and loss of employment, which was exacerbated due to the pandemic.

Finally, the Chilean President has recently enacted new immigration law, which facilitates the expulsion of those who enter through unauthorized borders and requires those who want to immigrate legally to apply for a consular visa.



Ecuador



A sanitizing tunnel used to safely provide services to migrants in Ecuador. **Source:** ERC

An estimated 178,000 Venezuelans reside in Ecuador, the majority of whom enter at the northern border with Colombia.¹² While many choose to stay in the country, a significant number continue towards Peru and Chile. In response to the situation, the Ecuadorian government set up humanitarian corridors where authorized buses transport migrants from the northern border to the southern border. Those migrants who choose to stay in Ecuador tend to settle in urban areas such as Quito, Guayaquil, Manta, Ambato, Santo Domingo, and Ibarra. As of July 2019, the Ministry of Education reports that 16,851 Venezuelan students are registered in the country's education system.¹³

In July 2019, the Ecuadorian government announced that all Venezuelans entering the country after August the 26th of 2019 would need a humanitarian visa before entry. There are currently two primary pathways through which Venezuelan migrants can gain access to humanitarian visas in Ecuador: (1) For Venezuelans that arrived in the country without valid immigration documents before August the 26th. A short-stay visa is available. For those that enter Ecuador after August the 26th, a humanitarian visa is necessary. The Ministry of Foreign Affairs set up a [portal](#) through which migrants can apply online, but the humanitarian visas are only granted at Ecuadorian consulates in Bogota, Caracas, or Lima. In the week following the July announcement, the number of people entering through the northern border was reduced by approximately 90%. The number of people leaving Ecuador at the southern border with Peru increased significantly.

Despite the closure of the border in Ecuador, the influx of migrants has continued. Both groups, those who want to settle and those who are pinning their route to other countries. Subsequently, on December the 3rd, the Ecuadorian Congress approved a new law and negatively impacted the migrant population. There is a general fear that the new regulation allows deportations to happen if they are considered dangerous. The rise of Covid cases increments the situation of uncertainty.

¹¹ ["Venezuelan nationals now require a visa to enter Chile"](#). Fragomen, 25 June 2019.

¹² ["Latin America and the Caribbean: Venezuelan Refugees and Migrants in the Region"](#). R4V, 9 April 2020.

¹³ ["16,851 Estudiantes Venezolanos en el Sistema Educativo del Ecuador"](#). El Comercio, 7 July 2019.

The border with Peru has become tenser as the neighbouring country has deployed army forces to control people's movement. So consequently, the Ecuadorian army has followed a similar approach and deployed 20 vehicles to increase the presence of their patrols. For more information, please refer to the [Information Bulletin](#) on that situation published in February 2021.



Guyana

Guyana currently hosts migrants from various countries of origin, including South Africa, Cuba, Haiti, Pakistan, and Venezuela. Due to the economic and health crisis in neighbouring Venezuela, the number of Venezuelan migrants in Guyana has seen a particularly significant increase in recent years. An estimated 12,000 Venezuelans reside in the country, over 9,000 of whom have registered for asylum to date.^{14 15} A majority enter outside of established border crossings, through the country's porous borders in Regions 1 and 7 alongside Venezuela or through Region 9 along the border with Brazil. The situation in remote border regions is very different from the situation in the capital city, Georgetown. Human trafficking for sexual and labour exploitation purposes is particularly prevalent in border regions and has increased in the capital city.

The Guyanese Government has relaxed entry requirements for Venezuelans, allowing them to apply for a three-month residence permit at border entry points by presenting identity cards. Additionally, persons can be processed and request documents from Guyana, provided they can prove relations to persons in Guyana. The Guyanese Government participated in the IV International Technical Meeting of the Quito Process, which took place in Buenos Aires on 4 and 5 July, and signed both the Quito IV Declaration and Roadmap adopted during the meeting. The Quito Process aims to harmonize policies and practices of countries in the region, coordinate the humanitarian response and improve the enjoyment of the rights of refugees and migrants from Venezuela.¹⁶



Panama

With an estimated 76,000 Venezuelans, Panama has the seventh-highest number of migrants from the region.¹⁷ In addition to the flow of migrants arriving from Venezuela, Panama experiences a unique migratory situation in the Darien region, where migrants travel across the border with Colombia through an undeveloped jungle. According to the National Immigration Service, 23,968 migrants crossed through Darién in 2019, and 3,366 were recorded in the first two months of 2020.^{18 19} Most are migrants from Haiti or Cuba, with smaller numbers coming from African or South Asian countries, with a high level of vulnerabilities in health, water, sanitation, hygiene, and protection. The migrants—most of whom aim to reach North America—tend to arrive by boat or air in Brazil, crossing the Amazon to Peru and turning north through Ecuador to Colombia, where they hire smugglers to shepherd them through the Darien Gap. Many endure robberies and/or sexual assault by armed groups and encounters with the drug trafficking “mules” who walk the same paths as the migrants. Once through the Gap, most migrants pass through the small villages of Bajo Chiquito or Canaan Membrillo before making their way by foot or by boat along the Chucunaque River to La Peñita. From Darién, migrants take a bus to Los Planes, in Panama's Chiriquí province near the border with Costa Rica, before continuing north.

¹⁴ [RMRP 2020 Dashboard](#)”, R4V, 11 November 2019

¹⁵ [“Caribbean Sub Region: Situation Report June - July 2019”](#). R4V, 17 September 2019.

¹⁶ Ibid.

¹⁷ [“Latin America and the Caribbean: Venezuelan Refugees and Migrants in the Region”](#). R4V, 9 April 2020.

¹⁸ [“Transito Irregular de Extranjeros por la Frontera Con Colombia: 2019”](#). Servicio Nacional de Migracion Panama, 31 December 2020.

¹⁹ [“Transito Irregular de Extranjeros por la Frontera Con Colombia: 2020”](#). Servicio Nacional de Migracion Panama, 29 February 2020.



A view of La Peñita, the village in Panama where PRCS operates through the regional Appeal. The village hosts migrants from a variety of different nationalities. **Source:** PRCS

According to a June 2019 International Organization for Migration (IOM) survey utilizing the Displacing Tracking Matrix (DTM) methodology in Los Planes, stated that the United States is the destination country for 68% of the migrants surveyed, Canada for 7%, and Mexico for 14%. 11% have not yet decided on a destination country. Socioeconomic conditions were identified by 48% of people as the primary factor that influenced this choice, followed by political stability and ease of access to asylum procedures (39%). Family reunification, meanwhile, is the primary goal for 13% of those surveyed. The migrants surveyed claimed to have left their countries of origin for various reasons. Respondents from Caribbean countries stated that their primary reasons for leaving were a lack of economic opportunities and unemployment (36%), political instability and persecution (20%), and limited access to basic services such as education, healthcare, and transportation (9%). On the other hand, political instability and persecution (41%), wars or armed conflicts (25%), and insecurity and indiscriminate violence (22%) were identified as the primary push factors for migrants from African and Asian countries.²⁰

For more information you can access the [Darien needs report](#) (Spanish only) developed in the month of February 2021.



Peru

Around 477,000 Venezuelans are currently living in Peru, which remains the second most popular destination in South America for Venezuelans after Colombia.²¹ An estimated 35,000 migrants entered the country in 2019. Although the government has given temporary legal status to Venezuelan migrants, they have limited access to basic services such as health, education and the formal labour market.

Until June 2019, Venezuelans could enter Peru and apply for a temporary residency permit (or PTP) to live and work in the country for a year. The permit will enable migrants' access to training, healthcare, public education and is renewable annually. But the Peruvian government announced in early June – six months after giving a deadline for the final PTPs to be issued – that Venezuelan migrants would, after that, be required to obtain a humanitarian visa before entering the country. The humanitarian visa allows Venezuelans to live and work in Peru and is free to obtain, but securing the required documentation is costly and beyond the reach of many migrants.²²

²⁰ ["IOM publishes the first data from 2019 on the profile of extra-regional migrants in Panama"](#). IOM, 8 July 2019.

²¹ ["RMRP 2020 Dashboard"](#), R4V, 3 August 2020

²² ["In Peru, tougher rules set to push Venezuela migration underground"](#). The New Humanitarian, 8 July 2019.



Trinidad and Tobago

Only seven nautical miles from the coast of Venezuela, Trinidad and Tobago are currently one of the largest migrant-receiving countries in the Caribbean. An estimated 24,000 Venezuelans reside in the island nation.²³ Trinidad and Tobago has not had such numbers of inward migration in its modern history. Therefore, legal frameworks and institutional capacity to cope with the situation are lacking.

The official port of entry in Trinidad and Tobago is at Cedros Security Complex, where ferries from Venezuela are meant to disembark. However, the facility is closed to Venezuelans, even those with the correct documentation needed to enter.²⁴ For those migrants choosing to travel irregularly to Trinidad and Tobago by boat, the journey can be difficult. In early 2019, there were several shipwreck incidents involving Venezuelan migrants attempting to enter Trinidad & Tobago and other Caribbean islands. Between April and June 2019, three shipwrecks led to the death or disappearance of more than 80 Venezuelans in the region.²⁵

On 26 July 2019, the Government of Trinidad and Tobago began issuing registration cards to Venezuelans who had registered in the two-week exercise conducted from 30 May to 14 June 2019. The registration cards will allow Venezuelans to work legally for six months, after which a renewal for another six months can be granted. Card-holders still require a visa to travel between Trinidad and Venezuela. Although the registration card is not an identity document, at least one bank in Trinidad and Tobago announced that it would accept it as one of two forms of identification needed to access banking services (savings accounts and ATMs).



Uruguay

Recent official figures indicate that there are approximately 19,000 Venezuelans in Uruguay. Although the Southern Common Market (MERCOSUR for its acronym in Spanish) suspended Venezuela, the Uruguayan government has provided Venezuelan migrants access to the formal labor market and basic services. However, since March 2020, the borders with Argentina and Brazil remain closed. Despite the border closure currently in place, migrants from Colombia, Cuba, Venezuela, and other nationalities continue entering the country through Rivera, Chuy, Rio Branco, and Fray Bentos. From December 2020 to February 2021, more than 500 migrants have entered Uruguay applying for refugee status, mostly Cubans and Venezuelans. They need to wait for the COVID-19 test result in different contingency centers before continuing their migratory route.

Summary of current response

Overview of IFRC Actions at the Regional Level

The transition process for the population movement operation in the Americas has been developed since the mid-year of 2019 with the recommendations of different delegations and technical advisers of this operation assigned for this operation, the Migration team, the different Country Cluster Delegations (CCD), and the National Societies involved.

The transition process has begun with the revision of the regional appeal and the 2021 planning process. In this regard, each National Society, in coordination with the CCD, has reviewed the strategic migration framework, action plan, and budget to improve the transition. From the Regional Office, it is expected that this transition can begin in the first half of 2021, considering the capacity of each National Society, available resources, the capacity of each CCD and CO, and the integrality with other types of programs and operations.

²³ "[Latin America and the Caribbean: Venezuelan Refugees and Migrants in the Region](#)". R4V, 9 April 2020.

²⁴ "[Caribbean Sub Region: Situation Report June - July 2019](#)". R4V, 17 September 2019.

²⁵ "[Migrant Deaths Rise Among Venezuelans, Central Americans: UN](#)". Reuters, 18 June 2019.

The operation team is proposing that each project in the appeal can be managed and administered from each Country Office and CCD, but with monitoring from the Regional Office. This process has a shared responsibility and is managed differently in each country.

A total of approximately 1,167,602 people reached have been provided through the operation.



In response to the growing number of migrants in the region, the IFRC's Americas Regional Office (ARO) issued an Emergency Appeal operation in September 2018. The operation involves a coordinated response in ten countries affected by the migration flows in the region – Argentina, Brazil, Bolivia, Chile, Ecuador, Guyana, Panama, Peru, Trinidad & Tobago, and Uruguay. In late 2018, a Migration Cell was organized out of the ARO office in Panama. The former cell consists of IFRC personnel specialized in Migration, Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), Information Management (IM), Psychosocial Support (PSS), Cash and Voucher Assistance (CVA), Finance, Planning, Monitoring, Evaluation and Reporting (PMER) – all working in coordination with National Societies in the affected countries as part of the regional Emergency Appeal operation, as part of the transition process some profiles have been transferred to the management of the Country Cluster Delegations in coordination with the migration team. IFRC also deployed field coordinators to the Country Cluster Delegations (CCD) offices in Argentina, Chile, Peru, and Trinidad & Tobago. The Migration Cell has taken a decentralized approach to operational coordination. Team members frequently travel to the National Societies included in the Appeal, offering technical support, and overseeing capacity building exercises and/or activity implementation. With the COVID-19 outbreak, the team has provided constant and continuous support remotely. Furthermore, the operation continues to monitor the different migratory flows in the region, offering technical support to National Societies in the Development of Migration Strategies and plans. This process of developing a National Migration Strategy encompasses different phases and are resumed in [24-months Operation Update](#).

In addition, National Societies are supported in identifying the different migration profiles and compositions of flows with a PGI and CEA approach. In November 2019, the Migration Cell coordinated a Training of Trainers (ToT) workshop on Migration developed in coordination with the Reference Centre on migration in Lima, Peru. The general objective of the workshop was to "Strengthen the capacities of National Societies to address the needs of migrants, in addition to strengthening the methodological component through the competency-based approach". The workshop was attended by 25 participants: 16 were men and 9 women, representing 9 National Societies, ICRC (1) and IFRC (4).

In 2019, a training was held for the Ecuador Red Cross on *Protection of Children on the Move* (in Ecuador: 9 M, 12F). In 2020, a training curriculum (complementary to the ToT developed with the Migration Cell) of *Protection, Gender and Inclusion in Movement Population settings* has been created and tested initially with the Ecuador Red Cross (18 F, 6 M); different similar requests have come from National Societies and the curriculum is expected to be tested again in 2021 with more countries. With the aim to scale up the capacity of the National Societies to prevent and respond to protection risks, in collaboration with the British Red Cross, a regional training on *Trafficking in Persons in Contexts of Migration and displacement* (23 F, 9 M) was held. Jointly, together with the development of the [Guidance for the creation of safe referrals for migrants and refugees](#)²⁶(also available in English) a regional training was held with the participation of 35 female and 12 male from both IFRC ARO and National Societies of the region.

In addition, the Psychosocial Support and the Protection, Gender and Inclusion areas joined for the implementation of the training *Psychosocial Support and Migration* through modules of protection risks, interculturality and self-care (8F, 5M).

Despite the restrictions and impediments caused by the COVID-19 pandemic, the operation has continued to train National Societies using an online methodology. Regarding migration, training sessions on the development and management of Humanitarian Service Points were organized in 2020 and 2021 with the National Societies of Chile, Uruguay, Brazil, Argentina, and Panama. Also, in the last month, an introductory training on migration was organized with the ICRC for the Chilean Red Cross and the Brazilian Red Cross.

During 2020 and so far in 2021, capacity building for NSs on CEA has been intensified. Two training cycles were held with the Brazilian RC in which 75 (45F – 30M) people from different branches participated. We are preparing the third training cycle with a group of 30 people. Also, a face-to-face workshop was held with the Panamanian Red Cross team working on the ground in the Darien response. This workshop was attended by 16 people (8F - 8M). This workshop emphasised feedback mechanisms that could be implemented on the field to give continuity to the Darien operation.

In November 2020, to contribute to the regional appeal the Department of International Humanitarian and Civil Protection (ECHO) funded a [Protocol of attention and intervention in mental health and psychosocial support to migrants](#). Also, given the need for safe referral tailored to the heterogeneity of the region a [Guide for the creation of secure referral mechanisms for people in a situation of migration and refugees](#) was developed. The virtual course launched on Psychosocial Support in the context of migration and the tutored course for PSS focal points (for the NS of the regional appeal) (7F, 9M) to highlight the articulation of PGI in the approach of the course modules. Four psychosocial training were conducted on regional documents (for NS of the appeal, Venezuela, Honduras, and Guatemala) (61F, 19M), and support was provided to the workshop on the MHPSS guide for migrants (for the Colombian Red Cross) (12F, 9M). Also, the psychosocial tools were launched in coordination with CEA and the Chilean Red Cross, partners in developing and validating the tools with volunteers and the migrant population. About the COVID-19 response, the health unit worked together with the health unit to prepare the COVID-19 MHPSS Strategy for the Americas, framing psychosocial actions and care for the migrant population.

Moreover, in response to the COVID-19 pandemic, the Migration Cell is in constant coordination with the COVID-19 Regional Emergency Appeal Operation, offering technical support concerning the cross-cutting theme of migration, and is supporting with the adaptation of the Regional Appeal for Migration in response to the pandemic. With this objective and ensuring technical support and an update of the situation of migratory flows in the region, especially during the COVID-19 Task Forces, in the first months of the pandemic, monthly reports were prepared. Those reports analysed the significant challenges and changes in flows and how the National Societies involved in the operation have adapted their action plans by the new reality and the new vulnerabilities and needs of migrants.

In the context of the COVID-19 pandemic, new methods and procedures have been implemented to deliver services. For example, given the loss of contact with the migrant population caused by the suspension of activities and the need of a new effective feedback tool during the pandemic, the IFRC —through the Americas Region Population Movement implemented a COVID migration [WhatsApp business line](#) that provides remote assistance to migrants affected by the

²⁶ <https://reliefweb.int/report/world/gu-para-la-creaci-n-de-mecanismos-derivaci-n-seguros-para-personas-en-situaci-n-de>

COVID-19 crisis. In addition, to help humanitarian practitioners to get a better understanding of rental assistance programming in urban context, a [Step-by-step guide for rental assistance](#) to populations affected by crises was published.

For more information about our response and measures adopted since the COVID-19 outbreak, please consult the [GO Platform](#).

Overview of Host National Societies / Movement Partners

Given the number of countries included in the appeal and the ever-changing nature of migration situations, the regional Emergency Appeal is a complex operation that requires a flexible approach. Countries like Peru and Ecuador have tailored their response to a migrant population in transit, mainly operating out of border crossing points. Chile, Argentina, and Uruguay are more often destination countries and have focused their response on meeting the needs of migrants settling in urban areas. The unique migration situations in Panama, Trinidad & Tobago, and Guyana, on the other hand, require a response that may look quite different from that in other countries involved in the operation.

The **Argentine Red Cross (ARC)** during the pandemic has focused the intervention on three lines of action:

- Strengthening the assistance provided via teleassistance and social media, successfully reaching the farthest points in the country.
- Improving the temporary shelter services provided by extending the programme from an emergency shelter to a temporary shelter.
- Responding to the food insecurity of migrants in rural and urban areas of the country.

Also, the mobile Humanitarian Service Point has been operative in the Jujuy province, border with Bolivia, to respond to the humanitarian needs in the area. Despite the closure of land borders still in place, the National Society has evidenced an increase of irregular entries in the last months through the international borders of La Quiaca-Villazón and Salvador Mazza-Yacuiba in the province of Jujuy. This situation shows a connection with the emergency at the Colchane-Pisiga border in Chile as the strengthening of the border control has forced many families to continue their route south through Bolivian territory until they reach the border Villazón-La Quiaca. Consequently, the mobile HSP provides humanitarian assistance, information services, and RFL and receives support from an NS border coordinator when migrants need international protection services. It is expected that the HSP will be present for at least two days a week in the La Quiaca - Villazón border. The National Society is strengthening its partnership with the International Organization for Migration (IOM) to expand the services provided by the mobile HSP.

As the number of people in need has surpassed the NS and other humanitarian actors' expectations and capacities, the cash-based intervention program, oriented towards the satisfaction of shelter needs, has been adapted, allowing migrants to stay for more extended periods. In particular, the NS has distributed 135 cards to support people who experience struggles to maintain their shelter needs over the last six months. The interview to qualify for the shelter programme would normally occur in person, but the NS has turned the in-person meeting into remote meetings because of the Covid-19 health measures. This line of intervention has been implemented mainly in Buenos Aires, Córdoba and Rosario.

In response to the food insecurity experienced by migrants, ARC has provided food assistance to 740 families. This intervention has been extended to reach the largest number of people in need from urban and rural areas, including the provinces of Buenos Aires, Cordoba, Santa Fe, Mendoza, Jujuy, and Misiones.

Furthermore, the NS continues strengthening the teleassistance service for migrants to offer psychosocial support, information, and referral services.

The Brazilian Red Cross (BRC) has not stopped providing support to the most vulnerable people even as the country is suffering the most challenging consequences of the pandemia. The NS has delivered food boxes to over 1500 families to guarantee food security. The delivery was organized into small groups and spread over a few days to ensure that the

process was safe for everyone involved in it. The volunteers ensured that the information of beneficiaries was well gathered and used the ODK tool to collect the information.

In the Sao Paulo branch, the NS has carried out some activities to improve good health practices and target Fake News's spread related to Covid-19. They also provided families and children with Psychosocial support to manage the effect of stress and hardship due to the pandemic using WhatsApp for Business tools as well as activities in small groups, reaching 1170 people only in the last three months.

The NS has also distributed cleaning kits for families in Amazonas, Sao Paulo, Mato Grosso do Sul, and Rio Grande do Sul, reaching 1458 families in the last quarter.

Regarding protection, gender and inclusion, the BRC implemented via WhatsApp for Business a service to respond to the needs of victims of gender-based violence. Over the last 3 months, the NS has intervened 313 times through this tool. The NS has found challenging to deliver this service in person because of the Covid-19 cases increase. Still, the current implementation using the technology opens a promising way to reach more people in the future.

Additionally, as restoring family links is essential for migrants, the BVC, with the technical support of the ICRC, provided migrants with calls, internet connection and facilitated strategies to maintain contact with families in the countries of origin.

In terms of strengthening NS capacities, the staff and volunteers from the BRC and the Chilean RC have received a training on migration and essential humanitarian response aspects. A total of 312 people participated in the course which lasted 3 days in March 2021. The national response team staff who works in the emergency response have also received training in Community Engagement and Accountability. Finally, the Finance team received training from IFRC about planning projects and financial reports.

Recently, Chile has been experiencing high migration flows, despite the quarantine and closed borders due to the pandemic. Consequently, the **Chilean Red Cross (ChRC)** has focused on providing humanitarian assistance, health and psychosocial support for migrants and host communities in the northern border in Chile, specifically in Arica, Tarapacá, Antofagasta and Santiago Regions. In Cochane and Huara, both cities with border with Bolivia, the NS and IFRC conducted field missions to monitor the situation and make an assessment to be prepared for an effective future intervention. In February 2021, an emergency operation was conducted to assist migrants and host communities in Colchane, Iquique and Alto Hospicio in Tarapacá Region. The assistance was focused on providing humanitarian assistance through winter and hygiene kits for adults and children, primary health and PSS support, safe water, RFL and first aid.

Additionally, due to an agreement with UNHCR, it has been possible the implementation of a health and multipurpose Cash Transfer Program mainly focused on Santiago and Arica. The multipurpose cash transfer has reached a total of 104 families and more than 400 people in vulnerable situations. The program provided three transfers for three consecutive months to cover the families' basic needs. Among the 104 cards distributed, 70 of them were distributed to women and 34 to men. The advantage of this program is that the families could prioritize their needs, and many people used their funds for food supplies, rent, clothes, tools for entrepreneurship and livelihoods. Many people that used their funds to pay the rent were close to become homeless and thanks to this program, they could pay the rent and continue with their integration process. Furthermore, the health interventions by the ChRC amounted to 125 interventions in PSS and 326 interventions in primary Health in the last three months. PSS services used phone and social media, while the primary health interventions were in-person visits to houses and shelters where migrants live. To complement this initiative, a cash and voucher assistance with a particular focus on health services was developed. This intervention reached a total of 196 people, of which 157 were women and 39 were men.

In the area of WASH, the team provided migrants with hygiene kits and cleaning kits for families. Since the beginning of the operation, the NS reached 2060 people, with 1243 kits given to the adult population and 817 kits to children. In both cases, they have adapted the kits to satisfy female and male needs. In protection, the interventions in Tarapacá reached a total of 60 children who received a colouring book with images to recognize emotions and provide fun and

educative activities during quarantine as well. The children have safe spaces in the regions of Arica and Santiago, and 1320 children have benefited from them. The team has also developed a guide for parents and caretakers to provide stress management guidelines in children and adolescents. In the last years, the migrant population has experienced an increase in children on the move, which justifies the increasing attention and support to this group.

The ChRC and IFRC has worked in a protocol to guide volunteers in identifying and reporting neglect and abuse cases. In terms of communication materials, the efforts have focused on distributing informational material to prevent xenophobia and reduce stigma, using social media platforms to reach the targeted population. Also, the operation has made emphasis on the promotion of human rights on December 10th by publishing messages on social media. Finally, the use of a business WhatsApp line has been successful so far, reaching 17,541 people.

The **Ecuadorian Red Cross (ERC)** has supported with technical knowledge and an in-lieu assessment of a shelter in the province of Carchi. ADRA, another humanitarian actor, manages its functioning. They can host 80 people. The ECR staff provided products to maintain the water supply for the next six months.

In Health, psychosocial attention has continued in the city of Lago Agrio in the province of Sucumbios. They have two areas where migrants can safely and securely receive PSS interventions.

They have completed the acquisition of two mobile units that will provide primary health attention to migrants. They passed a mechanical service, and they will be on the road to improving and strengthen the response in health provision in areas of difficult access. In this period, Family hygiene kits reached a total of 400 people.

In protection, gender, and inclusion, the team has focused on distributing information to guide migrants in the services accessible. The information compiled in the last months is completely updated. The distribution happened via brochures as well as by social media. As the RFL is still one of the priorities, the CRE supported 97 people to reach their beloved ones. Because of the COVID-19 health restriction, the entire team of volunteers could not intervene. So, it was only active in the shelter of Rumichaca and the terminal of Lagos Agrio. In the area of Huaquillas, it was happening at the same time that the hydration point.

The CRE has been working in a chatbot to provide information via messenger applications like WhatsApp. The work has been a long process, but now, the application is ready, and staff has received the proper training for its use. With COVID-19 disruptions, the use of WhatsApp has been an excellent substitute for providing information. A reflection of that is the throughout the project, 30027 people have communicated using it.

The **Panama Red Cross Society's (PRCS)** work has focused mainly on the community of La Peñita, the region of Darien. They prioritized the following areas of intervention:

Health: With a particular emphasis on the support to mothers and children. They have delivered primary health checks and prenatal controls, as they identified acute cases of malnutrition and dehydration among the population. They provided among the people who waited to be attended by the health professionals. Regarding sexual and reproductive Health, information was available, as well as condoms and pregnancy tests.

There has been a team specialized in providing PSS for the migrants. They attended cases of the migrants and provided strategies to manage the trip's stress and the uncertainties of the economic scarcity in the route. They have reached a total of 360 people with this line of work.

The National Society has created spaces for coordination such as dialogue networks that allow inter-institutional coordination and at the same time help to demonstrate, together with key actors, the real needs of the migrant population and the host population. PCRS team continues working with other humanitarian actors in the area and government officials as the situation remains complex and needs excellent coordination of actors.

Particularly in WASH, the interventions in this area vary depending on the facilities. In La Peñita, the locals have been administrating the water system installed previously (Through the community water board), and they are showing interest and skills to maintain it for the benefit of the community. They also have built a washing point in the school. In Bajo Chiquito, there have been technical problems, and they worked to fix the equipment. That work involved some

contracting a technician; meanwhile, volunteers cleaned the tank. At the same time, they have build two areas to wash the hands in the schools and provided training to migrants about good washing practices.

In Lajas Blancas, SENAFRONT provided 200 boxes to purify rain water as the heavy rains affected the local community supplies. Volunteers there have cleaned tents and provided training about human faces' disposal as gastrointestinal viruses live in water. With this line of action, the PRCS has provided hygiene kits to migrants. They produced differentiated kits with the specific items necessary to meet the people's needs depending on age and gender differentiation. They elaborate one for infants with diapers, wet towels, body and detergent soap, a mosquito net, and cream; An infant one with toothpaste and a toothbrush, body soap, mosquito net, a hairbrush, toilet paper, and a towel; An adult one with the body and detergent soap, shampoo, razor, a towel, toilet paper, toothpaste, and a toothbrush. The female received an extra bag with items for female care.

In terms of PGI the PRC has been working with other humanitarian actors such as OIM and UNICEF. They have implemented some training for migrants, providing them with information about the rights and services they are entitled to receive. Overall, they have reached a total of 149 people. In the following line of action, they would like to improve the use of technologies to get migrants with helpful information and improve some of the facilities organized by gender. Due to the increasing protection risks assessed in the Darien gap (such as sexual violence against migrant women, trafficking, survival sex, domestic violence and other forms of interpersonal violence) the team have established a case management committee (together with RET International and UNICEF) which aims to monitor the protection incidents and report to governmental institutions in coordination task forces. Having a PGI Officer in the field has helped to update continuously the mapping of services, the referral pathways and the management of this case. Finally, the Panama Red Cross has started the elaboration of their PSEA Policy (together with IFRC's Geneva support) which include a sensitization webinar and a writing training for key personnel of the National Society, currently they already have a PSEA focal point that will promote follow-up on this issue with the support of the IFRC.

RFL provides access to resources to reach family links to 338 people over the three times that they have visited the area of Puerto Lara and El Real. There is no internet signal where the ERM's are. Therefore, internet access is not possible. Consequently, they keep working to find an alternative or a company that wants to invest and make wi-fi connection possible there. The RFL focal point of the PRC in coordination with the ICRC conducts updates and training on RFL with the volunteer teams in the field. The number of volunteers involved in the development of all these actions was 108. They have been receiving training in APS and receiving strategies about emotional management and well-being.

Peruvian Red Cross (PRC), as a consequence of the countries suffering from an ever-increasing the number of COVID-19 cases since early January, changed their initial plan of action. The national government has implemented several restrictions based on three alert levels according to number of cases. Those restriction are based on partial lockdowns, restricting public gathering and overnight curfew. Restriction affected PRC's actions as most activities are placed on cities with the highest rates of COVID-19 cases. For instances, medical attention in Lima and Ica were affected for local lockdowns along last February. Other cities such as Arequipa, Madre de Dios, Tacna, and Tumbes, had a lower impact but still affected their regular functioning.

On the other hand, despite land borders still closed since March 2020, UNHCR and IFRC field's teams identified an increasing flow of migrants, especially on the northern border with Ecuador (in Tumbes region), and the eastern border with Brazil (Madre de Dios region) with and unusual flow of Haitian migrants coming from Brazil. The PRC visited the area to conduct an assessment and deliver some health kits to the people settled in the international bridge.



Medical day in Tacna, Peru Source: IFRC

Health: As part of the operation, the PRC still providing medical health services in 6 regions of the country based on medical days and one Humanitarian Services Point (HSP) placed in Lima. In this reporting period, the PRC provided 907 medical services to migrants, whereas 85 PSS have been provided based on virtual services. PSS training sessions reach several public and humanitarian agencies like the Ministry of Education, Public National Registration (SUNARP), Lima’s Regional Education Direction (DREL), Ministry of Health (MINSA), and ACNUR. They reviewed tools to reach the younger population and learned new strategies to do so. 956 people benefited from these training sessions. PRC created an audiovisual resource shared during the worst months of Covid and aimed to provide messages to PSS among people.

Finally, the national team is currently working on a new phase of the CVA program to support about 200 households with a health vulnerability from next March.

were delivered in the Brazilian border. Those kits contained COVID-19 protection masks, alcohol, and other hygiene items. The WhatsApp-based Red Cross Line still been a strong component of the Peruvian operation as it centralizes all the information and services provided by the Red Cross, while is the main channel of providing health information. During this timeframe, aver 15.900 new messages has been send,

On the other hand, the distribution of hygiene kits has continued during this timeframe, reaching 433 people. One hundred of them

Following in Peru, the PRC is currently working on planning new artistic walls in different areas in Lima City to raise awareness about migration, especially migrant women, starting from next March. Is also planned for next March to begin a new training for volunteers focused on the use of IT and audio-visual material as a way to promote a message of inclusion to sensitize the host communities.

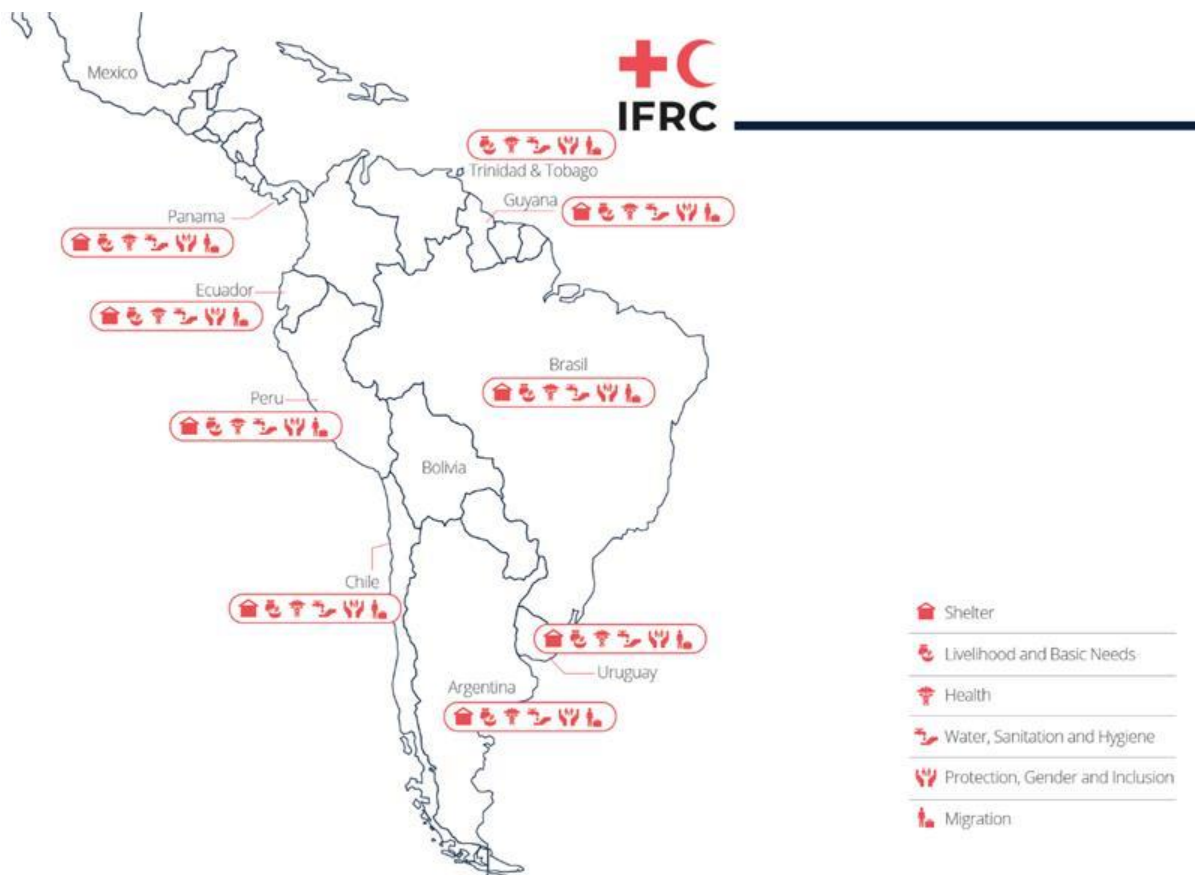
To respond to the humanitarian needs of migrants, the **Uruguayan Red Cross (URC)**, with the technical and financial assistance of IFRC, has been working in favour of migrants since December 2018 in different cities across the country. In particular, the National Society has conducted a variety of actions, including the distribution of hygiene kits, shelter kits and food baskets, the provision of daily dinners to 30 migrants, the satisfaction of basic needs through a multipurpose transfer program monetary policy, the provision of psychosocial support, the provision of services to re-establish contact between family members and the development of material for access to information and the reduction of stigma, xenophobia and micro xenophobia. Additionally, in response to the current pandemic, the Uruguayan Red Cross is managing four contingency centres for migrants in Rivera, a city on the border with Brazil, in coordination with government authorities (this intervention is currently financially supported by the COVID-19 operation). To reinforce their response, the URC took a three-month online course organized by IFRC and IOM on Camp Coordination and Management at the beginning of 2021 to have more trained personnel to assist the population in this type of settlement.



Camp Management, Uruguay Source: IFRC

Overview of Red Cross Red Crescent Movement

The following image shows the intervention and sectors in each of the countries with funds from the appeal.



The IFRC Regional Office for the Americas (ARO) ensures proper and effective coordination between Movement components (National Societies and the ICRC) to meet the needs of the affected countries through their respective National Society. Considering the current migration context, ARO has formed at the begin of the operation a Migration Coordination Cell composed of experts from the IFRC with the mission to assess the situation and support the implementation of *active emergency* operations in the region.

The International Committee of the Red Cross (ICRC) provides a response to the needs of migrants in the countries covered by this appeal through its Regional Delegation in Brasilia (covering Brazil, Argentina, Uruguay and Chile), its Regional Delegation in Lima (covering Peru, Ecuador and Bolivia), its Regional Delegation in Caracas (covering Venezuela, Trinidad and Tobago, Aruba, Bonaire and Curaçao) and its Regional Delegation for Panama and the Caribbean. The ICRC responds to the needs of migrants in Colombia through its country delegation. ICRC actions, focused on protection and RFL, are primarily implemented in sensitive border areas (mainly in Brazil, Colombia and Venezuela but also in Peru, Ecuador and the Caribbean islands). These are coordinated and complementary to those undertaken by other Movement partners.

In addition, the ICRC—together with host National Societies, the Secretariat and other Partner National Societies—continues to support the provision of RFL services along the migratory route. The 33 RFL connectivity kiosks (23 supported/implemented by ICRC) offer a combination of the following services: phone calls, access to Wi-Fi (with personal smartphones or Red Cross smartphones), access to the internet (with Red Cross laptops/tablets) and battery charging. In some of these kiosks, the Red Cross distributes self-care messages and messages to prevent family separation along with first aid, hydration and psychosocial support services. The ICRC also invests in the capacities of National RC/RC societies in RFL.

From a strategical perspective, IFRC and ICRC have been working together during the entire operation, to support all National Societies in the elaboration of its own Migration Strategy or Migration Action Plans. In addition, they supported National Societies to improve their knowledge and capacity on migration, during several trainings.

The IFRC also coordinates closely with ICRC delegations and regional delegations in the Americas and at its headquarters in Geneva, which collectively cover migrants' entire migratory journey. The ICRC, due to its well-established expertise and long-standing experience in Protection, is increasing its support to the affected National Societies along the migratory routes, coordinating with the Emergency Appeal for Migration in Colombia and with the Monarch Butterfly project in Peru.

Overview of non-RCRC actors

The RCRC Movement coordinates with the IOM, UNHCR, and other UN system agencies and NGOs that participate in the Regional Platform of Interagency Coordination (R4V – Response for Venezuela). The R4V Platform established by the UNHCR and IOM in April 2018, is the result of an intraregional field-driven strategic planning process, bringing together 159 appealing organizations, in consultation with all host governments, local communities and authorities, United Nations agencies, civil society, including international and national non-governmental organizations (NGOs) and faith-based organizations, the Red Cross Movement, the donor community, as well as consultations with refugees and migrants from Venezuela.

Dedicated national coordination platforms are also in place in Brazil, Colombia, Ecuador, Peru, Costa Rica and Panama; inter-agency coordination also is ongoing in the Caribbean, Central America and Mexico and Southern Cone. In addition, the IFRC through existing global agreements has maintained bilateral coordination with UN agencies in the target countries.

Moreover, since April 2020, the CashCap expert in partnership with IFRC Americas Regional Office, has been remotely deployed to strengthen the [Regional Cash Working Group- Response for Venezuelan](#) (co led by WFP and IFRC) to respond better to the changes of needs and ways of working that the COVID-19 crisis is bringing and address the needs of regional partners and national CWG both in the short and the medium term. The Working Group (WG), facilitated by the CashCap expert, ensured an effective and inclusive interagency [online](#) space for collaboration to support 17 national / sub-regional platforms, 13 Sectors/Subsectors, and 57 organizations implementing cash and voucher assistance (CVA) to address the needs of Venezuelan refugees and migrants, and the respective host communities across the Latin American and Caribbean region^[66]. Specifically, it fostered dialogue and collaboration between national and sub-regional platforms and Cash Working Groups and worked closely with IFRC Americas, regional sectors and cross-cutting themes, such as [Shelter](#) and [Gender-Based Violence](#). The expert supported two R4V strategic planning processes, namely the review of the Response Plan for Refugees and Migrants 2020 to [COVID-19 crisis](#) and the 2021 Planning (Technical Guidance for National Platforms). The CashCap expert systematically put in place consultation processes through monthly and ad hoc meetings as well as open [online surveys](#) to provide comprehensive information on the extent of CVA in responding to humanitarian needs and related to durable solutions for refugees and migrants from Venezuela to focal points across 15 countries. In 2020, the WG facilitated more than 10 webinars for partners and contributed to 7 evidence-based reports, case studies, learning reports, guidelines, mappings, and research produced by partners focused on CVA and Venezuelan refugees and migrants.

IFRC is also observer of the “coalition”, which is a strategic alliance of national, regional and international civil society organizations with regional coverage in Latin America and the Caribbean that work with refugee, migrant and displaced populations within the framework of international and regional principles and standards of Human Rights, International Refugee Law and International Humanitarian Law. This participation seeks to create the capacities and conditions within the alliance to achieve a genuine and meaningful dialogue with states and populations in Latin America, and to promote an effective and sustainable humanitarian response.

To conclude, another example of effective coordination is the one that was carried out on the ground in Darién, Panama. During the operation, coordination with local governmental and international actors led to the creation of the so-called “Mesa de coordinación interagencial” (Interagency Coordination Meeting) during which the IFRC and the Panamanian Red Cross assumed a leadership role. For more information on the results achieved, please consult the following [document](#) of the scenario planning process for 2021.

Needs analysis and scenario planning

Needs analysis

The continuous spread of COVID-19 in the Region, added to the response measures implemented by several countries to contain the virus and fight against it at a regional level, is producing differentiated changes and impacts that have worsened the situation faced by the migrant and refugee population and by host communities. The impact of the virus and the increased vulnerability of migrants and refugees have produced profile and flow changes.

Regarding migration flows, there has been a significant increase of migrants leaving Venezuela and also crossing the Darien jungle. Many of the migrants are once again looking for opportunities in other countries in the region. This is an alarming situation considering the high risks migrants may face particularly regarding their health and protection.

Since the start of the operation, the IFRC and National Societies have continued conducting assessments of migrants' needs and the situation in host countries. Additional information is gathered through the Regional Platform and secondary sources (governments and humanitarian actors in the field) to identify changes per country and regionally in migration flows, profiles, needs and actors working on these. Overall, needs exist in areas such as Shelter, Health, WASH, Livelihoods, maintaining and restoring family links and education. These vary depending on the migrant's profile (gender, age, where they are in their journey [in transit or at their final destination]) and the country.

While there are still pressing needs in the areas mentioned above, the IFRC sees the need to increase and highlight more actions related to **Protection, Gender and Inclusion (PGI), access to information, social inclusion, access to the labour market and Community Engagement and Accountability (CEA) within the context of Migration for all sectors**. The upcoming revised appeal will bring together the revisions National Societies are making to their national plans of actions and budgets. See section **B. Operational Strategy**.

Shelter:

Migrants are forced to seek informal and inadequate shelter (especially in destination countries) due to high housing prices and demand, compared to the available supply of adequate accommodations. During the transit process, shelters often lack the capacity to absorb the number of migrants arriving, forcing them to live in precarious conditions on the street or in informal settlements.

The demand for rent support for asylum seekers and migrants outweighs the supply of affordable housing options. Overcrowded conditions in accommodations is a high risk for people on the move and migrants. In most countries, the target population resides in cities with a high urbanization rate and acute vulnerability levels. Increased prices for rental properties, overcrowding in housing, and lack of legal support for rent are common. In host countries, a focus on Housing Land and Property support is necessary. There are high risks and impacts of eviction, leading to the street situation, increased contagion rate, lack of access to public services, deportation, and family separation. According to a survey collected by the R4V team, the primary needs of evicted households 70% are work-related, 69% to food safety, and 29% housing.²⁷

Livelihoods and basic needs (including food security):

Loss of income, reduced assets, absence of legal documents, and inability to enter the labor market make accessing food and launching or restarting income-generating activities difficult. Livelihood recovery is hampered by high poverty and inequality levels, inefficient health and education systems, and limited work opportunities in transit and host communities. Migrants' complicated legal status and vulnerable humanitarian situation make them especially vulnerable to labor exploitation. Lack of trust and xenophobia limit opportunities for migrants to access employment opportunities and/or place their products in local markets.

The impact of the socio-economic crisis has also affected migrants negatively. An ILO²⁸ study on the impact of the pandemic on labor migration, mobility, and recruitment practices in Latin America and the Caribbean has identified that:

- The crisis has had negative labor, cultural, socioemotional, and health impacts.
- The main concerns of migrants do not have the means to support themselves in the medium term and not find work in the long term in both the country of origin and destination.

²⁷ <https://r4v.info/es/working-group/285?sv=39&geo=0>

²⁸ https://www.ilo.org/americas/publicaciones/WCMS_778606/lang--es/index.htm

- 43% of refugees, asylum seekers, and migrant workers were still working at the time of the survey (between August and October 2020), while 57% were unemployed at the time of the survey.
- The loss of employment by COVID-19 has been highest among those engaged in domestic work (71% unemployed), followed by the sales and restaurant sector, and hotel and tourism, where 59% and 54% of people were unemployed, respectively.

This is in line with Economic Commission for Latin America and the Caribbean (ECLAC)²⁹ information, which states that the situation of migrant workers in an irregular situation will be affected, since the measures to prevent contagion have limited the activities of the sectors where the bulk of migrant labor is concentrated, such as commerce, hotels and restaurants, small businesses and the informal sector, precisely the sectors that have been hardest hit by the crisis. This is also a group of people with restricted access to health and social protection systems. In this regard, the situation of migrant women in paid domestic work is of concern due to their precarious situation and even exposure to violence (UN Women, ILO, ECLAC, 2020³⁰).

The majority of skilled migrants face challenges obtaining positions for which they are qualified and often engage in unskilled labour for which they are overqualified. Women, with their traditional support network disrupted, usually engage in caring for children, sick and elderly, and other domestic labours such as cleaning. Most women, therefore, do not have time for job seeking or cannot commit to time-intensive work opportunities. Women who are able to engage in paid work are exposed to protection threats, labour exploitation, xenophobia, restricted access to markets and unsecure working conditions. Finally, it is important to mention the high risk of child labour, as migrant children in some instances work alongside their parents, beg in the streets or sell items (this can include forced begging by their parents or as a result of trafficking) and are subject to forced labour in domestic work. There are also informal reports of commercial sexual exploitation, sometimes as a result of human trafficking; unfortunately, there are no updated figures available or research to show how many child migrants are facing this protection issue.

Health:

Health access for the migrant population is limited to specific care received in countries of transit (at isolated points); however, these services are of variable scope and coverage and do not represent comprehensive health care. Likewise, they are not part of an information management system that allows for the medical follow-up of users or patients beyond the point of care. In these conditions, clinical-pharmacological follow-up is lost, as well as the possibility of maintaining therapies and treatments for Non-Communicable Diseases (NCDs) or chronic diseases, generating an impact on the health condition of migrants. One of the main obstacles to health care is language barriers, since, without human or technological resources to facilitate interpretation, many people increase their vulnerability, generating complications in their health condition due to lack of care and timely treatment.

The need to integrate supplementary and complementary nutritional programs, according to the needs of the population groups, the availability of resources in food security according to the cultural customs of both migrants and the receiving country. Similarly, supplementing immunization programs for the most vulnerable groups is a felt need, based on the lack of such programs in their countries of origin. A sexual and reproductive intervention for women and men with a component in gender equality aiming to early recognize and denounce and reduce any situation of gender-based violence. And finally, the integration of health actions with host communities will ease the integration and natural acceptance of the migrant population.

Psychosocial Support (PSS):

In the COVID-19 situation, the measures adopted by each country have affected population movements and have an impact on the travel of migrants between and within countries, Situations that increase the levels of stress, anxiety, uncertainty, and fear in the face of the impossibility of meeting basic needs. Also, barriers to access health/mental health services and economic support exacerbate the impacts of worsening mental health due to the pandemic and confinement measures.

National Societies (NS) face the challenge of addressing psychosocial needs according to the characteristics of the context and the current situation. From the evaluation of psychosocial needs and the monitoring of actions, the importance of continuing to strengthening the component of PSS in the technical aspect, available resources, human resource capacity, structuring of interventions, guidelines and, follow-up of the actions carried out by the NS. It also reflects the importance of having a reference and/or coordinator who can manage, coordinate and develop the Mental

²⁹ <https://www.cepal.org/es/publicaciones/46753-la-proteccion-social-trabajadores-informales-impactos-covid-19>

³⁰ <https://lac.unwomen.org/es/digiteca/publicaciones/2020/06/trabajadoras-del-hogar-frente-a-la-crisis-por-covid-19>

Health and Psychosocial support (MHPSS) approach. Continue the articulation between areas such as PGI and CEA, to generate strategies for the promotion of mental health and psychosocial support to the community. In this sense, regional documents, guidelines, practical tools, and training have generated a strengthening in MHPSS interventions.

Migrants in an irregular situation are at high risk of being left out of health responses and are particularly vulnerable to exploitation and abuse, including violence, stigma, and discrimination. It is important to work closely with affected populations and involving them in the response is critical to understanding their needs. The interventions of the national societies in MHPSS during COVID-19 faced challenges and difficulties which implied that the NSs readapted their response to continue covering the psychosocial needs of migrants through different actions such as the Tele assistance lines.

Water, sanitation, and hygiene promotion (WASH):

The migrant community at specific points of their transit has limited access to safe water. It is essential to promote health in the environment by creating healthy environments where the community can follow the protection measures against COVID-19. To this end, it is imperative to ensure that they have safe water and soap as a minimum, messages reinforcing the proper use of water, and resources for handwashing and hygiene education involving the entire community.

Without access to safe water, water distribution points, handwashing points, and soap in the community, basic handwashing hygiene actions and MRS facilities are compromised. Also, a place with poor sanitation can be a focus of contamination and a spreader of vectors that cause severe health problems among the people who live close by and pose a serious environmental threat. So, water education and health education are essential approaches to meeting these needs, fostering learning about water and health at the community level. Besides, improving institutional, professional, technical, health, and education sector capacities and water sector operators are vital to fostering understanding of cultural aspects of water, sanitation, and hygiene to promote health equity.

Protection, Gender, and Inclusion (PGI):

All the countries included in this Appeal have significant gaps in providing institutional referral mechanisms for protection issues, especially for migrant survivors of SGBV or another form of violence. Trafficking with the aims of sexual exploitation, for example, is one of the more prevalent protection risks. However, it is complicated to identify, and there are very few existing referral mechanisms for victims. Referral systems exist in some countries, but they do not ensure proper protection of the affected population. Instead, these mechanisms tend to be time costly and ineffective. UN agencies, governments, and the Red Cross have identified severe challenges with identified cases and their subsequent management. The already difficult situation of migrant women in the region translates into a more significant impact of COVID-19 in terms of both health (due to their lower levels of health care coverage and more inadequate living conditions) and economic and social conditions (due to the loss of income due to their precarious labor conditions)³¹. In terms of health, the difficult access to sexual and reproductive services is one of the main gaps. Besides the risk's protection as mentioned above, other risks are being heightened during the pandemic. A rapid assessment made by UNWOMEN and CARE³² showed that both Afro-descendant and migrant women are especially vulnerable to acts of sexual harassment due to the exoticization and hypersexualization that exist in the host communities. Consequently, they are more exposed to sexual abuse, survival sex, sex work in precarious situations, and forced/early unions.

COVID-19 has also increased the risks of detention, refoulement and exploitation by different actors. Their process and return to their home country, and even their returning to migrate exposes them to increasing xenophobia manifestations. According to the last assessment of LGBTIQ+ migrant and refugee populations in Colombia, Ecuador, and Chile³³, some of their push factors to migrate include: 1) the social, political, and economic situation of their countries of origin, 2) barriers in accessing sexual and reproductive rights (such as retroviral treatment for persons who live with HIV, hormonal treatment for transgender persons, gender-sensitive medical treatment and others), and 3) absence of a legal framework which allows them the exercise of their rights, increasing the cases of violence for stigma and prejudice against these populations. In the migratory transit, the different myths, misconceptions, prejudice, and the lack of technical capacity of service providers in the field, have put the LGBTIQ+ populations at severe risk of extortion of illegal groups, threats against their integrity, restrictions in the public site, restrictions to access health and shelter services, trafficking through sexual and labor exploitation, attempts- and acts- of sexual violence, forced recruitment, survival sex and overall a profound marginalization and manifestations of violence trigger by prejudice. Due to the preconditions of

³¹ <https://www.cepal.org/es/publicaciones/46483-riesgos-la-pandemia-covid-19-ejercicio-derechos-sexuales-reproductivos-mujeres>

³² https://www.care-international.org/files/files/enlac_rga_report_english_final_junio2_1 comprimido.pdf

³³ <https://r4v.info/es/documents/details/85788>

stigma, these populations (overrepresented by transgender women) often prefer to travel through irregular pathways, which unfortunately exposed them to more risks.

Older people are another population who are recently part of the migratory flux. The findings of the *Rapid needs assessment of older people in Venezuela*³⁴ showed pressing protection needs that increase in the migratory route. This group depends on children or other older people for care and support. To reach aid services and distribution centers requires assistance, caring for, and supporting, on average, five dependants, and many have a disability.

Ethnic populations have shown, as well, to be a marginalized population and sometimes outside the scope of interventions. Most of this is because of the absence of knowledge about cultural traditions and language barriers. According to an OIM study of indigenous populations in Brazil³⁵, the new cities and states could and should provide information about cities' entire experience with a steady flow of indigenous people. Since 2017, there have been reports of manual labor exploitation from Warao men and attempts to remove their children by child services. Joint projects with the relevant institutions to disseminate knowledge on the bylaws in cities where indigenous migrants arrive are good practices in this process. In health, it is essential to clarify to the indigenous peoples how the health system and their indigenous health subsystem function so that there are no false expectations.

Furthermore, children and adolescents (particularly girls, women, and unaccompanied youth) are at risk of sexual and gender-based violence (SGBV), unsafe child labor, labor exploitation, loss of educational opportunities, not meeting their age-specific nutritional needs, and psychological challenges due to the migrant experience.

For 2021, the main groups, according to the R4V platform for the Protection sector³⁶, are refugees seeking asylum, host communities, persons in transit, pendular migrants. The main priorities are 1) identification and referrals through the provision of specialized services for survivors of GBV and trafficking, unaccompanied children and adolescents, and support to ethnic populations (including indigenous communities); 2) monitoring of protection risks; 3) Strengthening of the capacities of field teams and key stakeholders; 4) Creation of communication campaigns of violence prevention; 5) Strengthening of coordination networks. These groups and areas remain priorities of the current movement population appeal and are expected to continue implementing through the remaining program's remaining time

Migration:

Since the beginning of the operation, the IFRC and the different NS involved, have constantly observed and monitored the different needs of migrants in the region also in coordination with the operation in Colombia. The different flows and the composition of these, as well as the profiles of migrants, have changed constantly since 2018. In general, at all stages of their journey, many migrants face coercion, exploitation, and abuse, challenges that are compounded by inadequate support and limited access to essential services. The immediate needs of all persons exposed to physical or psychological danger during their journey—whether by land or by sea, and irrespective of their legal status—must be met, and persons with specific needs should be identified and supported. Without the opportunity to safely access essential services throughout their journeys, the humanitarian needs of migrants cannot be met, contributing to increased suffering and harm, as well as a loss of dignity.

According to the Regional Coordination Platform for the Response for Venezuelans (R4V), co-led by the International Organization for Migration (IOM) and UN High Commissioner for Refugees (UNHCR), until 2015, the region had largely been characterized by high levels of emigration, and neighboring countries had never experienced migrant inflows at this scale. Since then, receiving countries have maintained mainly an "open-door" approach toward Venezuelans, with significant policy innovations allowing many to enter, remain on an interim basis, and obtain legal status via existing visa categories and special regularization programs, as well as the reception of requests for asylum. However, the COVID-19 pandemic that hit the region in early 2020 has added a new layer of complexity. Receiving countries now face the challenge of managing a public health crisis while also addressing the needs of displaced Venezuelans and the communities in which they live. Refugees and migrants in the Region are especially vulnerable to coronavirus and other diseases due to high geographic mobility, instability, informal or precarious income, overcrowding, lack of sanitation, and lack of access to decent health care or vaccination programs, among others.

³⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/Rapid%20needs%20assessment%20of%20older%20people%20in%20Venezuela.pdf>

³⁵ <https://brazil.iom.int/sites/default/files/Publications/indigenous-migrants-and-refugees.pdf>

³⁶ <https://r4v.info/en/documents/details/83604>

Community Engagement and Accountability:

The COVID-19 situation has compounded the already precarious situation of migrants in the region. The confinement measures have made it difficult to maintain direct communication with migrant populations, so shifting to online mechanisms has been very useful. However, it left out a significant group of people.

During 2020 and so far in 2021, it has been critical to understanding migrants' perceptions of the overall pandemic situation and access to vaccines. Using digital media, the National Societies, with the regional CEA team's support, have run some perception surveys to collect information. Also, staff used the U-report platform, through the R4V, to know about the information needs of migrants. The actions strategies used the results to plan interventions.

A rise of discrimination and negative sentiment towards migrants increased during the pandemic in the region. There have been rumors about migrants bringing the virus, not respecting protective measures, and consequently increasing the infection rates. With the arrival of the vaccines, there is a lot of concern from host communities that migrants will receive the vaccines first, resulting in increased discomfort. In this regard, it is necessary to continue to work with host communities, addressing concerns related to the pandemic and access to vaccines.

On the other hand, migrant populations have very little information about immunization processes, and some governments are unclear about the strategies to follow with them. It will be necessary to increase efforts to ensure that migrant populations have the essential information and participate in the immunization process.

Lack of information, misinformation, and rumors, and difficulty accessing humanitarian organizations affect migrant populations, especially vulnerable groups. While the information is available in several cases, it does not reach the target population. There is a need to maximize the use of the proper communication channels to talk to migrants. As people are uninformed, they can easily miss out on services and available assistance or receive misinformation that might put them at risk.

Operation Risk Assessment

While clear predictions regarding the evolution of the migratory context in the Americas are not possible, several factors will continue to influence the current population movement:

- The socio-political situation in Venezuela, which also encompasses the context of pressure from external actors;
- Changes to migrant profiles, new routes, and shifts in crossing points along borders;
- The economic situation in Venezuela has generated a shortage of food, water supply, and limited access to healthcare, which especially affect children and people with chronic diseases, and has a regional impact;
- The illicit armed groups active on the Colombian-Venezuelan border could continue to spur the displacement and the mobility of the population;
- Changes in migration policies, including the closure of borders, in host and transit countries.
- The outburst of armed conflict between forces of neighboring countries
- The current COVID-19 context poses significant risks to migrants and challenges to the regional operation, including the increase of vulnerabilities due to loss of employment, the significant number of migrants stuck at border areas, and a significant amount of Venezuelans aiming to return to their home country.
- Social contexts in the host and transit countries trigger different travel behaviors and increasing stress and anxiety, making migrants make fast decisions that can put them and their families at risk.
- Reduced operational space in the countries of transit and destination
- Return of persons to Venezuela, under the tightening of migration policies
- Deterioration of the economic condition in transit and destination countries
- The increase of human trafficking and exploitation as a result of higher vulnerabilities of women and girls during the pandemic
- Reduced funding to sustain the operation
- Disaster in Americas
- Changes of the profile of population in transit
- Presidential and parliament election may increase discrimination, xenophobia, and social unrest (Chile, Ecuador, and Peru)
- The lack of an inclusive primary health public service still a significant problem.
- Government measures may change at any moment as the number of positive cases is still increasing. Community activities are still uncertain.
- Low rates of COVID-19 vaccination as the national governments struggling to get vaccines in an over demanded global market.

The IFRC, during an internal review, mapped different macro scenarios to identify possible regional-level actions for different types of outcomes of the current situation, analyzing what could be the impact at the regional level. National Societies from Argentina, Costa Rica³⁷, Ecuador, Panama, Peru, and Uruguay have assessed how each scenario could affect their countries' situation and lead to possible changes in their humanitarian interventions.

Although the COVID-19 context changed the migratory flows, the evolution of the influx, as stated in the previous update, remains:

- It can be assumed that the flow of people will continue;
- The actual number of migrants is underestimated due to the use of unofficial border crossings; and
- Migration routes could shift if more restrictive migration policies are implemented.

B. OPERATIONAL STRATEGY

Proposed strategy

In response to a sustained increase in population movements in the Americas, the RCRC Movement conducts humanitarian operations through this Regional Appeal in nine countries receiving migrants. The National Societies in the region have scaled up their response with the support of other components of the Movement: the ICRC, PNS, and the IFRC's Secretariat through DREF operations, the Emergency Appeal Colombia: Population Movement (MDRCO014), the Emergency Appeal in Venezuela (MDRVE004) and this Regional Emergency Appeal.

The transition process for the Americas' population movement operation has been developed since the mid-year of 2019 with the recommendations of different delegations and technical advisers of this operation assigned for this operation, the Migration team, the different country clusters Delegations (CCD), and the National Societies involved.

The transition process has begun with the revision of the regional appeal and the 2021 planning process. In this regard, each National Society, in coordination with the CCD, has reviewed the strategic migration framework, action plan, and budget to improve the transition. The Regional Office expects that this transition can begin in the first half of 2021, considering each National Society's capacity, available resources, capacity of each CCD and CO, and the integrality with other types of programs and operations.

IFRC Regional Office intends that each project in the appeal be managed and administered from each Country Office and CCD, but with monitoring from the Regional Office. This process has a shared responsibility and is handled differently in each country.

Regional strategy on Migration:

The Emergency Appeal is aligned with the [Toluca Declaration for Migration \(TDM\)](#), which was adopted in November 2016 by the International Red Cross and Red Crescent Movement and established the Movement's regional priorities to respond to the humanitarian needs of migrants in the Americas. A [Red Cross Movement Plan of Action on Migration in the Americas 2017 to 2020](#).

The main humanitarian concerns of migration were primarily the migratory flows from Central America and Mexico seeking to reach the United States and smaller flows of the extra-continental population. From 2017 onwards, the migration context in the Americas changed dramatically, not only because of the Venezuela situation but also because of a growing flow of people from Haiti, Cuba, countries of Asia, and Africa.

As a result, many National Societies in the region started to implement activities in favor of migrants and host populations. As mentioned, they are currently in the process of building migration strategies and plans. It was clearly stated in May 2019 by the members of the Movement in the Americas. They endorsed their commitment to migrants,

³⁷ The Costa Rican Red Cross was invited to the process as they are also responding to the needs of migrants and have assessed a scenario in which there is a migration influx in their Costa Rica.

which was reaffirmed in the document "[The Buenos Aires Commitment](#)" during the XXI Inter-American Conference of the Red Cross³⁸.

The Movement's activities added two new issues during 2019 and 2020. The first one is the process that has taken place in 2021 within the Movement in the Americas, through the creation of a working group (composed of ICRC, IFRC, PNS, and NS), through which a series of documents were produced for the International Conference of Donors in Solidarity with Venezuelan Refugees and Migrants. This working group reactivated before the next conference in 2021.

The second issue was the outbreak of the COVID 19 pandemic and the impacts it has had on the migrant population in the Americas, resulting mainly from the measures that States have taken to prevent and avoid the spread of the virus. This context has put the Movement's components, mainly National Societies, on the front line of responding to the increased vulnerabilities and accentuated needs of migrants and has forced them to adapt the response modalities.

This Emergency Appeal addressed all four lines with Protection, Gender, and Inclusion (PGI) playing a central role in the intervention and supported by Community Engagement and Accountability (CEA) strategies. The different operations update develops the core intervention pillars of the operation.

National Societies have been developing national CEA plans and strategies that ensure communities are consulted, included, and listened to throughout the intervention cycle. CEA is understood as a transversal theme in the intervention. However, to show a coherent CEA strategy present in every area of intervention, the CEA outcome, outputs, and indicators are grouped under the Migration area of focus in section **C. Detailed Operational Plan**, below. CEA activities focus on the following main areas:

- **Community participation and feedback:** National Societies have continued to establish feedback mechanisms, especially using the WhatsApp tool and other digital means. It is worth highlighting Peru, Brazil, Ecuador, and Chile's efforts in this regard, which made these lines a permanent channel of communication during the most challenging moments of the Pandemic.
- **Providing information as aid:** Because of the pandemic, National Societies made sure to provide life-saving information so that migrant populations could protect themselves in this situation:
 - Information about the pandemic in general
 - Information about the protective measures
 - Psychosocial support information
 - Health tips and information (including hygiene promotion)
 - Messages against xenophobia and discrimination
 - COVID-19 vaccines

At the onset of the COVID-19 pandemic, IFRC developed risk communication action guides. National Societies worked on adapting messages and channels to ensure that migrants had the information they needed to protect themselves during the pandemic. Different formats have been developed, and traditional, digital, and innovative channels have been used to ensure that information reaches and produces changes in behavior that will help people protect themselves from the epidemic.

- **Capacity strengthening:** The NSs have identified their CEA Focal points. The IFRC has been providing training and webinars courses, facilitating peer-to-peer support to ensure CEA's mainstreaming throughout the response cycle.

Using the U-report tool, we supported the rollout of an information needs and channel survey in February 2021. The results were very similar to those of the survey conducted at the end of 2019. An update of the survey conducted in 2019 is being proposed to define the strategies for 2021.

³⁸ Which identifies Migration and Population Movements and Identity as one of the global challenges calling to prevent and reduce the specific risks, discrimination and xenophobia associated with population movements (migrants, asylum seekers, internally displaced persons, travelers and returnees), whether in their place of origin, transit or destination, through the expansion of holistic services and programmes and the promotion of people's rights and dignity.

Through a participatory approach, the Movement is developing a continuous assessment of the context that is guided by the recognition that factors such as sex, age, disability, gender, sexuality, health status, legal and social status and ethnicity or country of origin may put migrants at heightened risk of discrimination, abuse and exploitation along migratory routes. This also includes the development of assessment forms for this specific situation and that were connected to the assessment done by the FACT team from June to August 2018.

The issue of humanitarian data protection is critical. The aim is to provide services for vulnerable migrant populations that help them connect with their loved ones while limiting their exposure and risks related to traceability. The IFRC and ICRC have been working on a joint approach to guide National Societies on data protection. On February 2020 an Information Management and Data Protection regional training was carried out in Buenos Aires, Argentina, to develop National Societies' capacities on data collection and data management of sensitive data to prevent data breach and ensure compliance and enforcement with IFRC's data protection policies.

To provide services that guarantee humanitarian data protection an Information Management system called "RC2 Relief" has been implemented in Ecuador, Peru, Panama and Chile for Cash Voucher Assistance (CVA) which has user profiles aligned with the structure of the implementation control access to increase data security and privacy for the assisted people and the data is secured stored on certificated servers where ports available are limited with private networks created isolating the database from the public Internet.

As a humanitarian actor, the Movement is documenting and analyzing possible challenges to better understand and respond to people's risks and threats on the move and assess authorities' capacity and commitment to protecting this population. This entails issues of "future" risk, such as the consequences of new migration policies in each country, an increase in xenophobia and/or a general deterioration of the situation.

The IFRC with National Societies and other RC members in the region have reviewed and approved the **Plan of Action on Migration in the Americas (2021-2024)**, in order to determine the key areas and actions to be prioritized during the next years. As a humanitarian actor, the Movement is documenting and analyzing possible challenges to better understand and respond to the risks and threats faced by people on the move and assess authorities' capacity and commitment to protecting this population. The current situation of Venezuelan migrants and refugees is unprecedented in the region. Thus it has crucial implications on the operations compared to a traditional disaster-related response. In this context, the regional migration team and National Societies teams have played a tremendous role in including a migration/displacement medium and long-term approach to the operations since the outset. These impacts and needs will continue, and the recovery to a long-term and sustainable approach will be a long way (Including the COVID-19 context).

Some factors to take into consideration when thinking about mid and long-term solutions are:

- **The high number of migrant persons:** With almost 5.5 million people from Venezuela alone present in different countries in the Americas, including more than 896,300 asylum seekers, the strains on social services in communities hosting this record number of migrants is expected to persist for the foreseeable future.
- **The complexity of the "root causes":** The situation that spurred the recent movement is particularly complex. It is not a conflict or a case of violence that may end in the short term.
- **The fear of a "pull factor":** Governments in the Americas regions want to avoid creating a "pull factor" that would attract more people. Therefore, the requirements for entry into some countries of destination for Venezuelan migrants were tightened in mid-2019.
- **The phenomenon of "compassion fatigue" and donor fatigue:** Since the Venezuelan situation began in 2014, most countries in the region have generously facilitated access to territory and provided legal stay arrangements, despite an absence of the required infrastructure, systems, and resources to host such large numbers. However, the basic services are strained (health, education, shelter), and Venezuelan migrants incorporation into the labor market has not taken place under the best conditions.
- **Social tension in the Americas:** In the last months, several social protests started in some of the transit and destination countries. The political solution from the governments in charge may end with a new electoral process, contributing to increasing populist rhetoric in national politics.
- **Returning to Venezuela:** Voluntary repatriation is generally considered the most desirable long-term solution for refugees (less for migrants). The assumption was that migrants and refugees were forced to flee their

countries in the first place, so they would prefer to go back home. “Forced” return of the displaced to Venezuela seems unlikely at the moment. Not only do countries of destination recognize that the concerned persons are in need of protection, but there is also considerable pressure on the governments from the international community. The “not-so-voluntary” repatriation There is the possibility, also, that the countries of destination would at some point reduce/limit the level of assistance to the migrants to spur people to return “spontaneously” and “voluntarily” back to Venezuela.

- **Darien situation:** In addition to the unprecedented number of migrants from Venezuela settling throughout the region, some countries in the Americas receive significant numbers of extra-regional migrants from the Caribbean, Asia, and Africa.
- **COVID-19 in the Americas:** Many returnees are going back to their country because they have no opportunities in the host and transit countries. It is an alarming situation considering the high risks migrants may face, particularly regarding their health and protection.
- **Low rates of COVID-19 vaccination** as the national governments struggling to get vaccines in an over demanded global market, including migrants at part of the vaccination campaigns

In the framework of the operation of the Regional Population Movement Appeal, the actions of the Red Cross continue to be reduced due to these situations. Nevertheless, despite the mobilization difficulties and lack of resources, it continues to work to ensure vulnerable people's protection and dignity. Updates on the population movement operation and COVID-19 have been published through the [Go platform](#) to access all documents.

Operation’s objective: The provision of urgent and immediate assistance and protection in a coordinated manner to people traveling along migratory routes, migration points, and destinations.

C. DETAILED OPERATIONAL PLAN

This report covers the period from September 2018 through March 2021. Though National Societies also use local funds, partnerships, and emergency funds to implement activities in response to migration, **the following section focuses on the actions covered with this Emergency Appeal’s funds only.**

The fluid, ever-changing nature of population movement, especially on the scale of that in the Americas in the last 2-3 years, presents several significant challenges when planning and implementing an Emergency Appeal for migration. Changes to migration policies, volatile economies in the region, civil unrest, an increasing number of implementing partners, and constantly shifting humanitarian needs necessitate an agile operational response that can change when necessary to respond to migration trends appropriately.

The activities planned in each country at the start of the operation and during the revision of the Emergency Appeal in April and December 2019 were included with the migration context in mind. Still, several significant developments throughout the region have presented implementation challenges in several instances.

In 2019, due to visa requirements and heightened restrictions in countries such as Ecuador, Peru, and Chile, the number of migrants entering through formal border points decreased. On the other hand, irregular migration has increased in several countries, as migrants choose to circumvent established border points and enter countries without proper documentation to avoid the lengthy and expensive naturalization processes that would otherwise be required of them. The needs of these migrants differ from those who enter through formal pathways. Thus, National Societies' services in countries where such influxes in irregular migration occur have been adapted.

Besides, the outbreak of COVID-19 has impacted and continues to dramatically impact migrants, especially those who were already in a situation of vulnerability. A growing number of migrants and refugees from Venezuela remain without basic access to services and rights one year after the beginning of the pandemic. Evictions continue and the increase of xenophobia is alarming, worsening the situation of thousands of refugees and migrants; in particular, these evictions have resulted in homelessness, increasing the risk of COVID-19 contagion; in addition to the pandemic-related health risks that homelessness poses, evicted refugees and migrants living on the streets also face stigmatization and the risk

of exploitation and abuse³⁹. Protection risks increased, especially with prolonged border closures, increased irregular displacement, militarization of some borders that have increased in the first quarter of 2021, and worrying deportation cases. Humanitarian needs are growing and the challenges of providing support, especially face-to-face support, continue.

Moreover, a few of the National Societies included in the Emergency Appeal have yet to implement activities for various reasons. The Chilean Red Cross, for instance, was not included in the operation until about halfway through 2019 and did not receive funding until September 2019. The Guyanese Red Cross did not sign their agreement until September 2019, while ICRC in Brazil started implementing activities with funds from the Appeal in October 2019. The Brazilian Red Cross started being fully involved in the appeal in May 2020. Bolivian Red Cross was included in the operation only with the last revision in 2020.

Finally, the COVID-19 pandemic and the resulting quarantine in place through much of the region have presented a series of challenges not just for the affected population but also for implementing the activities.

Restricted movement, a shifting migration context, sanitation concerns, and concern for the wellbeing of Red Cross staff and volunteers have put some actions on hold in several countries.

A more detailed description will explain below the low implementation rates in comparison to target numbers. Most causes are attributable to the overall challenges mentioned above. A few National Societies are only recently beginning to implement their response to population movement in the region due to their national strategies, coordination with governments, and existing capacities in each country.



Shelter

People targeted: 4,850 people

People reached: 5,754 people

People Targeted / Reached per Country in Shelter

	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People Targeted	400	N/A ⁴⁰	600	3,050	100	300	N/A	N/A	400	4,850
People Reached	414	N/A	876	1,662	390	1,900	N/A	N/A	512	5,754

*Countries included above and without description in the actions' part are due to completing their activities before in the operation. That information can be found in the previous reports.

Outcome 1: The migrant population restore and strengthen their safety, well-being and short, medium and longer-term recovery through shelter and settlement solutions.

Indicators:	Target	Actual
Number of shelter services provided that are adapted to migrants' needs (disaggregated by type of service)	4,850	5,754
Output 1.1: Migrants have received assistance to cover their basic short-term shelter needs.		
Indicators:	Target	Actual
Number of household items and emergency shelter materials/kits delivered	4,150	2,063
Output 1.2: Migrants have received assistance to cover their mid-term shelter needs.		
Indicators:	Target	Actual

³⁹ <https://r4v.info/en/documents/details/84965>

⁴⁰ If a National Society is not conducting actions in a sector, no figure is reflected for people targeted / reached in that country.

Number of assisted HH able to meet their mid-term shelter needs through cash for rent programmes.	700	414
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Output 1.3: Migrants have received assistance to cover their long-term shelter needs.

Indicators:	Target	Actual
Number of regional strategies produced for long-term and programmatic approach.	1	0

Progress towards outcomes

Outcome 1:

5,754 shelter services provided that are adapted to migrants' needs.

ARG	CHL	ECU	GUY	PAN	URY	Total
414	876	1,662	390	1,900	512	5,754

The 5,754 shelter services provided since the launch of the Appeal. Most of it has focused on support in shelter facilities.

While in Argentina, the intervention has focused on the provision of cash for rent. Paying for accommodation in this country is a great challenge. With the loss of regular income by migrants families, a lot of them have struggled to pay for the monthly rent. Before they lost their homes, 414 families benefited from the cash for rent and remained living in decent conditions.

In Ecuador, the work focused on providing food support to the people who live in shelters. In the last months, food provision happened in Quito, Guayaquil, Machala, Tulcan, Lago Agrio, and Ibarra. Other organizations generally run the shelters, and so far, the ECR has provided food and cleaning products to improve the stay of the migrants.

Also Uruguayan Red Cross provided support in the shelter of Rivera's city, the border with the Brazilian region of Rio Grande Do Sul. Migrants received a Covid-19 test before continuing their way. While waiting for the results, they stay in the so-called contingency centers to stay instead of sleep in the streets.

Output 1.1:

2,063 household items and emergency shelter materials/kits delivered.

CHL	ECU	GUY	PAN	URY	Total
876	85	390	200	512	2,063

Chile: The winter in the country is cold, and the ChRC worked to provide so-called winter kits. They contain items such as warm clothes, coats, shocks, etc. Initially, they come from countries with warmer weather, and they would not expect the cold temperatures reached during the cold months. Over the length of the operation, they have delivered 876 winter kits.

Ecuador: ERC makes basic kitchen 50 kits to support families to have the basic tools to prepare food. Pichincha and El Oro delivered among the population there reaching a total of 269 people. Another 15 cleaning kits distributed contained cleaning products in other areas of the country such as Quito and Guayaquil reaching 565 people. Other areas of the country, such as Machala, Tulcan, Lago Agrio, and Ibarra, have received 20 food kits. A total of 85 kits have reached a total of 828 people.

The kits were delivered in Shelter facilities that host migrants.

Guyana: In December 2020, the GRC delivered several types of equipment to improve the quality of the migrants who live in Purum, Moruc, Anna Regina, Lethem, and Mabaruma Central. The items were mosquito nets, kitchen sets, 155 solar lamps, tarps, and treated nets. As a result of it, they reached a total of 390 people.

Panama: The Panamanian Red Cross in the ERM of Lajas Blancas delivered a total 200 shelter kits with tarpaulins and construction items for emergency shelters. Overall they reached 300 households and considering that an average of 4 people conforms a household, this action reached 1600 people in the last semester of the operation.



Volunteers supporting the camps in Panama. **Source:** IFRC

Uruguay: Similarly, as in Chile, the Uruguayan winter reaches freezing temperatures. To prevent problems with the weather and improve the migrant's life, the URC delivered cold-weather kits. It includes blankets, coats, gloves, hats, and shocks. They prepared differentiated kits for children, women, and men. Also, URC configured house kits that contain towels and sheets for the house. They delivered 141 house kits and 301 winter kits throughout the operation, reaching a total of 512 people.

Output 1.2:

414 households provided cash for rent to meet their mid-term Shelter needs.

Argentina: The Argentine Red Cross (ARC), using a Cash Transfer Program strategy, has supported 414 households. The purpose of the funds, in particular, can only be used to pay rent of the house/apartment where families live. ARC has implanted this program in the cities of Córdoba, Buenos Aires, and Rosario. It starts with an interview and assessment of the needs. Once qualified for it, the families received a credit card with a specific amount of money. Families received money depending on their specific needs therefore some have received more than one payment as their conditions required more than a single payment.



Volunteers interview a migrant household for ARC's cash for rent program. **Source:** ARC

Output 1.3:

Regional strategies produced for long-term and programmatic approach

Regional: With a steering commitment of 16 persons as a support practitioner to better understand the design and implementation of rental assistance services for the population in need. This type of intervention needs a multifunctional team to secure that all components are properly integrated: Shelter, Cash, Protection (particular

focus in HLP/ security of tenure), Migration/CEA and IM. [The Step by step Guide for Rental Assistance](#)^[41] was developed alongside a [Tip sheet for Rental Assistance Programming](#)^[42] to support decision-making around how to implement rental assistance intervention integrating different components to achieve shelter and settlement outcomes within their programs. A webinar was held to present the tool, which was attended by 189 people from the Red Cross Movement and partners outside the movement. The guide has been presented in several webinars organized by different partners in the region as part of the tools that can be considered for this type of program.

Challenges

Argentina: As the pandemic has increased the difficulties of meeting with others, technologies have enabled the interviews to be conducted remotely, allowing the program to continue functioning and reaching people with more significant needs.

Chile: The National Society reacted to Covid-19 with the development of training on biosecurity measures. The use of protective equipment and the reduction of physical encounters were made effective. Also, many volunteers had to reduce their interventions due to health risk factors. The increase of migrants in Colchane and Huara has forced the ChRC to conduct a needs assessment and identify more significant risk areas in the northern part of the country.

Ecuador: Due to the pandemic, there have been challenges in various areas. Conducting procurement was complex as there were shortages of products in the country. The closing of the borders and over demand of certain products, mainly cleaning. Another challenge was the participation of volunteers. The shortage was a consequence of the health insurance agreement. Finally, during the delivery of kits in shelters, ERC found significant problems in some facilities. The provision of water and maintenance are areas that require improvements.

Guyana: the challenges faced by the NS, are traveling distances to reach regions such as Lethem. Volunteers have to travel for over 20 hours by road due to the conditions. It supposes on them the extra time of stay and the difficulties that might arise on the way. Also, because the migrants move around the country, it is difficult to locate them when they have to contact them. The initial estimation of delivery actions might not be met at the end of the day, as some people might be already gone.

Panama: The confinement of people has created a situation unexpected in the country. The ERM initially thought of as passing places suddenly turned into longer-term places for migrants. The area has several difficulties, such as weather conditions and limited access by road, to the dry months (February until April). A lower presence of public services occurs in these communities as local government and central government are disconnected. Access to the ERM depends on the relationships with Migration officials, and consequently, humanitarian actors might be missing despite the urgent needs.

Regional: The change of context of COVID-19 and the new needs identified have generated that the process of going to a medium- and long-term strategy is limited. However, a comprehensive process between Livelihoods and Housing must continue developing to seek sustainable solutions in the medium and long term.



Livelihoods and Basic Needs

People targeted: 11,750 people

People reached: 33,722 people

⁴¹ A step-by-step guide for rental assistance to populations affected by crises available [here](#).

⁴² [Tip sheet for Rental Assistance Programming available here](#)

People Targeted / Reached per Country in Livelihoods										
	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People Targeted	750	2,000	N/A ⁴³	2,000	100	4,600	N/A ⁴⁴	1,400	900	11,750
People Reached	2,093	12,932	3,998	12,187	0	0	1,620	167	725	33,722 ⁴⁵

Countries included above and without description in the actions' part are due to completing their activities before in the operation. That information can be found in the previous reports.

Outcome 2: The target population, especially in disaster and crisis affected areas, restores, and strengthens its livelihoods.

Indicators:	Target	Actual
Number of targeted HH (disaggregated by age and gender) that have enough cash or income to meet their survival threshold.	11,750	13,960

Output 2.1: Households are provided with unconditional/multi-purpose, or conditional cash grants to address their basic needs.

Indicators:	Target	Actual
Number of country level livelihoods needs assessments for migrants.	4	7
Number of assisted HH able to meet (Survival) Minimum Expenditure Basket needs (including food items, food-related non-food items).	10,850	13,402

Output 2.2: Vocational skills training and/or productive assets to improve income sources are provided to target population.

Indicators:	Target	Actual
Number of labour market surveys carried out.	2	7
Number of people trained in livelihoods, market-based livelihoods, and economic inclusion (disaggregated by age and gender).	900	511
Number of people supported with in-kind assets, cash, or vouchers for restarting economic activities (disaggregated by age and gender).	330	3,416

Progress towards outcomes

Outcome 2:

13,960 households with sufficient cash or income to meet their survival threshold

ARG	BRA	CHL	ECU	PER	TTO	URY	Total
2,093	4,489	997	4,363	1,126	167	725	13,960

Output 2.1:

7 country-level livelihoods needs assessments completed.

1 each in Argentina, Chile, Ecuador, Panama, Peru, Trinidad & Tobago, and Uruguay.

13,402 households able to meet (Survival) Minimum Expenditure Basket needs (including food items, food-related non-food items).

ARG	BRA	CHL	ECU	PER	TTO	URY	Total
1315	4,489	997	4,583	1,126	167	725	13,402

⁴³ Chilean Red Cross did not initially have any actions planned in shelter as part of the operation. An updated target figure will be reflected in the revised EPOA.

⁴⁴ If a National Society is not conducting actions in a sector, no figure is reflected for people targeted / reached in that country.

⁴⁵ Where possible, an estimation for number of people per migrant household has been used to calculate the total number of people reached. In countries without an available estimate, one person has been counted per household.

Argentina: Initially, the area of livelihoods and basic needs focused on empowering people to reach the country's labor market. Before the pandemic, the actions planned focused on building capacities to face job interviews and gain job market skills. But the sudden implementation of social distancing and the cancellation of in-person activities moved the focus into a different range of interventions. The most significant actions focused on supporting families to access basic livelihoods, so providing food boxes became one of the central interventions. Most of the help reached vulnerable families in San Juan, San Rafael, I, Paraná, La Plata, and Buenos Aires. This intervention benefited food boxes arrived at 1315 families that received food boxes around the country.

Brazil: BRC delivered 3,561 food baskets to families in the last quarter of the Emergency response. A total of 1,943 baskets were distributed within São Paulo, Rio Grande do Sul, Mato Grosso do Sul, and Amazonas. NS organized the delivery within their facilities in the mentioned regions. The staff arranged everything to ensure the safety of all people involved in the event. They reached an estimated number of 2,908 people. In the border with Perú, the BRC delivered another 80 food boxes reaching 600 people. People mainly from Haiti settled in a bridge between the countries due to shelter facilities. In the whole operation, the BRC delivered 4,489 food baskets to households. They estimate that the support reached a total of 12,932 people. During the distribution, the staff collected the data required to improve the records system using ODK software. They received training in the application setup and handling the data, always ensuring that migrants' data is protected.

Chile: In the last quarter of the operation, the ChRC has focused its efforts in the region of Tarapacá. They have delivered a total of 55 food boxes for families. Considering that they reached 997 households throughout the emergency, we can estimate that they have reached 3,988 people with this line of action (assuming that the average household size is four members). In previous interventions, they distributed in the areas of Santiago, Arica, Antofagasta, and Iquique. Through the Cash Assistance Program, ChCR distributed 104 VISA cards to families. More than 400 people received support to cover their basic needs. The post distribution monitoring results mentioned that many people used their funds for, food, clothes, rent, purchase of tools, and implements for entrepreneurship as a livelihood result.

Ecuador: ERC, in the last six months of the operation, delivered food kits for 180 families, reaching a total of 720 people in the areas of Tulcan, Quito, Cuenca, Lago Agrio, and Guayas. They also configured a special food kit for migrants that are walking. They delivered a total of 310 kits in the regions of Tulcan, Latacunga, Quevedo, Santo Domingo, Machala, and Ibarra. Over the totality of the operation, they have delivered food kits for 9,198 people in 4,583 households. ERC provided 278 cards within a Cash Transfer Program. The beneficiaries were 278 families that received payments for the amount of 50 and 140 dollars depending on their needs. It reached the areas of Cotopaxi and Guayas.

Peru: The PRC has been working on the assessment to find families eligible for a cash transfer program in livelihoods. They have identified a total of 200 households that will receive the support. This action continued the excellent experience from a program from another humanitarian actor in the context.

In the months between September and December 2020, a total of 450 households received food boxes. Previously the number of households that received support was 676. So a total of 1126 households received assistance in this area of the operation. The estimation considers that 1620 people benefited since September 2018.



Delivery of CBI. Peru
Source: IFRC

Trinidad y Tobago: ToTRC distributed a total of 167 food voucher among the migrant population. Staff and volunteers followed Covid protective protocols during the distribution to ensure the safety of all the people involved.

Uruguay: The line of intervention of the URC remains consistent. They are providing a service of dinners in Montevideo, and over the last quarter, they have reached a total of 1452 meals. The service functioned from the beginning of the operation. It provides a warm meal to the people who needed the most. Overall they have provided 8,114 individual meals. It was estimated that 195 people benefited from this service.

Also, they implemented a line of cash transfer interventions. The particularity relays in the fact that it is not limited to a specific area of expenditure. This approach provides a more dignifying consideration to the people that received the support. With the cash transfer intervention, a total of 199 people benefited from it in Montevideo and Santa Rosa's cities. Over the course of the operation they have reached a total of 530 people

Regional: Since April 2020, the CashCap expert in partnership with IFRC America office, strengthened the [Regional Cash Working Group- Response for Venezuelan](#) (co led by WFP and IFRC). Responding and addressing the needs of regional partners and national CWG in the short and the medium term. The Working Group (WG) ensured an effective and inclusive interagency [online](#) space. Collaboration and support reached 17 national / sub-regional platforms, 13 Sectors/Subsectors, and 57 organizations. They all implemented cash and voucher assistance (CVA) to address the needs of Venezuelan refugees, migrants, and the respective host communities across the Latin American and Caribbean region. Specifically, it fostered dialogue and collaboration between national and sub-regional platforms and Cash Working Groups. It worked closely with IFRC Americas, regional sectors, and cross-cutting themes, such as [Shelter](#) and [Gender-Based Violence](#). The expert supported two R4V strategic planning processes, namely the review of the Response Plan for Refugees and Migrants 2020 to [COVID-19 crisis](#) and the 2021 Planning ([Technical Guidance for National Platforms](#)). The CashCap expert systematically put in place consultation processes through monthly and ad hoc meetings and open [online surveys](#) to provide comprehensive information on the extent of CVA in responding to humanitarian needs and related to durable solutions for refugees and migrants from Venezuela to focal points across 15 countries. In 2020, the WG facilitated more than 10 webinars for partners and contributed to 7 evidence-based reports, case studies, learning reports, guidelines, mappings, and research produced by partners focused on CVA and Venezuelan refugees, and migrants.

Output 2.2:

7 feasibility studies (including labour market surveys) carried out.

The National Societies of **Argentina, Chile, Ecuador, Panama, Peru, Trinidad & Tobago** and **Uruguay** have carried out feasibility studies to evaluate Cash and Voucher Assistance programs' implementation. These studies make it possible to determine with greater certainty that the modality and mechanism chosen is appropriate for the context in which they intervene. As the migration process is changing, these studies must be updated, especially in relation to market analysis. During the first quarter of 2020, reviews of the feasibility studies were carried out, and recommendations for improvements and updates have been made.

511 people trained in livelihoods, market-based livelihoods, and economic inclusion.

ARG	ECU	Total
38	473	511

Argentina: The ARC considers essential the empowerment of migrants to reach the labor market. For that reason, the NS has planned in-person training in areas such as labor law and interview and CV preparation. A total of 38 people received this training. Unfortunately, other activities were canceled because of the Covid-19 measures.

Ecuador: ERC has trained a total of 473 people in Livelihoods-related themes.

3,416 people supported with in-kind assets, cash, or vouchers for restarting economic activities.

ARG	ECU	Total
740	2,676	3,416

Argentina: Working in coordination with organizations of Venezuelan migrants based in San Salvador de Jujuy and in Posadas, the ARD has reached 140 families. Food provision was urgent to support them as they were expecting to work in the seasonal positions. The same happened to a group of migrants from Bolivia that were living in the area of Mendoza.

In Buenos Aires, Córdoba, and La Plata, heads of the families mainly received the support available for this area. ARC's strategy was to derive migrants from other services when the support reached the end of existence. Overall, the support provided within this output reach 740 people.

Ecuador: From the ECR, work with a cash transfer program over three different periods. Firstly, between November and December from 2019, 40 families received money to cover the school's cost while the other 66 received the money to invest in a start-up business. Secondly, in March 2020 additional 85 families received a cash transfer to cover the cost of start-up a business. And finally, in September 2020, when 278 families benefited from the transfer of funds.

Overall, the conditioned cash distributed among families reached 469 households. It has been estimated that a family has 4 members, so the program has reached a total of 2,676 people

Challenges

Argentina: The National Society is working to implement future actions such as workshops, training, and meetings relying on information and communication technologies tools. The pandemic has hit hard to all the planning of in-person activities at a national level. The time to respond to the sudden change needs an adequate readjustment to reach the most vulnerable migrants. Technologies also have limitations such as access, data usage, and the band required to conduct the events in this environment. Still, there are some advances at the level of internal training sessions that look promising.

Brazil: The main challenges faced by the BRC were related to ensuring that the delivery of food and hygiene kits were safe for migrants and staff. Covid-19 has significantly impacted Brazil, and the measures adopted in the country have been inconsistent. The closure of business and other sources of income for migrants has put pressure on the response of the BRC to cover basic needs. Despite that, different measures applied have made it possible to conduct the activities safely.

Ecuador: The current organization of the CRE has a structure where most of the resources are centralized. Being able to deliver goods across the country has been challenging as transportation did not function regularly, and there are no vehicles adapted available for the National Society.

Developing technical capacities, technologies, and a faster net between the different areas where RC is present is one of the challenges to work.

Also, developing and strengthening the network with other humanitarian actors at a local level is the challenge that ERC faces. Combining resources, knowledge, humans, and materials reached more people and can cover the gaps that an individual actor would never fully get.

Uruguay: The URC needs to conduct a feasibility study to understand the dynamic where the host community and migrants struggle to recover from the loss of livelihoods consequence of Covid. A better understanding might draw the lines where the NS must work and build to approach the strategy in livelihoods and goods for both actors. So far, the perspective is unclear in the country where the pandemic remains very active. Migrants and host communities have lost jobs, and the state is unable to respond effectively for all.

Trinidad y Tobago: The ToTRC has experienced plenty of difficulties due to covid. They planed staff and volunteers' training with ODK system to collect data. Finally canceled because of the Covid restrictions. Therefore, the system of collecting data have room to improve and deficiencies.

Also, implementing specific actions such as Cash Transfer programs involves improving a safe and secure system of delivering the support. An intervention in this line of action was planned and finally canceled because of safety concerns.

Health measure has been another of the difficulties for the NS to continue implementing actions within the operation.



Health

People targeted: 124,525 people

People reached: 142,741 people

People Targeted / Reached per Country in Health

	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People Targeted	22,000	7,000	20,000	66,500	500	525	7,000	500	500	124,525
People Reached	18,538	5,519	3,091	85,226	845	18,093	9,355	449	1580	142,696

Countries included above and without description in the actions' part are due to completing their activities before in the operation. That information can be found in the previous reports.

Outcome 3: The immediate risks to the health of affected populations are reduced.

Indicators:	Target	Actual
Number of people reached with health services adapted to migrants' needs (disaggregated by age and gender).	124,525	142,696

Output 3.1: The target population is provided with rapid medical management of injuries and diseases.

Indicators:	Target	Actual
Number of basic health services adapted to migrants' needs delivered (disaggregated by type of service).	123,950	114,425

Output 3.2: Psychosocial support provided to the target population.

Indicators:	Target	Actual
Number of people reached through psychosocial support actions by type (disaggregated by age and gender).	66,200	19,513

Progress towards outcomes

Outcome 3:

142,696 people reached with Health services adapted to migrants' needs.

Output 3.1:

114,425 basic health services delivered.

ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URY	Total
18,005	3,177	2,478	62,932	492	16,443	9,068	449	1,381	114,425

Argentina: The ARC started the intervention in Health with in-person services. Their focus was providing services such as community health sessions, vaccination campaigns in coordination with public authorities, and the dissemination of sexual and reproductive health materials. But due to the pandemic, the in-person services have shifted to teleassistance services. They have a free line, 0800, and migrants use it to reach for support. In the last months, questions were around the long-term health treatments and how to obtain medicines. Often these can be costly, and access is not always easy.

ARC is an excellent example of fast conversion to technologies. They have implemented two online talks for migrants in the last period. The topics were around integration in the host communities, and participants shared their experiences. The initiative was very positive for ARC and the 29 participants. Over the 30-month operation, they provided in-person and tele-assistance services to a total of 18,005 people.

Brazil: The BRC has implemented a significant amount of intervention in health awareness and promotion. They have conducted health promotion while delivering food and hygiene kits. They included Covid awareness and prevention by focusing on handwashing. There have multidisciplinary teams of health workers in the Amazonas region and delivered mouth health interventions on top of what was mentioned before.

In the last six months of the operation, they have reached 1,917 people with health and hygiene interventions.

In-person training in first-aids happened in the facilities of São Paulo. At the same time that handling of goods happened, volunteers provided basic training to parents with infants. They explain primary intervention in how to handle minor accidents. Meanwhile, in the Amazonian region, the focus was on identifying Covid symptoms and how to manage them to be safe for oneself and others. BRC intervened in the shelter where migrants live. With these interventions, 643 people received training in the last six months.

Also, in São Paulo, and responding to Fake News's phenomenon around the pandemia, their interventions focus on providing reliable information from scientific sources and deconstructing myths.

Over the operating BRC reached a total of 3,177 people.

Chile: During the period of the operation, ChRC provided primary health care to 2,478 people. In the last semester of the operation performed a total of 1,145 services of primary health care. ChRC delivered some home visits only for people with challenging conditions and physical limitations. It only happened in the city of Puente Alto.

Using social media, the ChRC disseminated information about Covid symptoms and its effects and prevention messages. Under UNHCR and IFRC, 300 families received PPE kits during the emergency operation in Colchane on February 2021.

ChRC conducted a Cash Transfer Programme. A total of 265 cards were requested, but because implementation and calculations were variable due to health conditions. Only 196 cards were distributed.

Ecuador: The ERC has completed the servicing of 2 mobile units. They have enough medical equipment to provide different services of first-aids and initial health assessments. They are waiting to be used. The ERC can now reach more difficult access with better resources to support migrants and host communities as health facilities are not available everywhere. Throughout the operation, they have provided health services to 62,932 people.

Panama: PRCS kept working in the ERM of the Darien region. Mainly conducting health checks on the population that lives on them. With a particular emphasis on infants and pregnant women. It detected malnutrition as well as signs of dehydration in the people who arrived in la Peñita. The volunteers provided information to the migrants that are waiting to receive health intervention. The main topics presented were sexual and reproductive health, covid prevention, general hygiene, and handwash. They also were able to provide some contraceptive measures as well as carry on the pregnancy test. In operation, 16,443 people benefited from this service.

A consultancy on reproductive sexual health in Darien in the context of migration is currently ongoing in coordination with the Ministry of Health and other stakeholders on site. The result of it, although it focuses on Darien, they are expected to be used for other countries in the region.

Peru: The Peruvian Red Cross (PRC) maintains an intervention in health within 6 different countries. They provide health services mainly with triage services, and if necessary, they would be able to offer full medication treatments. It is remarkable how in the border with Tumbes (Ecuador), they operate a bi-national care center called CEBAF. PRC created an audiovisual clip designed to provide messages of PSS within the context of the pandemic. Also conducted training for a total of 962 people. The topics developed were PSS and psychological first-aid, self-care in covid for adults and children. The sessions were created online, and organizations from the country joined as ACNUR, Ministry of Education, Superintendencia, and Ministry of Health. 9,068 people have benefited from these services during the operation.

Uruguay: URC has printed and distributed 1,381 guides for migrants with the resources available for them in the communities. The last 1000 got distributed in December 2020.

Output 3.2:

19,513 people reached through psychosocial support (PSS) actions.

ARG	BRA	CHL	ECU	GUY	PAN	PER	URY	Total
578	2,438	673	13,395	353	1650	287	139	19,513

Regional: The main achievements at the regional level with regards to psychosocial support include:

- Technical support to NS in planning and implementation of activities PSS
- Mapping of PSS needs and capacities of NS of the operation,
- Update of guide on psychosocial support to the migrant population,
- Development of the protocol of care and intervention in Mental Health and Psychosocial Support (MHPSS) for migrants,
- Guide for NS on psychosocial intervention for migrants during the COVID-19, focus on telepsychology,
- Training on regional PSS documents,
- Webinars on psychological first aid (PFA) and grief and loss during COVID-19,
- Development of the virtual migration course with a PSS approach,
- Development of PSS materials with the application of the CEA strategy.

Argentina: ARC focused on providing psychosocial support through their remote assistance services and opening a free line, 0800-999-2789, and migrants use it to reach for support. In the last months, they have been contacted by 84 people and a total of 578 people. Among other topics, migrants have questions about long-term health treatments and how they can obtain medicines. Often these can be costly, and access is not always easy. ARC is an excellent example of fast conversion to technologies. They have implemented two online talks for migrants in the last period. The topics were around integration in the host communities, and participants shared their experiences. The initiative was very positive for ARC and the participants.

Brazil: The BRC focused their PSS efforts in São Paulo, and Rio Grande do Sul. At the same time that they were delivering goods. BRC promoted a communication line activated via Whatsapp business and responded to the questions that reach the line, attending when necessary. A total of 2438 people used the service during the operation

Chile: ChRC has implemented a strong response in PSS using the new technologies. They have conducted most of the 613 interventions using teleassistance. They published on social media and had a good response in the region of Arica. The messages published in social media targeted Covid symptoms and what to do if a person presents Covid symptoms. ChRC distributed 60 coloring books for children. With emotions depicted to be identify.

Ecuador: As a result of a CEA workshop, the ECR created a set of 7 short videos. With the focus on PSS and Mental health intervention, they develop topics such as the education system in Ecuador, Secure Internet for children, 3 videos about parenting during Covid, Human Rights, and how migrants can reach Social Inclusion. Complementing these videos and adapted messages from IFRC, ERC shared key messages through social media, starting from January 2021.

ERC provided in the last semester 195 Kits for children with coloring material and games and information for adults to manage and provide emotional support to children. Throughout the operation, ERC reached a total of 13,395 people between



Messages shared by ERC via social media

Panama: The volunteers and staff from the NS received PSS training and implemented psychological first aid to the migrant populations. A team, conformed of a psychologist and a social worker, conducted more in-depth interventions while volunteers focused on children's group activities.

The way of reaching most adults was by providing talks while children engaged in games.

In the ERM of La Peñita, the activities that happened focused on social and development skills.

Focal groups happened in the ERM of Lajas Blancas and San Vicente, and the information required by the migrants was about the route and the costs that they will have to cover.

There has been work in coordination with the local authorities, who initially has minimal implication in the area. The connections are expected to continue and improved

A total of 1650 people has benefited from this service.

Peru: PRC provided 287 PSS services. Mainly to migrants and with follow-up calls to the most vulnerable. But also to members of the host community and volunteers too. After the actions, volunteers joined group sessions to decompress and relax.

PRC created an audiovisual clip designed to provide messages of PSS within the context of the pandemic. Also conducted training for a total of 962 people. The topics developed were PSS and psychological first-aid, self-care in COVID-19 for adults and children. The sessions were created online, and organizations from the country joined as ACNUR, Ministry of Education, Superintendencia, and Ministry of Health.

A total of 9,068 people have benefited from these services during the operation.

Uruguay: CRU worked in several lines of action to provide PSS to migrants.

They have coordinated with other NGOs and public actors to exchange information and line of action. Also, their direct intervention with migrants focused on reaching those with psychological first-aid. The shelter of Ciudad Rivera is one of the main areas where they have interacted with migrants.

Most migrants show worrisome with Covid and the emergency in which countries are currently.

CRU has worked hard to develop materials for the volunteers that support migrants. They have developed training materials to have the skills, knowledge, and resources to assist them properly. Also, they worked in material to support the same volunteers in handling their emotions and how to manage them healthily.

Over the whole operation, they have provided psychological support to 139 people.

Challenges

Chile: The area of health requires more capacities to meet the needs of the migrant population that they are attending. Having professional doctors within the NS's staff would facilitate the attention of migrants in the areas of difficult access or those in a more vulnerable situation.

PPS requires support from IFRC to received training and resources. So far, they have developed a test that can identify stress and anxiety during the primary interventions, which facilitates the referral of people who need more significant support.

Guyana: The volunteers have great difficulties communicating with migrants. They are working with ACNUR and OIM agencies to translate materials, but the barriers will remain.

Panama: The more significant challenge that PRC faces in health is the provision of an adequate response, considering the absence of the main public actor in the area. Shared resources are destined in the region but fall short when considering the needs of just the ERM population.

Thus, the provision of health assessments and primary interventions has been very successful. The challenge lies in providing a better response to sexual and reproductive health and a contraceptive measure for situations of sexual violence. Coordinating with other organizations to grow in the resources to tackle the unwanted pregnancies among the migrants.

Mobilization for medical examinations is another area that presents difficulties. The difficult access to some of the ERM does not always allow people to move. Also, the authorities in the area are reluctant to this approach.

PSS training and resources to reduce frustration and violent behavior among migrants need development. Training the volunteers with knowledge and resources to lead in these interventions would be a significant advance and continue doing so with the authorities and local communities.

The habilitation of a physical space adapted to provide safety for children and intervention for adults who need PSS



Water, Sanitation and Hygiene

People targeted: 362,400 people

People reached: 451,777 people

People Targeted / Reached per Country in WASH

	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People Targeted	N/A ⁴⁶	N/A	1,000	40,000	500	20,000	300,000	500	400	362,400
People Reached	N/A	34,526	2,656	47,088	599	46,119	320,292	222	275	451,777

Countries included above and without description in the actions' part are due to completing their activities before in the operation. That information can be found in the previous reports.

Outcome 4: Vulnerable populations have increased access to appropriate and sustainable water, sanitation and hygiene services.

Indicators:	Target	Actual
Number of people that have access to safe water and minimum conditions for basic sanitation and hygiene.	362,400	451,777

Output 4.1: The National Societies provide migrants in border areas with increased access to safe water, sanitation and promote positive behavioural changes for improved hygiene practices in target population.

Indicators:	Target	Actual
Number of hydration points, showers and bathrooms established and maintained.	40	56
Number of litres of water distributed.	3,100,000	20,980,543.5
Number of personal hygiene kits provided according to age and gender.	12,650	21,170
Progress towards outcomes		

⁴⁶ If a National Society is not conducting actions in a sector, no figure is reflected for people targeted / reached in that country.

Outcome 4:

451,777 people with access to safe water and minimum conditions for basic sanitation and hygiene.

Output 4.1:

56 hydration points, showers and bathrooms established and maintained.

BRA	ECU	PAN	PER	Total
18	3	29	6	56

Ecuador: During the last semester of the operation, ERC conducted maintenance to the water purification system located in Lago Agrio's shelter. The shelter belongs to the organization ADRA. This water point offers treated and accessible water to the host community and migrants. During the last visit conducted in February 2021, the performance of the source provides 3500 liters. Meaning that people consume a daily average of 2.5 liters of water. The total capacity would reach 1400 people.

ERC donated to ADRA the products to conduct the water treatment so that the provision can remain at these levels. Also, ERC has installed a 2500 litres water reserve tank (in coordination with CARE Ecuador) at a shelter in Imbabura. At CEBAF Huaquillas in El Oro province, ERC installed water storage systems parallel to the CEBAF system in showers and toilets and installed portable showers.

Panama: The community of La Peñita is currently undertaking control over the water purification plant built in August 2019. As there are no migrants in the community, they have benefited from access to water and conducted to maintain the plant. PRC volunteers completed training about the good use of the water, and the community set a cost for its use that would be used to maintain the equipment.

PRC in the ERM of Bajo Chiquito, solar panels' installation was completed. It offers a more regular supply to the migrants that live there. Previously, there were difficulties with the supply's consistency as the extraction engines' mechanical problems were too frequent. To maintain the supply, they used short-term solutions such as Piure®. But proved ineffective as a long-term measure. The whole system has a tank for storage and 2 points of access to clean water.



PRCS volunteers work on the water purification facility in Darien in January 2021. Source: IFRC

20,970,214.5 litres of water distributed.

CHL	ECU	PAN	PER	Total
803.5	188,508	19,985,000	806,232	20,980,543.5

Chile: ChRC handed a total of 803.5 liters of water, reaching a total of 3998 people.

Ecuador: As of March 2021, ERC registered a total of 188,508 liters of water distributed. ERC supports humanitarian actors such as ADRA by providing equipment and resources to treat water in the shelter they run. Host communities also benefit from the treatment of the water, as is the case of Lago Agrio

Guyana: GRCS has procured 599 water filters, but distribution is currently on hold due to the COVID-19 crisis.

Panama: PRCS distributed in Darien an overall of 19,985,000 liters and benefited a total of 45,354 people. In 4 distribution points in Darien, which shows the significant increase in this report.

Peru: PRC distributed 806,232 liters of water through 6 hydration points at CEBAF in Tumbes, reaching an estimated 319,021 people. PRC also distributed reusable canteens at hydration points.

21,170 personal hygiene kits provided.

BRA	CHL	ECU	GUY	PAN	PER	TTO	URY	Total
3,377	1,645	1,512	599	12,884	632	222	275	21,146

Brazil: Since April 2020, the BRC delivered 3,377 hygiene kits mainly to communities of Venezuelans and Haitians in Rio Grande do Sul, Mato Grosso do Sul, Sao Paulo, and Amazonas. In the last six months, they delivered 2,481 kits.

Chile: ChRC has distributed a total of 1,645 hygiene kits and to the migrant population, including kits for children below three years, in Santiago, Iquique, Antofagasta, and Arica.

Ecuador: ERC delivered 1512 kits hygiene kits since the beginning of the country's operation.

Guyana: GRCS has delivered 599 family hygiene kits between Mabaruma, Georgetown, and Bartica. Of which, 245 were in December 2020.

Panama: PRCS has delivered 12,884 hygiene kits to migrants since the start of the operation. Of which, a total of 2138 were for infants. They have items such as reusable cloth diapers, wet towels, protector cream, shampoo and soap, washing powder, and a 5 gallons container.

Peru: The PRC has distributed a total of 632 hygiene kits. 382 were Covid kits (with masks, gloves, alcohol gel). And the other 250 were hygiene kits for families. The two areas of focus were Madre de Dios, the Haitian population, and Tumbes' area with migrants that are transiting. The hygiene kits handed to families are estimated to reach 1271 people.

Trinidad & Tobago: ToTRC distributed 75 hygiene kits to migrants and people in COVID-related quarantine. Also between May and June, and after being upheld by the pandemic, ToTRC distributed a total of 147 full hygiene kits among migrants. In the operation, 222 received support within this line of work.

Uruguay: URC has distributed 275 hygiene kits to migrants at its Montevideo and Santa Rosa branches throughout the operation. In the last six months of the operation, there were 44 distributed.

Challenges

Brazil: Some of the branches, due to the pandemic's gathering restrictions, have to schedule the hygiene kits' delivery and aim to contact reduced groups of people instead of previous delivery events.

Chile: ChRC expresses the need to develop mechanisms that allow for a better allocation and more efficient distribution of aid, considering the increased flow of Venezuelan citizens through irregular migration paths. Besides, ChRC notes the need to hire a WASH specialist.

Panama: PRCS noted the challenge of coordinating authorities and local community leaders to reach agreements in handling primary responsibilities such as maintaining the water plants, cleaning the camps, and disposing of human waste.

Guyana: Limited access to communities due to COVID-19 restriction and travel bans. GRCS is liaising with partner organizations present in the community to explore the possibility of a joint response.



Protection, Gender and Inclusion

People targeted: 14,850 people

People reached: 35,111 people

People Targeted / Reached per Country in PGI										
	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People Targeted	100	N/A ⁴⁷	10,000	3,000	500	500	200	50	500	14,850
People Reached	166	1,028	1,380	7,386	0	21,025	4,082	0	44	35,111 ⁴⁸

Countries included above and without description in the actions' part are due to completing their activities before in the operation. That information can be found in the previous reports.

Outcome 5: National Societies, in coordination with communities, identify and address the distinct needs of the most vulnerable and particularly disadvantaged and marginalized groups, due to inequality, discrimination, and other infringement of their human rights.

Indicators:	Target	Actual
Number of assessments of migrants needs that incorporate PGI to identify potential beneficiaries and define different approaches to the intervention	9	15

Output 5.1: National Society interventions improve equitable access to basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
Number of NS trained in Humanitarian Norms on Gender and Diversity.	9	5
Number of areas of focus in which differential actions are planned, implemented and reported.	7	4

Output 5.2: Programmes and operations prevent and respond to sexual and gender-based violence and other forms of violence, especially against children.

Indicators:	Target	Actual
Number of child-friendly spaces operated at assistance points or mobile assistance units that integrate child protection standards.	13	21
Number of activities implemented to help prevent SGBV.	35	781

Progress towards outcomes

⁴⁷ If a National Society is not conducting actions in a sector, no figure is reflected for people targeted / reached in that country.

⁴⁸ This figure is calculated by adding up the total number of people reached through PGI-related activities (primarily activities focused on the prevention of SGBV).

Outcome 5:

Key Regional PGI achievements from the Regional Appeal in the Americas include:

- Child Protection Rapid Assessment in Colombia and Ecuador: June and July 2019.
- Rapid Assessment of Protection, Gender and Inclusion with emphasis on Gender Violence and Forced Labor in Argentina: November 2019.
- Rapid Assessment of Protection, Gender and Inclusion in Panama: La Peñita and Lajas Blancas December 2019.
- Rapid Assessment of Protection, Gender and Inclusion in Health Services and Inclusion Programs in Peru: November and December 2019.
- Rapid Assessment of Protection, Gender and Inclusion in Shelter Programs in Chile: January 2020.
- Focus Group Discussions of Protection, Gender, and Inclusion in Uruguay migrants' services: since January 2020-ongoing.
- Rapid Assessment of Protection, Gender and Inclusion in Panama: La Peñita and San Vicente. November 2020 and February 2021 (this last one was a joint assessment with CEA and PSS).
- Training delivered to Ecuador Red Cross on PGI “Seven Moves: Protection, gender, and inclusion in emergencies training. One training for staff (8 F, 3 M) and one training for volunteers (10F, 15M).
- Incorporation of key PGI recommendations in PSS guidelines: PSS Regional Guidance, MHPSS for Migrants Guidance, Self-care Guidance, and PSS and Migration's virtual course. During the initiative of the virtual course, 8 F and 5 M received the module of interculturality.
- Development of the “[Guide for the creation of safe referrals mechanisms for migrants and refugees for Red Cross and Red Crescent National Societies](#)” and pocket guidance. (Available in English).
- Webinar and rapid training on Webinar and rapid training on creating safe referral mechanisms with 35 female and 12 male participation from both IFRC ARO and National Societies of the region.
- Capacity building for the National Societies on trafficking: different meetings and interviews were made to analyze the current situation of the region regarding trafficking, and a basic virtual course is being implemented throughout October; this course has the participation of 14 NS of the region and staff from IFRC ARO (27 F, 9 M).
- In the aftermath of the COVID-19 Response, the PGI sector has supported the development of the Guidance for National Societies “*Including migrants and displaced populations in preparedness and response activities to COVID-19 Guidance for Americas National Societies*” and has included migration into the Social Inclusion Regional Campaign for COVID-19 “ [I will explain it with clay](#)” with a complete chapter on migration.
- Development of the *Implementing a safe response to meet trafficked people's humanitarian needs – Guide and Toolkit*, together with British Red Cross. To be launched in the second quarter of 2021.
- Creation of a new curriculum (complementary to the ToTRC of Migration) on PGI and Migration and training delivered to Ecuador Red Cross (18F, 6M).

All the rapid assessments are available for reference. Nevertheless, the general and common recommendations have been:

- Incorporation of a gender and diversity analysis that feeds the programmatic actions. This requires complementary assessments or to include PGI indicators into the current surveys to be implemented.
- Elaboration of protocols for safe referrals together with mapping of protection services in the territories. It has been evident the implementation of a case management system especially in setting such as the Panamanian Darien.
- Key actions aimed at prevention and response to gender violence.
- Design and elaboration of material specifically oriented to protection risks (culturally adapted).
- Strengthening of CEA actions that involve protection actions, especially in the chapter of Child Protection.
- Delivery of NFIs not only differentiated by sex but informed by a gender and diversity analysis that addresses the protection needs of the migrant populations. For example, dignity kits, PSS kits for children with key messages of self-care.
- Include PGI considerations into other sectors of interventions that have been prioritized, for example, WASH, Health (including PSS), Livelihoods and CCCM.
- Development of critical messages on crucial protection issues such as trafficking, sexual exploitation, and forced labor.

Output 5.1:

5 NS trained in Humanitarian Norms on Gender and Diversity.

Ecuador: In 2019, a training on “Protection and Assistance to Child Migrants” was held with technical staff and volunteers at a national level; also, a PGI training on humanitarian norms in gender and diversity was implemented with ERC in Quito and at a border point under a pilot implementation of the PGI toolkit. In March 2020, 3 trainings on Protection, Gender and Inclusion were held (1 for managers and project coordinators of HQ, 1 for volunteers of Zones 1 and 3, 1 for volunteers of Zones 2 and 4)

Peru: In March 2020, one PGI briefing for IFRC staff of the Lima Cluster Office was implemented. One training on Gender and Diversity for artistic partners was delivered to incorporate the PGI approach into their actions with migrant populations.

Argentina: The Argentinian Red Cross conducted two pieces of training for NS migration focal points: the first one on the guide for differentiated health care and psychosocial support (September 30, 2020) and the second one on the protocol for care and intervention in mental health and psychosocial support (SMAPS) for migrant populations (October 7, 2020).

Panama: Through PGI missions, two PGI trainings have been provided to the National Society, one focused on operational issues in the Darién area and a second on the development of the PSEA policy with the support of the ICRC and the IFRC Geneva team.

Chile: Following the PGI mission, technical accompaniment and training was provided to the operational team on protection and gender issues.

As mentioned above, all 7 National Societies of this Appeal have been included in the regional training related to safe referrals and prevention and response to trafficking.

4 areas of focus in which differential actions are planned, implemented and reported.

We are trying to implement as part of the core sector in terms of Shelter (Rental guidelines assistance, CCCM capacity building and technical guidance for quarantine centers who receive migrants, for example in Uruguay), Livelihoods and basic needs (Multi-propose cash and PGI Guidance for Livelihoods focal points), Health and PSS (teleservices and capacity building). This is reported in each of the areas of focus.

Output 5.2:

21 child-friendly spaces operated at assistance points or mobile assistance units that integrate child protection standards.

ARG	CHL	ECU	PAN	Total
6	3	10	2	21

Argentina: With support from IFRC, ARC is developing a PGI approach involving child and adolescent-friendly spaces and recreational kits' delivery. A total of 131 children/adolescents have been reached through the program thus far at 6 child-friendly spaces while providing information to families about schooling.

Chile: ChRC has established 2 child-friendly spaces in Independencia and Puente Alto branches in Santiago and one in the local office of an implementing partner in Arica. These services have been interrupted during the peak of the pandemic. But they have reached a total of 750 children in Santiago and 570 in Arica. ChRC distributed 60 coloring books. On the inside, it presents the depiction of emotions aiming at its recognition. Within the operation, 1380 children benefited from the services.

Ecuador: ERC established 10 child-friendly spaces in Imbabura, Santo Domingo, Tungurahua, Carchi, and Azuay provinces. The spaces used for PSS services are directed towards children under 16 years of age, primarily through the delivery of recreational kits. ERC also resumed the design of the "Entre risas y sonrisas" magazine and the comic book on safe migration of children and adolescents. ERC distributed a total of 1106 learning materials in these spaces.

Panama: Within the framework of the integrated response, a Protection, Gender, and Inclusion person has been included in the team since December to establish safe referrals for migrants.

781 activities implemented to help prevent SGBV.⁴⁹

Argentina: ARC response is oriented towards gender violence and labor exploitation, seeking to serve as a link to assist public authorities and assist migrants in a situation of vulnerability. Nearly 35 volunteers from different branches received training in safe referral intervention. Also, ARC promoted safe referral guides. All the branches involved in the operation work to coordinate with government authorities to identify possible cases of SGBV and refer them promptly. Thus far, 28 potential cases of SGBV got referred to the [144 telephone line service](#), which provides 24-hour support for people who experience sex or gender-based violence. Also providing 3 services of information and orientation to possible victims and 4 interventions to attend GBV.

In the context of COVID-19, communication tools intensified to prevent violence and discrimination, contributing to a better understanding between migrants and host communities based on respect for diversity and mutual support.

Brazil: BRC completed developing its internal protocol for the prevention and response of gender-based violence. Volunteers used it mainly via the Whatsapp business line that is available for migrants.

As covid restriction reduced the in-person attendance, the BRC has used the moments when handling hygiene and food kits to share information about xenophobia, gender-based violence, and gender norms.

They have contacted 775 people with these informative activities in the last six months, and looking at the entire operation, 1,028 people benefited directly from their informational materials.

Ecuador: ECR completed a map of the humanitarian actors in the country. As a result, they printed and distributed 6,280 pamphlets with the information and distributed them to migrants. The information is also in social media platforms. The paper-based information has reached all the country while social media are more difficult to measure but have a higher level of reach.

Panama: PCRS worked with public authorities in a set of guidelines to recognize when to activate protection measures. The authorities have the compromise to be more active in providing resources and getting involved.

The volunteers received training about gender awareness, protection, and inclusion. After that, they were able to test their knowledge by providing information to migrants. They organized public events and discussed migration flow, services available along the way, their rights, and their responsibilities while living in the camps. A total of 222 people participated in the activities. Adding to the 22,803 people reached in the last year, people who benefited from the operation are 21,025.

CRP keeps working with the public prosecutor's office to provide PEP Kit' in the cases where sexual violence has happened in the jungle crossing. Intervention needs to occur within a timeframe where the medication would be effective for the person.

Peru: Since the implementation of WhatsApp Business® in June 2020, as part of the communication and information prevention strategy during the COVID-19 pandemic, 4,030 queries have been made, with an interaction of more than 20 thousand information messages. This tool also served as a means of identifying 40 cases that required protection measures. The cases related to people that identify as LGTBQ, gender violence, single parents households with difficulties, HIV positives, and children deprived of freedom. They were dealt with or referred to partner services for further investigation and attention.

PRC organized the painting of a wall in the city of Lima. They are raising awareness about female migrants by providing a positive public image about them. 12 migrant women participated in the event.

Trinidad and Tobago: TTRCS provided information and connectivity point services in an event in south Trinidad, Rio Claro, Cedros jointly with other agencies to provide one-stop-shop services to the migrant population in the area.

Uruguay: URC has contributed disseminating materials and counseling spaces for migrants and guidance in accessing procedures and resources. Support was also provided in the preparation of graphic inputs for dissemination, understanding that the approach and the project must respond comprehensively to the various problems in people's careers. 44 people benefited from the counseling spaces over the 30 months of the operation

Challenges

⁴⁹ This indicator refers to the number of activities in each NS's plan of action that specifically address SGBV.

Argentina: Over the last few months, the ARC received questions from migrants families about how to enroll the children in the schools. Sadly, ARC detected that most of the families who have recently arrived in the country cannot enroll their children into the school system yet.

Brazil: The challenge that BRC faces is providing a personal intervention for people suffering from gender-based violence when Covid-19 cases keep rising, and all the in-person meetings are discouraged. At the moment, the volunteer's intervention focuses on distributing information.

Chile: One of the main challenges is the absence of a PGI focal point. Through the technical support of the IFRC, a focal point could be identified and provided the necessary support and tools to assist in this thematic area.

Ecuador: The challenges that ERC found are in the area of knowledge. Staff and volunteers will benefit from refreshing training in working protocols to handle gender violence and gender awareness. Internal policies need an update and redefinition of inclusive principles and guidelines that cascade from the top to the organization's bottom levels.

Panama: PRCS needs to build capacities to manage reported cases of sexual violence, abuse, and gender-based violence. The Protection team is training the public officials to identify and refer the cases back to them. While volunteers have received training, more practice will improve their implication and reach. Sustaining the coordination with other governmental and humanitarian agencies to implement a better response by all the actors in the field needs to happen. Otherwise, the advances would not be noticeable. Implementing more facilities is necessary to ensure that gender differentiation is available for migrants who live in the camps. There reduction of vulnerabilities needs of physical resources too.

Uruguay: In the context of the health emergency in response to COVID-19, the host community's unmet basic needs have increased xenophobic behavior towards people in a migration context. That is because the people's collective imagination in Santa Rosa's community identifies the Uruguayan Red Cross as a unilateral response to the needs of migrants. PGI's integrated approach, like CEA, aims to provide support, training, and work on key messages to change this perception, reduce xenophobia, and thus achieve better integration and inclusion of people in migration.



Migration

People targeted: 119,700 people

People reached: 498,399 people

People Targeted / Reached per Country in Migration

	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People Targeted	1,500	2,000	500	100,000	500	900	10,000	300	4,000	119,700
People Reached	2,216	115,072	0	336,963	395	24,231	10,911	300	8,311	498,399⁵⁰

Countries included above and without description in the actions' part are due to completing their activities before in the operation. That information can be found in the previous reports.

Outcome 6: The migrant population receives comprehensive assistance and protection according to the stage of their migratory journey through the National Societies' branch network.

Indicators:	Target	Actual
Number of services for migrants offered at integrated assistance points or mobile assistance units (by type of service).	104,400	498,399

⁵⁰ This is the combined number of migration-related services (RFL, information, digital communications, etc.) in each country.

Output 6.1: Assistance and protection services are provided and promoted to migrants and their families through collaboration with local and national authorities, as well as in collaboration with other relevant organizations.

Indicators:	Target	Actual
Number of national referral systems established.	4	3
Number of cases referred to other stakeholders.	No target	423

Output 6.2: Comprehensive care points in receiving areas and host communities are established through the branch network.

Indicators:	Target	Actual
Number of assistance points and mobile assistance units for the migrant population staffed by volunteers during the action.	49	39
Number of services delivered to re-establish and maintain contact with family members.	106,000	155,114

Output 6.3: The target population receives services for the digitalization and protection of their documents and information.

Indicators:	Target	Actual
Number of services provided for the digitalization and protection of people's documents and information.	501	TBD ⁵¹

Output 6.4: Migrants, transit and host communities access key information and are engaged in decision making processes that contribute to reducing their vulnerability and foster social inclusion.

Indicators:	Target	Actual
Number of people reached by information materials and information activities.	63,600	340,596
Number of interactions with affected population through digital channels for information provision and feedback collection. ⁵²	No target	73,005
Number of feedback surveys received.	1,500	3,647
Number of perception survey activities conducted with host communities to assess sentiment towards the migrant population.	6	3
# of activities implemented to help prevent or mitigate discrimination and xenophobia	25	25
Progress towards outcomes		

Outcome 6:

498,399 services for migrants offered at integrated assistance points or mobile assistance units.

ARG	BRA	ECU	GUY	PAN	PER	TTO	URY	Total
2,216	115,072	336,963	395	24,231	10,911	300	8,311	498,399

Output 6.1:

3 national referral systems established.

Argentina: ARC coordinates with the Argentine government to refer to possible cases of SGBV and human trafficking. A total of 28 potential cases of SGBV got referred using the [144 telephone line service](#). (More details about the line in the 5.2 section above.)

Guyana: GRCS established a migrant referral point in Georgetown's headquarters, which has reached 395 people since the start of the operation.

⁵¹ Lack of NS capacity makes monitoring this indicator difficult. At the moment, there is not a means of tracking data protection services provided in most countries.

⁵² Lack of NS capacity makes monitoring this indicator difficult. At the moment, there is not a means of tracking visits to Virtual Volunteer in most countries.

Uruguay: The Uruguayan Red Cross has developed a mapping of support services for different basic needs and elaborated the Guidance “Resources for persons in migration processes,” including health (physical and psychological) legal, protection, and recreational services.

Output 6.2:

39 assistance points and mobile assistance units for the migrant population staffed by volunteers during the action.

ARG	BRA	CHL	ECU	PAN	Total
18	6	2	11	2	39

Argentina: ARC has established 18 assistance points through its branches in Buenos Aires, La Plata, Santa Fé, Córdoba, Mendoza, Misiones and Jujuy. In the last quarter semester, the intervention in this line of work shifted because of Covid. The interaction with migrants mainly moved to Whatsapp, where communication is much easier and accessible to all who had smartphones and internet connections.

In the border area of Jujuy and Puerto Iguazú, the actions unfold in coordination with other humanitarian actors related to the the national governmental response, CAREF (Comisión Argentina para los Refugiados y Migrantes) and CONARE (Comisión Nacional para los Refugiados). They actions focused in the applications for asylum and refuge.

Brazil: ICRC installed 6 reception centres in Manaus through the operation.

Chile: ChRC has established 2 humanitarian service points through the operation.

Ecuador: ERC established assistance points, of which 7 dedicated to RFL activities.

Panama: Over the last six months of the operation, the PRCS’s focal point for RFL provided training to Puerto Lara and El Real volunteers. Once completed, they conducted 11 RFC activities in the ERM’s 338 people directly benefited from the service. The teams of volunteers that led to actions felt empowered and ready to continue with more activities in this work line.

155,114 services delivered to re-establish and maintain contact with family members.⁵³

ARG	BRA	ECU	PAN	URY	Total
1,104	110,872	38,934	2,163	2,041	155,114

Argentina: ARC has registered 1,104 RFL services since the start of the operation. These services have gained importance in the pandemic context as migrants would have had a more significant probability of losing links with family members at their country of origin without them.

Brazil: In the last semester, the BRC has provided 1210 RFL communication services during the delivery of hygiene and food kits to migrant communities in Rio Grande do Sul and Mato Grosso do Sul. BRC offered telephone calls, research requests, a workshop, and guidelines for preventing loss of family contact, connectivity services, and general guidance on public services and legal support. Since December 2019, a total of 110,872 RFL services registered in Brazil in partnership with ICRC.

Chile: Nine RFL teams were acquired and distributed as follows: 1 for Arica, 2 for Antofagasta, 2 for Iquique, and 4 for Santiago de Chile. Due to complications stemming from the Covid-19 pandemic, ChRC could not deliver RFL services yet.

⁵³ For more information, see the operation’s RFL dashboard [here](#).

Ecuador: ERC adapted RFL services to the context of the COVID-19 pandemic. Approving in May, the "Protocol for Maintaining Family Contact in the Context of the COVID-19 Health Emergency" that allows RFL services to be outsourced to institutions outside the Movement. RFL services continue to be provided to the migrant population in shelters and temporary isolation centers. ERC provided a total of 38,934 RFL services since the start of the operation.

ERC continued developing lines of humanitarian diplomacy with other agencies and governmental offices by actively joining several of them: A Working Group for Migrants and Refugees (GTPRM as Spanish acronym) over specific areas as WAN, WASH, Livelihood, etc. A multiagency space is the Committee of National Emergency Operations (COE Spanish acronym), where population movement is at the center of their talks. At a regional and national level working with the Ministry of Foreign Affairs. And with non-governmental agencies in the Legal Group for Human Mobility (Mesa Jurídica de Movilidad Humana).

Mesa Interseccional de Flujos Migratorios Mixtos in February 2021

Panama: PRCS provided 2,163 RFL services in the ERM throughout 11 events coordinated by Volunteers from Puerto Lara and El Real after receiving training.

Uruguay: URC has delivered 1,041 RCF services in total since the launch of the Appeal. Based on the data collected, almost 50% of the migrants come from Venezuela, and the rest are from Cuba, Colombia, and Brazil. Most of the services are provided for men. The relationship is 25% are offered to women and 75% to men. URC printed and distributed 1,000 cards to prevent losing family contacts. They were delivered in the last semester of the operation. Overall, 2,041 people benefited from these services.

Output 6.4:

340,596 people reached by information materials and information activities.

ARG	BRA	ECU	PAN	PER	TTO	URY	Total
1,112	4,000	296,129	21,874	10,911	300	6,270	340,596

Argentina: ARC provides advice on settlement procedures and supports migrants using RADEX, a digital platform provided by Argentina’s Ministry of the Interior that facilitates obtaining identity documents and permanent residence status. ARC seeks to expand its RADEX services to achieve a more significant impact on the target community. A total of 1,112 people has been reached with information activities in Argentina thus far.

Brazil: BRC has reached 4,000 people who received communication materials on health, migration, and sexual and gender-based violence prevention.

Ecuador: ERC, as part of its Population on the Move Communication Plan, has developed a series of activities aimed at reaching out to both migrants and host communities. So far, 296,129 people have been reached through information services using a total of 11 publications.

ERC conducted 3 CEA activities in Santa Elena and Azuay, Guayas, and Pichincha's cities. Migrants had the opportunity to express their worries and needs. The main areas of concern for migrants are food security and access to health and education. A total of 86 people participated in the events.

Panama: PRCS has reached 21,874 people via communication materials

Peru: PRC has distributed 9,911 protection messages along Peru's migration route (especially in northern Peru). With the implementation of a Whatsapp line, PRC has communicated with migrants using that way. Through the messaging service, communication is accessible and can reach areas of difficult access. Most of the conversations have turned around health services in Surco and COVID-19.

PRC produced a virtual story shared on the internet. It reached 1000 people. The story's name is "We are all migrants" and was initially thought of for children.

Trinidad & Tobago: ToTRCS designed and printed several informational materials about Red Cross programs, health, protection and safety, marketing for RFL services, etc. All of which translated into Spanish. Besides, ToTRCS organized an online community health day that offered health scans, medical consultations, and general information to the host and migrant community. 300 people benefited from these actions.

Uruguay: URC developed a graphic identity and a 9-piece toolkit, focusing on various aspects of migration from a rights perspective. In the reporting period, 6,270 people have been reached through publications in the NS official social media accounts

73,005 interactions with the affected population through digital channels for information provision and feedback collection.⁵⁴

PAN	PER	Total
85	72,920	73,005

Panama: PRCS has interacted with 85 people through digital platforms since the start of the operation.

Peru: With technical support from IFRC, PRC established a [Whatsapp line](#) in March 2020 to enable remote assistance for migrants impacted by the COVID-19 crisis. Since its implementation, 3,646 unique users have been served, and more than 72,920 thousand messages have been sent.

3,647 feedback surveys received.

BRA	ECU	PAN	PER	Total
200	1,814	109	1,524	3,647

Brazil: In July, BRC held meetings in which both branches shared challenges and identified needs that were not addressed in the first phase of the operation. Thus far, 200 people have provided feedback for the operation in Brazil.

Chile: Migrants identified WhatsApp as one of the most reliable means of communication for them, followed by e-mail. Consequently, a CEA strategy is being developed through WhatsApp for Business, which serves both for service feedback and for the dissemination of crucial and informative messages

Ecuador: 1,814 surveys from the migrant population have been received. ERC participated in the development of the Joint Evaluation Survey of the needs of the migrant population. This exercise was carried out by the Working Group's entities on Refugees and Migration - GTRM Ecuador.

Panama: PRCS conducted surveys on 109 people. The questionnaire focuses on the quality of the service received in the ERM of La Peñita, in August 2020

Peru: Migrants, PRC volunteers, and personnel participated in a satisfaction survey. The survey aims to improve the medical services provided so far. PRC surveyed a total of 1,354 people since the beginning of the operation.

25 activities implemented to help prevent or mitigate discrimination and xenophobia.

Chile: messages with key information are being distributed through social networks aimed at the host population to prevent and mitigate xenophobia.

⁵⁴ This indicator measures the number of times a digital platform (such as Whatsapp, Virtual Volunteer, etc.) is used to access information.

Ecuador: During this period, several communication products have been developed that seek to sensitize the host population to the reality experienced by the migrant population in general and especially in these moments of declaration of a Health Emergency in the country. The products include Youtube videos⁵⁵, websites⁵⁶, promotion in social networks, and WhatsApp.

Challenges

Argentina: The ARC acquired two mobile humanitarian units to provide different services to vulnerable migrants. The humanitarian Service Point will be used to reach areas of difficult access. ARC plan the provision of services such as primary health assessment and first aid intervention. Food and Water provision and provision of reliable and valid information.

Chile: ChRC considers important the development of a migration strategy to strengthen programmatic structure and linkages between NS and local authorities. Currently a long-term strategy is being developed with the support of the IFRC.

Ecuador: The measures to contain the spread of COVID-19 pandemic affected service provision. Consequently, ERC developed a set of new protocols, materials, and procedures with partner organizations. For example, Procurement of headsets and specific disinfection kits for RFL equipment. RFL services were reduced to ensure volunteers' security even though it is one of ERC's primary services. Migrants express their desire to reach family members. ERC keeps looking for a way to received feedback from migrants. Not having in-person activities limit their ability to receive it at the moment.

Panama: CRPS wants to maintain a continuous line of work in RFL in Darien's ERM. For that, they would have to continue planning activities as it has happened. Providing the volunteers with the right equipment and resources would allow them to be more present in the area. Also, internet service and access in the camps remains challenging because of the lack of infrastructure in these areas. Contact with communication companies remains active but without any positive results.



Strengthen National Societies

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform.

Indicators:	Target	Actual
Number of volunteers directly involved in the operation.	2,315	2,473

Output S1.1.4: National Societies have effective and motivated volunteers that are protected.

Indicators:	Target	Actual
Number of volunteers that receive training on their role and the risks faced	745	2,027
Number of volunteers that receive psychosocial support.	1,925	255
Number of new volunteers.	165	TBD ⁵⁷

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place.

Indicators:	Target	Actual
Number of migration response protocols and procedures established.	5	11
Progress towards outcomes		

⁵⁵ <https://youtu.be/9uGdiYfTahE>, <https://youtu.be/ujh6yEHkpak>

⁵⁶ <https://www.cruzrojamovilidadhumana.org/>

⁵⁷ Data for this indicator is not yet available.

Outcome S1.1

2,473 volunteers directly involved in the operation.

See the table below for details:

National Society	Number of Volunteers Directly Involved
Argentine Red Cross	136
Brazilian Red Cross	312
Chilean Red Cross	169
Ecuadorian Red Cross	1400
Guyana Red Cross Society	40
Panama Red Cross Society	188
Peruvian Red Cross	70
Trinidad & Tobago Red Cross Society	30
Uruguayan Red Cross	128
Total	2,473

Output S1.1.4:

2,027 volunteers received training on their role and the risks faced.

See the table below for a detailed breakdown of the trainings performed by each National Society:

National Society	Type of Training	Number of Volunteers Trained
Argentine Red Cross	PSS	50
	Shelter	24
	Migration	32
	ENI Workshop	34
	MdV	34
	Protection	24
	IM	8
	Subtotal	206
Brazilian Red Cross	PSS and Basic Health	50
	RFL	60
	Protection	70
	Migration	60
	CEA	70
	IM	2
	Subtotal	312
Chilean Red Cross	PSS	274
	Protection	237
	RFL	17
	IM	15
	Migration	129
	Subtotal	672

Ecuadorian Red Cross	Financial education and business management	49
	CTP	22
	, CEA	66
	PGI	27
	IM	25
	Subtotal	189
Guyana Red Cross Society	eCBHFA, ECV and First Aid	14
	Subtotal	14
Panama Red Cross Society	PSS, RFL, Protection	148
	CEA	20
	IM	20
	Subtotal	188
Peruvian Red Cross	PSS, First Aid	70
	Migration	30
	Protection	60
	SGBV	60
	IM	8
	Subtotal	228
Trinidad & Tobago Red Cross Society	Migration, CEA, RFL	30
	Subtotal	30
Uruguayan Red Cross	Migration	20
	Humanitarian Aid Distribution	30
	Cash transfer	26
	PSS and basic health	25
	RFL	57
	ENI Workshop	20
	IM	10
	Subtotal	188
	Total	2,027

Argentina: In the last 6 months, ARC opened 3 new branches in San Juan, Tucumán, and Paraná. With these openings, 11 new volunteers joined the operation. So overall, ARC has a volunteer's tasks-force of 136 people.

Brazil: Training was held mainly in Rio Grande do Sul and Mato Grosso do Sul. Additionally, BRC created an RFL guideline with activities and instructions for feedback with beneficiaries (CEA), protection, gender and inclusion, and communication materials for all project areas.

Chile: ChRC provided training to 672 volunteers in different topics such as COVID-19, Information Management, Basic First Aid, Psychosocial Support, RFL, Migration, Prevention, and the Migration Strategy Survey. 100 volunteers participated in the online session on Migration organized by the IFCR in March 2021.

Ecuador: During this period, ERC completed the proposal for the Basic Human Mobility Curriculum. Initially, It built for on-site training, changed into an online version because of COVID-19. ERC conducted 2 online training in PGI and Human Mobility, reaching a total of 40 people.

6 branches around the country received equipment related to information technologies. Improving the communication technology within the organization is one of ERC's preferences to improve their workflow and capacities.

Panama: Implement training in protection, gender, and inclusion, reaching a total of 143 people. Some of the volunteers also received RFL training, and they were able to put in practice while performing 3 days activities in the ERM of La Peñita.

Perú: PRC conducted training courses for their volunteers in the areas of Protection and GBV. In each of the events, 30 people joined it.

228 volunteers received psychosocial support.

Brazil: BRC provided PSS to a total of 43 volunteers

Chile: ChRC provided PSS to a total of 57 volunteers

Panama: PRCS provided PSS to a total of 108 volunteers.

Uruguay: URC provided PSS to a total of 34 volunteers

Output S1.1.6:

11 migration response protocols and procedures established.

In general, protocols have been developed to be able to continue the operation with COVID-19.

Argentina: ARC drafted a Migration Manual (including a Border Assistance Manual and an Urban Centre Assistance Manual) and has developed a long-term Migration strategy that will soon be published.

Chile: In 2019 the ChRC created a manual on migration for volunteers to provide general knowledge on migrants' rights in Chile. Furthermore, the ChRC is in the process of developing a long-term migration strategy.

Ecuador: A protocol was developed to continue providing CVA services approved by IFRC and the National Society

Panama: Security and reception protocols for migrants were drawn up in the various intervention locations in coordination with local authorities and the host community.

Peru: PRC developed a National Human Mobility Plan, a guiding document for developing RC/RC Movement migration-oriented projects in Peru. The plan delineates gaps in services and activities in which it is possible to intervene according to the National Society's capacities. It also outlines internal strengthening needs (managerial and voluntary). Similarly, the new strategic plan for the National Society incorporates the component of migration and social inclusion of migrant communities. Together with the National Plan for Human Mobility, PRC's strategic plan aims to ensure that projects currently implemented in Peru are sustainable in the medium to long term.



International Disaster Response

Outcome S2.1: Effective and coordinated national and international disaster response is ensured.

Indicators:	Target	Actual
Number of Regional Intervention Team (RIT) and IFRC staff mobilized to provide support.	13	13

Output S2.1.1: Effective response preparedness and National Society surge capacity mechanism is maintained.

Indicators:	Target	Actual
Number of missions to support NS and/or CCST.	70	121
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards.		
Indicators:	Target	Actual
Number of new kits created for migration purposes and strategies for regional sourcing.	5	7
Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced.		
Indicators:	Target	Actual
Number of coordination meetings carried out within the Movement and with key external stakeholders.	12	14
Number of reports on the participation of the humanitarian network and key partners.	12	10
Progress towards outcomes		

Outcome S2.1

13 RIT and IFRC staff mobilized to provide support.

**Note: If required any information about these outcomes and outputs, please check previous reports.*

Output S2.1.1:

121 missions to support NSs and/or CCSTs.

See the table below for a detailed breakdown of IFRC staff missions in support of the operation:

	Argentina	Brazil	Chile	Ecuador	Guyana	Panama	Peru	Trinidad & Tobago	Uruguay	Other	Sub total
Coord and Head of CCST	2	4	8	5	1	11	4	1	5	1	42
Migration	2		1	2		5	2	2	2	1	17
CEA				1		2	2	1		3	9
IM	2		3			3	2	1	2		13
PMER		1	1		1	1	1	2	1		8
Programme			2	1							3
PGI	1		2	2		3	4		2	3	17
Livelihoods	1		1	1		2	1		2		8
PSS			2			1			1		4
Total										121	

Output S2.1.4:

7 new kits created for migration purposes.

During this period, **two** kits were developed for women and girls in the Darien, to cover individual and protection needs.

Output S2.1.6:

15 coordination meetings carried out within the Movement and with key external stakeholders.

- The Appeal Revision process in December 2020

- Focal points from the National Societies included in the appeal met virtually with IFRC staff and Partner National Societies' representatives to revise the operation from July to December 2020. The revision extended the operation until June 2021 and included changes to the budget and planned activities of each National Society, including the transition process for a programmatic approach

Members of the Migration team also participated in the IFRC Migration Task Force and analyzed the achievements to date in implementing the IFRC Global Migration Strategy.

We have been coordinating field visits with several key partners such as UNHCR, UNICEF, IOM, DFID, ECHO, PRM and AECID in different countries to visualize our operations on the field.



Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies, uses its unique position to influence decisions at the local, national and international levels that affect the most vulnerable.

Output S3.1.1: The IFRC and the National Societies are visible, trusted and effective advocates on humanitarian issues.

Indicators:	Target	Actual
Number of newsletters, press releases and reports produced.	100	79

Output S3.1.2: The IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
Number of monitoring and evaluation reports produced.	8	3
Number of research lessons learned materials and evaluations produced.	1	On going

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.

Indicators:	Target	Actual
Number of coordination spaces to exchange information to ensure optimal coordination in resource mobilization.	24	25

Output S3.2.1: Resource generation and related accountability models are developed and improved.

Indicators:	Target	Actual
Number of partnerships built with key actors from the migration response.	10	6
Number of proposals developed and presented to potential donors.	20	24

Progress towards outcomes

Outcome S3.1

Output S3.1.1

79 newsletters, press releases and reports produced. Press releases and media and digital content produced on:

- Launching of the report Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic
- Press release and video bulletin production on migrant caravan Oct 2020
- Migrants' day Dec 2020
- Launching of the Movement's Migration Lab report
- Regional Director Opinion Piece on Forbes on migration and Covid
- Media interview with France Press Agency

- Media interview with France24
- Chilean Red Cross news story on migrant walkers in the Bolivian border
- Ecuadorian Red Cross story on triage/migrants/Covid19
- Two news stories on Radio France International on migrants and COVID19 vaccine
- Migration content for Voices of the Americas and the Caribbean:
- Peru: Cuerda Firme presentation video.
- Peru: Empathy exercise (stories)
- Peru: Days of solidarity
- Ecuador: figures and testimony
- Colombia: A day at La Hormiga
- Peru: Cuerda Firme: transforming lives through art.
- Panama: grateful to be alive.

Development of the following audio-visual products such as:

- Migration is not a game - Video on Migrants' day Dec 2020
- Microdocumentaries series on Venezuelan women migrants in Peru
- Microvideos on migrants, streetart and IFRC work in Peru
- We are all migrants animated story in Peru
- Mini documentary "Andrés and Liz"- the follow-up to two Cuerda Firme students.
- 3 testimonials from Cuerda Firme participants.
- Video of the culmination of the Cuerda Firme Program.
- Video Somos Comunidad, using community cinema for social inclusion.
- Video Sin Fronteras, raising awareness through dance.
- Attention Post in Tumbes, Peru.

Output S3.1.2

Monitoring and evaluation reports produced.

A monitoring and evaluation (M&E) plan⁵⁸ has been developed for this operation in Spanish and English. This M&E plan provides a common framework for National Societies and the IFRC on indicators, definitions, data collection methods, frequency, and responsible persons at different levels. The M&E plan was shared with National Societies during the revision process in March to obtain feedback and adjust it as needed. The national-level Plans of Action then follow the macro-structure laid out in the M&E Plan. Once the national Plans of Action are completed, the M & M&E plan will be updated to include the country's consolidated targets and regional levels. The M&E plan also specifies the evaluation process for this operation. A final evaluation is planned and aligned with the IFRC's Framework for Evaluation. Contingent upon funds, the evaluation will be tailored to the operation's complexity (migration response, eight countries, and distinctive capacities and scope of activities per National Society).

To aid in the monitoring process for the operation, PMER and IM staff from the Migration Cell created a system of tables to track implementation in each National Society included in the operation. The tables include the activities from each country's plan of action and are updated regularly to keep the [regional dashboard](#) for the operation up to date. To date, information in the dashboard and updates have been used to monitor and evaluate reports.

Research lessons learned materials and evaluations produced.

Lessons learned activities will be carried out as the operation ends, to complement the evaluation process.

Outcome S3.2

4 coordination spaces to exchange information to ensure optimal coordination in resource mobilization.

IFRC was co-chair of the resource mobilization committee of Response for Venezuelans (R4V) Platform

Output S3.2.1

⁵⁸ Available upon request.

25 proposals developed and presented to potential donors.

The IFRC, on behalf of National Societies, has presented 25 proposals to several partners and donors. Other donors and partners have kindly donated to the appeal based on the published EA document.

Effective, Credible and Accountable IFRC

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability.

Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.

Indicators:	Target	Actual
Number of financial reports published.	5	16

Progress towards outcomes

Outcome S4.1

Output S4.1.3:

16 financial reports published.

As per the IFRC's reporting guidelines for emergency operations, the IFRC will publish on its website financial reports with all its operations updates and final report for this emergency.

An ARO finance officer provided guidance to National Societies when developing their revised budgets and for financial reporting guidelines in March 2019 to ensure good reporting and accountability standards.

Since October 2019, the Population Movement team has produced internal financial reports. They provided information to the Country Cluster Delegations and the National Societies about expenditure and use of funds.

D. Financial Report

See [Annex](#) attached.

Reference documents

Click here for:

- [For previous versions of the Emergency Appeal](#)

Contact information

For further information, specifically related to this operation please contact:

In the National Societies:

- **Argentine Red Cross:** info@cuzroja.org.ar
- **Chilean Red Cross:** roberto.yanez@cuzroja.cl; maria.ferrer@cuzroja.cl
- **Brazilian Red Cross:** gabinete@cvb.org.br
- **Ecuadorian Red Cross:**
- **Guyana Red Cross:** guyanaredross@yahoo.com
- **Red Cross Society of Panama:** crppresidencia@cuzrojadepanama.org
- **Peruvian Red Cross:** director.ejecutivo@cuzroja.org.pe
- **Trinidad and Tobago Red Cross Society:** admin@ttrcs.org
- **Uruguayan Red Cross:** presidencia@cuzroja.org.uy

In the IFRC regional office for the Americas:

- Roger Alonso Morgui, Head of the DCPRR Department: roger.morgui@ifrc.org
- Felipe Del Cid, Continental Operations Coordinator: felipe.delcid@ifrc.org
- Santiago Luengo, Regional Migration Operations Manager: santiago.luengo@ifrc.org
- José Félix Rodríguez, Migration Coordinator: josefelix.rodriguez@ifrc.org
- Mauricio Bustamante, Head of Regional Logistics Unit Americas Region, mauricio.bustamante@ifrc.org
- Susana Arroyo, Communications Unit Manager: susana.arroyo@ifrc.org

For Resource Mobilization and Pledges:

- Marion Andrivet, Emergency Appeals and Marketing Senior Officer: marion.andrivet@ifrc.org

For Performance and Accountability:

- Maria Larios, Planning, Monitoring, Evaluation and Reporting Manager: maria.larios@ifrc.org

In IFRC HQ in Geneva:

- Antoine Belair, Operations Coordination Senior Officer for Disaster and Crisis (Prevention, Response and Recovery): antoine.belair@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Annex

Men's personal hygiene kit	
Description	Quantity
Razor	1
Toothpaste X 50 ml + adult toothbrush	1
Bath Soap X 250 g	1
Toilet paper X Roll	1
Hand towels 70X40 cm	1
deodorant in roll on X 50 ml	1
Shampoo in X envelope 10 ml	5
Small comb	1
Cloth fabric with Red Cross logo and phrase: "DONATION - FORBIDDEN TO SELL"	1

Women's personal hygiene kit	
Description	Quantity
Shaver	1
Toothpaste X 50 g + adult toothbrush	1
Bath Soap X 250 g	1
Toilet paper X Roll	1
Hand towels 70X40 cm	1
Sanitary towels X 10 units	1
Deodorant in roll on X 50 ml	1
Shampoo in X envelope 10 ml	5
Small comb	1
Cloth fabric with Red Cross logo and phrase: "DONATION - FORBIDDEN TO SELL"	1

Children's personal hygiene kit	
Description	Quantity
Toothpaste X 75 g + children's toothbrush	1
Bath Soap X 250 g	1
Wet Wipes X 50 units	1
Hand towels 70X40 cm	1
10 oz children's assorted colours plastic cup	1
Shampoo X 10 ml	5
Cloth fabric with Red Cross logo and phrase: "DONATION - FORBIDDEN TO SELL"	1

Babies' personal hygiene kit	
Description	Quantity
Diaper cream No. 4 X 20 g	1
Baby bath soap X 250 g	1
Cloth diaper 70X50 cm X 2 units	1
Baby Wipes X 50 units	1
Disposable diaper stage No. 2 X 5 units	1
Shampoo X 100 ml	1
Cloth fabric with Red Cross logo and phrase: "DONATION FORBIDDEN TO SELL"	1

Personal hygiene promotion kit	
Description	Quantity
Hand washing information	1
Antibacterial gel 30 ml	1

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2021/02	Operation	MDR42004
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 12 Apr 2021

All figures are in Swiss Francs (CHF)

MDR42004 - Americas - Population Movement

Operating Timeframe: 03 Jun 2018 to 30 Jun 2021; appeal launch date: 06 Sep 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	20,000
AOF2 - Shelter	865,000
AOF3 - Livelihoods and basic needs	2,265,000
AOF4 - Health	2,330,000
AOF5 - Water, sanitation and hygiene	1,070,000
AOF6 - Protection, Gender & Inclusion	310,000
AOF7 - Migration	2,450,000
SFI1 - Strengthen National Societies	2,240,000
SFI2 - Effective international disaster management	2,910,000
SFI3 - Influence others as leading strategic partners	235,000
SFI4 - Ensure a strong IFRC	5,000
Total Funding Requirements	14,700,000
Donor Response* as per 12 Apr 2021	10,274,673
Appeal Coverage	69.90%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	667	667	0
AOF2 - Shelter	224,498	202,682	21,816
AOF3 - Livelihoods and basic needs	1,027,986	993,675	34,311
AOF4 - Health	1,197,735	1,017,007	180,728
AOF5 - Water, sanitation and hygiene	597,310	573,710	23,601
AOF6 - Protection, Gender & Inclusion	119,954	64,180	55,774
AOF7 - Migration	1,382,422	1,349,075	33,347
SFI1 - Strengthen National Societies	1,755,434	1,600,488	154,946
SFI2 - Effective international disaster management	2,858,925	2,535,530	323,395
SFI3 - Influence others as leading strategic partners	148,815	91,959	56,856
SFI4 - Ensure a strong IFRC	9,012	9,012	0
Grand Total	9,322,759	8,437,985	884,773

III. Operating Movement & Closing Balance per 2021/02

Opening Balance	6,578
Income (includes outstanding DREF Loan per IV.)	9,263,748
Expenditure	-8,437,985
Closing Balance	832,341
Deferred Income	117,055
Funds Available	949,396

IV. DREF Loan

* not included in Donor Response	Loan :	741,590	Reimbursed :	741,590	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2021/02	Operation	MDR42004
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 12 Apr 2021

All figures are in Swiss Francs (CHF)

MDR42004 - Americas - Population Movement

Operating Timeframe: 03 Jun 2018 to 30 Jun 2021; appeal launch date: 06 Sep 2018

V. Contributions by Donor and Other Income

Opening Balance							6,578
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	199,915				199,915		
British Red Cross	254,519				254,519		
British Red Cross (from British Government*)	3,530,874				3,530,874		
China Red Cross, Hong Kong branch	25,403				25,403		
DREF Allocations				-91,590	-91,590		
European Commission - DG ECHO	1,618,311				1,618,311		
Italian Red Cross	97,239		258,449		355,688		
Japanese Red Cross Society	88,843				88,843		
On Line donations	1,698				1,698		
Red Cross of Monaco	34,336				34,336		
Spanish Government	282,089				282,089		
The Canadian Red Cross Society (from Canadian Gov	358,346				358,346		
The Netherlands Red Cross (from Netherlands Govern	1,021,682				1,021,682		
UNHCR - UN Refugee Agency	485,180				485,180		
UNICEF - United Nations Children's Fund	291,759				291,759	16,414	
United States Government - PRM	806,694				806,694	100,641	
Total Contributions and Other Income	9,096,889	0	258,449	-91,590	9,263,748	117,055	
Total Income and Deferred Income					9,270,326	117,055	