

UNHCR Ecuador

Health



Key figures

29%

of refugees and migrants in Ecuador not being able to access healthcare services ([JNA, 2021](#))

6.1%

is the fatality rate in Ecuador, the second highest in the region

9%

of UNHCR funding needs received by 6 April 2021

Situational Highlights

Ecuador has a fatality rate of 6.1%, the second highest in the region, with 327,325 confirmed cases and 16,780 deaths directly linked to coronavirus. Although Ecuador grants access to public health services to all, regardless of nationality or residency status, access is not always the practice, since those with an irregular status, fear and isolation are the main barriers to realize access.

The dire situation affects particularly refugees and migrants, with 29 per cent not being able to access healthcare services, mainly due to fear of contagion (27 per cent) or xenophobia. According to the GTRM Joint Needs Assessment (JNA) carried out in August 2020, 25 per cent of interviewed people of concern were not treated when approaching state healthcare facilities.

Refugees and migrants face a huge challenge to comply with mobility restrictions and confinement measures, due to the lack of economic resources and formal jobs, making this population particularly vulnerable to contagion, protection risks and to resorting to negative coping mechanisms.

UNHCR's Response

UNHCR Ecuador expanded its interventions in the field of public health due to growing limitations on the access to health services; disruption of primary health care and limited capacity by Ecuadorian government to respond to the pandemic.

UNHCR invested in infection prevention and control, with the delivery of Personal Protective Equipment for the Ministry of Public Health, partners and other public institutions staff providing first-line response to refugee and host communities. This ensured compliance with biosecurity, infection and prevention control measures, allowing continuity of critical services during COVID19 Emergency.

UNHCR supported the Ministry of Health in dealing with the exceptional situation with the installation of Refugees Housing Units (RHU) in health centers and hospitals. The Refugee Housing Unit (RHU) is an innovative shelter solution, used as a temporary accommodation for resting, triage and isolation areas according to COVID-19 protocols. Click [here](#) to watch our video.

With regards to people of concern in transit, UNHCR provided emergency assistance for the alleviation of their most urgent basic needs through the provision of cash transfers, hygiene kits and non-food items, beside informing and orienting them to make informed choices.

Together with partner CARE, UNHCR supported the prevention and response to HIV, working with community-based organizations in coordination with the Ministry of Health, with special attention to sex workers, LGBTI+ individuals and youth.



Community Epidemiological Surveillance:

building a safe community refer system

In cooperation with the Ecuadorian Government and partners, UNHCR implements the Community Epidemiological Surveillance (VEC in Spanish) system, through the involvement of key local organizations, from both host and refugee communities, in a systematic and continuous collection, analysis and interpretation of health data in order to evaluate and plan adequate health responses. Moreover, UNHCR works with community health promoters to generate organizational, monitoring, accompaniment, and health recovery processes, at the community level.

In 2020, in the framework of this initiative, more than 40 community surveillance centers were identified in 12 provinces of Ecuador, and a total of 470 alerts of suspected cases of COVID-19 were generated among refugees and asylum seekers, and who were appropriately referred to the public health system.

Click [here](#) to read more.

Stories from the field

“If your desire to **help** others is strong enough, no obstacle can **stop** you”.



Gisel Barón: the Venezuelan refugee dedicated to help others

When she arrived in Ecuador after fleeing Venezuela three years ago, Gisel was convinced to leave her mark and improve the community to which she arrived. She settled in Baños de Agua Santa, a small town halfway between the mountains and the rainforest. There, she began to participate in “Comunidades Inclusivas”, a refugee-led association created with the support of UNHCR, and formed by Venezuelans, Colombians and Ecuadorians. Within this group, Gisel has promoted pacific coexistence between refugees and host community in Baños, through cultural and social activities aimed

to reduce xenophobia.

When the Covid-19 pandemic broke out, Gisel and her association partners decided to help the community delivering food kits to the most vulnerable families. Also, after being trained, Gisel joined UNHCR’s Community Epidemiological Surveillance system, where she identified suspected cases of Covid-19 and referred them to the Ministry of Health.

“Despite the fear of contagion, our desire to help was stronger and we decided to go out to the streets and identify people in necessity, to give them a much-needed support”, she says.

Funding needs

With shortage of funds in terms of basic needs and essential services, UNHCR counts with a significant gap in terms of health, emergency services, and community-based protection. Fresh donor contributions of USD 1,865,075.20 are urgently needed for UNHCR to continue its coordination and response efforts to meet the most urgent livelihood needs of Venezuelan refugees and migrants and host communities.

We thank the contributions of our donors

Updated to 6 April, 2021

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