

Venezuelan Migration and COVID-19 Response Measures in Urban Areas of Ecuador

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Abstract

The COVID-19 pandemic significantly impacted Venezuelan migrants in Ecuador, exacerbating their vulnerabilities due to restrictive containment measures, socioeconomic instability, and barriers to healthcare and basic services. This paper examines the intersection of pandemic-related restrictions, migrant precarity, and state responses, highlighting the disproportionate effects on urban Venezuelan migrants. Key challenges included irregular migration pathways, increased food and housing insecurity, exclusion from early vaccination programs, and heightened exposure to gender-based violence. Despite Ecuador's early adoption of an inclusive vaccination strategy, systemic inequalities persisted, limiting migrants' social and economic integration. The findings contribute to broader discussions on migration governance, humanitarian responses, and the securitization of migration in Ecuador.

Keywords

Venezuelan migration, COVID-19, Ecuador, urban migrants, migration governance, food insecurity, health disparities, gender-based violence, irregular migration, humanitarian response

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Cover Image

A Venezuelan family crosses the border into Ecuador during the COVID-19 pandemic. Credit: Dpa Picture Alliance/Alamy



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Introduction

The COVID-19 pandemic significantly impacted migrant and refugee populations in Latin America, given the enormous challenges regarding immigration status, and the barriers that limit transit and essential goods and services (Bojorquez et al., 2021; Brito, 2020). During the first quarter of 2020, most South American governments, including those of Colombia, Ecuador, Brazil, Argentina, Peru, Paraguay, and Chile, ordered the closure of their land, sea, river and air borders. The closure of all borders led to the immobilization of hundreds of thousands of people, who remained at high levels of health risks and socioeconomic vulnerability, along with attendant limitations on family and daily activities of living. It also inevitably encouraged the expansion of irregular passages and trails into Ecuador, in particular through the increase in human trafficking and trafficking networks.

The pandemic restrictions led to widespread deficits in access to health services, housing, food, protection and income generation. On the other hand, the convergence of the COVID-19 crisis with latent crises - especially economic - in migrant and refugee destination countries, encouraged the systematic reproduction of acts and speeches of xenophobia. In this context, there are signs of a paradigmatic change in intraregional migration public policies characterized by a securitization approach, including the increased militarization of border spaces.

This paper contributes to the existing discussion on the impacts generated by COVID-19 containment measures in South America, by focusing on the pandemic experience of the Venezuelan migrant population in Ecuador. The Ecuadorian case has particularly relevance in the region, because it was the third main destination country for Venezuelan migrants in Latin America during the pandemic. The majority of the migrant population was concentrated in large cities where the effects of the COVID-19 health crisis were felt most acutely. As the paper shows, their vulnerability was exacerbated by the absence of humanitarian assistance policies, the deliberate exclusion of migrants and refugees from the initial phase of the COVID-19 vaccination program, and the cumulative effects on public services, related to fiscal austerity measures and budget cuts to social spending (Garcés, 2020).

Socio-Demographic Profile of Venezuelan Migrants

The number of Venezuelan migrants in Ecuador is estimated to have doubled between 2018 and 2020. A change in flow patterns was evident in these years, different from earlier mass exoduses from Venezuela in 2005 and again between 2014 and 2015 (Vivas & Páez, 2017). The Migrant Response Working Group estimated that there were 417,000 Venezuelans in the country at the end of 2020 who would have been impacted by the pandemic (GTRM 2020). The main cities of migrant settlement are Quito, Guayaquil, Cuenca, Manta, Santo Domingo de los Tsáchilas and

Machala. The number of Venezuelan migrants still in Ecuador after the pandemic is uncertain. The UNHCR estimated that there were around 514,000 refugees and migrants in March 2022 (UNHCR, 2022). The 2022 Population and Housing Census recorded 425,045 migrants of which 54.5% were recent migrants from Venezuela (INEC, 2023). The lower Census figure may reflect the large-scale departure of Venezuelans from Ecuador since 2021, primarily due to the lack of opportunities and weak socioeconomic integration.

However, the proliferation of irregular entries and exits through cross-border corridors, and the low level of integration of information systems, call into question the veracity of published data. At different times, arguments for both under-registration and over-registration of migrants have been advanced (CARE, 2020; MSP and IOM, 2022; UNHCR, 2022). The uncertainty led the government of Lenin Moreno to issue Executive Decree No.436 of June 1, 2022, which created an Immigration Registry, to register and then regularize the status of Venezuelan citizens in the national territory. As of September 2023, 193,265 Venezuelan citizens were recorded in the Immigration Registry and aspired to remain in the country by regularizing their immigration status.

The post-2018 wave of in-migration from Venezuela was characterized by increased levels of migrant vulnerability, decreased purchasing power, lower levels of education, and an increasingly feminized pattern of migration. Women migrants represent approximately 53% of the total share of recent entrants. Much of the migrant population consists of young people and adults of working age: 47% of the new arrivals were between the ages of 18 and 35 years and 26% were between higher education studies 36 and 55 years (IOM, 2022). Most migrants have high school diplomas or elementary basic education. The majority perform service activities in Ecuador (such as sellers and employees in direct contact with the public). As many as 87% do not have formal employment or receive social security benefits, and 49% receive less than the Unified Basic Salary (the minimum monthly salary in Ecuador) (Ministry of the Interior, 2023). According to the GTRM (2023), three-quarters of family groups consist of between one and four members. Nuclear and single-parent families are the most common. The primary reasons for migrating include the lack of employment and means of subsistence in Venezuela (22%), lack of food (19%) and job opportunities (12%), political instability (11%) and insecurity (9%). The main needs include food (82%), shelter and accommodation (67%), employment (58%), medical services (32%) and documentation (15%).

Pandemic Impacts

For migrants and refugees in Ecuador, the COVID-19 vaccine was not readily available in the first phase of vaccine roll out, as the vaccine order was initially assigned according to voter registration. A study conducted by the Universidad San Francisco and the University of Geneva (Benavente et al., 2025) documented the lack of vaccine access for migrants and refugees in Ecuador:

Until they had nearly 100%, or at least well above 80% of the national populations vaccinated, they didn't start vaccinating foreigners (Key informant from Ecuador, Benavides et al., 2025, p.8).

Access to vaccines was also limited due to discrimination by health workers and security personnel, who denied irregular migrants access to vaccines. While the situation changed once vaccines became widely available, and the vaccine coverage for the migrant population became universal in August 2021, the impact of the discrimination was widespread. One key informant who faced discrimination during the vaccination process indicated:

Because when people went alone, there were many times...they didn't want to attend me, they said that they couldn't attend to me without an ID card, or "not with that old mask", and things like that. So, at first, I felt that there was this rejection (Benavente et al., 2025, p. 5).

Vaccines only became more available to migrants and refugees in the second wave of the pandemic, with the election of Guillermo Lasso in 2021. The Ecuadorian vaccination programme 9/1000, launched at the beginning of his mandate on 24 May 2021, with the goal of vaccinating 9 million people within the first 1000 days in office and Ecuador was the first country in the region to make vaccines available to migrants and refugees and a single dose vaccine that was oriented specifically to migrants (Benavente et al., 2025).

The housing situation of migrants and refugees was also negatively affected during the pandemic. There were concerns about the limited capacity of shelter and institutional care systems in Ecuador. The pandemic tested systems of care for displaced and homeless people, as there was a growing need to provide safe shelter and adequate living conditions to prevent the spread of the virus among vulnerable people. The closure of borders and the displacement of hundreds of thousands of irregular people into the interior of the country led to the hypervisibility of large groups of migrants in precarious conditions, begging or offering candy or other resources of symbolic value at traffic lights and arteries in large cities. Alongside them were children, people with disabilities, and the elderly (Eras, 2022). This phenomenon contributed to the strengthening of stereotypes about the Venezuelan population as a potential vector for the spread of the virus and a public burden (Pérez et al., 2021; Serrano Córdova et al., 2023).

Institutions involved in the social protection of vulnerable populations in Ecuador included the decentralized autonomous governments, the Ministry of Economic and Social Inclusion, international organizations, private companies, civil society organizations, and religious institutions. The services offered include protection and comprehensive care for women survivors of gender-based violence and children and adolescents. The large-scale irregular status of migrants has made their demands and rights invisible, especially given the inaction of

state institutions. However, the humanitarian efforts of international organizations and international cooperation agencies suggest that there has been a decline in state management of human mobility (Eguiguren et al., 2022). On the borders and in some cities, there are reception centres or shelters for "populations in transit" with accommodation and infrastructure capacity ranging from 18 to 150 people (Martens et al., 2021). These centres are managed by international organizations with external funding and migrants may stay for short term stays.

During the pandemic, humanitarian assistance from international organizations and civil society was concentrated in the large cities, but failed to adequately cover the needs of migrants experiencing extreme levels of precariousness and vulnerability. Many Venezuelan migrants lacked the resources to access housing which led to the collapse of the institutional care and shelter system and an increase in levels of homelessness among the migrant population. In March and April 2021, only 33 emergency shelters were operational in the main destination cities for migrants (Martens et al., 2021).

Migrants were confined to shelters and unable to go outside to carry out any economic activity. Shelter capacity was also reduced by 50%, putting further strain on the system. The selection criteria for families to access shelter services became more stringent, prioritizing groups with multiple vulnerabilities such as single mothers with children, and individuals requiring special protection, such as survivors of violence, and patients with severe illness.

Pandemic restrictions were a source of frustration for families, due to the variability in access to assistance. Some family members were given humanitarian assistance, while others (usually young, healthy men) were left to fend for themselves. Venezuelan families who had previously managed to rent a home with their resources or support from international cooperation housing programs were seriously affected. In some cases, guests were evicted when they could not continue to pay rent (Pérez et al., 2021). Even though the National Government, the Ombudsman, and the Ombudsman's Office urged the cessation of evictions due to late rent payment, the measure was valid only until November 2020 and was only partially complied with.

Before the pandemic, individual migrants in transit or in a situation of extreme vulnerability could rent rooms for a single night or short periods in hostels located in Quito, Guayaquil, and border cities. Some of these temporary shelters closed because of quarantine restrictions or because of the owners' fear of the spread of the virus. As a result, there was a marked increase in the number of refugees and migrants living outside in parks and on sidewalks in cities such as Quito, Ibarra, Tulcán, Huaquillas, and Machala (GTRM, 2021; Martens et al., 2021; Ramírez, 2021).

The situation was worsened by evictions, unemployment, and an inability to generate income during the first months of the pandemic. Additionally, although most of the shelters

received support from the World Food Programme, they faced critical food shortages due to increased demand. For shelter residents the search for income to buy food became imperative and many even resorted to begging (Ramírez, 2021). The extreme food insecurity and need for income also increased the number of people on the streets.

Deficiencies in Access to Health Services

The Ministry of Public Health declared a national COVID-19 state of emergency and curfew on March 11, 2020 for an initial period of 60 days. Between 2 p.m. and 5 a.m., only essential workers were allowed to be on the streets, and they were required to carry documentation provided by the government. Exceptions were made for individuals in the case of health emergencies and work-related travel. In May 2020, decision-making about curfew and other restrictions on mobility and in-person activities was transferred to the local level. Curfews were maintained in certain cities according to the local situation and the decisions of local authorities. Although the pandemic responses and strategies deployed by the national government varied throughout Ecuador, intermediate and small cities were more effective in developing strategies to minimize the effects of the pandemic on mobile populations and in responding to migrant needs. As Milán and Martens (2023) suggest, despite major deficiencies in public services, smaller cities permitted greater access to food, earning of income through informal commerce, and the establishment of neighbourhood networks.

Health services in Ecuador collapsed in 2020, as did the entire architecture of public service delivery. Between March and May 2020, accumulated economic losses amounted to an estimated USD 870 million in the health sector and its different providers. These expenses accumulated in rapid fashion and were linked to COVID-19 treatments such as treatment, pre-hospital care, medication, medical devices, and disposal of mortal remains. They accounted for 83% of the total healthcare expenditure in that period, equivalent to a figure of USD 725 million (Secretaría Técnica Planifica Ecuador, 2020).

The pandemic also had significant impacts on the supply of normal medical services. Data from the Ministry of Public Health indicated that in November 2020, care had been provided to 60% fewer patients than in the same month in 2019 (Molina, 2020). By the end of the year, the number had decreased by more than 30% over 2019 (ILO, 2021). Outpatient consultations due to chronic diseases and non-COVID situations dropped by up to 60%. The most affected medical conditions included gastroenteritis, colitis, abdominal and pelvic pain, and disorders of the urinary system (ILO, 2021).

At the end of 2020, situation reports from the Ministry of Public Health revealed that the department had carried out PCR tests on a total of 202,356 individuals, of whom only 0.72% were non-citizens (Pérez et al., 2021). Venezuelans on the move therefore had minimal access to government

COVID-19 detection tests, mainly because most were in an irregular immigration situation. Non-governmental organizations were the first line of assistance with strategies to strengthen humanitarian assistance at borders, including promoting Cash-Based Interventions (CBIs) and coupons for the purchase of essential products, and offering medication, free PCR tests and additional medical services through private healthcare providers and local health brigades. At the end of 2020, 46% of the needs of the migrant and refugee population identified by UNHCR and its collaborators were covered (GTRM, 2020).

One of the services most affected was related to sexual and reproductive health. A study by the Ministry of Public Health and the IOM in 2022 found that family planning, prenatal care, screening for cancer of the reproductive system, attention to obstetric emergencies and everything related to the Intersectoral Policy for the Prevention of Pregnancy in Girls and Adolescents were all impacted (MSP & IOM, 2022; PIPENA, 2018). The deterioration in these services led to critical levels of maternal mortality in 2020, with an increase of 20.6% compared to the previous year (or 58 women per 100,000 live births versus 37 per 100,000 live births in 2019). Among the maternal deaths were 16 adolescents (Plan V, 2020).

The migrant population was deeply affected by this scenario. A survey by the Ecuadorian Ministry of Health and the IOM (MSP & IOM, 2022) found that 47% of migrants in urban areas who required a sexual and reproductive health service were unable to access it. The main obstacles included ignorance of the healthcare system, inadequate services due to the pandemic, and a lack of personal documents such as visas, passports, or identity cards. 16% of those surveyed had suffered a negative health outcome as a result, including pregnancy complications, contracting sexually transmitted infections, unwanted pregnancies, miscarriages, and the aggravation of pre-existing illnesses. These experiences were worse in cities such as Guayaquil and Machala than in Manta, Lago Agrio, and Quito (MSP & IOM, 2022).

Gender-Based Violence: The Silent Pandemic

Pandemic confinement measures in the main cities meant long periods of coexistence between perpetrators and victims of gender-based violence. During the first months of the pandemic there was a significant decrease in alerts for this type of crime, but in the second half of 2020 there was sustained growth in reported events. The following year, there was a 15% increase in calls for help to the police, with psychological violence accounting for 69% of the total records generated for that period (MSP & IOM, 2022). The increase in emergency calls did not translate into complaints to the prosecutor's office so that there was a low level of prosecution of cases of domestic violence. Between 2020-2021, there were 320 female victims of femicide and murder in Ecuador (Council of the Judicature, 2023). Ten of the cases of femicide and twenty-two of the murder victims were migrant women.

Ministry of Health and International Organization of Migration (2022) research found that 67% of those surveyed in different cities who had suffered violence as adults were foreigners, and 78% of these were women. The main types of violence were psychological violence, verbal, physical, and patrimonial. Most of the acts of violence perpetrated against foreigners had occurred in Ecuador (55%). In only 61% of the cases was there some type of measure against the aggressors. These measures included notifying the police, notifying trusted people, and filing a complaint with the prosecutor's office. However, only 16% of cases led to arrests and only 4% led to prosecutions (MSP & IOM 2022).

During the pandemic, the sexist and hetero-patriarchal patterns of Ecuadorian society worsened. The serious economic situation, loss of employment, and prolongation of the timing of domestic coexistence combined to significantly increase the levels of violence. However, the impossibility of pursuing complaints left many acts of violence against women unpunished. In the case of migrant women, the lack of documents, fears of deportation, ignorance, costs associated with complaints (such as transportation and not attending work), as well as xenophobia and institutional discrimination, were the main obstacles that prevented access to basic protection rights (UN Women & CARE, 2022).

Another of the tangible impacts of the pandemic was a significant increase in pregnancy levels among girls and adolescents. Ecuadorian criminal law establishes that the crime of rape is defined when the victim is under fourteen years of age. During the first half of 2022, 53,847 pregnancies in girls and adolescents were reported, of which, 3,386 cases were children under 14 years of age (Primicias, 2023). A number of the total cases did not reach term, with 13,926 abortions recorded. Given the high levels of sexual violence in the country and that most of these acts are perpetrated by people in the victims' private sphere, including close family members, there is a very strong presumption that most of these pregnancies occurred in a confinement context (CARE, 2021). As noted above, the deterioration of health services, particularly in relation to sexual and reproductive health, led to a drastic reduction in prenatal care consultations and an increase in obstetric emergencies, with an emphasis on abortions and maternal deaths (MSP & IOM, 2022).

Small cities such as Machala and Lago Agrio saw their response capacities to the crisis significantly affected, especially considering their poor pre-pandemic service provision. Both are located in border spaces where informal and illegal activities proliferate, including human trafficking and high rates of violence. The impact of the health emergency was exacerbated by the insufficiency of public resources. This led to an increase in perceptions of impunity and a failure to file complaints. There was also a decrease in the budgets allocated to shelters for women survivors of violence, which generated high-intensity conflicts between civil society organizations and the Ecuadorian state.

In large cities such as Quito and Guayaquil, measures were taken to ensure channels of communication, reporting, psychological assistance, and guidance for requesting protection. However, this did not contribute to a decrease in violence, nor did it increase reporting. Also, in order to make a complaint, migrants were required to show identity documents. Also, state institutions displayed alarming patterns of institutionalized xenophobia and they would pressure female victims to refrain from making complaints. Other factors that reduced the number of complaints and prosecutions included fear of the aggressor and dependence on the perpetrator (IOM & MSP, 2022, 2023).

Finally, intermediate cities like Manta were better able to offer comprehensive protection services to the population. This was made possible by arduous pre-pandemic work that included the design, socialization, and cantonal approach to the protection of rights, a relevant role for state institutions, and a high concentration of international cooperation organizations in the territory (IOM & MSP, 2023).

Urban Food Insecurity

The COVID-19 pandemic paralyzed employment in Ecuador, increasing social vulnerability and food insecurity. In September 2020, 7 out of 10 people in Ecuador were unemployed or in precarious jobs (below the minimum wage) (INEC, 2020). Unemployment was highest among young people between 15 and 34 years old (ILO, 2021). Among the Venezuelan migrant population, the World Bank (2020) reported that only 15% had immigration status that allowed them to access formal sector employment. Over 70% were informally employed on the streets and the main arteries of cities.

Pandemic confinement measures meant that an overwhelming number of people in the formal and informal sectors lost their livelihood source. Lack of income, restrictions on mobility, and the impossibility of accessing the food market put thousands of families in a situation of food insecurity. As Milan & Martens (2023) indicate, only 0.02% of the food assistance needs of people of Venezuelan origin were met with the support of international organizations at the end of 2020. Perceptions of food insecurity were greatest between June and September 2020, when families had deployed all their main coping strategies, such as going into debt and selling their valuable belongings, including tools and other means of production (WFP, 2021).

The World Food Programme reported in February 2021 that 17% of Venezuelans were severely food insecure (consuming only one or no meals per day) and another 46% (consuming two meals per day) were moderately food insecure. As well as reducing the number of meals in a day, families reduced the quantity and quality of food consumed, and prioritized the food needs of children, adolescents, and young working men over those of mothers and grandmothers (Milán & Martens, 2023).

In cities such as Quito, increased government, international, and civil society assistance was insufficient to address food security needs. The institutional shelter spaces and community kitchens were unable to satisfy the level of demand from migrants on the streets, as well as from the local population, given that both groups had experienced a significant increase in poverty and extreme poverty. Only 39% of those in need of assistance received support through meals served, food kits, and cards for the acquisition of food products. (UNHCR, 2022). Small and intermediate cities such as Machala and Manta were more successful in meeting food security demands due to production schemes related to agriculture and fishing. In addition, community and neighbourhood networks provided support to the most disadvantaged families through exchanges of food and goods and services.

Regardless of the variability in territorial impacts, the distinctive element of Ecuador compared to other countries in the region is associated with the important results of the "9/100 Plan" - 9 million people vaccinated in the first 100 days - of the Government of Guillermo Lasso who achieved the broadest coverage of access to vaccines, including migrants. Despite this, the recovery in terms of socioeconomic integration of populations in human mobility shows no signs of improvement.

COVID-19 Vaccination Campaign

In Ecuador, COVID-19 vaccines became available in January 2021. The government of Lenin Moreno (2017-2021) initially introduced a pilot vaccination program to immunize medical personnel and elderly citizens in nursing homes. In the first few months of 2021, Pfizer-BioNTech, AstraZeneca, CanSino, and Sinovac vaccines were administered to healthcare workers, people over 60 years of age, and vulnerable groups including those with catastrophic illnesses such as cancer, individuals at high risk of mortality due to preexisting conditions like coronary heart disease and diabetes, and individuals with disabilities, were prioritized (Pérez-Tasigchana et al., 2023). By the end of 2021, the first dose rate for the COVID-19 vaccination had reached 88 percent. In May 2021, the new government under Guillermo Lasso (2021-2023) launched its flagship "9/100 Plan" which sought to vaccinate 9 million people in the first 100 days. In the first 30 days, one million people received the first dose of the COVID vaccine, and the initial vaccination target was reached in July.

Migrants were initially excluded from the vaccination program. Organizations such as the UNHCR, UNFPA, IOM, PAHO (Pan American Health Organization) and the International Red Cross advocated for universal vaccine access, stressing that excluding migrants was a public health risk. In response, the Lasso administration emphasized a more inclusive vaccination strategy, ultimately opening access to all, regardless of legal status. Therefore, vaccination policy went from being selective and exclusive to providing universal and free access to all people residing in the country.

Migrants in irregular status formed the majority of the unvaccinated population. They had recently entered the country and were apprehensive about contacting government agencies due to the fear of being detained and deported. In addition to these factors, those who had not received the vaccine mentioned as the main reasons for their decision: (a) fear of injections and medical professionals in general; (b) preference for developing natural immunity; (c) distrust of the vaccine or effectiveness of vaccines; and (d) strong concerns about possible negative reactions or side effects of the vaccine. Women experienced higher levels of concern regarding vaccine side effects and the generation of temporary disabilities that prevented them from carrying out their daily activities. On the other hand, men showed greater concern about a lack of trust in how vaccines work and exposure to conspiracy theories on social media.

Conclusion

Ecuador achieved the broadest vaccination coverage in the shortest time in Latin America with its 9/100 Plan. This plan included vaccinating migrants in the country as well as those in the borderland with Colombia and Peru, who were able to cross into Ecuador and access flexible and timely vaccinations which were unavailable in those countries.

Although Ecuador stood out in Latin America for its inclusive vaccination policy (Benavente 2021), this did not translate into an improvement in the economic conditions and social integration of migrants and refugees. In part this was due to the difficult national economic conditions in the post-pandemic period, as well as the strategies implemented during the pandemic which have had unequal impacts on various population groups (Córdova et al., 2023). However, the impacts of the pandemic on the migrant and refugee population in urban Ecuador are difficult to quantify, given the complexities of the largely informal migration and transit processes from and through Ecuadorian territory. The living conditions of Venezuelans in Ecuador were precarious even prior to the pandemic. With the declaration of a state of emergency and confinement measures, the restrictions and barriers that systematically affected this group worsened, increasing their vulnerabilities and social risks.

Unemployment and the paralysis of economic activity in the urban centres of Ecuador led to an increase in food insecurity among migrants and refugees. Access to food assistance depended on geographic location and particularly affected mothers and grandmothers who were heads of households. There were also disproportionate impacts on health due to lack of access to food. The change in routines, customs, frequency, and quantity of food intake was also significantly affected.

Cities in Ecuador experienced significant impacts during the pandemic. Small cities such as Machala and Lago Agrio, characterized by poor service delivery, had difficulties responding to the pandemic crisis and ensuring a decent humanitarian response for people on the move. Despite this, these small cities were more flexible in the face of confinement conditions, promoting the articulation of

networks, community support, and food transactions that made it possible to alleviate the hunger of the families in greatest need.

In intermediate cities like Manta, conditions were more conducive to offering comprehensive protection services to the population, with a relevant role for state institutions and international cooperation. In large cities such as Quito and Guayaquil, increased government and civil society assistance was evident during the pandemic, but humanitarian aid was insufficient in addressing the enormous need for shelter, food security, and demand for health services.

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