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INTRODUCTION

The current refugee and migrant flows from Venezuelans have generated the largest displacement of its kind in recent Latin American history. More than 5.4 million Venezuelans have left their country since 2014, according to the United Nations, and many others have left whose cases have not been registered by authorities. Many of them fled their country for multiple reasons – severe shortage of food, medicine and vital services, hyperinflation, violent crime, and violations of human rights, including arbitrary arrests, prosecutions by military courts, torture, abuses by security forces/intelligence services and while detained. Many of them reported they had suffered human rights violations on the route.

The Republic of Peru is the second country of arrival of refugees and migrants from Venezuela and is the country with the highest number of asylum applications from Venezuelan citizens. In Peru, as of August 2020, it was estimated that 1,043,460 Venezuelans were staying in the country, of whom 496,095 would be seeking refugee status. The current picture shows a preponderance of **young population** with a significant presence of boys, girls and adolescents distributed in small households.

Encuentros, Servicio Jesuita a Migrantes (hereinafter Encuentros) has been involved in the response to the Venezuelan crisis in Peru since end of 2017, while the **Danish Refugee Council** (hereinafter DRC) has started its co-implementation from July 2020. Encuentros and DRC has jointly started protection analysis, assessment of the needs of the Venezuelan population, mapping of relevant actors, identification of migration trends and patterns, protection initiatives, and humanitarian advocacy. Encuentros and DRC collaborate with a response and presence in Arequipa and several areas of Lima, conducting protection monitoring, information dissemination

on documentation, regularization and access to services and rights, providing legal assistance, ensuring in-kind, cash and voucher-based individualised protection assistance and/or referring people in need to specialised/non-specialised service providers.

This report provides an overview of the protection needs of and risks faced by the Venezuelans in Lima – where the highest percentage of refugee and migrant population from Venezuela is concentrated – the conditions they face, their prospects of obtaining legal status, and migration's projections. The data utilised for this report have been collected by protection officers during the first two cycles of protection monitoring.

Protection monitoring involves collecting, verifying, and analysing information in order to identify human rights violations and protection risks encountered by the refugee and migrant population. The main goal is to guide programming, identify individuals and households in need, and reinforce the obligations of duty bearers to prevent human rights violations, protect and fulfil the rights of affected individuals.

To visualise main results of protection monitoring, please consult our Dashboard to this [link](#)

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1. METHODOLOGY

Between October and December 2020, the Encuentros and DRC Protection Monitoring team in Peru randomly selected 139 displaced households from Venezuela, corresponding to a total population of 388 individuals, living in the districts of San Juan de Lurigancho and San Juan de Miraflores in Metropolitan Lima. Direct observations were conducted in four areas of the selected districts in key areas (markets, schools, health facilities, religious centers, etc.) and **key informant interviews** on housing and collective temporary shelters were done to corroborate preliminary findings proceeding from household surveys.

The **household survey** consists of 95 questions that collected data at the household level and

individual level. Questions included those on demographics, legal documentation, safety and security, migration projections/intentions to stay, shelter, health, livelihoods, WASH, expenditures, food consumption, information about services and assistance, as well as questions specifically relating to women, children and people with disabilities. The survey is administered with the head of the household – and any other member of the nuclear family for the relevant sections.

Direct observation checklist observes 37 dimensions across 13 sectors: people with special needs, environment, protection, housing, water sanitation and hygiene, health, education, isolation, integration and social cohesion, sex age and diversity, mental health, child protection and livelihoods.

2. KEY FINDINGS



- Between 21st October and 31st December 2020, the Protection Monitoring team of Encuentros and DRC in Peru conducted 139 interviews with displaced households from Venezuela, representing a total population of 388 people. 86.34% of them have Venezuelan nationality, 11.85% are Peruvian, and a minor proportion fall under the categories of double nationality or stateless (1.55% and 0.26% respectively). HHs are relatively small in size (composed by 3 members in average), but there is a significant existence of single-parent families. 'Serious medical condition' is reported as the most pressing need for the displaced households.



- Main reasons for displacement are associated to the living conditions in Venezuela. More than three quarters of the displaced population reports the intentionality to stay in the short term (0 to 3 years from the time of the survey), and 41.7% extends this alternative in the long term (more than 3 years). There is a general pessimistic perception of the sufficient improvement of conditions to consider returning to Venezuela.



• As per this monitoring exercise, 51.9% of the population only holds Venezuelan identification documents (Passport, birth certificate or Cédula venezolana); and 67.5% of the HH with irregular entrance are in the same condition.



• Children represent the 38.4% (a total of 149 persons) of displaced population from Venezuela included in this round of protection monitoring. There are no cases of children-headed households nor unaccompanied children.



• Less than 40% of children are enrolled in school, most of them (81.3%) are 6 years old or more. While the age proves to be a decisive factor for school enrollment, sex of the child does not determine a major barrier across the three age cohorts (0 to 5, 5 to 11 and 12 to 17). 'Sexual violence', 'Physical violence' and 'Bullying' were the three top sources of risks for girls, boys and adolescents.



• The family circle constitutes the main context of Gender Based Violence -GBV- (63.3%) perpetrated against girls and women. They report the start of violence 'While staying in Peru and after some months' 4 times more than the option 'At arrival'. Violence perpetrated during the displacement is not significant in proportion, but it is directly related to higher reports of 'sexual violence'. When analysing frequency, there is a concerning high rate of daily perpetration (33.8%).



• More than 98% were reporting to live in housing structures, but just 23.7% of them refer to a full house. Indeed, most of the families are living in 'Rooms'. 87.1% of the displaced population is dedicating half or more of its monthly income to pay the rent. Overcrowding constitutes an alarming factor to keep monitoring because of the repercussions that these living conditions may have over GBV and child protection, especially as more families of three - or four- members report sharing the housing with 3 to 5 or 6 to 10 strangers. The precarity of the living conditions for the displaced population in Peru raises high concerns, with 48.2% of respondents suffering or having suffered risk of eviction.



• The main barrier to access health care by the displaced population is the cost of the service, that was reported by 41.2% of the HHs as the main reason that prevented from obtaining the care. 35.2% of the HHs that needed some kind of health care attention had to pay for the service, referring in more than half of the cases to 'Emergency' category. Several indicators show a growing need in terms of mental health, indicated by a general perception that aggressive behaviors in the form of GBV increase after months of arrival to the country, and alarming high rates of anxiety and difficulty to focus across the population.



- A limited proportion of the interviewed heads of HH reported having a regular job (37.2%). Variations across the variables of 'Hours of work', 'Main source of income' and 'Weekly income' hints that work conditions are abusive and most likely in irregular conditions. Second most reported barrier to finding job opportunities by 22.4% of the population is the combination of 'Discrimination' and 'Xenophobia' rates. This indicator comes partially into conflict with the high rates of self-perceived integration and good relations with the host community, and suggests that stretching labor market opportunities could conduct to confrontations and deterioration of relations. For an average size of household composed by three members, monthly expenditures in housing and food would raise to 360PEN. This amount constitutes a significant burden, as the average weekly income per HH raises to 84PEN (360PEN/month). Most vulnerable households are those reporting 50PEN or less of weekly income, as the indicators show they are subjected to dire economic conditions and poor dietary composition.



- 73.8% of the HH, including part of those that confirm access to water, mentioned the 'Discontinuity of service' as the main problem, hinting insufficient perception of the risk of the water provided or dangerous storage practices that need to be further analyzed. Additional questions regarding health condition could provide more information on the incidence of water-borne diseases and hygiene practices that the displacement might have exacerbated. Almost half of the HH reported using a shared bathroom, raising major concerns because of the protection risk and the sanitary emergency provoked by COVID-19 pandemic.



- Three quarters of the respondents self-perceived an integrated member of the community they are living in. Similar positive patterns are followed in the self-reported security perception within the community of residence, with 67.7% percent of the HH considering living in 'Acceptable' or better environments. There is a relevant correlation between the self-reported sense of security and the positive relation with host community, which indicates that both communities are united in the perception of the same risks. In terms of assistance, more than half of the population did not received support by local institutions or services.



- 'Food', 'Livelihoods', 'Health' and 'Housing' take the top positions for the three most pressing self-declared priorities. A major change of priorities is only perceived for those HH that entered irregularly in Peru, who mention 'Documentation' as main first priority and a subsequent correlative factor between the second options and the successive priorities, which hints that major barrier to accessing better living conditions for this population is associated to their irregular status in the country.

3. DEMOGRAPHICS

Between October and December 2020, the Protection Monitoring team of Encuentros and DRC in Peru conducted 139 interviews with displaced households from Venezuela, representing a total population of 388 people. 86.34% of them have Venezuelan nationality, 11.85% are Peruvian, and a minor proportion fall under the categories of double nationality or stateless¹ (1.55% and 0.26% respectively). Consequently, the majority of households (HH) are predominantly Venezuelan in their totality, but one third of them have at least one member of Peruvian origin (in 91.3% of cases it is a child of 0 to 5 years old). It is important to highlight that Peru applies the *ius soli* principle to grant nationality, which combined with the average length of stay in Peru for the majority of the families determines that these children are Peruvian because they were born in the country, but their parents are Venezuelan. This condition grants certain rights to children, and could open a legal opportunity to access residence permit for the families.

The population profile is considerably **young**, with a distribution of 38.4% of population under 18 years old for the 61.6% recorded adults. On the other hand, the comparison by sex shows that women represent a 57.7% of the total population. As a result, the most representative cohort of population are women with ages comprehended between 22 to 59 years old, followed by the men of the same age.

The monitoring results show that HHs are relatively small in size (composed by **3 members in average**), in correlation with the general youth of the population and statistically related to the high proportion of single-parent households. However, nuclear families (those composed by an adult couple) have the tendency to be bigger in size.

Number of people with high level of disability



Number of people with some degree of disability



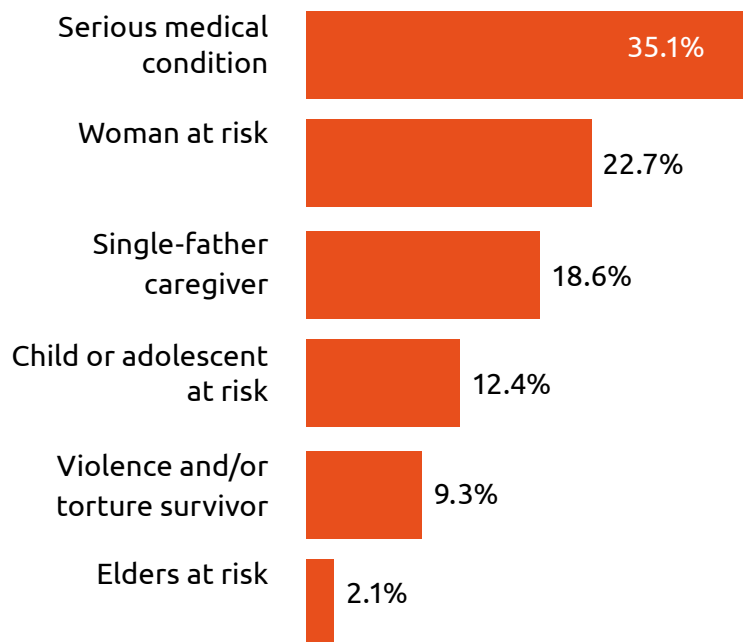
In terms of disabilities, the monitoring shows that 71.9% of the HHs report having a member with some degree of disability, this represents the 36.34% of the total population. Most self-reported disability was visual in some degree (27.1% over the total population), followed by physical disability that hampers movement (11.1%) and/or strength to do daily tasks (10.1%). In reference to mental health 14.4% of population self-reported to have some degree of difficulty to focus on daily tasks. Over the total population, 19 people suffer a disability in an incapacitating degree. Moreover, the monitoring found a number of cases with cumulative burdensome physical disabilities that define a highly dependable profile in terms of needed care and potential risk.

1. A minor of 5 years old was detected during the monitoring as stateless.

As part of the protection response, Encuentros and DRC has adopted an internal protocol to guide the component of Individualised Protection Assistance (IPA) that includes predefined and targeted categories of population specially at risks.² Based on these categories, the protection monitoring between October and December 2020 has detected 87 persons with some kind of special need that might not be self-reported by the respondent through the questions related to disabilities. This practice shows the intersection of risk factors that help flag emergency cases and trigger an immediate response.

‘Serious medical condition’ is reported by DRC team in the field as the most pressing need for the displaced households, that it is primarily associated to visual disability and some kind of physical disability that hampers capacity to move and to handle heavy loads. 22 women were considered to be exposed to specific factors that put them at risk, including the fact that this group reported higher levels of visual and physical disability. Also, in the monitoring exercise were detected 18 households which their condition of being headed by a single caregiver makes them vulnerable.

People with specific needs



2. Those categories are: woman at risk, child or adolescent at risk, single-father caregiver, violence and/or torture survivor, serious medical condition, and unaccompanied elders.

4. PROTECTION

Duration of displacement and type of Entrance

For more than two years, population living in Venezuela has fled the country at unprecedented rates for the Latin-American region. In 2018, an average of 5.000 people per day left Venezuela.³ The majority of the population included in this round of protection monitoring were part of this exodus, in the meantime since arrival to Peru is **27 months**. Though **the proportion of displaced population that entered irregularly is very low** (7.9%), the length of stay in the country is reduced to 19 months, which indicates tighter border controls and access policies since summer 2019.

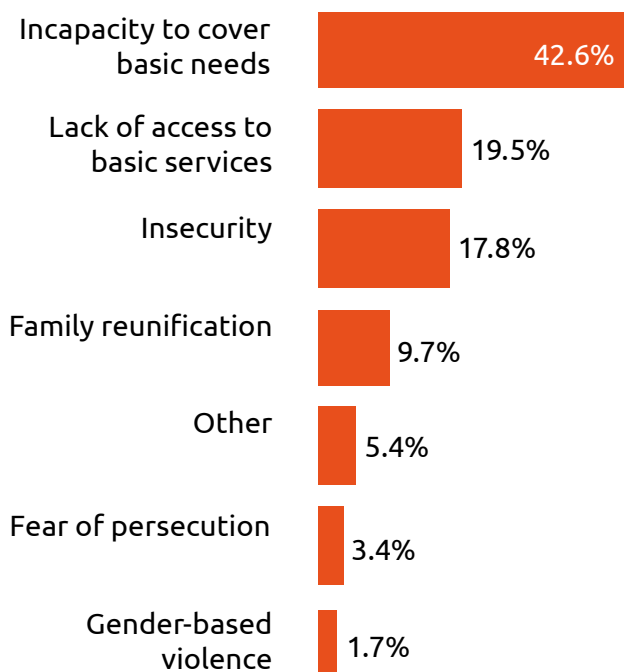
In general, people required **one week or less** to arrive to Peru (76.9% of population reporting 1 to 3 days or 3 to 7 days), and less than one quarter spent between one to four weeks in transit to Peru as final destination. This proportion unbalances slightly when studying the profiles of those that entered irregularly, referring longer periods of displacement and a pattern that needs to be monitored to confirm if it becomes a consolidated trend. In all the cases, just 2.3% of the respondents reported to have acceded directly to Peru without transiting through Colombia or Ecuador.

Triggers for displacement

The triggers for this massive displacement in the region were associated to **incapacity to cover basic needs** and **lack of access to basic services** (62.1%); **'Insecurity'** was the third most mentioned reason to leave, with 17.8% of the respondents. Consequently, very few res-

pondents report having a real fear of persecution. The low rate of 'familiar reunification' reinforces the idea that these HH were part of the first displacement waves.

Reasons for leaving Venezuela

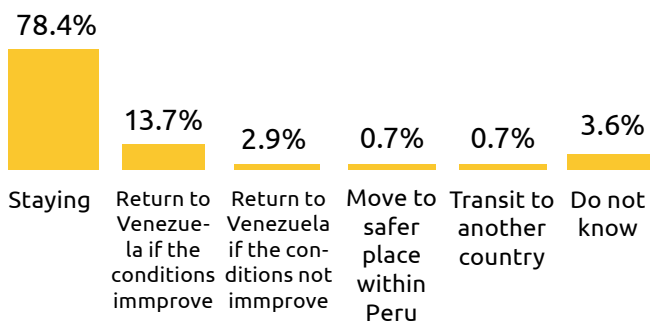


As the main reasons of displacement are associated to the living conditions in Venezuela and the economic conditions in the country of origin continue to deteriorate, more than three quarters (78.4%) of the displaced population reports the **intentionality to stay in the short term** (0 to 3 years from now). This share reduces to 41.7% for the same intention in the long term (more than 3 years), but in general there is a pessimistic perception of the sufficient improvement of conditions to consider returning to Venezuela. It is important to highlight that 'Insecurity' was the main reason that pushed families to flee and consider staying in the long term

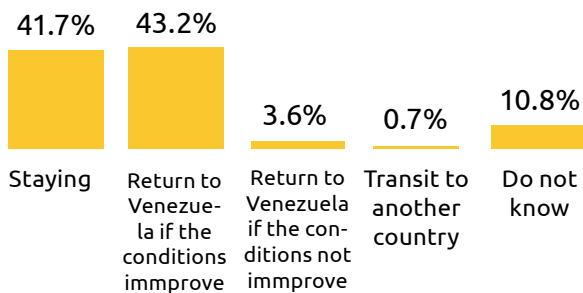
3. UNHCR, 2021.

in Peru. Among those not planning to return in the short term, only 37% reports that they will return in the future if the situation gets better. It is interesting to crosscheck that the HH planning to stay in the long term do not have a significant preeminent condition in terms of documentation and permits held.

Intention to stay in the short term



Intention to stay in the long term



Abuses at the entrance

The condition upon entrance had a significant impact in terms of suffered abuses. Although those entering in a 'regular' manner to Peru reported less cases of abuse (86.3% did not suffer any episode), the typology of incidents was considerably more exhaustive. Indeed, the population that entered in an 'irregular' manner referred to '**Robbery**' and 'Other' (different from extortion,

violence, intimidation, GBV, abuse of power by official) to explain the 36.4% of suffered abuses. Definitely, there are higher risks in the irregular entrances, but they need to be further analyzed to determine the trafficking routes and patterns in the region.

The main perpetrators of the abuses also change between profiles, being the 'Peruvian Authorities' the main responsible of the abuse cases suffered in the irregular entrances. On the other hand, those that acceded the country in a regularized manner referred that 'Authorities of other countries' were responsible for their incidents. Regardless of the nationality of the **authority**, they engaged in behaviors that denoted **abuse of power** over this population, evinced in the form of robbery, intimidation or extortion. Finally, when the respondents referred that they were not aware about the identity of the perpetrator, it was associated to 'robbery' cases.

Documentation and Permits

Documentation and legal permits in Peru constitute a complicated framework that fragments the legal coverture of the displaced population and hampers the understanding of the kind of services and rights they are entitle to. The Peruvian immigration system is highly structured and, since January 2017 to December 2018, special regulatory frameworks were opened to facilitate the registration of displaced population. During this period, the named PTP (Temporary Permanence Permit, for its Spanish acronym) conceded the benefit to remain regularly and work in Peru for a year and it gave access to a card that granted these rights. However, the cumbersome bureaucracy and limited dissemination of information to the affected population hindered this effort. As a result, **documentation is referred as the main cross-sectoral barrier** to access health, education and work with dignity it also constitutes the main priority for families that en-

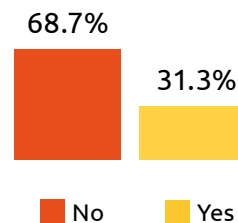
tered irregularly in the country. As per this monitoring exercise, 51.9% of the population only hold Venezuelan identification documents (Passport, birth certificate or Cédula venezolana); and 67.5% of the HH with irregular entrance are in the same condition.

Most reported permits that granted stay in the country are the 'refugee registration', 'carta andina', and 'outdated PTP'. However, 17.2% of the total population did not have any kind of permit. This implies that **74% of the population does not have adequate documentation to access public services** like the SIS. Moreover, 53.8% of the population does not have a regularized residence permit.

Despite 'refugee applications' is the most extended permit; the displaced population seems to **disregard the refugee protective framework** as it just covers one fifth of the population. The protection monitoring shows that 60% of the population did not apply for asylum and more than half of them are not interested in pursuing the application despite their intentions to remain in Peru for the long term. The conjunction of this factor and the category 'other' are the two first reasons for the lack of intention to apply, which

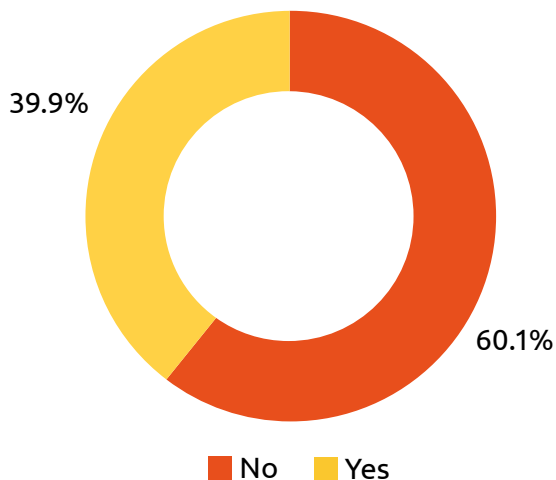
can be related to a negative connotation of the refugee condition or that they do not perceive themselves as potential refugees.

Intention to apply for refugee

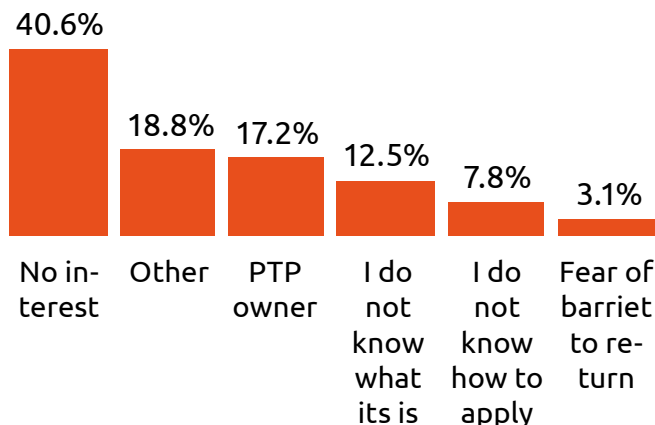


Nonetheless, disinformation plays a relevant barrier for the opportunity to request asylum protection. Half of the families that want to apply for the refugee status mention the lack of knowledge about the process as main reason for the delay. In the case of families that do not intend to apply for the status, 20% also reports 'lack of knowledge on the procedure' and 'unfamiliarity with the refugee status' to explain their decision; but the proportion would raise to 37.5% for those that argue they have an active PTP, which does not exclude the possibility of applying for the status.

% of refugee application



Reasons to not having intention to apply for refugee



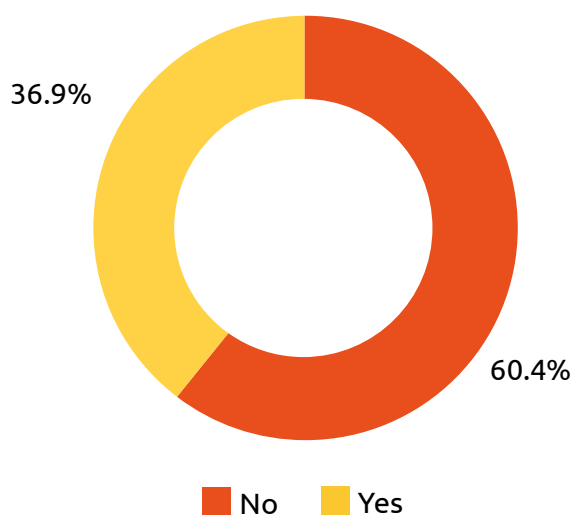
5. CHILD PROTECTION AND EDUCATION

Children represent the 38.4% (a total of 149 persons) of displaced population from Venezuela included in this round of protection monitoring. In correlation with the household profile described above, there are no cases of children-headed households nor unaccompanied children.⁴ For the population with ages comprehended between 0 to 5 years old, that represent the 22.4% of the total displaced population, levels of civil registration are reportedly high. However, 4 of the families interviewed did not register the newborns due to lack of knowledge about the procedure, which hints limited disinformation about the process.

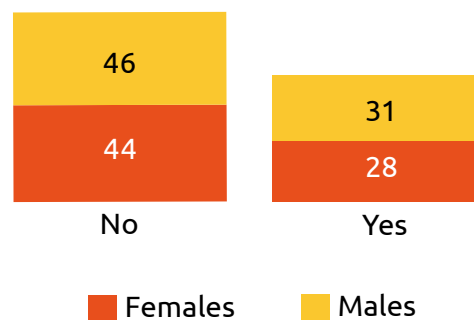
The government of Peru recognizes the universal right to **education** in its Constitution,⁵ granting free and compulsory access to the public institutions for the initial, primary and secondary levels. The initial level targets the enrolment of children below 5 years old, being obligatory at least one year of enrolment for this population. For the displaced population, the monitoring shows remarkably low rates of children enrolled in school, with less than 40% participating in classes, of which 81.3% are 6 years old or more. In the analysis of the information, district of residence was not a determining variable for this indicator, showing a barrier at systemic level.

84.4% of children out of school are those with ages between 0 to 5 years old, and the 15.6% remaining are children of primary and secondary levels. However, while the age proves to be a decisive factor for school enrollment, sex of the child does not determine a major barrier across the three age cohorts, with a homogeneous distribution for girls and boys

Children enrolment in school



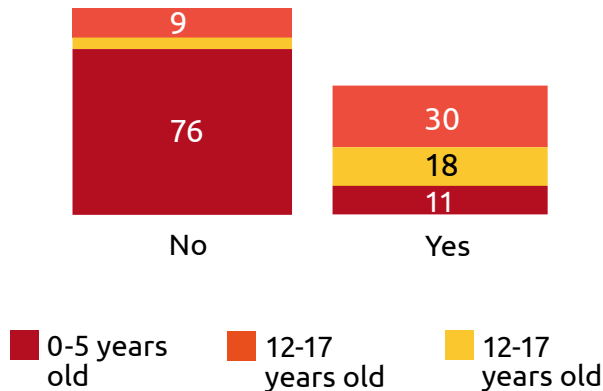
Children enrolment in school disaggregated by sex



4. This may depend by the fact that households were randomly selected by a database of individuals voluntary proposing their HH to participate to the survey. Focal points for the identification of the HH to be surveyed could not be deployed in Covid-19 circumstances.

5. Art. 17 of the Constitución Política del Perú (link: <http://www.congreso.gob.pe/Docs/files/documentos/constitucionparte1993-12-09-2017.pdf>)

Children enrolment in school disaggregated by age groups



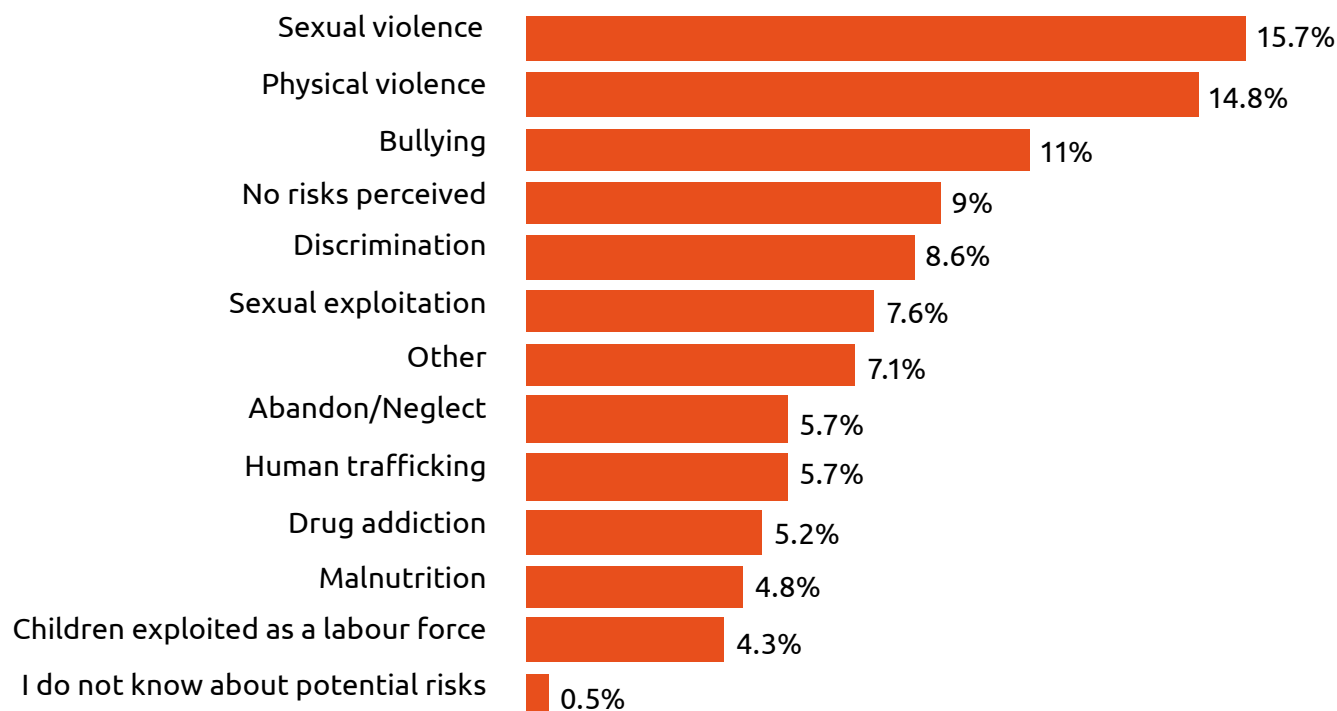
The analysis of the self-reported barriers to education by the families indicate personal reasons for the decision not to enroll children in school that need to be further studied. Indeed, the questionnaire included 15 options for the respondent to reflect on the main obstacle for enrollment, including those related to documentation, health, context, problems related to the educative system and personal decision (including child labor). Of the 68 families that did not have their child in school, 61 reported 'Other reason' as main cause, of which 84.4% are children between 0 to 5 years old. Subsequently, 13.3% of the total families, all of them living in San Juan de Lurigancho district, reported that there are not enough places in the neighboring schools. Positively, just 2 families with minors between 0 to 5 years old considered that education was not a priority.

In parallel to the bottlenecks for accessing education, the protection monitoring asked the families to reflect on what were the risks that children under-18 faced in their communities, and the results show slight differences among households with and without dependable children. However, '**Sexual violence**', '**Physical violence**' and '**Bullying**' were the three top sources of risks across the samples of comparison (all cohorts of population, families with children under-18, household without children under 18). The data shows a coherent pattern of insecurity in relation to the perceived extension of crime within the communities, that affects in more extent to the children given their vulnerability.

More sensibility towards exposition to risks is perceived in the HH with a dependable child (just 0.5% reported 'not knowing what kind of risks they have') and it can be appreciated an interesting change in the order of 'Prostitution', 'Abandonment', 'Trafficking' and 'Drug addiction' that needs to be further investigated in future rounds.

As per the DRC Protection Team observation, in 12 of the interviewed families there is a child at risk of unenrollment in school, predominantly in San Juan de Lurigancho district, but the respondent failed to self-report a clear reason for the perceived risks in the community. The monitoring shows that, when looking at specific needs in the HHs with children under-18, it comes with other factors of vulnerability within the household. For instance, 'serious medical condition' and 'survivor of GBV'.

Risks associated to Children Under -18

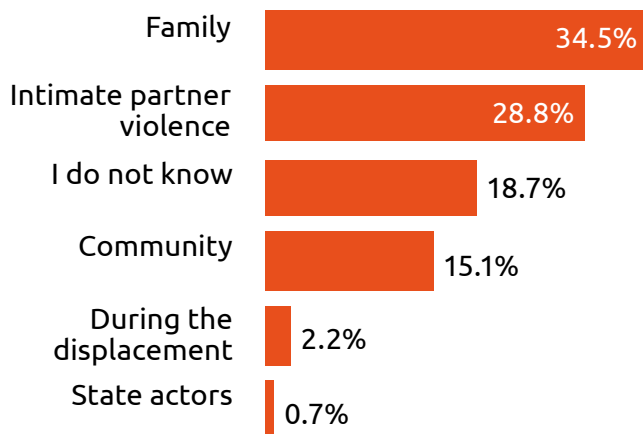


6. VIOLENCE AGAINST WOMEN AND GIRLS

The protection monitoring shows a widespread pattern of GBV in the displaced population from Venezuela. The perceived main context of violence is found in the family, with a 34.5% rate of responses; this category intends to differentiate the violence perpetrated by other males in the family (fathers, uncles, brothers, etc.) from the intimate partner (intimate partner violence, or IPV) that raises to 28.8% of the responses. However, due to the modality of this survey, it

is not possible to completely separate these two categories, given the safety conditions for GBV disclosure could not be ensured. Hence, it is more significant to highlight that 63.3% of respondents located the main context of violence **within the family circle**. On the other hand, violence perpetrated during the displacement is not significant in proportion, but it is directly related to higher reports of 'sexual violence'.

Perceived main context of violence



In this context of violence over girls and women, psychological violence is slightly more representative, but all three kinds of violence (psychological, physical and sexual) are reported in similar proportions (36.4%, 32% and 29.8%). It should be noted that this was a multiple-choice question, so the report of one kind of violence it is not exclusive of the presence of another.

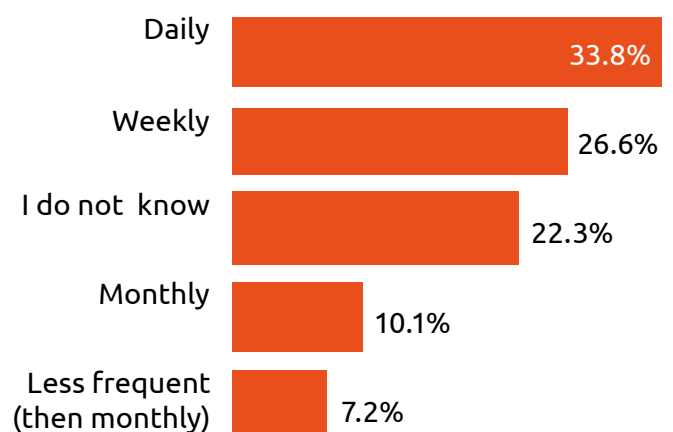
Moreover, the perpetrators of each kind of violence are also reported in equal rates for both categories 'family context' and 'partner', reinforcing the idea that IPV might have been underreported in this round of monitoring. It should be noted that 'Sexual violence' is the only category where rates for violence occurred in 'community' and 'unknown' contexts raise over 15%. In the correlation between type of violence and frequency, there is a concerning high rate of daily perpetration (33.8%). If we count together the reports of 'daily' and 'weekly' cases of GBV, 60% of population is at risk of suffering more than 4 episodes of violence per month. Furthermore, when referring to 'physical' and 'sexual violence', 46% of the respondents report a **daily frequency of events**.

As per the disclosed information by the respondents in this round of monitoring, it is possible to determine patterns of prevalence over time

for GBV. When asked about the period during displacement when the violence is more widespread, 41.7% of respondents were not able to specify a precise moment. This population were more inclined to choose the same option in relation to the questions about the perpetrator of the violence and the frequency. Considering that the questions in this section were indirect and referred to knowledge of the context, it should not be disregarded that this behaviour also might hint that the person could not feel comfortable in this section and did not disclose relevant information. For those that did reveal a period of reference, '**After months in Peru**' is repeated 4 times more than the third option 'At arrival'. Perpetrators continue to be mainly found in the close circle of the survivor (partner or family context, 35.3% and 33.3% respectively), but the violence perpetrated by the community rises up to 25.5%.

In contrast to this context of predominant violence, the existence of support networks and/or services remain unknown for 43.3% of the respondents. For those that are aware about the existing support services, the most repeated alternatives were 'Psychological assistance' (23.7%) and 'legal assistance' (17%) with remarkably low reference to 'medical assistance' (10.8%). Furthermore, only 4.1% respondents referred to family as a source of support and it is associated to high rates of reported psychological violence predominantly perpetrated by the partner.

Perceived frequency of GBV



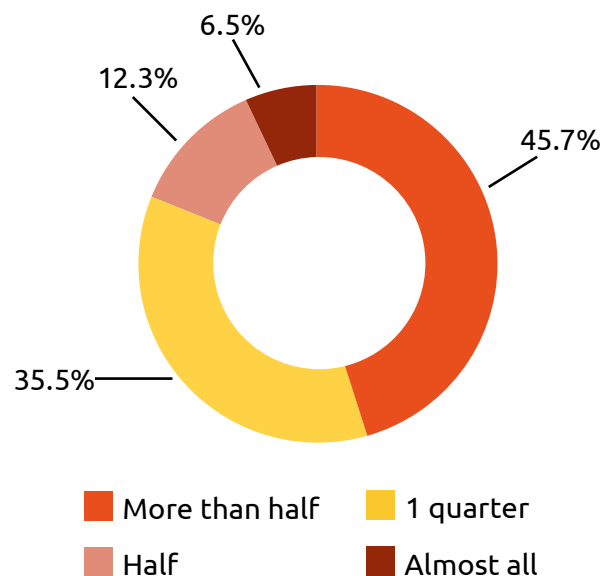
7. SHELTER

The use of temporary collective accommodations is very limited by the displaced population living in Lima. More than 98% were reporting to live in **housing structures**, but just 23.7% of them refer to a full house. Indeed, most of the families are living in **'Rooms'**. But for a family that is being hosted by a Peruvian family, the rest of the sample are renting their housing. The quality of the dwelling is also determined by the material of construction, being 'Concrete' the predominant element (92,8%) for all types of housing. In smaller proportions, but relevant from the protection point of view, 'Timber' and 'Other materials' (5% each category) are also present in the context, which could make these families more exposed to meteorological elements and general integrity of the housing.

Through the direct observation, DRC protection team highlighted that the prevalence of concrete housing among the population was not a determinant factor of safe and secure living conditions, as many of the constructions could be considered substandard buildings or unfinished structures. Thus, further joint efforts by the Shelter and Protection sectors would help clarify the situation of vulnerability in terms of housing.

As it was mentioned above, the most extended modality of tenancy was 'Renting', with an average price between 300 and 600 PEN (66.8%) followed by a 19.4% of the total population paying between 0 to 300 PEN. In average, the displaced Venezuelan families pay 300 to 600 PEN for a room in a shared flat. There is a general correlation between higher rents (600 to 1.000 PEN) and bigger size of housing. However, the housing quality profile stems from a complex intersection of rent prices, type of dwelling, number of strangers the family shares the house with and proportion of income expended in the rent.

Proportion of income expended in the rent



In absolute figures, 87.1% of the displaced population is dedicating **half or more of its monthly income** to pay the rent and only 12.2% expends a quarter of the income. Families expending 'more than the half' or 'almost everything' are referring to rents raising to 600-1.000 PEN. The constant distribution of population across categories of expenditure and type of housing without significant differences between the District of residence suggest the inception of an economic bubble in the market and that families are exposed to **abusive rent conditions** by the landlord.

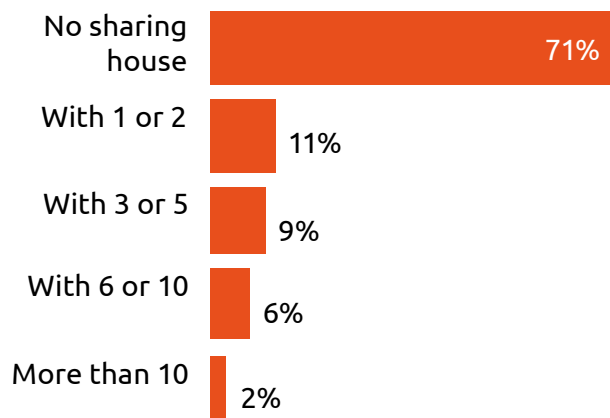
The data shows that the number of strangers they share the housing with reduces when investing more economic resources in the residence. More than the half of the families are living in rooms for the HH, and only 15.1% reported to

have a full own house. However, 28.8% of the families live with at least another person in the same space. Overcrowding constitutes an alarming factor to keep monitoring for the repercussions that these living conditions may have over GBV and child protection, especially as the cases falling in categories 2 and 3 are predominantly HH with three or more members.

This situation is aggravated when the bathrooms are shared with other people in the housing. The sample analyzed in this round of monitoring shows similar rates of families with independent and shared bathrooms (52.3% versus 47.5%, respectively), and just ten percentage points separate the number of families not sharing neither bathroom nor housing (40.3%) for those that have separate housing with a shared bathroom (30.9%).

The precarity of the living conditions for the displaced population in Peru raises high concerns, with 48.2% of respondents suffering or having suffered risk of eviction. At this point of the monitoring there is a perceived correlation between the **risk of eviction** and amount of income spent in housing. For those that did not perceive the risk (72 families), 57% expend half or less. While those that perceived the risk (67 families) 61.2% are expending everything in rent and live in more expensive housing options. The respondents shared with DRC team higher exposition to eviction due to the landlord's fear of contagion for their families amid the COVID-19 pandemic. This concern has been confirmed by the Protection working group partners in recent weeks as a general practice and exposes the displaced families to increased difficulties to find adequate housing if the discrimination continues to spread.

Numbers of strangers interviewed HH is sharing the house with



8. HEALTH

Access to health is another fundamental right granted by the Peruvian Constitution,⁶ however access depends on the registration in the Health Integral System (SIS, for its acronym in Spanish) that requires to be the holder of an Immigration Card (CE for its Spanish acronym). In this scheme, asylum-seekers only have access to the health services in case of emergency and have to pay for the care received.⁷ Exceptions are granted for pregnant women (extended for a period of 45 days after the delivery), for children below 5 years old, people with diagnosed HIV, and, due to the COVID-19 pandemic, those with a positive diagnostic of the virus for the period of infection.

In this legal context, the knowledge and proximity to health centers is reportedly high, with 94.2% of HH aware about the existence of medical facilities in their area of residence. For those families that answered 'No', it was not identified a specific barrier related to their district or sector of residence. So further efforts in dissemination of information need to be made.

When asked about the need in the past or present to receive medical attention, 77.7% of HH answered positively, demanding above all 'Not specialized attention' (39.5% of this segment) and 'Specialized Services' (19.1%). A significant proportion of the families that replied in a negative way (42.4% of the remaining 22% of the total population, that equals to 8.9% of the total population) also referred that there are not specific health needs in the HH and medical care is only searched for emergencies or primary attention. However, 30% of these HH (6.4% of the total population) mentioned 'Specialized Services' as health need.

Level of **satisfaction** and covered needs were also positive in 84.3% of cases, with a distribution of the requested services slightly higher for 'Emergency' attention (40.7%), followed by 'Specialized services' (29.7%) and 'Primary Healthcare' (28.6%). Those obtaining Emergency care, reported in 70% of the cases 'Not specific' for the prevalence of health needs and pathologies within the HH, which shows a positive response capacity for the Peruvian health system, but a concerning pattern amid a global pandemic. On the other hand, for those who reported their need was not covered (15.7%), the health need was mainly related to 'Specialized services' (40%) or no specific need but emergency or primary health care (35%).

From an inter-sectorial perspective, it is relevant to further analyze the kind of health care needs that this population demands under the category of 'Specialized services', as the current figures hint a high prevalence of chronic maladies (exclusive of the other categories: cancer treatment, diabetes, hypertension, or renal failure) that fall under the categories of secondary and tertiary health care and are associated to higher vulnerability rates.

The main barrier to access health care by the displaced population is the **cost of the service**, that was reported by 41.2% of the HH as the main reason that prevented the obtention of the care. Most of them had the Andean Card (Tarjeta Andina), the pending refugee registration or the CMER (Migration Special Resident Category for its Spanish Acronym). In all cases, 35.2% of the HH that needed some kind of health care attention had to pay for the service, referring

6. Arts. 7 and 11 of Constitución Política del Perú 1993.

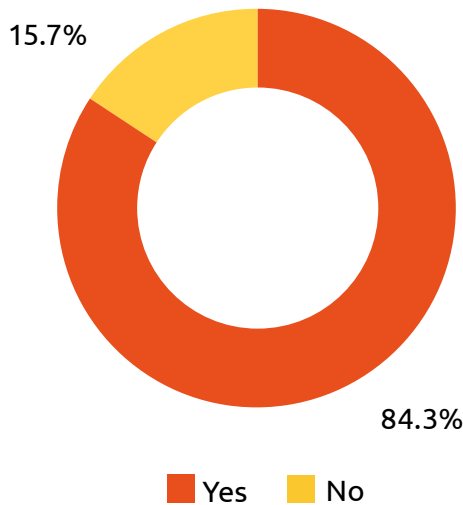
7. Encuentros (2021), Manual para la orientación legal a personas solicitantes de la condición de refugiado, refugiadas y migrantes en Perú.

in more than half of the cases to 'Emergency' category. The cost of medical attention needs to be further analyzed to determine the burden it creates over the expenditures of the families, given the high rates this protection monitoring exercised has shown in terms of percentage of income already dedicated to food and housing. Subsequently, 29.4% of the families that did not receive the required attention referred to 'Other', which has recorded barriers related to limited provision of service (opening hours are incompatible with the HH possibilities), lack of SIS registration or direct rejection at the desk. Moreover, 'lack of documentation' is reported by a fifth part of the respondents, which hints more efforts are needed in terms of dissemina-

tion of information and advising about the bureaucracy to get the proper registration.

In another line, several indicators show a growing need in terms of mental health, indicated by a general perception that aggressive behaviors in the form of GBV increase after months of arrival to the country, and alarming high rates of anxiety across the population were registered by DRC protection monitoring. Three quarters of the population has 'moderate' or 'intense' levels of anxiety on 'daily', 'weekly' or 'monthly' basis in most of the cases. Moreover, the majority of the 'intense' cases suffered daily episodes.

Percentage of HHs that could meet their health needs



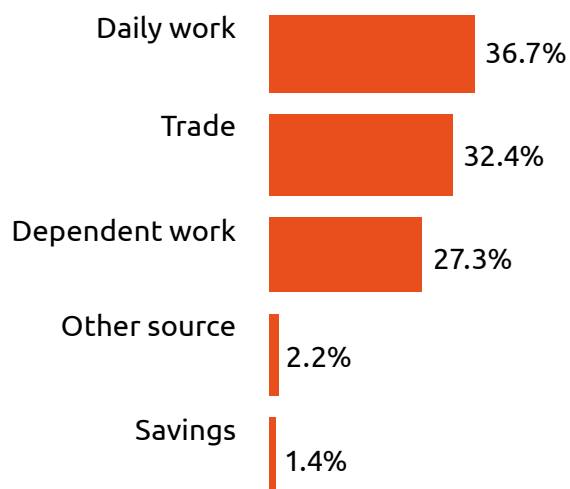
9. NUTRITION, FOOD SECURITY AND LIVELIHOODS

Labour Market

After almost a decade of economic growth, Peru has suffered a large impact in the labour market due to the COVID-19 pandemic and the economically inactive population increased by 32% per cent in the area of Metropolitan Lima.⁸ In this context, displaced population from Venezuela finds contentious attitudes and a competitive market that fuels discrimination and **abusive conditions**.

A limited proportion of the interviewed heads of HH reported having a regular job (37.2%), mostly in 'shops' and 'other kinds of dependent job'. On the other hand, families whose head of HH was unemployed, were more prone to depend on **occasional daily work** as main source of income (46.8% of this section)

Main sources of income



Few of the HH with regularized work report having a standard working-day,⁹ as more than the half of this population works more than 8 hours per day. Variations across the variables of 'Hours of work', 'Main source of income' and 'Weekly income' hints that work conditions are abusive and most likely in irregular conditions. It is not possible to establish statistical correlations between the supposed quality of regularized jobs in shops, for instance, and the expected proportional salary increase per worked hours. Indeed, the Encuentros and DRC Protection team interviewed both the cases of families earning a maximum of 50 PEN/month for a work-day of 8-10 hours length in a shop; in comparison to other families earning up to 100PEN/month with less worked period in the same position.

Almost 60% of the population reports earning more than 100PEN weekly, but it is directly associated to more than 8 work hours per day. Daily occasional workers do not report significant variations in terms of smaller income, at the expense of long shifts between 8 to 10 hours.

This abusive pattern is directly link to the condition of irregularity and **lack of appropriate registration** of the displaced population. Indeed, this reason is reported by 27% of the population in reference to barriers for accessing jobs. In this case, the proportion of workers dedicating more than 10 hours per day and limited to daily work raises above the average. The second barrier is the combination of **'Discrimination'** and **'Xenophobia'** rates, perceived as the main reason for not finding a job by 22.4% of the population. This indicator comes partially into conflict with the high rates of self-perceived

8. Joint Needs Analysis 2021, GTRM Peru.

9. OIT: Para los migrantes venezolanos, un día sin respuesta es un día sin derechos

integration and good relations with the host community, and suggests that stretching labor market opportunities could conduct to confrontations and deterioration of relations. Ultimately, the third most important barrier to work are the care duties of dependable children, which impact more to women that are not head of households and constitutes a profile to monitor more in detail given the elevated demographic proportion of children under-5.

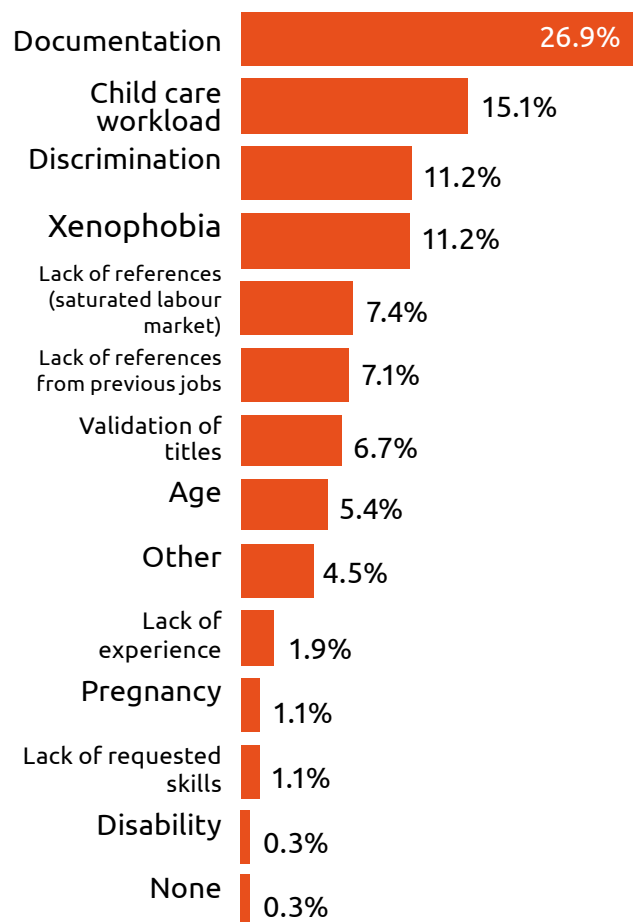
Food insecure households

The economic hardship of the displaced population from Venezuela has yet to be analyzed more in detail to determine the level of food insecurity and the severity of negative coping mechanisms the families are resorting to sustain their basic needs. As per the latest national statistical studies,¹⁰ the Minimum Expenditure Basket (MEB) raises to an estimation of 286,73 PEN per capita per month as of estimations by January 2020. The MEB is composed by a set of 8 staples, including bread (ten pieces), milk (10l), eggs (20 units), rice (1,5kg), cheese (1kg), meat (6 kg), fruit (6kg) and vegetables (8 kg). Hence, a family of three members would expend 860,19PEN per month to satisfy minimum dietary and nutrition standards. In addition to food consumption indicators, the Consultive Poverty Commission of the INEI (Spanish acronym for the national institute of statistics) published in December 2020 a technical report with estimated thresholds for the economic vulnerability to financial poverty of households in Peru,¹¹ that helps to determine the cost of living in Peru inclusive of cost of food, basic goods and services. According to this report, the poverty line in Peru is fixed at 352PEN per capita/per month. Consequently, a family of three members would need to have access to 1.056PEN per month in order to cover all their needs in terms of food, housing, clothing, transportation, and

fuel (not exhaustive list). Extreme poverty line falls to 561PEN/month and economic vulnerability would only be beaten above the 1.752PEN/month of expenditures.

As per a statistical analysis of the responses gathered in this round of monitoring, Encuentros and DRC team was able to determine estimated averages of the financial indicators to locate the displaced HH in the reality of the Peruvian economic context. Concretely, the average weekly expenditure per HH raised to 33PEN in food and to 51PEN in housing. In consequence, for an average size of household composed by three members, monthly expenditures in

Barriers to work



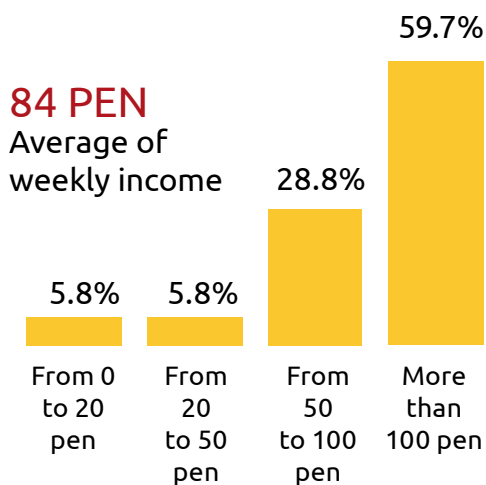
10. 'Los gastos en la canasta básica peruana representan el 34.8% del sueldo mínima', 14th January 2020, La República. (Link: <https://larepublica.pe/economia/2020/01/14/salario-minimo-es-suficiente-para-vivir-en-el-peru/>)

11. Comisión Consultiva de Pobreza (INEI), 'Informe técnico Perú: Estimación de la Vulnerabilidad Económica a la Pobreza monetaria', December 2020. (Link: <https://www.inei.gob.pe/media/MenuRecursivo/boletines/estimacion-de-la-vulnerabilidad-economica-a-la-pobreza-monetaria.pdf>)

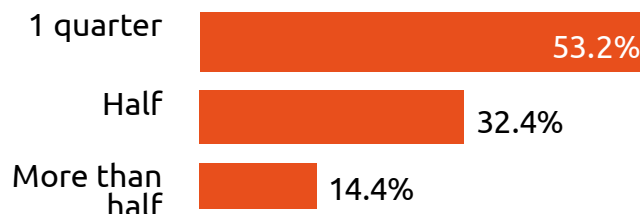
housing and food would raise to 360PEN. This amount constitutes a significant burden, as the average weekly income per HH raises to 84PEN (360PEN/month), and it reduces by 8 soles in the case of single-headed households in comparison to nuclear families.

According to the data gathered by the Protection Monitoring Team about approximated income and estimated proportions of expenditures for housing and food, it is possible to determine that lower proportions of income designated to food are correlated to higher proportions expended in housing. Parallely, higher rates of weekly incomes also determine less proportion of expenditure in food (for those earning more than 100PEN/week, 60% report expending one quarter of their income in food), but it is also associated to HH with a heavy rent burden in their economy. In terms of food consumption profile, only families that are expending one quarter of their income in housing can be considered to have a complete diet (three or more foods per day and 3 or more proteins per week). Most vulnerable households are those reporting 50 PEN or less of weekly income, as the indicators show they are subjected to dire economic conditions and poor dietary composition.

Weekly income (HH)



Proportion of income expended in the rent

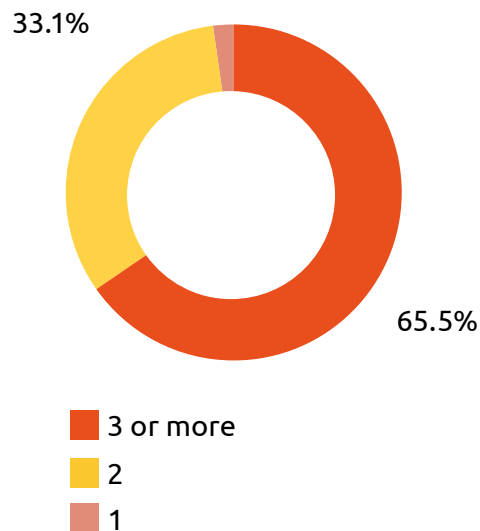


Nutrition

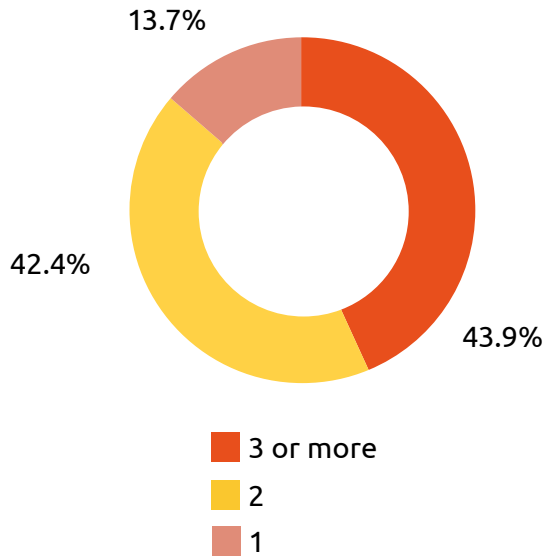
In general terms, food security and nutrition indicators show limited intake of important nutrients in their diet and a degree of worrisome reduction of meals per day for one third of the population.

25 families of the total number surveyed in this round of monitoring reported some kind of nutrition need in the household, with two forms of undernutrition as the main concerns (micronutrient deficiency 37.9%, and malnutrition 27.6%). Non-communicable Diseases such as diabetes and obesity where also reported.

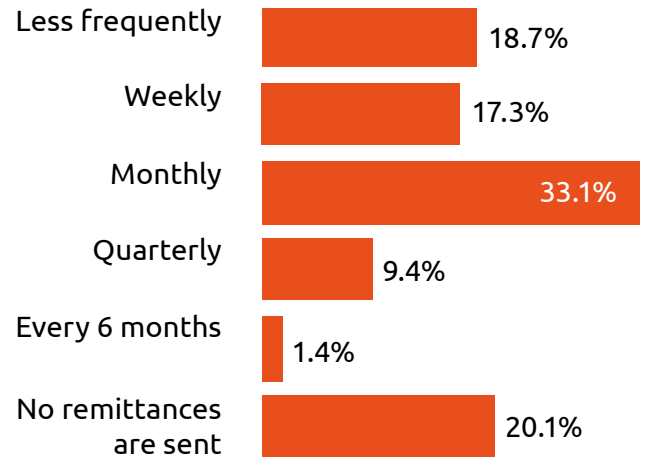
Numbers of meals per day



Protein intake



How often remittances are sent to Venezuela



Remittances

Despite the hard work conditions and high cost of life, displaced Venezuelan population in the region is known to send regular remittances to family members that remain inside the country. With the information gathered by this round of protection monitoring, it shows money is sent with high frequency and regularity (50% of HH send money one or more times per month). Though this questionnaire did not ask for the amount sent, there is a constant correlation between the families with a weekly income over 50 PEN and regular monthly remittances. Even those with inferior salaries send money in longer periods of time.

10. ENERGY, WATER, SANITATION AND HYGIENE

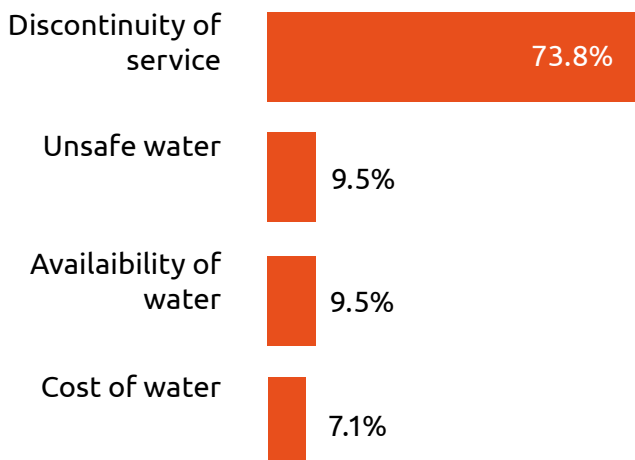
Displaced population living in residential buildings are connected to the public service provided by SEDAPAL¹² and did not report problems in accessing safe water. However, when asked about specific barriers, 73.8% of the HH, including part of those that confirm access to water, mentioned the **'Discontinuity of service'** as main problem, hinting insufficient perception of the risk of the water provided or dangerous storage practices that need to be further analyzed. The lack of access to safe water constitutes an added risk for the population in the middle of the COVID-19 pandemic, given that sanitation practices are the main protection against the virus.

6 of the 8 families that do not have access to safe water at all are HH with children under-18 members. All of them reported cumulatively 'Discontinuity of service', 'Dirty water', 'not water at all', and 'cost of water' as main barriers.

Self-perceived sanitation conditions in their community are 'Acceptable' for 59.7% of the respondents, and only one fourth of the total population considered it was good. However, the population dissociates the quality of water and the sanitation conditions in their community. Most of the families that did not have access to safe water considered that the environment around them was 'Good' or 'Acceptable', and 'Discontinuity of service' is not considered a factor of unhealthiness. Additional questions regarding health condition could provide more information on the incidence of water-borne diseases and hygiene practices that the displacement might have exacerbated.

The power supply in Lima does not create obstacles for the majority of the population. However, DRC's protection team encountered 4 families living with less than 2 hours of electricity per day and, in some cases, also having reported lack of access to safe water.

Barriers to acces water



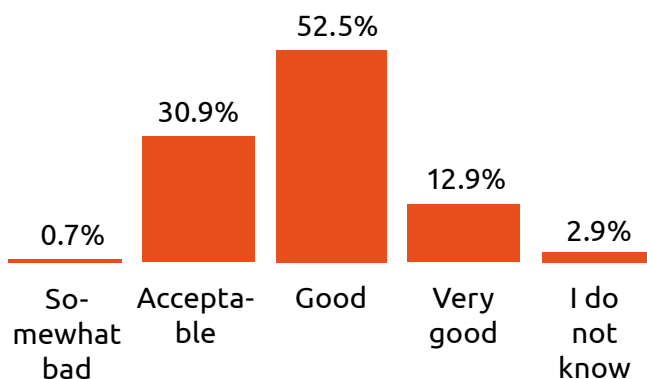
12. Servicio de Agua Potable y Alcantarillado de Lima S.A.

11. ISOLATION, INTEGRATION AND SOCIAL COHESION

Integration & Social Cohesion

Three quarters of the respondents self-perceived an integrated member of the community they are living in. 68% of the HH feel their relation with the host community is 'Good' or 'Very good', and this indicator raises to 97.6% if the three positive categories in the survey (including 'Acceptable') are quantified together. Logically, negative or elusive responses are associated to the remaining 24.5% that do not feel part of the communities, but the respondents were not very specific in the explanations for negative relations. The district of residence does not affect to the perception over this indicator, nor the average length of months since their arrival to the country.

Relation with the hosting community



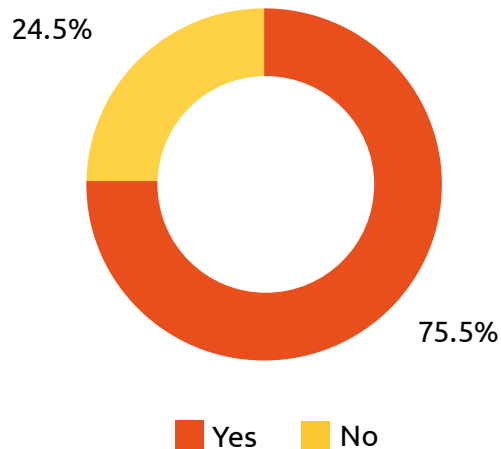
Security within the community

Similar positive patterns are followed in the self-reported security perception within the community of residence, with 67.7% percent of the HH considering to live in 'Acceptable' or better environments. Despite the territorial distribution of security perception is homogenous between the Districts of San Juan de Miraflores and San Juan de Lurigancho. There is a significant higher presence of risk factors with higher rates in the Southern district, especially in Zone 6 where 55% of residents feel 'insecure' or worse.

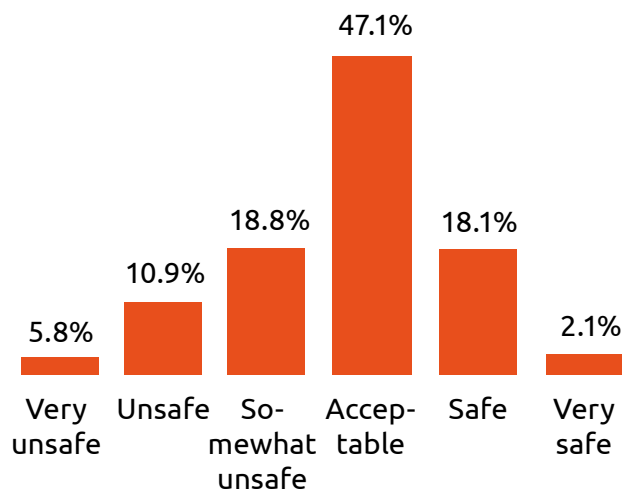
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Those that do not feel comfortably integrated in the community (24.5%) are reporting slightly higher levels of insecurity and lower levels of interaction with the host community. This population is also reporting in higher rates GBV, confrontation between armed groups and presence of gangs as factors of insecurity in the community. Nevertheless, there is a relevant correlation between the self-reported sense of security and the positive relation with host community, which indicates that both communities are united in the perception of the same risks.

Self-perceived integration



Perception of security within the community

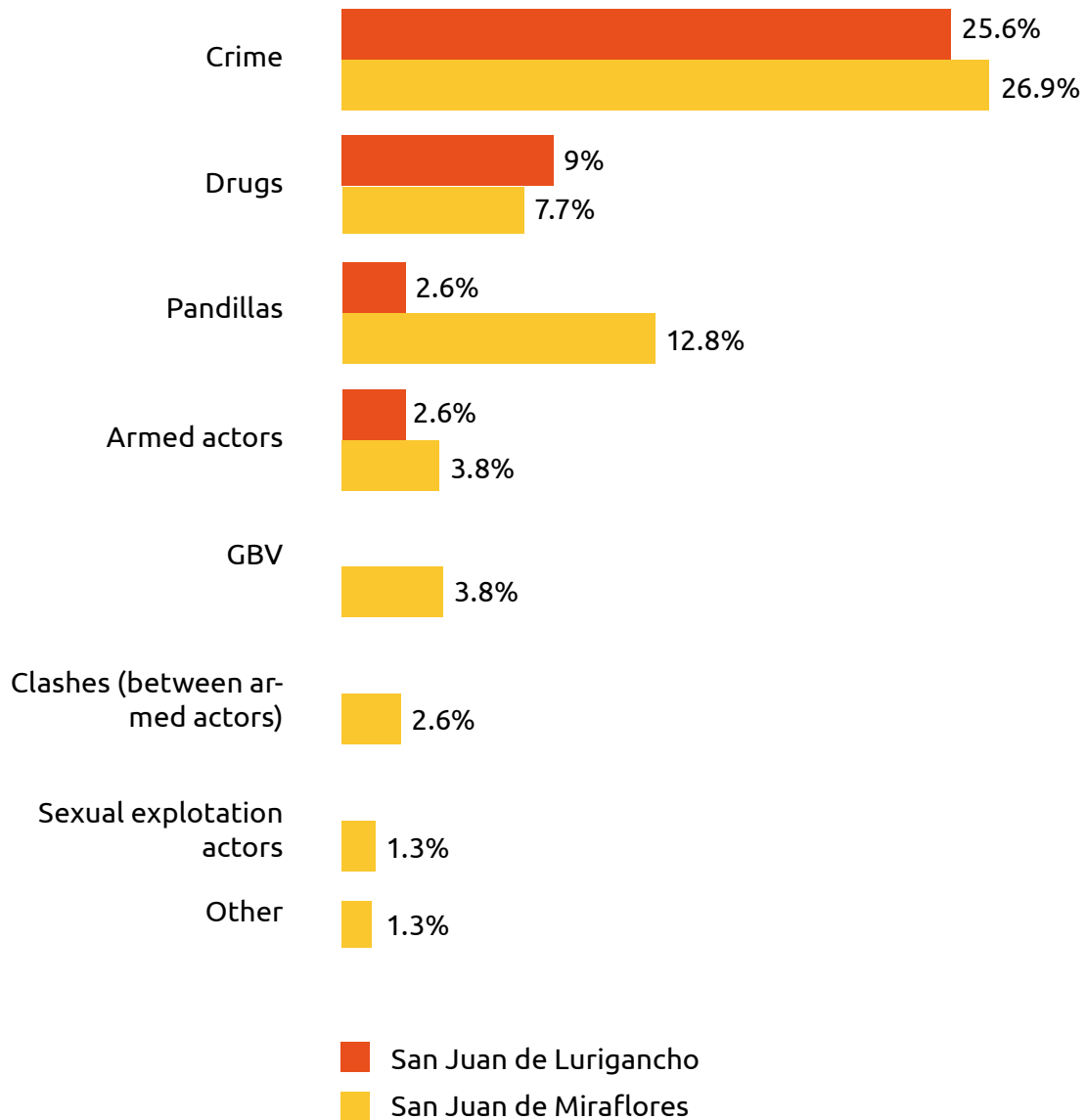


Support from local organizations and institutions

The local organizations and institutions that are more present for the displaced population are the healthcare centers, police stations and the town council. Nevertheless, social assistance programs like community kitchens or ‘vasos de leche’ are largely unnoticed by the population, despite they could benefit from the service and constitute direct responses to the needs they expressed in terms of nutrition and food security. Moreover, 6 families did not know any of the listed organizations, that have crucial roles in their safety, health and documentation rights.

In terms of assistance, more than half of the population did not received support by these institutions. While those that answered positively, were more aware of the town council and community kitchens. Against what it might be presumed, a higher proportion of the displaced population that feels integrated in their community did not get any support from the organizations. Though data advises to be cautious about these perceptions, it does hint a general good relation with neighbors beyond interests.

Reasons for feeling insecure



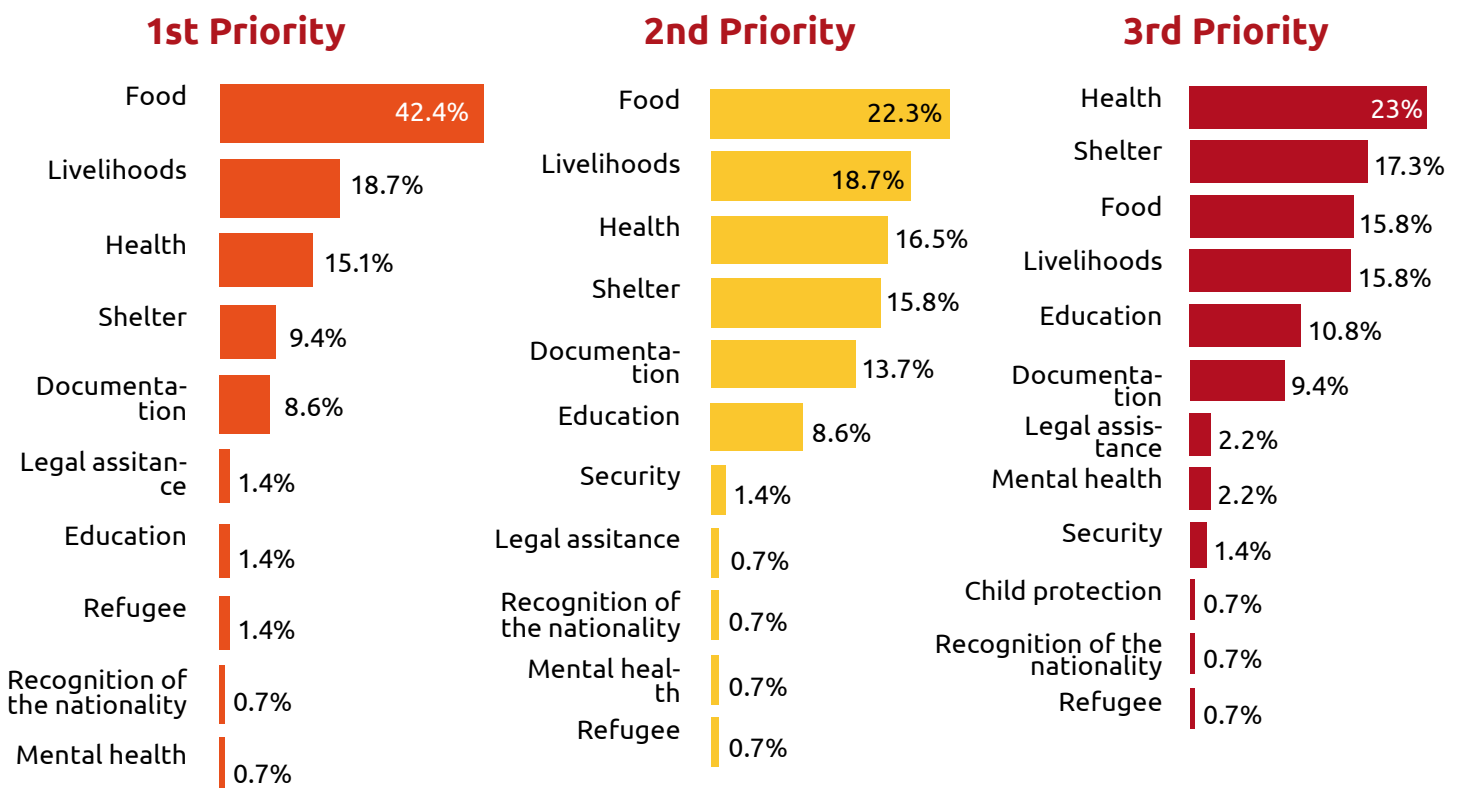
12. HOUSEHOLDS' PRIORITIES

There is a common pattern of concerns and priorities across the displaced population from Venezuela. In absolute terms, when asked to order three top priorities for the household, the four same categories take the top positions in the three groups, being 'Food', 'Livelihoods', 'Health' and 'Housing'. It is remarkable that the categories between first and second priorities follow the same order, suggesting that families replied alternatively to the same needs with minimum differences in terms of perceived uncovered needs and risks.

There is a significant shift in the perception of priority needs when comparing female and male headed households. Indeed, male-headed households give more relevance to 'livelihoods as first and second option in comparison to those

headed by women that give constantly more importance to 'food'.

A major change of priorities is only perceived for those HH that entered irregularly in Peru, with an obvious correlative factor between the second options and the successive priorities. The order of priorities evolves in a subsequential basis, in a manner that second most mentioned category in the first priority becomes the top category in the following priority and so on. There is an interesting parity between 'Documentation' and 'Health' in the first group of priorities, followed by 'Food' and 'Livelihoods', which hints that major barrier to accessing better living conditions for this population is associated to their irregular status in the country.



13. RECOMMENDATIONS

To the humanitarian community:

- » Reinforce the monitoring of risks and needs associated with single-parent HH.
- » Promote school enrolment for children under 5 years old among displaced families.
- » Expand legal counselling services to provide orientation and accompaniment in the process of regularizing residence and work permits.
- » Increase communication and diffusion channels about the refugee registration process and facilitate access to the protection by the displaced family.
- » Expand GBV response within the country and include referral channels to medical and psychosocial support services.
- » Promote joint efforts between Shelter and Protection working group partners to assess the vulnerability of HH in relation to their housing and escalate/adjust the response.
- » Expand monitoring of secondary and tertiary health care needs of the population.
- » Enable protection channels (for example through cash for protection) to cover the costs of emergency health care of families that cannot afford the service.
- » Expand psychosocial support components in the response.
- » Reinforce and facilitate hygiene good practices are met with a conducive environment (WASH).

To the Peruvian authorities:

- » Increase awareness and sensitization of border control authorities about human and refugee rights.
- » Open investigative procedures in response to the accusations of extortion and abuse of power by authorities.
- » Explore regulatory alternatives that simplify the documentation standards required to access regularized status in the country.
- » Expand administrative exceptions to grant access to SIS to those suffering from incapacitating disabilities.