



Photo Credit: Ecuadorian Red Cross

# POPULATION MOVEMENT IN THE AMERICAS

SUMMARY OF A JOINT SECONDARY DATA ANALYSIS

OCHA - ROLAC AND IFRC - REGIONAL OFFICE FOR THE AMERICAS

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JOINT SECONDARY DATA ANALYSIS, OCHA - IFRC

## SITUATION AND CONTEXT ANALYSIS

Venezuela is in the middle of a socio-economic crisis that worsens every day. This situation has triggered three million people to flee and this exodus is not expected to slow any time soon.

Venezuela’s socio-economic crisis is characterized by lack of access to basic services, food shortages and epidemic outbreaks, where children, women, the elderly and indigenous people are the most affected, and adding the non acceptance of international aid and support from the Venezuelan government.

With these factors, we find ourselves with two scenarios: **the situation within Venezuela**, with a population that is increasingly poor and lacking in basic services and a Government that still try to persuade citizens that “together everything is possible”, and **the situation in countries that receive migrants**, countries that also find, in certain situations that we will see later, challenges to respond to the new needs that are added to those that already have.

### KEY FIGURES

SOURCE: UNHCR

3M

VENEZUELANS  
HAVE LEFT THEIR  
COUNTRY

### IN VENEZUELA:

25M

LIVING IN  
POVERTY

9K

RETURNED HOME WITH  
GOVERNMENT ASSISTANCE

860%

INFLATION  
INSIDE VENEZUELA

1.1M

VENEZUELANS  
IN COLOMBIA

506,000

VENEZUELANS  
IN PERU

221,000

VENEZUELANS  
IN ECUADOR

130,000

VENEZUELANS  
IN ARGENTINA

108,000

VENEZUELANS  
IN CHILE

94,000

VENEZUELANS  
IN PANAMA

85,000

VENEZUELANS  
IN BRAZIL

## GEOGRAPHIC SCOPE OF THE ANALYSIS

The data was collected through the 15th of November and 15th of December and pertains to Venezuela and its neighboring countries. While the population movement is affecting many of the countries of the region, this analysis will focus on Venezuela's neighboring countries of Ecuador, Colombia, Chile and Peru.

## AGGRAVATING FACTORS

1

FACTORS SUCH AS MALNUTRITION WORSENING HEALTH IN MIGRANTS

2

INCREASE IN MEASLES, DIPHTHERIA AND MALARIA IN VENEZUELA

3

CHILDREN EXPOSED TO HUMAN TRAFFICKING AND RECRUITMENT BY ORGANISED CRIMINAL GROUPS

## RISKS

1

ALMOST HALF OF THE VENEZUELAN POPULATION AT RISK OF CONTRACTING MALARIA

2

MORE THAN 50 PERCENT OF VENEZUELAN WHO HAVE SETTLED IN COLOMBIA REMAIN UNDOCUMENTED

# CAPACITIES AND RESPONSE

For the time frame covered, the type of response, activities and gaps has been divided by sectors. In order to keep coherency and order of this section, each sector has been broken down by international response (either for Venezuela or for host countries), response from host countries (either local or international) and response gaps.

## FOOD

The information shows us that, at the time of this analysis, more than healthcare, the daily concerns of Venezuelan and many migrant families focus on how to find food. “Bolsas del Clap”, the Government low-cost food program, have not arrived for more than a month.

### INTERNATIONAL RESPONSE FOR VENEZUELA

- ✓ UNICEF: The UN Agency came to a joint agreement with the Venezuelan Government and will deliver 130 tons of supplies to the South American country that will benefit some 350,000 people, including women and children.
- ✓ UN: The United Nations announced US\$9.2 million for crisis-stricken Venezuela. The UN Central Emergency Response Fund (CERF) will support projects to provide nutritional support to children under five years old, pregnant women and lactating mothers at risk, and emergency health care for the vulnerable.

### INTERNATIONAL RESPONSE FOR HOST COUNTRIES

- ✓ UNHCR: The UN refugee agency upped its presence in Colombia late last year, and the World Food Programme began funding almost 8,000 daily meals in this region in July.
- ✓ UE: The European Commission has allocated an additional EUR 20 million to meet the urgent needs of the victims of Venezuela’s socio-economic crisis. The emergency aid package will boost the current EU response to assist the most vulnerable people and support the reception capacities of communities in the region.
- ✓ Hearts Without Borders: In Bogotá, Colombia, thanks to the balanced breakfasts and lunches that the migrant children receive at the center Hearts Without Borders, many manage to gain a kilo or two during their time there.

### RESPONSE FROM HOST COUNTRIES

- ✓ Ecuador: Cuenca is a destination for migrants. There are no official figures, but the Casa del Migrante del Municipio receives 750 people a month in the infocentro, 120 (every day) in search of food and 40 for lodging. Those who arrive at this institution are evaluated and referred to different programs of the Municipality or other institutions. For example, the Rotary Club, the Church of San Francisco and the Municipality maintain a free refectory.

### RESPONSE GAPS

- ✓ Bolsas del Clap, the low-cost food program the Venezuelan Government devised to compensate for difficulties in accessing food, have not arrived for more than a month.



## LIVELIHOODS

### INTERNATIONAL RESPONSE FOR HOST COUNTRIES



OIM: The United Nations Migration Agency (IOM), and the Government of Chile organized a job fair in Talca, a city in southern Chile. Special focus was put on refugees and migrants from Venezuela and an effort to improve their employability in the Maule Region, home to over 12,000 migrants from different nations. Refugees and migrants from Venezuela discovered a wide choice of employment opportunities, ranging from security guards to technicians in several fields, offered by 26 different national and transnational companies representing the region's private sector

### RESPONSE FROM HOST COUNTRIES



Colombia: The Ministry of Foreign Affairs of Colombia extended until December 21 the deadline for Venezuelan migrants to apply for the Permiso Especial de Permanencia (Special Permit to Stay - PEP Spanish acronym) that authorizes them to get a job and obtain social security for 180 days.



Chile: In the job fair organized in Talca, joining IOM's efforts were the Regional Ministerial Secretary of Labour and Social Security, the Municipality of Talca, the National Training and Employment Service (SENCE) and the Commission of the National Certification System of Labour Competencies (Chile Valora).

Other government institutions that support entrepreneurship, and participated, included the Chilean Economic Development Agency (CORFO), its Technical Cooperation Service (Sercotec) and the Solidarity and Social Investment Fund (FOSIS). Also participating were civil society organizations that assist migrants.



Peru: The regularization process of the Permiso Temporal de Permanencia (Temporary Permit to Stay - PTP Spanish acronym) has allowed more than 140,000 Venezuelans to be formalized to date, while another 200,000 are close to obtaining this document and some 50,000 have appointments to complete the process, which can be done until December 31.



## HEALTH

### KEY FACTS



Over 7,700 Venezuelans live with HIV/AIDS outside of their home country and are in need of antiretroviral therapy.



According to the WHO, the crisis in Venezuela has reduced health care capacity in Venezuela by 15 to 20 percent.



Drugs and doctors are harder and harder to come by, and shortages of water and electricity help disease and death to thrive.



## INCREASE OR EMERGE OF NEW DISEASES

- ✓ Measles cases increased from 727 in 2017 to 5,643 in 2018, and a diphtheria outbreak that began in July 2016 led to 1,310 confirmed cases, mostly among children.
- ✓ A WHO study on the increase in malaria cases in the Americas warns that almost half of the Venezuelan population is at risk of contracting malaria under vulnerable conditions of drug shortages.
- ✓ WHO pointed out that the Venezuelan territory is suffering an increase in diseases such as measles, diphtheria and malaria.

## GAPS

- ✓ In Venezuela, the desired vaccination coverage for 2018 has not been achieved.
- ✓ There is no vaccine against seasonal influenza or against pneumococcus, neither for adults nor for children.
- ✓ The government is not complying with the norms of the Expanded Program of National Immunization.
- ✓ Venezuela is one of the few countries on the continent that does not have a vaccine against HPV. Treating that disease is a norm established more than five years ago and they haven't initiated it.
- ✓ There has been three consecutive years without rotavirus vaccination.

## HIV EPIDEMIC

- ✓ A recurring theme in various sources is the lack of treatment in Venezuela for people with HIV as well as the discrimination they suffer because of their disease.
- ✓ In Venezuela, pregnant women with HIV are denied medical care in public health centres at the time of delivery.
- ✓ Over 7,700 Venezuelans live with HIV outside of their home country and are in need of antiretroviral therapy, according to UNAIDS.
- ✓ Most refugees and migrants do not have access to the public health system – for instance, when it comes to treatment of other conditions developed because of HIV.
- ✓ Refugees and migrants may avoid going to the hospital for fear of being discriminated due to their condition or – if they do not have legal residence – of being deported.
- ✓ In Peru, access to antiretroviral medication is free. However, availability and effective access are not always guaranteed.
- ✓ There is no regional response in Latin America that guarantees access to antiretroviral medication for Venezuelan refugees and migrants with HIV. Their access to treatment depends on each of the countries' policies, and they vary greatly from one country to another.

## NEIGHBOURING COUNTRIES

- ✓ The situation in Colombia is worsened by the collapse of Venezuela's own health system, which has left diseases and medical cases without proper treatment for long periods of time in the now-migrant population.
- ✓ The Colombian Ministry of Foreign Affairs extended until December 21 the deadline for Venezuelan migrants to apply for the Special Permit to Stay (PEP), which authorizes them to obtain employment and social security for 180 days.

## INTERNATIONAL RESPONSE FOR VENEZUELA

- ✓ PAHO/WHO jointly with the Ministry of Health: Both entities prepared the Master Plan to strengthen the response to HIV/AIDS, tuberculosis, and malaria in the country. This plan is approved for implementation in early 2019 and will be projected for three years. It calls for an investment of nearly USD 122 million. On the other hand, PAHO/WHO and the Ministry of People's Power for Health initiated activities to implement the plan to reduce maternal mortality and morbidity from malaria in the state of Bolivar, from November 19 to 21, 2018. PAHO/WHO also continues to strengthen technical cooperation with the country's health authorities for the benefit of the Venezuelan population. In 2018, it has provided specific support to improve the availability of antimalarial drugs in all states of the country; more than 450 health workers have been trained in the diagnosis and management of malaria cases.
- ✓ UNICEF: In the framework of the joint agreement between UNICEF and the Venezuelan government, the U.N. agency has provided 30 tons of medicines and health supplies. Those supplies will be used for 25,000 pregnant women, 10,000 newborns in neonatal wards and more than 2,300 children living with HIV. Through UNICEF's expanded programme, 40,000 pregnant women have access now to rapid HIV and syphilis tests, and 100,000 children and pregnant women have access to malaria treatment.
- ✓ UN: The UN announced US\$9.2 million in health and nutritional aid for crisis-stricken Venezuela. The UN Central Emergency Response Fund (CERF) will support projects to provide nutritional support to children under five years old, pregnant women and breast-feeding mothers at risk, and emergency health care for the vulnerable population.

## INTERNATIONAL RESPONSE FOR HOST COUNTRIES

- ✓ The USNS Comfort mission in Colombia is providing health services to migrants.
- ✓ Confort: Helicopters from the Comfort began the transfer of medicines in Riohacha, Colombia, as part of the preparations for the day of medical care for Venezuelan migrants and inhabitants of the area. In the Colombian municipality of Turbo they have treated a total of 5,581 patients, including 131 who needed surgery.
- ✓ EU: The new EU funding mentioned above in the food sector is also meant to provide health care to those affected in the region.
- ✓ UNHCR and UNAIDS are providing technical support to national NGOs working to establish a regional network that will allow people with HIV to safely contact clinics, hospitals, shelters and other organizations providing humanitarian assistance to those searching for treatment outside Venezuela.
- ✓ WHO is working with neighbouring countries such as Colombia, Brazil, Peru and Ecuador, which receive Venezuelan refugees, to try to fill the gaps in health services.
- ✓ Hearts Without Borders: In Colombia, the children's day care Center Hearts Without Borders provides free care medical and dental services.

## RESPONSE FROM HOST COUNTRIES

- ✓ Colombia: To date, Colombian public hospitals' expenses in emergency treatment, childbirth and vaccination services have reached more than USD 40 million.  
At the end of November, Colombian Central Government presented a document from the National Council for Economic and Social Policy, which seeks to strengthen attention to Venezuelans in areas such as health and education.
- ✓ Peru: access to ARV is free. However, availability and effective access are not always guaranteed. Thanks to non-profit organizations such as PROSA and AHF in Peru, some migrants and refugees with HIV were able to undergo the necessary medical exams to access treatment.
- ✓ Venezuela: According to data from the Ministry of Education, the program "Salud va a la Escuela" reached a coverage of 84% at the national level.
- ✓ Cuba has announced the arrival of 272 doctors in Venezuela.

## RESPONSE GAPS

- ✓ There is no regional response in Latin America that guarantees access to ARV for Venezuelan refugees and migrants with HIV.
- ✓ Most refugees and migrants do not have access to the public health system – for instance, when it comes to treatment of other conditions developed from HIV.
- ✓ In Venezuela, there is a 95% of shortage of ARV in clinics, and public laboratories have not had reagents for viral load tests for more than two years, the Government has not bought them since 2017. HIV and viral load tests are only carried out in private laboratories, as public organisms do not have the necessary reagents for the case.



## NUTRITION

The recent crisis has left 12 percent of the Venezuelan population undernourished, and it can be seen in host countries as well. To be highlighted, nearly all the Venezuelan migrant children arriving in Colombia are four to five kilos underweight for their age, and below average height.

## INTERNATIONAL RESPONSE FOR VENEZUELA

- ✓ UNICEF: In coordination with the National Nutrition Institute and other partners, UNICEF has so far delivered 100 tons of nutritional supplies for 150,000 children, including micronutrients, therapeutic food for the treatment of malnutrition.
- ✓ UN: the UN has reinforced its aid for the area of nutrition, and that there is a disposition to do more if the national authorities agree. In this context, the US\$9.2 million relief that the UN announced on Monday 26 will be destined in part to nutritional aid.





## WASH

A topic that is often repeated in various sources is the shortages of drinking water. Shortages of water and electricity are responsible of increased morbidity and mortality among vulnerable people.

### INTERNATIONAL RESPONSE FOR VENEZUELA



UNICEF: As part of the joint agreement between UNICEF and national authorities, relief actions will be focused on deworming and water purification tablets.

### INTERNATIONAL RESPONSE FOR HOST COUNTRIES



EU: Part of the new EU funds will increase the provision of safe water and sanitation.



## SHELTER

### INTERNATIONAL RESPONSE FOR HOST COUNTRIES



EU: New EU funds will increase efforts to provide emergency shelter.

### RESPONSE FROM HOST COUNTRIES



Ecuador: The Ministry of Economic and Social Inclusion (MIES), in coordination with international organisations, set up three tents on the northern border so that mobile citizens can rest.

In Guayaquil some Venezuelans make it to the shelter “Un Techo para el Camino”. Nearly 7,000 Venezuelans have passed through there.

The house “Un Techo para el Camino” can accommodate 100 people. Therefore, there is a regulation that allows the stay of three days. In this period there is a flow of 70 people between those who spend the night and those who are passing through. 10% of them are children who arrive accompanied by their families.

In Santo Domingo there are two temporary hostels that accommodate 80 Venezuelans. The shelters are in two disabled schools that were only open until December 17.

Cuenca is another destination for migrants. There are no official figures, but the Casa del Migrante del Municipio receives 750 people a month in the infocentro, 120 (every day) in search of food and 40 for lodging. Those who arrive at this institution are evaluated and referred to different programs of the Municipality or other institutions. For example, the Rotary Club, the Church of San Francisco and the Municipality maintain a free dining room.

In Quito, the camp in front of the Carcelén land terminal (north) was dismantled on Sunday. The migrants were transferred to the temporary transit centres (CTT) of Eloy Alfaro, La Tola and Calderón.



Peru: Due to their uniquely vulnerable condition, Venezuelans with HIV/AIDS can apply for extraordinary residency in Peru.



Brazil: The Brazilian Government announced that it will donate four million dollars to the United Nations High Commissioner for Refugees (UNHCR) and to the International Organization for Migration (IOM), organizations in charge of assisting migrants who have arrived in Brazil, especially in the border state of Roraima. The resources will be shared equally between the two organizations, to manage a dozen shelters, maintained in the region with the support of Brazil.

## RESPONSE FROM HOST COUNTRIES



Colombia: Hearts Without Borders aims to help the children whose families are planning to stay in Colombia to get up to speed with the local school system to which, thanks to a recent government directive, all children have a right “regardless of their nationality or migratory status.

At the end of November, the Colombian Central Government presented a proposal to the National Council for Economic and Social Policy, which seeks to strengthen attention to Venezuelans in areas such as health and education.

## CONSTRAINTS



Obstacles for Venezuelan children to access education in Colombia remain. Many school districts require the child’s parents to obtain legal status within three months of enrolling the child, or insist on official papers certifying the child’s school level, documents that are extremely difficult if not impossible to obtain.



## PROTECTION

### RESPONSE FROM HOST COUNTRIES



Venezuela: The Plan Vuelta a la Patria is a program created in August 2018 by the Venezuelan Government to provide support to nationals who decide to return due to acts of xenophobia, labour exploitation and discrimination. To the date of preparation of this document, according to the latest statistics from the Ministry of People’s Power for Foreign Affairs, nearly 9,500 Venezuelans have returned to the country from Brazil, Peru, Chile, Ecuador, Colombia, Dominican Republic, Argentina and Panama.

In this context, a group of Venezuelans, many of them detained for illegally entering in Trinidad and Tobago, asked the government of Nicolas Maduro to be included in the mentioned Plan.



Colombia: More than one million Venezuelans have settled Colombia, and 415,000 have received special permission to stay by the Colombian Government.

### INTERNATIONAL RESPONSE FOR HOST COUNTRIES



Ecuador: II International Technical Meeting on Human Mobility to be held in Quito.



## OBSERVATIONS ABOUT THE SITUATION AT SOME BORDER CROSSING POINTS



Brazil: Brazilian President signed an order formalizing a federal “intervention” in the state of Roraima, located on the border with Venezuela.

Waves of Venezuelan migrants have entered this border in recent months, fleeing poverty and hunger in their country. The income of these thousands of people is collapsing Brazilian public services and finance resources. The measure will be in effect until December 31.



Ecuador: operation will continue at the bridges of Rumichaca (Carchi) and San Miguel (Sucumbíos).

The Ministry of Economic and Social Inclusion has set up a play area on the northern border where child development educators receive between 50 and 80 children a day.

Up to date, ore than 31,000 children, adolescents, pregnant women, older adults and people with disabilities have been treated in Rumichaca since August 9, when the Government declared a state of emergency in the human mobility sector.



## CRISIS FORECAST

The UN anticipates that the flow of migrants and refugees to other countries in the region will continue in 2019, a situation that will increase pressure on neighbouring countries and will affect the capacity to respond to migrants.

According to the UN Humanitarian Plan “In 2019, an estimated 3.6 million people will need assistance and protection, with no predictable return in the short or medium term. There will also be an impact on the coping capacity of local communities.”

Hyperinflation is going to continue in 2019, because the causes that have motivated them are maintained and it seems that the Government has more closed access to external financing.

Inflation is predicted by the International Monetary Fund to reach one million percent before the end of 2018.

Currently the migratory flow of Venezuelans to Colombia, Ecuador and Peru continues to increase.

## CONCLUSIONS

In the articles found in the time frame, there has been repeated references to the burden that the exodus of Venezuelans represents for the host countries. In the cases of Colombia and Brazil, we can conclude that this situation represents a significant challenge for both countries, which find it difficult to meet the needs of new migrants and refugees. There are many references to the challenges faced by Colombia in the news as a whole: Venezuelans sleeping in public parks, malnourished children, migrants in imminent need of health care, the worsening of the situation in Colombia due to the increase of Venezuelans receiving emergency treatment in hospitals in Colombia, and the lack of the necessary documentation to send Venezuelan children to school in Colombia.

If we compare the data per sector, we highlight the volume of information referring to food and health sectors. Specially in health there are many references to ill migrants crossing the border. In some cases, the response required from the host countries is not a one-off response, but a lifelong one, as in the case of migrants with HIV.

Among the vulnerable groups, we found in different sources children, pregnant women and people with HIV. Support to children are numerous, both internationally and by host countries.

We can conclude that we are facing a crisis that is constantly worsening and there is no signs for positive changes in short or medium terms, relying in the following:

1. Continuation of migratory flows.
2. The measures adopted by various countries to deal with the exodus have been extended (e.g. the migratory emergency in Carchi, Pichincha and El Oro, the declaration of a state of emergency in the Human Mobility sector in Rumichaca or the extension of the period for obtaining the Special Permit to Stay in Colombia).
3. Activation of response mechanisms such as the “Regional Response Plan for Refugees and Migrants”, the International Technical Meeting in Quito, the “Plan of Action on Human Mobility of Venezuelan Nationality in the Region” or the inclusion for the first time in the UN Humanitarian Plan.
4. News referred to Venezuela talk about chronic shortages of food and medicines.
5. The host countries talk about finding durable solutions (integration of children in schools, need for stable jobs).

After carefully observing the information, we conclude that there is an increase in the vulnerabilities of Venezuelans who have fled their country. The indicators that lead us to this conclusion are: the existence of migrants and refugees who continue their route to other countries, the existence of migrants and refugees who have untreated diseases, references to xenophobia, migrants with HIV who do not go to hospitals for fear of discrimination.

## INFORMATION GAPS

1

LACK OF RELIABLE SOURCES

2

LACK OF AVAILABLE DATA ON THE NEEDS OF MIGRANTS

3

NOT RELIABLE INFORMATION ON INFECTIOUS DISEASES

# METHODOLOGY AND INFORMATION SOURCES

This is a comprehensive analysis of public secondary sources that focuses on Latin America. The joint analysis has been performed by Information Management specialists from OCHA-ROLAC and the IFRC, Regional Office for the Americas.

The purpose of this report is to capture the situation of the socio-economic crisis in Venezuela from November 15 to December 15, 2018. For the analysis, we have used diverse secondary information and data sources. Based on this x-ray of the situation, we have drafted this analysis document looking for trends and risks.

The secondary data analysis has been processed and extrapolated through the “Data Entry and Exploration Platform” (DEEP), and analysed through the Inter-Agency Analytical Framework.

**Sources reliability: High**

**Credibility: Medium**

*This document is a summary of the analysis and processing of documents from several sources. Contact [im.americas@ifrc.org](mailto:im.americas@ifrc.org) to obtain a copy of the complete document.*

*Contact [im@ifrc.org](mailto:im@ifrc.org) or [im.americas@ifrc.org](mailto:im.americas@ifrc.org) to more information about Inter-Agency Analytical Framework and secondary data processing through DEEP.*