Situational Highlights

The Americas remain the epicentre of the pandemic, with more than 20 million cases, or 53% of the global total, as of 14 August. Mexico and Peru are each rapidly approaching half a million infections, and Colombia trails close behind. Chile, with over 378,000 cases, accounts for the highest cumulative incidence rate (20 cases per 1,000 people) followed by Panama (18 cases per 1,000 people, as of 14 August).

With border restrictions remaining in place throughout most of the region, confinement measures are being adapted to the situation on the ground in each country or region: In the Argentine capital, Buenos Aires, the strict lockdown continues, even as measures have been eased in some parts of the Chilean capital, Santiago. Similarly, Belize reinstated confinement measures, even as Costa Rica reopened its air borders to international tourists from Canada, the UK, and the EU in Guatemala, around half of municipalities are on red alert, including those where UNHCR is present.

Still, despite the restrictions, the population movement persist throughout the Americas. The Nicaraguan government allowed the entry of 148 Nicaraguans who had been stranded for two weeks at the border with Costa Rica after they produced documentation showing they had tested negative for COVID-19. Around 230 Cubans, including some asylum seekers, have amassed at the Nicaragua-Costa Rica border in a bid to carry on their northward journey. Venezuelans leave their country, heading to Colombia or further afield – to Ecuador, Peru or Chile – sometimes via informal crossing routes that increase their protection risks. At the same time, other Venezuelan refugees and migrants are heading home as a result of the pandemic. Colombian authorities have said that as of 10 August, some 96,000 Venezuelans had returned to their country.

Canada announced new pathways to permanent residency for asylum-seekers in the healthcare sector who have worked on the frontline of the country’s COVID-19 response. The decision, which recognizes the contribution that refugees and asylum seekers have made to Canada’s health response, is expected to benefit persons of concern to UNHCR across the country. In Brazil, the northern state of Rio Grande do Norte responded to the health crisis by approving an Emergency Program for Social Assistance in that will benefit refugees, stateless people and migrants. Peru suspended its title validation requirement for foreign health professionals, thereby making it easier for Venezuelans to join the Andean nation’s pandemic response. Thanks to the change, which took effect on 15 August, foreign graduates and specialists are now able to work in public hospitals without having obtained either the title validation or a temporary authorization from the professional boards or colleges.

Challenges

Despite the pandemic-related restrictions, in the North of Central America, violence and persecution against people on the basis of their gender and sexual orientation persist, unabated. In fact, UNHCR is alarmed to see that the risks of violence appear to have spiked as a result of the COVID-19 pandemic. Of the 160 people assisted since the start of the pandemic by COMCAVIS Trans, an El Salvador-based LGBTI organization and UNHCR partner, 79 have been forced to flee gang persecution and threats. Within the region, it is common for people facing such persecution to move multiple times within the borders of their own country before eventually seeking asylum abroad.

For the around 3,000 families surveyed for the second joint needs assessment, produced by the Inter Agency Group on Refugees and Migrants in Ecuador, the main worries in the current uncertain context are: food (30%), shelter (27%) and livelihoods (21%). Thirty per cent of those surveyed – overwhelmingly Venezuelan nationals – indicated that they had had to move houses during the pandemic on account of eviction and/or the need to save money. Eleven per cent of those surveyed said they planned on moving in the near future.

UNHCR’s response in the Americas

Despite the pandemic-related restrictions, UNHCR is working to provide emergency assistance, including safe shelter spaces and cash-based assistance, as well as to advocate for the inclusion of refugees in national public health responses, social safety nets and emergency assistance plans. Urgent action is required to help the most vulnerable refugees and IDPs, particularly those in countries where they are unable to access state-run social protection schemes. With the coronavirus crisis exacerbating already dire humanitarian needs globally, timely and flexible support from governments, the private sector and individuals remains critical. See also a document on UNHCR COVID-19 emergency response in the Americas since March 2020.
**AMERICAS COVID-19 RESPONSE UPDATE**

25 August 2020  Update #15

UPDATES FROM COUNTRIES

- **Argentina:** As of 14 August, UNHCR and partners had provided advice and guidance on health measures, protection concerns and access to services to some 492 people – 166 of whom were seeking such guidance for the first time. Additionally, 76 individuals were given shelter, while 277 refugees and migrants received cash to help them meet their basic needs. UNHCR and partners are advocating with Argentine authorities to facilitate the entry 15 families who are stranded in Foz do Iguaçu, Brazil, including three children who are separated from their parents.

- **Brazil:** As of 9 August, 93 persons were hospitalized in the Care Area of the APC in Boa Vista, the capital of the northern state of Roraima that is the main port of entry for Venezuelan refugees and migrants seeking safety in Brazil. Those hospitalized included one indigenous person. Since it opened in April, 1,472 patients have received some sort of medical assistance in the APC, while other 300 have been hospitalized and later released. Read [HERE](#) their story. The interiorization programme continues, despite the pandemic. From 30 July to 11 August, 208 persons of concern in the Amazonian city of Manaus were relocated to other parts of Brazil. During the reporting period, around 590 Venezuelans signed up for different interiorization modalities.

- **Colombia:** To improve the response capacity of health services, UNHCR in border city of Cúcuta, in the Norte de Santander department, provided two hospital tents to help make more space at the local Erasmo Moez Hospital, which is currently operating at capacity. In the town of Puerto Santander, in the same department, UNHCR has completed the construction of a Primary Care Centre. There, the local hospital will work with organizations that are part of the Inter Agency Group on Mixed Migrations to provide health and social services both to the local population and to refugees and migrants from Venezuela. In the border department of Arauca, UNHCR provided 21 refugee and migrant families access to sexual and reproductive health services through its partner Profamilia.

- **Costa Rica:** Despite continued mobility restrictions, UNHCR and partners in Costa Rica have developed online courses aimed at helping refugees and asylum seekers find work or seize self-employment opportunities. In July, 281 people attended a core training on interpersonal soft skills, financial education and basic legal concepts. Forty-six people took part in a technical training on innovation, business management and sales. Additionally, 280 people completed short courses on marketing, customer service and design.

- **Ecuador:** With the support of the local community, UNHCR installed two Refugee Housing Units, or RHUs, in the municipality health centre in the border town of Mira, in the northern Carchi Province. The RHUs will be used for triage and medical care. Since the start of the COVID-19 emergency, UNHCR has installed 117 RHUs in Ecuador. The RHUs were installed in 35 health centres or hospitals, as well as in three temporary accommodation centres – where they are used as triage and isolation areas.

- **Mexico:** Eleven field teams are providing refugees and asylum-seekers moved through the Relocation Programme with support via home visits and phone calls. Since the beginning of the pandemic, 4,226 refugees and asylum-seekers have received such visits and/or calls. As of 9 August, 553 refugees and asylum-seekers who are part of the Local Integration Programme have reported facing unemployment since the beginning of the pandemic – 373 of them in Monterrey, and 180 in Sattilo. In Sattilo, only 7% of the persons of concern relocated as part of the Local Integration Program remain unemployed.

- **North of Central America:** In Guatemala, one RHU was installed at a health center in the southeastern town of Santo Tomás de Castilla, the municipality that has been hardest hit by coronavirus in the department of Izabal. The RHU will be used by the Ministry of Health to perform COVID-19 tests. In El Salvador, UNHCR delivered 500 hygiene kits to Plan Trifinio and 700 hygiene kits to the Ministry of Culture to support the vulnerable populations affected by the pandemic. In Honduras, UNHCR delivered 492 humanitarian assistance kits to authorities in San Pedro Sula. The kits will benefit 1,332 people suffering from chronic health conditions in high-risk urban areas.

- **Panama:** UNHCR and partners provided information, orientation and legal assistance to 440 people - including Colombians, Nicaraguans, Venezuelans and Salvadorans - as well as rent assistance to 123 people and cash transfers to 37 families.

- **Venezuela:** In the eastern Bolívar department, UNHCR is helping support the local response for spontaneous returnees in quarantine centres in Santa Elena de Uarien, a town on the southern border with Brazil. Throughout the initial weeks of August, UNHCR delivered mosquito nets, lamps, blankets and tarpaulins for 1,000 people, while also improving their access to water with the delivery of buckets and jerricans. In order to support the frontline staff working in those centres, personal protective equipment and hygiene kits were delivered to local organizations including the Bolivar Social Foundation and the Caroni Red Cross.

**Stories from the field**

**Personal tragedy drives Honduran social worker’s fight against**

For Santiago Ávila, the fight against the powerful street gangs that terrorize communities throughout his native Honduras is deeply personal. He was 19 when his 16-year-old brother Mauricio was kidnapped, tortured and murdered by violent criminal gangs known as maras. Santiago has spent years trying to transform his family’s misfortune into something positive for his community. As the director of Jóvenes Contra la Violencia, or Y outh Against Violence, he has helped turn a nascent not-for-profit community organization into one of the most important forces fighting gangs in Honduras.

To read the full story, click [HERE](#).

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**Coordination and Response to date**

**R4V**

In preparation for the Refugee and Migrant Response Plan (RMRP) 2021, the regional Sectors held consultations with their national sector counterparts in order to develop regional sector objectives and indicators. In parallel, the National and Sub-regional Platforms commenced their national planning workshops to deliberate their outlook for 2021, including through joint needs assessments and analysis and deliberations on population projections. Additional guidance was developed and disseminated through a dedicated webinar on gender mainstreaming in the RMRP. In Chile, delegates from country members of the Quito Process met with the Friends of the Quito Process as part of preparations for the upcoming Technical Workshops and the sixth Ministerial meeting.

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**MIRPS**

To inform the country level rollout of the MIRPS, national mid-year review sessions have concluded in Honduras, El Salvador, Costa Rica and Mexico. The consultations, facilitated with the support of UNHCR, are providing an opportunity for National Technical Teams to consider prevailing protection needs and the impact of the COVID-19 pandemic on the implementation of national action plans. The sessions are also informing possible adjustments in operational priorities and are defining the focus of the national quantification exercise this year. In addition, UNHCR organized a meeting with civil society organizations to map their perception of the MIRPS process, obtain feedback on NRC’s coordination role, jointly brainstorm on how to ensure wider civil society participation and identify activities to be prioritized during second half 2020.
UNHCR is grateful for the critical and generous support provided by donors to the Coronavirus Emergency Situation globally, and to the Americas, as well as those who have contributed to UNHCR programmes with unearmarked funding.

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