

JOINT NEEDS  
ANALYSIS FOR  
THE REFUGEE AND  
MIGRANT RESPONSE  
PLAN 2021

Report of the GTRM Peru



## INTRODUCTION

The continued deterioration of the socio-economic, political and human rights situation in Venezuela has generated a large-scale movement of refugees and migrants across borders. Despite the closure of borders in the region as a result of the containment measures implemented by the countries due to COVID-19, it is estimated that by the end of 2020, some 1.05 million refugees and migrants from Venezuela will be in Peru.

In this context, Peru remains the second largest host country of refugees and migrants from Venezuela in the world and the first in asylum seeking requests. The unprecedented movement of people from Venezuela has put demographic pressure on recipient States such as Peru, and host communities. Moreover, the sanitary emergency caused by COVID-19 has boosted irregular flows of refugees and migrants due to the closure of borders.

In addition to the **socio-economic and health challenges** in Peru, there is a duty **to protect a very vulnerable population** of refugees and migrants in host communities that also face needs. Unemployment, food insecurity, forced evictions and limited access to basic water, sanitation and hygiene services, in addition to social tensions resulting from discrimination, xenophobia, stigma against the Venezuelan population and an increase in gender-based violence (GBV) are some of the challenges faced by Venezuela's refugee and migrant population in the country.

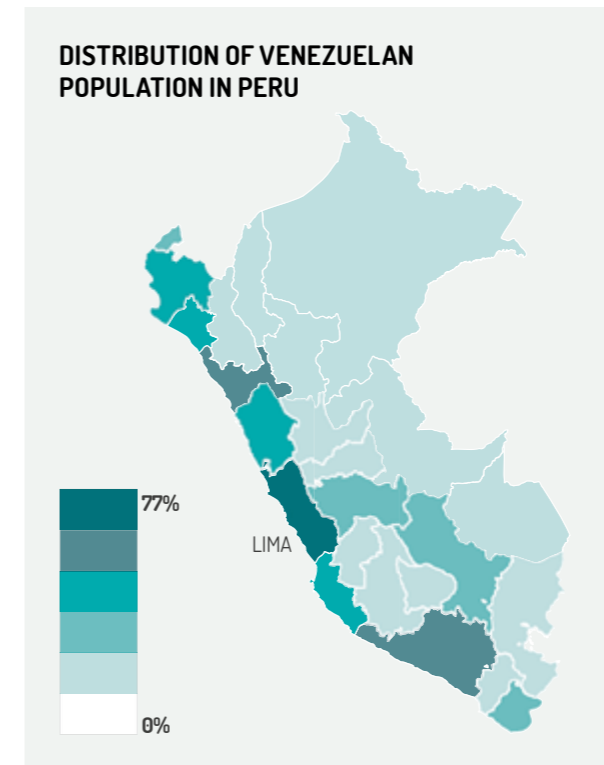
In this context, the National Inter-Agency Coordination Platform in Peru (GTRM, by its acronym in Spanish), with its nearly 80 partners, aims to support and complement the efforts of the Government of Peru to address the needs of vulnerable refugees and migrants. It is for this reason that the **Regional Refugees and Migrants Response Plan (RMRP)** was developed, establishing a chapter for Peru that includes a sectoral response strategy, as well as funding needs to support these people and their host communities.

The RMRP is built on evidence, based on an **analysis of the priority needs for the refugee and migrant population of Venezuela**. In 2020, this analysis was carried out jointly with all GTRM partners to identify the needs of the Venezuelan population and the host community in the context of the humanitarian and development response in Peru.

This Joint Needs Analysis details the results of the analysis process. The information contained in this document is meant to guide the priorities of the RMRP but may also be used by all partners of the GTRM, other humanitarian and development actors and donors in Peru working for the assistance response to the people of Venezuela. The objective is to provide the necessary basis for a response that strategically addresses actual needs.

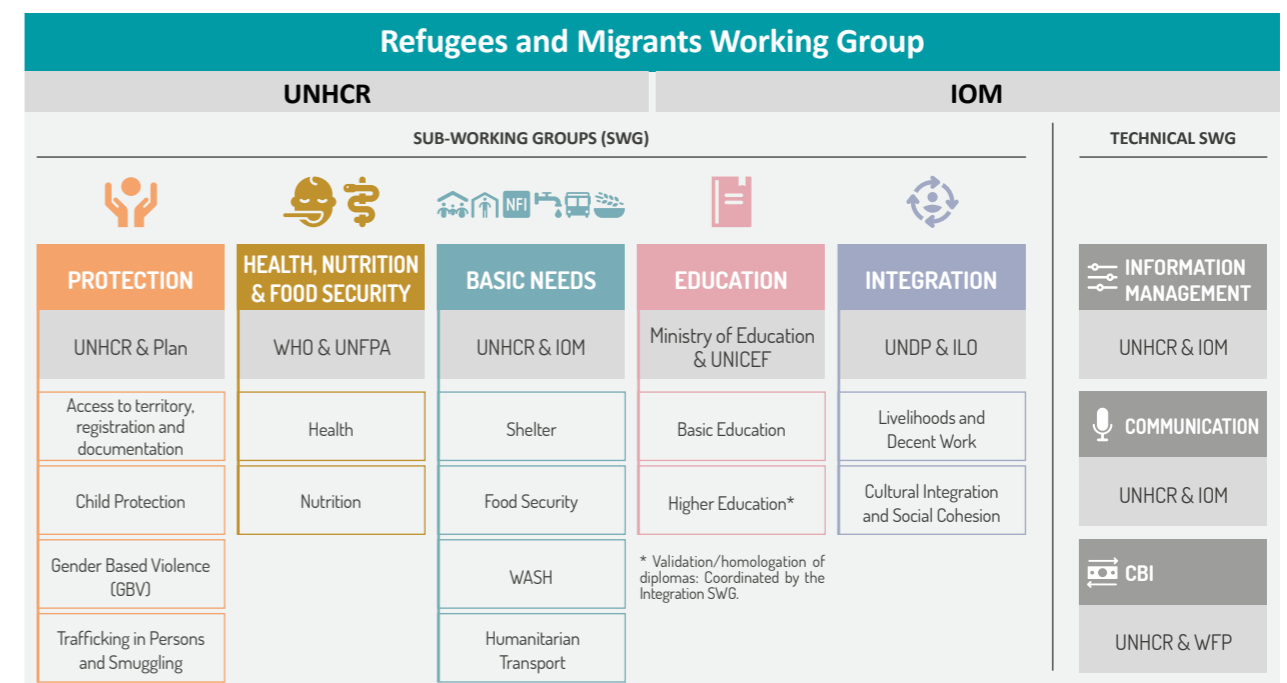
**Margarida Loureiro and Camila Cely**  
**COORDINATORS OF THE GTRM**  
December 2020

## RMRP/SECTORS



Following the request from the United Nations Secretary General, since 2018 the **United Nations High Commissioner for Refugees (UNHCR)** and the **International Organization for Migration (IOM)** have been coordinating the implementation of the actions required to support the response of the governments of 17 countries to the humanitarian, protection and integration needs of refugees and migrants from Venezuela as well as their host communities, through the RMRP.

The GTRM is the national expression of the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (hereinafter, the Regional Platform) and is responsible for the preparation, coordination and implementation of the RMRP in Peru. The GTRM comprises **five working groups** that coordinate the work of nine sectors, and three technical groups that provide cross-cutting support. The following diagram shows the GTRM structure.



# NEEDS ANALYSIS PROCESS / RESULTS OF JOINT NEEDS ASSESSMENT

## RESPONSE PLAN 2021

**Joint Needs Analysis**  
The Basis for an evidence-based response

### A complementary and fundamental process for a coordinated response

For the 2021 RMRP to be information and evidence-based, GTRM Peru carried out three key exercises: (i) a **review of all studies conducted** by its partners, as well as publicly available data from government institutions (Secondary Data Review), (ii) **analysis workshops** with sector experts and (iii) a **joint needs assessment** with key informants in the field.

This report represents the result of these three exercises, which together make up the Joint Needs Analysis for the 2021 RMRP.

#### Work plan and methodology

July	August																											
<p><b>1. Available information: Secondary Data Review</b></p> <p>The GTRM held a consolidation and consultation process of the information shared by its partners, including published studies (over 20 in 2020 alone) and other relevant sources of information such as field reports and coordination meetings' minutes. More information was compiled through the DEEP platform<sup>1</sup> covering almost 100 different sources (in addition to the sources mentioned, such as implementation reports from GTRM partners, newspaper articles, press releases, etc.).</p>	<p><b>2. Sector Analysis Workshops</b></p> <p>The GTRM facilitated <b>five workshops</b> with partners, bringing together sector experts to discuss and identify the problems and needs of the refugee and migrant population from Venezuela and the host community. The results of the secondary data review were presented during the workshops. Throughout the workshops, sectors prepared <b>problem trees</b><sup>2</sup> and identified causal factors for these problems. These trees present a concrete mapping of the main challenges encountered in each sector.</p>	<p><b>3. Joint Needs Assessment</b></p> <p>The joint needs assessment seeks to fill the <b>information gaps</b> from the secondary data review through information collected directly from the field. <b>Ten GTRM partners</b> conducted <b>90 in-depth interviews</b> with <b>key informants</b> in 10 regions of the country. This qualitative exercise ensured methodological rigour and focused on some priority sectors: Nutrition, protection, health, food security, and water, sanitation and hygiene (WASH) as well as on vulnerable groups: Children and adolescents, persons with disabilities, the elderly and members of the LGBTIQ+ community, for which information gaps were identified.</p> <div style="display: flex; justify-content: space-between;"> <div data-bbox="1617 882 2003 955"> <p><b>Key informants</b> were interviewed as follows:</p> <p><b>11 PERSONS</b> who work with the Venezuelan population in “closed” communities (e.g., shelters providing all services).</p> <p><b>46 PERSONS</b> or service providers who work with the Venezuelan population, in “open” communities, providing specific services.</p> <p><b>33 REPRESENTATIVES</b> of Venezuelan communities. In addition to the community leaders, interviews included religious leaders and staff from local associations.</p> </div> <div data-bbox="2033 882 2418 1764"> <p>In <b>10 regions</b> of Peru:</p> <table border="1"> <caption>Key Informants by Region</caption> <tr><th>Region</th><th>Count</th></tr> <tr><td>LIMA</td><td>45</td></tr> <tr><td>TUMBES</td><td>16</td></tr> <tr><td>TACNA</td><td>10</td></tr> <tr><td>OTHERS</td><td>19</td></tr> </table>   <table border="1"> <caption>Representatives by Region</caption> <tr><th>Region</th><th>Count</th></tr> <tr><td>CUSCO</td><td>9</td></tr> <tr><td>AREQUIPA</td><td>3</td></tr> <tr><td>LA LIBERTAD</td><td>3</td></tr> <tr><td>JUNÍN</td><td>1</td></tr> <tr><td>M. DIOS</td><td>1</td></tr> <tr><td>PIURA</td><td>1</td></tr> <tr><td>PUNO</td><td>1</td></tr> </table> </div> <div data-bbox="2448 882 2807 1029"> <p>As mentioned, the joint needs assessment was made possible thanks to the support of <b>10 GTRM partners</b>:</p> </div> </div> <p>The results of the secondary data review, the sector analysis workshops and the joint needs assessment form the basis of this Needs Analysis Report.</p>	Region	Count	LIMA	45	TUMBES	16	TACNA	10	OTHERS	19	Region	Count	CUSCO	9	AREQUIPA	3	LA LIBERTAD	3	JUNÍN	1	M. DIOS	1	PIURA	1	PUNO	1
Region	Count																											
LIMA	45																											
TUMBES	16																											
TACNA	10																											
OTHERS	19																											
Region	Count																											
CUSCO	9																											
AREQUIPA	3																											
LA LIBERTAD	3																											
JUNÍN	1																											
M. DIOS	1																											
PIURA	1																											
PUNO	1																											

<sup>1</sup> “The DEEP” is an online platform for the review of secondary information (reports, studies, press releases, newspaper articles, etc.) developed specifically for the humanitarian sector. Link: <https://www.thedeep.io/>

<sup>2</sup> A “problem tree” is an exercise that helps to map problems for humanitarian response and the root causes of problems. Participants identify one or more challenges and, for each, determine the most important causal factors. For further details refer to <https://www.odi.org/publications/5258-planning-tools-problem-tree-analysis>

[ A summary of the Joint Needs Assessment results is available on pages 39 to 43. ]

# SUMMARY OF IDENTIFIED NEEDS

INTERSECTORIAL  
1.31M

REFUGEES AND  
MIGRANTS IN  
DESTINATION  
735,500

REFUGEES  
AND MIGRANTS  
IN TRANSIT  
75,000

HOST  
COMMUNITY  
500,500

434,500 MEN  
520,000 WOMEN  
174,000 BOYS  
182,500 GIRLS



## Livelihoods and decent work

Refugees and migrants from Venezuela who have arrived in Peru over the last three years have **limited economic resources**, which makes it difficult for them to meet urgent needs such as food, health, hygiene and housing. In addition, the sanitary emergency has had a strong impact on the Peruvian economy and has led to an increase in unemployment, affecting both formal and informal labour activities. Limited access to livelihoods and employment opportunities, coupled with already limited economic resources, increases the chances of living in poverty and even extreme poverty, exacerbates the vulnerabilities of refugees and migrants from Venezuela and makes it more difficult to meet all basic needs. It is also worth noting that challenges remain in terms of socioeconomic integration, including the validation of academic degrees, which hinders possibilities of exercising their profession in the country.



## Documentation and regularization

The **lack of documentation** and an **irregular status** limits the **access of the Venezuelan population to public services** such as health, education or transportation and to better job opportunities, including access to formal labour markets, and to job opportunities linked to their previous work experience, training and/or skills. As a result, the lack of documentation limits the possibilities of integration of refugees and migrants into their host communities and restricts their resilience and self-sufficiency. This increases significantly the risks of abuse, and human trafficking and smuggling.<sup>3</sup>

<sup>3</sup> In this context, the publication by the government of Supreme Decree 010-2020-IN, which exceptionally and temporarily facilitates the regularization of foreign nationals, including migrants in an irregular status, will have an impact on the regularization situation in the country. For more details, please see the Protection and Integration chapters.



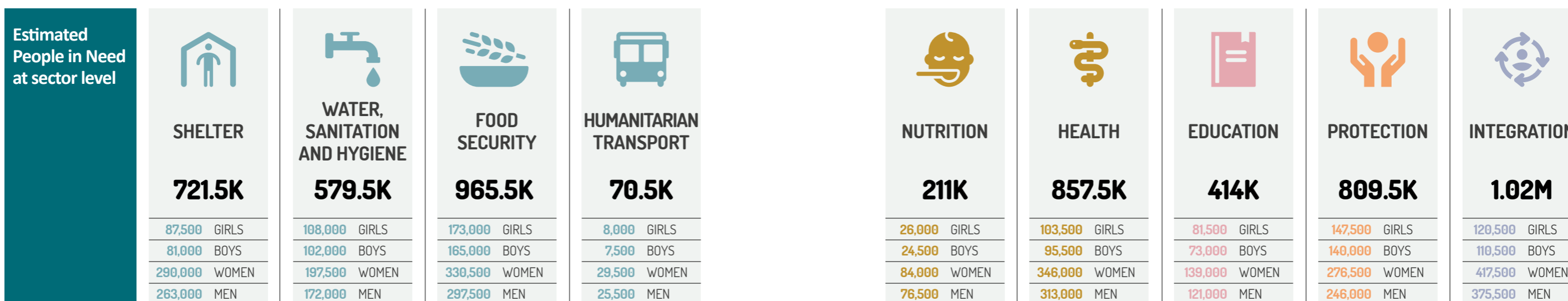
## Information and assistance for administrative procedures

Fear of **discrimination and xenophobia**, **lack of knowledge about administrative procedures and paperwork**, as well as the discretion by some authorities, led to the need to provide information and assist refugees and migrants to navigate these procedures. COVID-19 prevention measures, as well as political events in the country and changes in regulations bring new information that needs to be disseminated within the Venezuelan population about rights, options for regularization and access to services. This need is heightened by misinformation circulating through social networks regarding administrative procedures to regularize their situation and access services and jobs.



## Capacity building and raising awareness

The **capacities of public officials** in national, regional, and local institutions must be strengthened to provide more information and improve understanding of the specific and differentiated needs of refugees and migrants. This includes learning how to identify, treat and assist particularly vulnerable groups. The strengthening of these institutions is also necessary to improve the handling and management of services and their standards, improve relations and provide clarity regarding the procedures that the Venezuelan population must follow, including those in an irregular situation.



## SHELTER: TEMPORARY ACCOMMODATION AND HOUSING

### Context

A basic element of the response to the needs of refugees and migrants from Venezuela in transit and/or residing in Peru are **temporary collective shelters**. These spaces were originally intended as part of an immediate response, providing a short stay to those who arrived in the country and had no networks that could provide support or a temporary roof nor economic resources to cover alternative accommodation. However, economic vulnerability and challenges in obtaining livelihoods to meet basic needs led some to remain in shelters for a longer period of time. This situation was exacerbated by the sanitary emergency caused by COVID-19, where temporary shelters had to accommodate refugees and migrants during the lengthy quarantine.

A total of **80 per cent of refugees and migrants from Venezuela in Peru live in Lima**, the majority of which in the most vulnerable districts<sup>4</sup> where infrastructure conditions, particularly housing, are precarious. In the district of San Juan de Miraflores in Lima, for example, key informants for the joint needs assessment reported that some areas of informal settlements have limited or no access to electricity, water, sanitation and hygiene services. The humanitarian response considers housing as a more sustainable shelter solution and according to the National Institute of Statistics and Informatics (INEI, by its acronym in Spanish),

housing characteristics determine the quality of life of the population.<sup>5</sup>

The limited supply of dignified housing available to vulnerable persons causes their continued marginalization in areas with increasingly less access to services. Additionally, overcrowded conditions increase protection and health risks.

### Needs Analysis

#### Temporary collective accommodation

According to the Protection Monitoring carried out in June in 11 shelters within Metropolitan Lima, more than 80 per cent of the families surveyed lived in shelters before the beginning of the COVID-19 emergency.<sup>6</sup> Some 38 per cent reported being in shelters due to unemployment and not being able to afford rent and 10 per cent had been evicted as they failed to cover their lease.<sup>7</sup> This happened just after the first three months of the sanitary emergency.

The **living conditions** in which many of the temporary shelters in the country operate do not ensure compliance with the Sphere Handbook's minimum standards for humanitarian response.<sup>8</sup> This includes access to basic and protection services, which are essential for addressing and prioritizing cases of severe vulnerability.

Furthermore, the sanitary emergency due to COVID-19 has heightened the **weaknesses in both quantity and quality of temporary collective shelters** in the country. According to



Venezuelan family in Tumbes.

the Site Assessment of 25 temporary shelters for the Venezuelan population, 60 per cent could not guarantee the provision of hygiene kits during quarantine; another 60 per cent did not have separate toilets and/or latrines for men and women, and 56 per cent did not have separate showers.<sup>9</sup> In addition, in order to be able to follow social distancing measures to prevent the spread of infection, 40 per cent of the shelters surveyed reduced their capacity and 44 per cent limited entry and exit because of the national emergency. This has diminished the already limited options for temporary shelter.

The shortage of shelter options and failure to meet the Sphere Handbook's minimum standards for humanitarian response is also due to the fact

that much of the available shelters are improvised to respond to the growing number of refugees and migrants, and members of host communities who are also unable to afford rent due to limited access to employment opportunities.<sup>10</sup> These shelters require additional technical and financial support in order to meet the standards and provide the minimum necessary services.

**80 PER CENT OF VENEZUELAN REFUGEES AND MIGRANTS IN PERU LIVE IN LIMA, THE MAJORITY OF WHICH IN THE MOST VULNERABLE DISTRICTS WHERE INFRASTRUCTURE CONDITIONS, PARTICULARLY HOUSING, ARE PRECARIOUS.**

<sup>4</sup> INEI (June 2019) Living conditions of the Venezuelan population residing in Peru.

<sup>5</sup> Ibid.

<sup>6</sup> UNHCR (June 2020) Protection Monitoring of Shelters in Metropolitan Lima.

<sup>7</sup> Ibid.

<sup>8</sup> The Sphere Project is the leading advocate of rights-based humanitarian standards, evidence and best practices and promotes quality and accountability in humanitarian response on the field. The Sphere Handbook sets minimum standards for humanitarian response. Available at <https://spherestandards.org/>

<sup>9</sup> IOM (May 2020) DTM – Site Assessment of Temporary Shelters for the Venezuelan Population – Covid-19 Emergency. Report No. 2.

<sup>10</sup> Report No. 1 of the DTM – Site Assessment of Temporary Shelters for the Venezuelan Population dated March 2020 points out that 10 of the 16 identified shelters are “spontaneous”, that is, they have been modified to serve as a refuge for populations in need.

### Housing

The survey targeting the Venezuelan population residing in the country (ENPOVE 2018) estimated that nearly 96 per cent of the Venezuelan population was living in rented housing. Although a new representative and updated survey is not available, the GTRM estimates that a large majority of refugees and migrants from Venezuela continue to depend on the payment of rent or other arrangements such as care homes.<sup>11</sup>

In April this year, 34 per cent of children and adolescents interviewed, just one month after the sanitary emergency was declared, reported **that their families were forced to move to more affordable housing**, while 32 per cent knew they were at risk of eviction.<sup>12</sup> Requests for financial assistance to prevent evictions continue to be one of the priority needs identified by the GTRM. Similarly, the Office of the Ombudsman, as an institution that defends human rights, has consistently stressed the need to prevent illegal evictions and include vulnerable refugees and migrants in government measures to mitigate the impact of the sanitary emergency.<sup>13</sup>

The **limited access to economic resources has further marginalized the most vulnerable people** who compete for housing and access to other public spaces. These people are forced by the lack of options to settle in areas with fewer services and worse infrastructure. The support of the shelter sector in terms of housing faces several challenges since the improvement of private accommodations where there is an interested



©ACNUR Sebastián Castañeda

**La Victoria district in Lima.**

third party (the landlord) must be subject to the principles governing humanitarian response, particularly the principle of security of tenure. This principle envisages ensuring that refugees and migrants will be able to live in adequate housing without fear of forced eviction. There is a great need for technical assessment in the design and implementation of housing programmes as a more sustainable solution to ensure security of tenure.

### Inter-sectoral linkages

All persons have the right to adequate housing and shelter in humanitarian settings, as safeguarded by international law.<sup>14</sup> The minimum standards for shelters include the principles and rights declared

### ESTIMATED PEOPLE IN NEED



### REFUGEES AND MIGRANTS IN DESTINATION

<b>374,000</b>
141,500 MEN
163,500 WOMEN
32,000 BOYS
37,000 GIRLS

### REFUGEES AND MIGRANTS IN TRANSIT

<b>62,500</b>
23,500 MEN
27,500 WOMEN
5,000 BOYS
6,000 GIRLS

### HOST COMMUNITY

<b>285,000</b>
97,500 MEN
99,000 WOMEN
44,000 BOYS
44,500 GIRLS

in the Humanitarian Charter.<sup>15</sup> These include the right to protection and safety, to life with dignity and to receive humanitarian assistance on the basis of needs.

Ensuring dignity, protection and security in the shelter sector implies a comprehensive work across sectors:

**WASH:** The interventions in this sector are closely related to the design, improvement and construction of infrastructure, considering the needs of drainage systems, access to clean water and installation of bathrooms and showers. Some considerations with regard to Peru should include the shortage of drinking water, the type of soil in relation to water availability in aquifers and local solid waste management services. Joint work between actors from both sectors and the government during their interventions can reduce the water, sanitation and hygiene issues of housing and temporary shelters and benefit the host community in terms of the use and care of these resources. Additionally, avoiding contamination caused by the poor management of solid and liquid waste will also have a positive impact on the health of the communities.

**WASH and HEALTH:** Within the context of the sanitary emergency, the relationship between these sectors will be key in mitigating and preventing the spread of infections.

**HEALTH:** The protection monitoring highlighted that 70 per cent of families surveyed in shelters had specific needs, among which nearly 30 per cent have members with chronic diseases or medical conditions and no access to treatment, and 11 per cent have members with physical or mental disabilities.<sup>16</sup>

### KEY MESSAGES

✔ The lack of resources faced by refugees and migrants and the host communities prevent access to decent housing solutions, leaving them exposed to deteriorated infrastructure or no access to basic services, which increases the chances of acquiring diseases and makes access to both public and community services impossible.

**WASH and PROTECTION:** Shelters need to ensure privacy and safety in bathrooms and showers especially for children and adolescents, as well as women and other particularly vulnerable groups. It will be equally important to consider the needs of the elderly with mobility problems and persons with motor disabilities.

**PROTECTION:** In addition to deficiencies in infrastructure, it is necessary to respond to the need of providing community services in temporary shelters. These services include documentation support, regularization, and internet connectivity so they may communicate with their families and have access to remote learning services.

**EDUCATION:** The relationship with the education sector includes support for the security of school infrastructure.

**INTEGRATION:** Together with the livelihoods sub-sector, it is necessary to identify solutions so that people may leave the temporary shelters and have employment opportunities that would allow them to cover their rental expenses.

<sup>11</sup> Care homes refer to housing where refugees and migrants can stay without payment or paying a very low rent in exchange for caring for the property and protecting it from squatters since they are located in irregular settlements without access to basic services.

<sup>12</sup> World Vision (June 2020) Venezuelan children between a rock and a hard place.

<sup>13</sup> Office of the Ombudsman (March 2020) Available at: <https://www.defensoria.gob.pe/medidas-para-mitigar-impacto-del-covid-19-deben-incluir-a-extranjeros-en-situacion-de-vulnerabilidad/>

<sup>14</sup> The Sphere Handbook (2018) p. 240

<sup>15</sup> The Humanitarian Charter is the foundation document stating the legal and ethical principles that inspired the creation of the Sphere movement.

<sup>16</sup> UNHCR (June 2020) Protection Monitoring of Shelters in Metropolitan Lima.

# HUMANITARIAN TRANSPORTATION

## Context

The humanitarian transportation of refugees and migrants from Venezuela was suspended due to the closure of borders and transit restrictions as a result of the progress of the sanitary emergency and the declaration of targeted quarantines in some regions of the country. Prior to the sanitary emergency, despite the drop in the flow of arrivals, almost half of the refugees and migrants entering through the northern land border stated that they required safe means of transportation, reporting that they had received an offer to enter the country through irregular crossings.<sup>17</sup> Formal transportation services are scarce and costly, considering the long distances to be travelled from the border entry point to their final destinations. During the closure of borders, it was reported that Venezuelans tried to leave the country, exposing themselves to greater risks.<sup>18</sup>

The easing of transit restrictions and the gradual reopening of land borders will increase the regular flow of refugees and migrants from Venezuela and the movement of those who need to travel to their final destinations within the country.

**FORMAL TRANSPORTATION SERVICES ARE SCARCE AND COSTLY, CONSIDERING THE LONG DISTANCES TO BE TRAVELLED FROM THE BORDER ENTRY POINT TO THEIR FINAL DESTINATIONS.**

## Needs Analysis

As a result of the sanitary emergency, the factors that make it difficult for refugees and migrants in transit to access **safe and dignified transportation** have escalated. In addition to the limited economic resources with which they arrive at the border and which prevents them from using formal transportation, and in their attempt to enter the country, this population faces a greater risk of falling into criminal networks that take advantage of the closure of borders.<sup>19</sup> As **the supply of informal transportation grows**, especially in the regions near the country's northern border, the need for humanitarian transportation that complies with the biosecurity protocols established by the Ministry of Transport and Communications and the Ministry of Health increases.<sup>20</sup>

## Inter-sectoral linkages

**PROTECTION:** Under a protection approach, the humanitarian transport sector is related to territorial access and regularization, child protection and the prevention of trafficking and smuggling of migrants. It is important to consider the care for refugees and migrants in vulnerable conditions to ensure the necessary assistance at their destinations, in coordination with their support networks.

ESTIMATED PEOPLE IN NEED



HUMANITARIAN TRANSPORT 70.5K

REFUGEES AND MIGRANTS IN DESTINATION

8,000

2,000 MEN  
2,000 WOMEN  
2,000 BOYS  
2,000 GIRLS

REFUGEES AND MIGRANTS IN TRANSIT

62,500

23,500 MEN  
27,500 WOMEN  
5,000 BOYS  
6,000 GIRLS



Refugees and migrants walking towards Chile.



Venezuelan family at the border in Tumbes before traveling towards Lima.

## KEY MESSAGES

✦ The **limited economic resources** of refugees and migrants, heightened as a result of the sanitary emergency, makes access to formal and safe transportation, already scarce due to transit restrictions, impossible. Humanitarian transport connecting the main destinations of the Venezuelan population in transit is necessary to avoid protection risks related to travel, such as becoming victims of crime and violence: Among others, trafficking and smuggling of migrants, extortion and robberies.

<sup>17</sup> IOM (February 2020) DTM- Flow monitoring of the Venezuelan population in Peru. Report No. 7

<sup>18</sup> Office of the Ombudsman (May 2020). Press Release 262/OCII/DP/2020 (May 10).

<sup>19</sup> <https://diariocorreo.pe/edicion/tumbes/refuerzan-seguridad-en-la-zona-de-frontera-951645/>

<sup>20</sup> <https://andina.pe/agencia/noticia-viajes-interprovinciales-ciudades-del-norte-son-destinos-mayor-demanda-810680.aspx>

# NUTRITION

## Context

Due to the sanitary emergency, refugees and migrants from Venezuela are exposed to falling levels of malnutrition, especially **children under the age of five**, as well as **pregnant and breastfeeding women**, who faced limited access to medical check-up and follow-up services during the quarantine. Currently, although there are already some five thousand refugees and migrants registered in the Targeting System of the Ministry of Inclusion and Social Development<sup>21</sup>, based on available information this population does not have access to all government social protection programmes, including food and nutritional assistance.

Limited economic resources result in the consumption of foods with low nutritional value, making it difficult to maintain a balanced and healthy diet, a situation that affects a third of the resident population in Lima and Callao (including the Venezuelan population).<sup>22</sup> Likewise, sector experts indicate that refugees and migrants, due to lack of knowledge, do not include the consumption of local products with high nutritional value and affordable prices in their eating patterns.

**LIKewise, SECTOR EXPERTS INDICATE THAT REFUGEES AND MIGRANTS, DUE TO LACK OF KNOWLEDGE, DO NOT INCLUDE THE CONSUMPTION OF LOCAL PRODUCTS WITH HIGH NUTRITIONAL VALUE AND AFFORDABLE PRICES IN THEIR EATING PATTERNS**

## Needs Analysis

**The temporary suspension of some primary health care services**, such as those for children under five and pregnant and breastfeeding women, put refugee and migrant families at risk of malnutrition and anaemia in the context of the sanitary emergency. These groups require support for nutritional management in health centres (or through community soup kitchens), both for monitoring cases of chronic malnutrition and for the distribution of nutritional supplements, including among others of micronutrients and fortified formula for children under five. Key informants of the joint needs assessment noted a decrease in weight, as well as child malnutrition caused by difficulties in obtaining a balanced diet.

Concurrently, sector experts identified important **information gaps** on nutrition among refugees and migrants, as well as within the host community, especially with regard to awareness of anaemia and the use of local inputs with high nutritional value. Similarly, service and programme operators may need to strengthen the rights of the refugee and migrant population to be included in the comprehensive care package, which includes nutritional counselling within the health system (such as Early Childhood Development and Growth Control and counselling on healthy diet), and access to vaccination schemes nationwide.

### ESTIMATED PEOPLE IN NEED



**NUTRITION 211K**

### REFUGEES AND MIGRANTS IN DESTINATION

**111,000**  
42,000 MEN  
48,500 WOMEN  
9,500 BOYS  
11,000 GIRLS

### REFUGEES AND MIGRANTS IN TRANSIT

**7,500**  
3,000 MEN  
3,000 WOMEN  
500 BOYS  
500 GIRLS

### HOST COMMUNITY

**93,000**  
32,000 MEN  
32,500 WOMEN  
14,500 BOYS  
14,500 GIRLS



Soup kitchen Sarita Colonia, San Juan de Lurigancho district, Lima.

©ACNUR Emily Alvarez

## Inter-sectoral linkages

### FOOD SECURITY, HEALTH AND PROTECTION:

The complementarity among these sectors is fundamental for advocacy and coordination with government entities, considering the lack of inclusion of refugees and migrants in nutrition and health programmes.

[More information on the results of key informant interviews for this sector can be found on pages 39 to 43, "Joint Needs Assessments: Main results."]

## KEY MESSAGES

♥ Refugees and migrants from Venezuela are exposed to malnutrition and anaemia since, as a result of the loss of resources caused by the sanitary emergency, they consume food of low nutritional value. Amidst the suspension of primary health care services and lack of information, the access of breastfeeding women to nutritional controls and the access of children under five to micronutrients are severely limited.

<sup>21</sup> MIDIS by its acronym in Spanish (September 2020).

<sup>22</sup> INEI (2020) Main Effects of COVID-19 on Households in Metropolitan Lima and Callao.



# FOOD SECURITY

## Context

In the midst of the advancing sanitary emergency, **food insecurity** has increased among refugees and migrants from Venezuela. The loss of livelihoods, as well as limited resources, has often forced them to opt for an unhealthy diet. Some 40 per cent of this population reports reducing their daily meals intake or even skip eating at all during one day or more.<sup>23</sup>

Before the sanitary emergency, the profile of refugees and migrants entering the country already showed an increase in food insecurity.<sup>24</sup> With mobility restrictions due to quarantine periods, the access to sufficient and quality food was limited, not only by the increased costs of the basic family basket but also by the periodic shortage of some products in some areas. In addition, refugees and migrants remain excluded from several programmes of the Peruvian social protection system. A clear example is that they have not yet benefited from the economic bonus granted by the government as a support during the sanitary emergency.

**SOME 40 PER CENT OF THE REFUGEE AND MIGRANT POPULATION REPORTS HAVING REDUCED THE NUMBER OF MEALS PER DAY.**

## Needs Analysis

Although GTRM partners maintained food distributions as an effective strategy to assist particularly vulnerable persons during the lockdown period, significant gaps in food access were identified. In June 2020, **nearly 70 per cent of refugees and migrants interviewed, particularly in urban areas, reported being concerned about not having enough food.**<sup>25</sup> In a survey of the total population in Lima and Callao, this percentage reached 30 per cent.<sup>26</sup>

Key informants interviewed in the joint needs assessment confirmed these challenges, indicating in particular that this situation was the result of a **reduced capacity to afford food.** The significant impact of the sanitary emergency on access to livelihoods<sup>27</sup> was heightened by an increase in food prices and basic products of the family basket and the closing-down of stores and markets.<sup>28</sup>

Field studies also confirm significant barriers to **access nutritious food** for both Venezuelans and members of the host community. In Lima, one in seven persons reported not eating food containing proteins in their meals, and nearly one in ten did not have access to food containing vitamins or minerals.<sup>29</sup>

ESTIMATED PEOPLE IN NEED



FOOD SECURITY  
965.5K

REFUGEES AND MIGRANTS IN DESTINATION  
460,000

128,000 MEN  
155,000 WOMEN  
85,500 BOYS  
91,500 GIRLS

REFUGEES AND MIGRANTS IN TRANSIT  
62,500

17,500 MEN  
21,000 WOMEN  
11,500 BOYS  
12,500 GIRLS

HOST COMMUNITY  
443,500

152,000 MEN  
154,000 WOMEN  
68,000 BOYS  
69,000 GIRLS



©ACNUR Emily Alvarez

Soup kitchen Sarita Colonia, San Juan de Lurigancho district, Lima.

## Inter-sectoral linkages

**HEALTH:** In order to monitor appropriate nutritional value standards, as well as cases of chronic malnutrition.

**NUTRITION:** Due to the loss of livelihoods and the lack of knowledge of the local nutritional context, access to quality food in sufficient rations is difficult.

**INTEGRATION:** Immediate and sustainable need to generate economic means necessary to improve access to adequate diet.

## KEY MESSAGES

✔ The sanitary emergency has increased the risk of food insecurity for refugees and migrants from Venezuela, not only because of the loss of livelihoods and mobility restrictions, but also due to their non-inclusion in all national social protection programmes.

<sup>23</sup> WFP (June 2020) Remote Assessment, COVID-19- Venezuelan Migrants in Colombia, Ecuador and Peru.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> INEI (May 2020) Main Effects of COVID-19 on Households in Metropolitan Lima and Callao.

<sup>27</sup> For more details, please see the chapter on Integration.

<sup>28</sup> WFP (June 2020) Remote Assessment, COVID-19- Venezuelan Migrants in Colombia, Ecuador and Peru.

<sup>29</sup> INEI (May 2020) Main Effects of COVID-19 on Households in Metropolitan Lima and Callao.

[More information on the results of key informant interviews for this sector can be found on pages 39 to 43, "Joint Needs Assessment: Main results".]

## WATER, SANITATION AND HYGIENE (WASH)

### Context

Peru faces a **structural problem in the systems of water supply and basic sanitation**. There is a deficiency in drainage, sewerage, drinking water and sanitation infrastructure in urban and rural areas with informal human settlements where the most vulnerable communities live. According to the INEI, as of July 2019, 71 per cent of the Venezuelan population had access to a public sewage system within the home (85 per cent in urban areas and 18 per cent in rural areas).<sup>30</sup> A total of **25 per cent of the population did not have access to a sewage system and 7 per cent did not have access to any type of excreta disposal service**.

These challenges have been exacerbated by the sanitary emergency and the increase in evictions due to non-payment or the impossibility to afford rents in cheap areas, but where basic services are still available. This has forced refugee and migrant families to move to even more marginalized areas without access to water, sanitation and hygiene services.

While the largest concentration of national, refugee and migrant populations in Peru lives in the coastal area, this region has **only some two per cent of the country's available water resources**.<sup>31</sup> Lima is the city facing the greatest problems with water scarcity, and where the largest population is

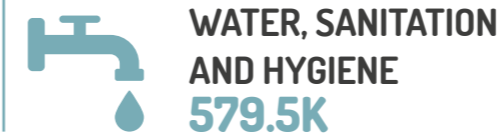
found, being the second capital in the world with less rainfall after Cairo in Egypt.<sup>32</sup> In addition, in some areas there is no water service available 24 hours a day; according to the INEI, less than 24 per cent of the population in Ica, Loreto, Piura, and Tumbes has access to water all day long.<sup>33</sup>

### Needs analysis

In its analysis, the Venezuelan Population Survey (ENPOVE by its acronym in Spanish) estimates that nearly 80 per cent of refugees and migrants live **in vulnerable districts in the northern, eastern and southern areas of Lima**.<sup>34</sup> The urgency of providing access to water and sanitation in temporary shelters, settlements and public buildings has increased considerably to facilitate following the prevention and mitigation measures needed for the sanitary emergency.

During the joint needs assessment, WASH support was the fourth most unmet need mentioned by the 90 key informants involved. Of the 31 key informants specific to the sector, 26 indicated that they were aware of refugees and migrants from Venezuela in their communities with limited or no access to water and sanitation services.<sup>35</sup> Key informants also identified at least five areas<sup>36</sup> where there are limitations because the water only reaches them by schedules due

### ESTIMATED PEOPLE IN NEED



### REFUGEES AND MIGRANTS IN DESTINATION

**351,000**

98,000 MEN  
118,500 WOMEN  
65,000 BOYS  
70,000 GIRLS

### REFUGEES AND MIGRANTS IN TRANSIT

**62,500**

17,500 MEN  
21,000 WOMEN  
11,500 BOYS  
12,500 GIRLS

### HOST COMMUNITY

**166,000**

57,000 MEN  
57,500 WOMEN  
25,500 BOYS  
26,000 GIRLS

to scarcity.<sup>37</sup> The lack of access to drinking water also generates additional costs for families with limited economic resources.

Key informants noted that **households with no access or limited access need to store water** in containers or tanks to try to meet their needs. The improvisation of containers and adequate infrastructure to store water, which is brought about by their economic vulnerability, represents a risk to public health. The dengue epidemic of 2019 and 2020, which significantly affected Peru at the same time as the COVID-19 sanitary emergency began, was caused, among other things, by waterlogging due to lack of drainage and the improvised storage of water where mosquitoes breed.<sup>38</sup>

Similarly, the risks of contamination of water resources, including the mismanagement of solid waste, represent a serious risk to the health of communities, impacting their development possibilities.

### Inter-sectoral linkages

**SHELTER:** The relationship with this sector must address the risks posed by overcrowding in temporary shelters and housing. In the context of COVID-19, this entails a risk of increased incidence of infection due to lack of social distancing, as well as insufficient access to WASH in order to follow handwashing measures.

**NUTRITION AND HEALTH:** Access to WASH has an important effect on people's health, especially

### KEY MESSAGES

✔ Economic and human resources are needed to design and implement WASH interventions that help to meet the immediate and long-term needs of refugees, migrants, and the hosts communities in Peru. This must be accomplished in a sustainable way, protecting environmental resources and guaranteeing everyone's health.

in terms of the spread of intestinal and respiratory infectious diseases. According to the Ministry of Health, the lack of access to drinking water and sanitation is one of the main causes of chronic child malnutrition in the country.<sup>39</sup>

**INTEGRATION:** Key informants shared specific cases of families in need in this sector who depend on the beach or digging wells and latrines to improvise sanitation facilities, but without solid waste management and treatment. This situation in addition to planning with the health and shelter sectors, also requires a liaison with the Integration sector and particularly with the livelihoods sub-sector to support these families in achieving self-sufficiency and resilience.

[More information on the results of key informant interviews for this sector can be found on pages 39 to 43, "Joint Needs Assessment: Main results".]

<sup>30</sup> INEI (September 2019) Peru: Ways to access water and basic sanitation.

<sup>31</sup> Ministry of Agriculture and Irrigation. Water in figures. Available at <https://www.ana.gob.pe/contenido/el-agua-en-cifras>

<sup>32</sup> OXFAM Peru, available at <https://peru.oxfam.org/qu%C3%A9-hacemos-ayuda-humanitaria/entre-7-y-8-millones-de-peruanos-no-tienen-acceso-agua-potable>

<sup>33</sup> INEI (June 2020) Peru: Ways to access water and basic sanitation. Available at <https://www.inei.gob.pe/biblioteca-virtual/boletines/formas-de-acceso-al-agua-y-saneamiento-basico-9343/1/>

<sup>34</sup> INEI (June 2019) Living Conditions of the Venezuelan Population in Peru.

<sup>35</sup> Additional information can be found on page 39 to 43 of this document in the evaluation results annex, including WASH needs especially for vulnerable groups such as persons with disabilities, children and adolescents and the elderly, among others.

<sup>36</sup> In particular Chorrillos and San Juan de Lurigancho in Lima, as well as Tumbes, Zarumilla and Zorritos.

<sup>37</sup> These correspond to the areas of the coast where the Pacific watershed is located, which contains only 2 percent of Peru's water resources, as well as Puno, located on the Titicaca watershed that contains only 0.56 percent of the available water in the country. National Water Authority. Available at <https://www.ana.gob.pe/contenido/el-agua-en-cifras>

<sup>38</sup> The Sphere Handbook for WASH (2018) and Guidance Note-Environment and WASH sector, RMRP 2021. Also consult <https://ehaconnect.org/clusters/water-and-sanitation-wash/>

<sup>39</sup> Sánchez-Abanto, José. (2012). Evolution of chronic malnutrition in children under five in Peru. Peruvian Journal of Experimental Medicine and Public Health, Ministry of Health.

# HEALTH

## Context

Access to health care has been affected by the sanitary emergency, mainly by the temporary closing of several primary healthcare services. In addition to reduced opening times, refugees and migrants from Venezuela have had to face **limited access to the national health system and limited information** on available assistance channels. According to reports from the Ministry of Health (MINSA by its acronym in Spanish), although the number of childbirth deliveries increased during the mandatory quarantine, prenatal care decreased, due to fear of infection and to avoid discrimination, among other reasons.<sup>40</sup> Amid this scenario, the government ordered temporary universal care for anyone with a confirmed or suspected diagnosis of COVID-19, regardless of nationality.

Based on information from the MINSA, it is estimated that **less than 10 per cent of refugees and migrants from Venezuela have access to Comprehensive Health Insurance (SIS, by its acronym in Spanish).**<sup>41</sup> In spite of the fact that access to the SIS has been made universal for all Peruvians, access to the Venezuelan population has not yet been fully facilitated because documents aside from immigration cards (*Carnet de Extranjería*) are not recognized as valid documents to access to the Peruvian social service systems. Only pregnant women and children under five have access to medical care, regardless of their legal status in the country. However, many refugees and migrants upon arrival are unaware of this information.



Carmen Parra, Venezuelan doctor working with an emergency team in Peru for the COVID-19 response.

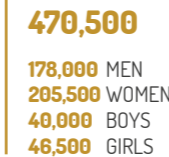
## Needs analysis

The challenges to **access health care services and medical care** for refugees and migrants in the context of the sanitary emergency remain, particularly in relation to the need to achieve a regulatory and administrative framework for the health system to include this vulnerable population. Of the total number of Venezuelan citizens who received care up to July 2020, less than 30 per cent of them were served through the SIS.<sup>42</sup> For those who have access to health care, one of the main barriers is the cost of appointments, tests required, and other medical

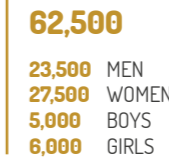
### ESTIMATED PEOPLE IN NEED



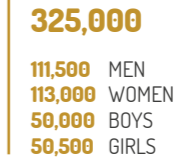
### REFUGEES AND MIGRANTS IN DESTINATION



### REFUGEES AND MIGRANTS IN TRANSIT



### HOST COMMUNITY



expenses, which interrupts the follow-up of the necessary treatment.

Prior to the pandemic, 26 per cent of those interviewed indicated they have had need for medical care since their arrival in the country and 14 per cent indicated access to health care as one of the three main needs.<sup>43</sup> Key informant interviews during the joint needs assessment confirm that the Venezuelan population faces significant challenges related to the treatment of chronic and high-risk diseases.

An **information gap** affecting access to health services is acknowledged. Only pregnant women and children under five have access to medical care, regardless of their legal status in the country. However, many refugees and migrants on arrival are not aware of this information. On the one hand, the lack of clarity in attention and care routes and protocols affects the exercise of the right to both physical and mental health care. As of July 2020, the majority of Venezuelan women, pregnant or with children under five, had been cared for outside the SIS (some 60 per cent),<sup>44</sup> when due to their condition they could have processed their access to the SIS and received free care. On the other hand, the health personnel themselves are unaware of the regulations that allow refugees and migrants access to vaccinations, health care for children under five, pre- and post-natal control, anti-retroviral treatment, contraceptive methods, or emergency kits because of sexual violence.

These problems also include **sexual and reproductive health** issues: In a study published in

## KEY MESSAGES

- ✔ Refugees and migrants still face **regulatory and information barriers** to accessing health services, where those with the greatest vulnerability require the most support. These include pregnant women, children under 5, chronically ill and disabled persons.
- ✔ Most refugees and migrants are still unable to access the SIS, and, along with host communities, have significant **primary health care** needs in sanitary emergency contexts.

February 2020, only 27 per cent of the Venezuelan population of reproductive age in the country indicated having received any service related to reproductive and/or sexual health; while 67 per cent did not access these services and 7 per cent have no knowledge of the existence of these services. In addition, only 27 per cent of Venezuelan women of reproductive age reported having access to a family planning method.<sup>45</sup>

## Inter-sectoral linkages

**SHELTER:** People in shelters have expressed a need for health care. Only 12 per cent of the shelters identified in five regions of the country provide medical care for those sheltered.<sup>46</sup> At the same time, 68 per cent of the families interviewed through protection monitoring reported needing

<sup>40</sup> MINSA (August 2020).

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> UNHCR (March 2020) Protection Monitoring of the Americas. Peru, February-March 2020.

<sup>44</sup> MINSA (August 2020).

<sup>45</sup> Care (February 2020) Rapid Gender Analysis.

<sup>46</sup> IOM (May 2020) DTM- Site Assessment of Temporary Shelters for the Venezuelan Population – Covid-19 Emergency. Report No. 2.

## HEALTH: Overview of the Venezuelan population

2020

[ July ]

**84,539**  
ENSURED IN  
THE SIS

IN:

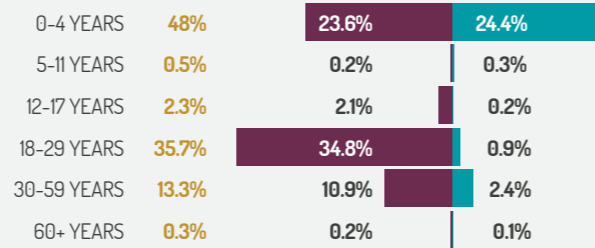
**25**  
REGIONS

**145**  
PROVINCES

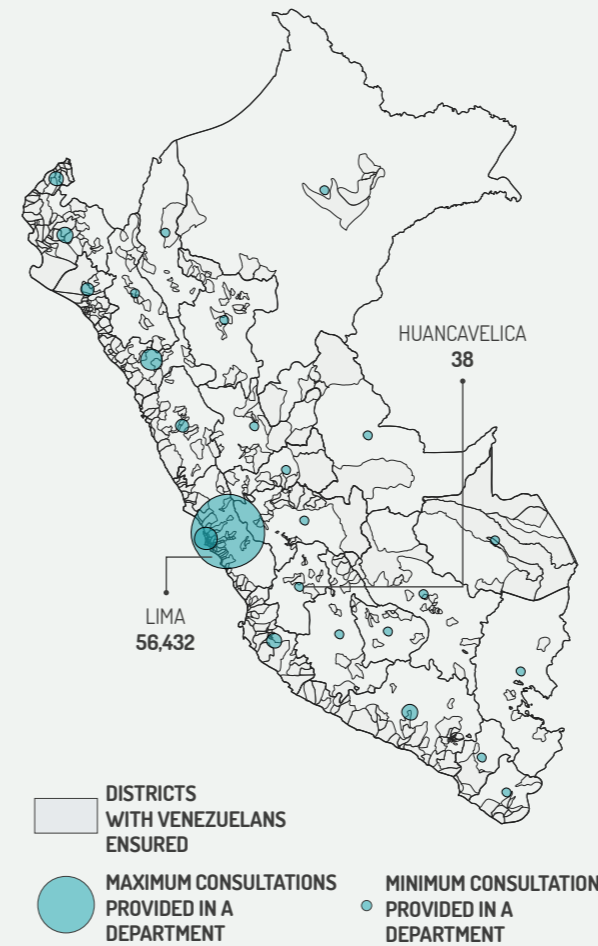
**505**  
DISTRICTS

### ENSURED BY SEX AND AGE

Breakdown based on the registry of Venezuelans ensured in the Comprehensive Health Insurance (SIS) 2016 - 2020



### VENEZUELANAS ENSURED WITH SIS



**BASED ON INFORMATION FROM THE MINSA, IT IS ESTIMATED THAT LESS THAN 10 PER CENT OF REFUGEES AND MIGRANTS FROM VENEZUELA HAVE ACCESS TO COMPREHENSIVE HEALTH INSURANCE (SIS, BY ITS ACRONYM IN SPANISH).**

medical care during the sanitary emergency.<sup>47</sup> The problem also applies to mental health: 65 per cent of families interviewed in shelters in Lima reported psychosocial changes in adults as well as changes in 54 per cent of children since the beginning of the emergency.<sup>48</sup>

**PROTECTION:** As an effect of the sanitary emergency, the precariousness faced by refugees and migrants is related to sexual and reproductive health issues, as well as mental health. In interviews, key informants mentioned obstacles to accessing health services due to documentation, especially in cases of persons in an irregular situation.

**FOOD SECURITY, NUTRITION:** From a human rights, multi-sectoral and quality improvement approach, linkages with the health sector are proposed seeking to improve nutrition and access to food.

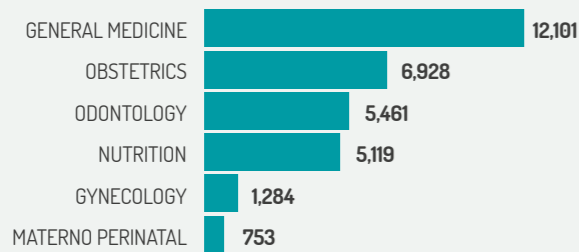
**INTEGRATION:** Key informant interviews confirm that access to livelihoods and economic resources are strongly linked to the inability to access health services.

[More information on the results of key informant interviews for this sector can be found on pages 39 to 43, "Joint Needs Assessment: Main results".]

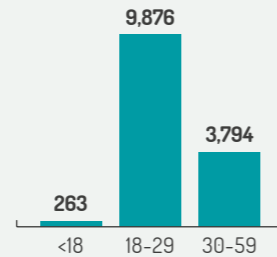
### HEALTH CONSULTATIONS TO VENEZUELANAS

[ 2019 - July 2020 ]

#### MAIN CONSULTATIONS TYPES

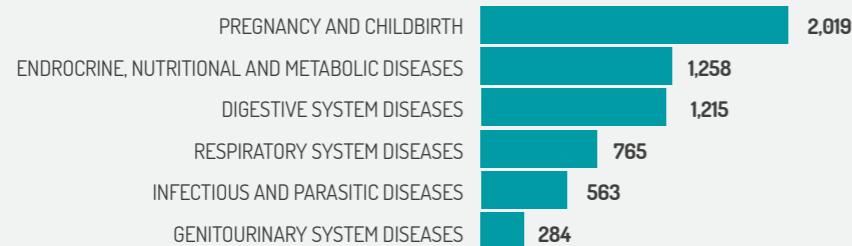


#### CHILDBIRTH CARE



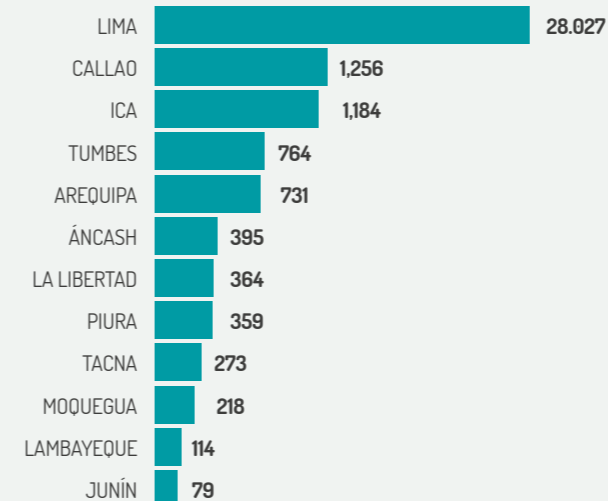
**13,933**  
BIRTHS  
ASSISTED

#### CONSULTATIONS BY SPECIALITY



**35,427**  
CONSULTATIONS  
PROVIDED

#### CONSULTATIONS BY REGION



Source: MINSA, July 2020

<sup>47</sup> UNHCR (June 2020) Protection Monitoring of Shelters in Metropolitan Lima.

<sup>48</sup> Ibid.

# EDUCATION

## Context

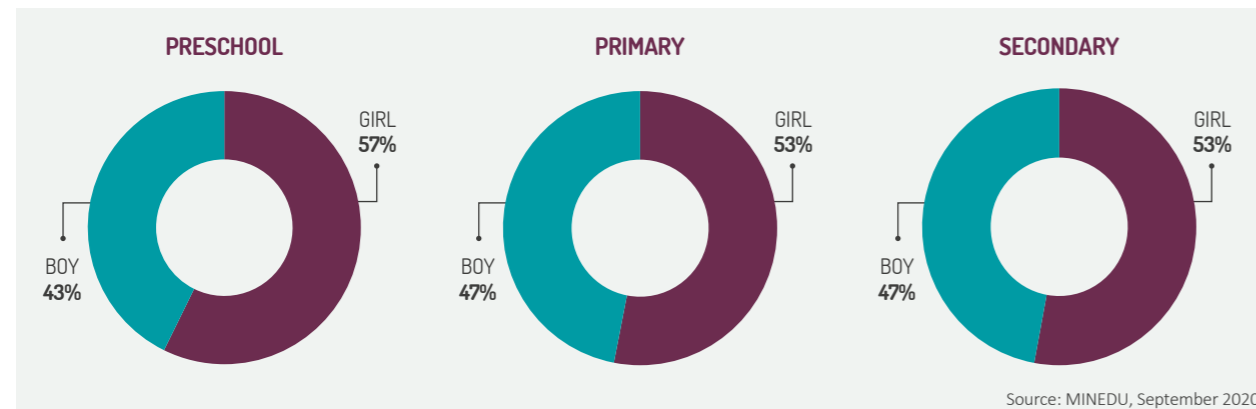
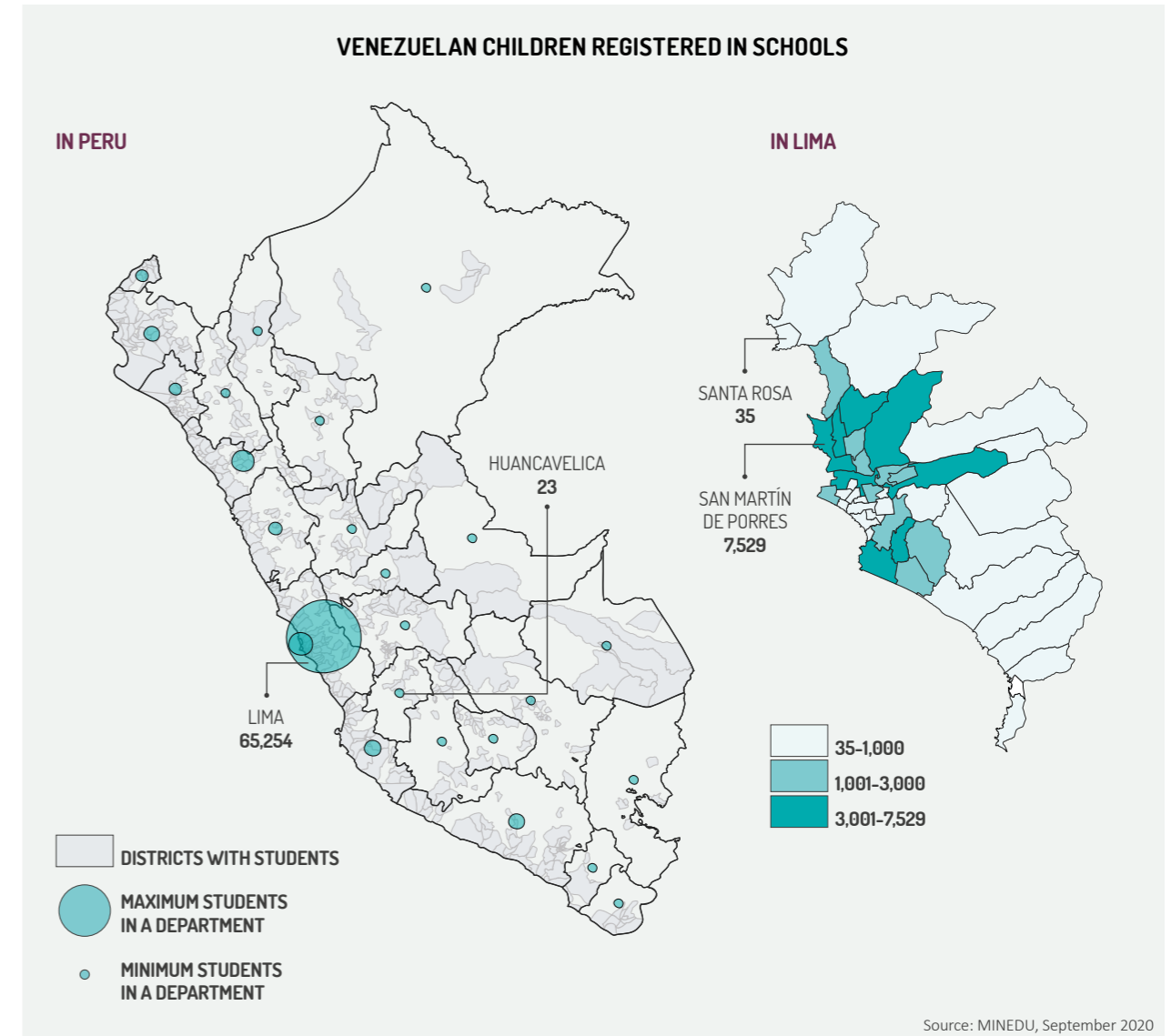
The government of Peru recognizes the universal right to education. In 2016, the Organization for Economic Cooperation and Development (OECD) published the study *Moving towards a better education in Peru* with support from the Ministry of Education (MINEDU by its acronym in Spanish) and the INEI. This study indicates that in 2016, the access to primary education in Peru was 93%, that is, practically universal, and the net enrolment rates in early and secondary education had increased significantly.<sup>49</sup>

So far there is no information on how this percentage has changed with the massive arrival between 2017 and 2019 of Venezuelan families with school-age children and adolescents. However, currently primary schools have the highest number of refugee and migrant students with 49,400 enrolments. The efforts of the government and the international community continue in this area.

## Needs analysis

According to figures from the MINEDU, a total of 96,600 refugee and migrant students were enrolled in the Peruvian education system as of August 31, 2020.<sup>50</sup> However, the GTRM estimates that approximately 100,000 Venezuelan children still do not have access to formal education.

In addition to the substantial increase in the Venezuelan population in need of education, the sanitary emergency caused by COVID-19 has created new challenges and exacerbated the situation that was already affecting this sector's response. Prior to the sanitary emergency, refugee and migrant families had **difficulty enrolling** school-age children due to the lack of openings in public schools near their homes or workplaces. A Protection Monitoring conducted in January and February 2020 revealed that 28 per cent of children and adolescents did not attend school.<sup>51</sup> This structural issue affects the host communities equally and is especially noticeable in the most vulnerable districts.



<sup>49</sup> OECD (2016) *Moving towards a better education in Peru*, Making Development Happen, Volume 3. Available at <https://www.oecd.org/dev/Avanzando-hacia-una-mejor-educacion-en-Peru.pdf>

<sup>50</sup> Ministry of Education (August 2020).

<sup>51</sup> UNHCR (March 2020) *Protection Monitoring of the Americas*. Peru, February-March 2020.

## KEY MESSAGES

♥ Access to education is key to achieving all Sustainable Development Goals (SDGs). Currently, children and adolescents as well as young refugees and migrants face difficulties in accessing the education system and remaining in it. There is evidence of connectivity problems, limited availability of electronic equipment, emotional vulnerability, desertion, and economic instability in their families that prevent them from adequately completing the education process.

Another obstacle to be noted is the **documentation required in order to enrol** students. Although the policy of the MINEDU calls for the right of all children and adolescents who are refugees and migrants in the country to have access to education, regardless of their status, in practice the school authorities, due to ignorance or personal position regarding the flow of refugees and migrants, exercise discretionary powers regarding the documentation they request. These documents include the birth certificate, identity card, as well as apostilled school certificates. The situation in Venezuela, as well as the displacement of these families makes it difficult or even impossible to obtain such documents.

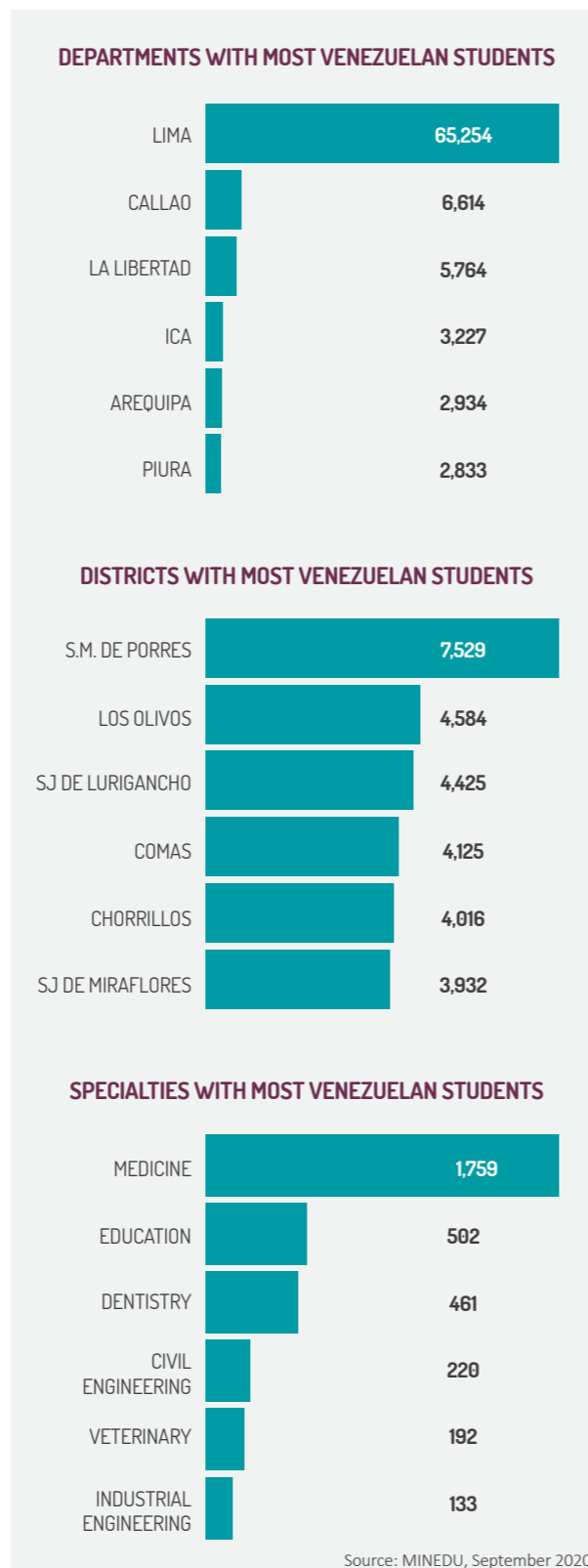
**THE NUMBER OF VENEZUELAN CHILDREN IN PERU IS ESTIMATED TO BE 200,000. OF THESE, 96,000 ARE REGISTERED IN THE NATIONAL EDUCATION SYSTEM.**

Similarly, the constant mobility of this group makes it **difficult for children and adolescents to access and remain in the educational system**, since this mobility is caused by the poverty affecting their families, which forces their parents and caregivers to relocate in search of employment opportunities and economic resources.

The limited **access to livelihoods** has affected the priority that families give to education. The sanitary emergency has aggravated this situation of economic vulnerability since it has led to a large increase in unemployment, especially in the informal sector, where the majority of refugees and migrants work.<sup>52</sup> One of the main consequences has been the inability to keep children in school. In the joint needs assessment, key informants reported that children sometimes must accompany their parents onto the streets to seek sources of income. In other cases, children stay with neighbours while parents or caregivers look for work.

Additionally, the **transition from face-to-face education to the virtual classroom** or the use of other mass media has presented both challenges and advantages. While this allows students to access a seat in the classroom even if the school is not close to their home, it prevents many children from having access to the equipment needed for remote education, including connectivity, given their economic situation, as reported by the key informants.

In this regard, the MINEDU made sure that the website of the multichannel strategy called “Learning at home” (“*Aprendo en Casa*”) would



**ESTIMATED PEOPLE IN NEED**

**EDUCATION 414K**

**REFUGEES AND MIGRANTS IN DESTINATION**

**361,500**  
117,000 MEN  
135,000 WOMEN  
51,000 BOYS  
59,000 GIRLS

**HOST COMMUNITY**

**52,500**  
4,000 MEN  
4,000 WOMEN  
22,000 BOYS  
22,500 GIRLS

not consume data and that text messages between teachers and students would be unlimited. The same platform provides access to books and other educational resources needed by students. However, access to the internet and especially to technology that facilitates learning such as tablets, computers, TVs and even radios are considered a great challenge by refugees and migrants. In light of the current situation, there is a significant information gap regarding the “Learning at home” strategy, including new agreements offering free Wi-Fi and satellite internet.<sup>53</sup>

Finally, the issue of education also includes **young adults** between the ages of 19 and 29, who represent 40 per cent of the Venezuelan population in Peru, according to the ENPOVE.<sup>54</sup> When the ENPOVE was published, only about one per cent of young refugees and migrants between the ages of 17 and 25 continued their studies. The deterioration of their families' economic condition and having to work to support them is the first obstacle they face. Moreover, there are barriers in accessing educational opportunities including the validation of previous studies. An estimated 23 per cent of refugees and migrants from Venezuela have academic degrees that they have not been able to validate.<sup>55</sup> The opportunities that these young people as well as children and adolescents receive to start, complete or validate their studies are the true driving force of more resilient, inclusive and self-sufficient societies. In the same way, the impact of not having access to education will affect several generations.

**Inter-sectoral linkages**

**WASH:** The infrastructure in public schools needs to be improved and should be energy efficient and environmentally friendly, with adequate water, sanitation and hygiene services, and the needs of students with physical disabilities should be included.

**HEALTH:** It is necessary to consider the emotional and mental health needs of refugee and migrant children and adolescents from Venezuela.

**PROTECTION:** The key needs resulting from the transition to distance education include the obstacles this causes for parents and caregivers, since it is not possible for them to stay at home to support the children and adolescents with their classes; especially in single-parent homes or homes with great economic vulnerability, or having no one to leave the students with, which can curtail their access to education. This is closely related to the Child Protection sub-sector, which will address this issue in more detail. The absence of alternatives for the validation of professional degrees and of opportunities for obtaining higher education increases the risks of exploitation and hinders both their integration into the labour market and their economic independence.

**INTEGRATION:** The access to higher education, the validation of studies, and the opportunity for joining professional associations is linked to this sector, since progress in these areas allows an improvement in terms of livelihood and access to decent employment.

<sup>52</sup> According to the World Bank in a study published in June, 67 per cent of economically active refugees and migrants from Venezuela worked in small businesses, most of which were economically affected by the pandemic. Only 6 per cent had some kind of employment agreement. Source: World Bank (June 2020) Venezuelan Migrants and Refugees in Peru: The Impact of the COVID-19 Crisis.

<sup>53</sup> For more information on the efforts to expand distance education coverage, visit <https://www.gob.pe/institucion/minedu/noticias/305516-mas-de-1400-medios-de-comunicacion-de-todo-el-pais-transmiten-aprendo-en-casa-por-radio-y-tv>

<sup>54</sup> INEI (June 2019) Living conditions of the Venezuelan population residing in Peru.

<sup>55</sup> Estimate based on SUNEDU (May 2020) and INEI (June 2019) data. Living conditions of the Venezuelan population residing in Peru.

# PROTECTION

## Context

The introduction of visas for Venezuelans in countries of the “Andean Corridor” (Chile, Ecuador and Peru) between June and August 2019 brought about a **significant reduction in regular entries** into the country. However, irregular entries continued through trails and using “coyotes”, as those engaged in illegal human smuggling are commonly called. The closure of borders since March 2020 as part of the measures to address the sanitary emergency due to COVID-19 did not consider regular mechanisms that would allow access to the territory for refugees and migrants in vulnerable situations, including those with special protection needs and who require family reunification. This continued to encourage irregular entries, increasing protection risks and integration difficulties.

At the end of June 2020, there were **nearly 500,000 asylum seekers** in Peru. The application system, closed between October 2019 and late June 2020, was opened again until a new technical closure by the end of October 2020. Likewise, on October 22nd, the government published Supreme Decree 010-2020-IN, which facilitates exceptionally and temporarily the regularization of foreign nationals, including Venezuelans whose stay and residence permits have expired or who have entered the country irregularly. Once in force, this decree will grant people a term of 180 days to apply for this new procedure and obtain a New Temporary Residence Permit or TRP.<sup>56</sup>

At the same time, talks have been held with government authorities in order to consider the possibility of issuing humanitarian residence permits for asylum seekers, who are included

### KEY MESSAGES

- ✦ The failure to recognize and include, in practice, the asylum-seeker application card as a valid document for work, as well as the acknowledgement that asylum seekers are not people in an irregular situation, strongly impacts the access to rights of the refugee and migrant population in Peru.
- ✦ **Children and adolescents** in an irregular situation are exposed to greater risks and different types of exploitation. The exposure of refugees and migrants to **GBV risks** was increased by the limited services available as an effect of the sanitary emergency. Because of the sanitary emergency, refugees and migrants are more likely to be **trafficked and smuggled** in a context where State capacities for the identification, referral and protection of persons subjected to these crimes were limited. Referral mechanisms need strengthening for optimal case management and access to comprehensive protection services, including legal counselling and access to reintegration and trauma centres.

There is a need for clear referral routes between institutions, civil society and humanitarian partners for the referral and protection of victims of human trafficking.

among the beneficiaries in accordance with current regulations, allowing in this case access to immigration cards.

ESTIMATED PEOPLE IN NEED



REFUGEES AND MIGRANTS IN DESTINATION  
**460,500**

128,500 MEN  
155,500 WOMEN  
85,500 BOYS  
91,500 GIRLS

REFUGEES AND MIGRANTS IN TRANSIT  
**31,000**

8,500 MEN  
10,500 WOMEN  
5,000 BOYS  
6,000 GIRLS

HOST COMMUNITY  
**318,500**

116,500 MEN  
118,000 WOMEN  
52,500 BOYS  
50,000 GIRLS



@OIM Michelle Pazmiño

Temporary shelter in Tumbes.

The sanitary emergency caused by COVID-19 made more evident the vulnerabilities in the State's protection system to respond to cases of **GBV survivors and child protection**. On the one hand, the number of people who make up the itinerant teams of the Ministry of Women and Vulnerable Populations (MIMP by its acronym in Spanish) faced great challenges in responding to the increase in the number of calls to the designated specialized hotline. On the other, the fear of women, children and adolescents to contact authorities due to their irregular status or to be discriminated against or to face acts of xenophobia was evident.

## Needs analysis

### Access to the territory, registration and documentation

During the joint needs assessment, key informants interviewed emphasized **the challenges that the lack of documentation creates for the refugee and migrant community** in Peru. Among their

main observations was the need to raise awareness about people in an irregular situation as a particularly vulnerable group and how the lack of documentation prevents them from having access to health, education, financial and transportation services, as well as better job opportunities. They also noted the lack of recognition of the asylum-seeker card as a valid document for work and access to services.

The main requirements for obtaining the new TRP include possession of a passport or other travel document recognized by an international agreement signed and ratified by Peru, as well as an affidavit of no criminal record. However, it is worth noting that this new procedure will be valid for one year only and does not grant rights to apply to social programmes or to the public health system. In this context, the need to expand and disseminate information about this new permit among the Venezuelan population can be expected.

Regarding the humanitarian residence for asylum seekers, as it is cost-free for its beneficiaries, its implementation would require the financial support of the international community and an important coordinated effort between the Ministry of Foreign Affairs and the National Superintendence of Migrations, in order to finish defining the process, the implementation times and some technical issues related thereto.

### Child protection

During the joint needs assessment, **58 per cent of key informants identified children and adolescents as the most vulnerable population group** within Venezuelan communities. Informants also identified violence, abuse, exploitation, including sexual or occupational exploitation, or neglect within the family or by caregivers as their

<sup>56</sup> Supreme Decree 010-2020-IN, Link: <https://www.gob.pe/institucion/mininter/normas-legales/1300528-010-2020-in>

primary protection risk, followed by separation from parents or caregivers, emotional vulnerability, and mental health and psychosocial issues.

The **child protection system**, in terms of its resources and capacities, already showed weaknesses for the protection of the national population. This system was overwhelmed with the arrival of a significant number of refugee and migrant children and adolescents who present new and additional difficulties, such as lack of documentation, separation from parents or guardians, increased risks of exploitation, economic instability, delay in education and continued human mobility. This leads to difficulties in ensuring the protection (best interests) of children and adolescents in situations of mobility and displacement.<sup>57</sup>

Several **institutions** have a mandate for responding to children's cases.<sup>58</sup> In this context, the GTRM has identified gaps in the routes and relationships needed to ensure adequate child protection. This includes the need for capacity building related to refugee and migrant children and adolescents, including those in an irregular situation, as well the need for clearer routes for

the identification and management of cases by actors on the field.

### Gender-Based Violence (GBV)

Studies show that Venezuelan women in Peru have been victims of **different types of violence**. Among the female refugees and migrants from Venezuela who participated in a study, 22 per cent stated having suffered from GBV.<sup>59</sup> Likewise, the hypersexualized stereotype of Venezuelan women has contributed to the fact that “highly vulnerable Venezuelan women are prone to suffer sexual violence.”<sup>60</sup>

Within the refugee and migrant population of Venezuela, **vulnerable groups** such as women and members of the LGTBIQ+ community face greater situations of discrimination such as harassment and xenophobia, especially in public places. This is a nationwide issue. According to the Office of the Ombudsperson, an average of five complaints are filed daily concerning the disappearance of women, adolescents and girls during the state of emergency. Figures from the Peruvian National Police estimate that 50 per cent of the cases involve children and adolescents.<sup>61</sup> With regard to

**GIVEN THEIR VULNERABILITY AND LACK OF DOCUMENTATION, THE PERSONS WHO ARE TARGETED FOR TRAFFICKING ACTIVITIES ARE MORE LIKELY TO BE CAPTURED BY THESE NETWORKS. FOCUS GROUPS IN URBAN AREAS ALSO INDICATED EXTENSIVE TRAFFICKING NETWORKS, SOMETIMES DISGUISED AS EMPLOYMENT OPPORTUNITIES IN PLACES SUCH AS BARS.**

LGBTIQ+ population, 63 per cent of respondents in a Rapid Gender Analysis mentioned experiencing violence and/or discrimination before COVID-19, mainly in public places.<sup>62</sup>

The sanitary emergency further limited **access to protective services for GBV survivors**. In this context, the absence of care routes for the refugee and migrant population, as well as for the host community, is evident. There is fear of filing a complaint because of possible repercussions in legal terms such as being expelled from the country or thinking that in these cases it is necessary to pay for services that are free for the host population, such as filing a complaint; in addition to the limited institutional capacity to deal with these cases during the sanitary emergency.<sup>63</sup> This situation also reveals a **lack of knowledge among operators** about the rights of the refugee and migrant population; insufficient inter-institutional coordination with respect to the offer of services to survivors of GBV, especially in relation to health care in cases of sexual violence, and even inability by the shelters to detect and report violence against women.

In addition to the limited services mentioned above, refugees and migrants survive GBV **without the support of family and/or community support networks**, which reduces their opportunities to organize an effective defence of their rights.

### Trafficking and smuggling of persons

The increasing sanitary emergency has heightened the **risk factors** for refugees and migrants on the move to become victims of human trafficking (particularly for labour and sexual exploitation) and/or smuggling. Thus, faced with the closure of borders, **migrant smuggling networks** took advantage of the context, using irregular crossings.<sup>64</sup> The most targeted populations for trafficking are irregular migrants, which, given their vulnerability and lack of documentation, are more likely to be seized on by these networks.<sup>65</sup> Focus groups in urban areas also indicated extensive trafficking networks, sometimes disguised as employment opportunities in places such as bars.<sup>66</sup>

In the same vein, mobility restrictions due to the sanitary emergency **made it difficult to identify, reference and protect** victims of trafficking and smuggling. During the quarantine periods, in the first half of 2020, police operations were drastically reduced, while specialized prosecutors' offices suspended their work.<sup>67</sup> As a result, protection systems faced limitations at the national and subnational levels, affecting the comprehensive care of victims of trafficking and smuggling of migrants.<sup>68</sup>

With regard to the prosecution of these crimes, **institutions do not have sufficient**

<sup>57</sup> According to the World Bank, refugees and migrants from Venezuela experience poverty levels 5 per cent higher. Source: World Bank (June 2020) Venezuelan Migrants and Refugees in Peru: The Impact of the COVID-19 Crisis.

<sup>58</sup> While the police stations attend to complaints of domestic violence through the Bureau for the Fight against Domestic Violence, the Provincial Prosecutors' Offices with Jurisdiction over Family Matters, under the Government Attorney's General Office, take actions on issues related to family, children and adolescents. They are familiar with issues such as domestic violence, abandonment and guardianship of children's rights, and carry out as well preventive actions such as family talks and awareness campaigns, among others. The Special Protection Units (UPE by its acronym in Spanish) report to the Bureau of Children and Adolescents (DGNNNA) and are the administrative bodies of the Ministry of Women and Vulnerable Populations (MIMP) that act in procedures concerning the lack of family protection of children and adolescents without parental care or at risk of losing it, by ordering protective measures to ensure the full exercise of the rights of children or adolescents and/or restore the rights that have been violated. The Municipal Defence for Children and Adolescents (DEMUNA) is a service in charge of protecting and promoting the rights of children and adolescents under the jurisdiction of the municipality. It is an alternative process for the solution of particular family conflicts.

<sup>59</sup> CARE (September 2020) Venezuelan Migrant and Refugee Women and their Insertion in the Peruvian Labour Market: Difficulties, Expectations and Potential.

<sup>60</sup> CARE (September 2020) Venezuelan Migrant and Refugee Women and their Insertion in the Peruvian Labour Market: Difficulties, Expectations and Potential.

<sup>61</sup> GTRM (June 2020) Response to COVID-19 as of 23/06/2020, available at <https://data2.unhcr.org/es/documents/details/77336>

<sup>62</sup> CARE (June 2020) An Unequal Emergency: Rapid Gender Analysis of the Refugee and Migrant Crisis in Colombia, Ecuador, Peru and Venezuela.

<sup>63</sup> Sora, P. and Villa, H. (July 2020) The vulnerability of migrant women in Peru. Link: <https://venezuelamigrante.com/historias/lavulnerabilidad-de-las-mujeres-migrantes-en-peru/>

<sup>64</sup> El Universo (November 2020). Link: <https://www.eluniverso.com/noticias/2020/11/05/nota/8038477/asesinatos-frontera-sur-pugna-poder-control-pasos-ilegales>

<sup>65</sup> IOM (June 2020). Diagnosis of the situation and incidence of human trafficking in humanitarian contexts in South America. p. 102.

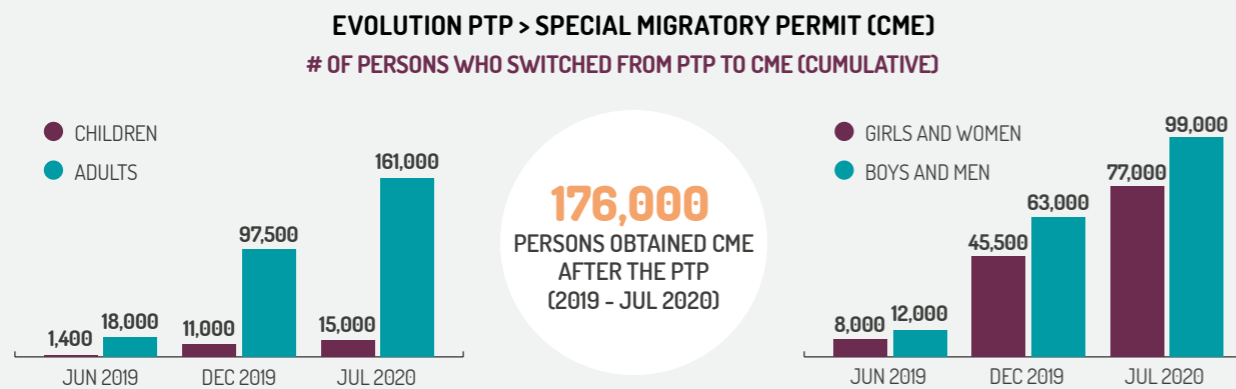
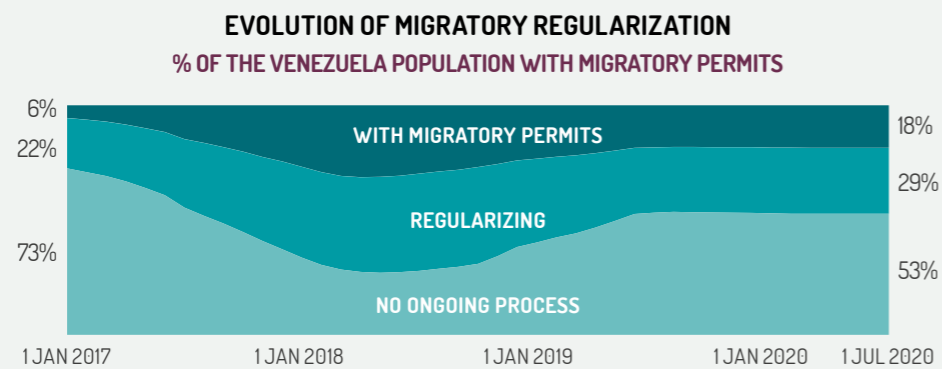
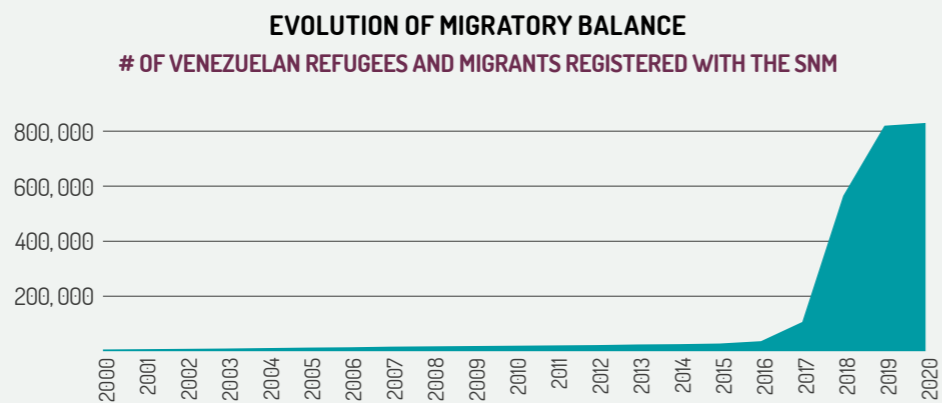
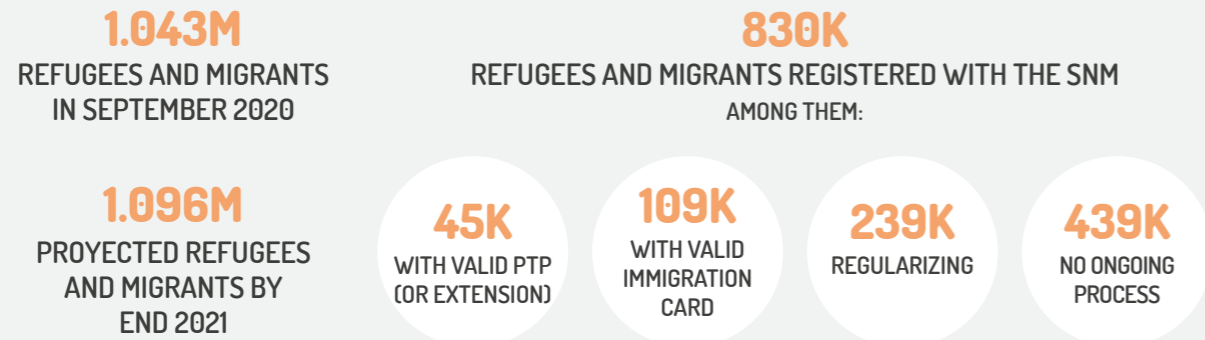
<sup>66</sup> CARE (February 2020) Rapid Gender Analysis.

<sup>67</sup> National Police Bureau against Trafficking and Smuggling of Migrants (September 2020). Internal report: Operations 2020, as of September 15.

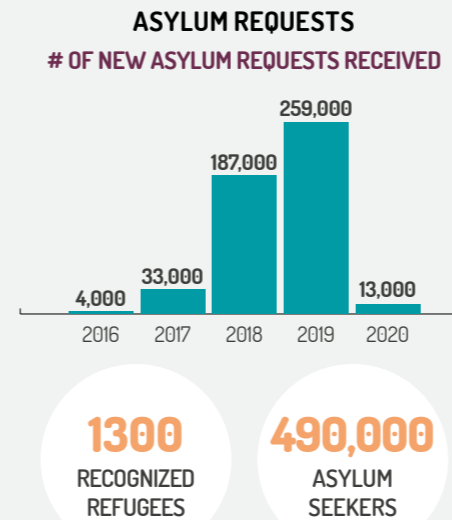
<sup>68</sup> IDEHPUCP (June 2020). Human trafficking in times of COVID-19. <<https://idehpucp.pucp.edu.pe/notas-informativas/trata-de-personas-en-tiempos-de-covid-19/>>



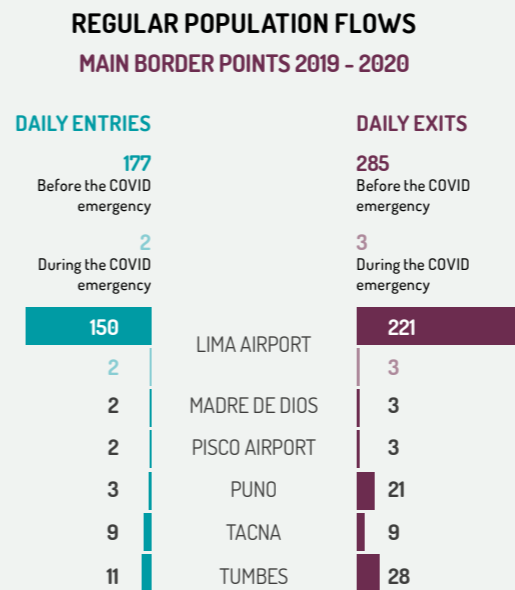
## Overview of documentation and regularization of Refugees and Migrants in Peru



Source: SNM, August 2020

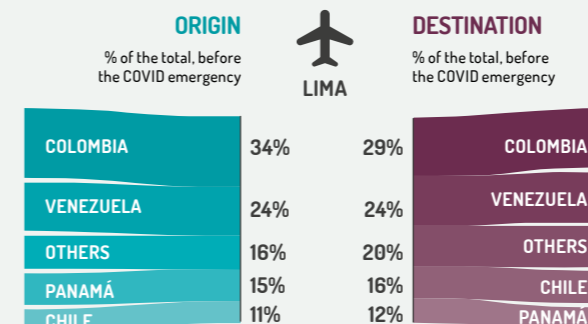


Source: CEPR, June 2020



### AERIAL FLOWS - LIMA AIRPORT

[ Before the COVID emergency ]



resources for inter-institutional coordination in order to prioritize public policies for refugees and migrants who are victims of trafficking and/ smuggling. Considering the impact of the sanitary emergency, the information on the victims of trafficking who were identified and treated during the sanitary emergency is limited. Similarly, there is little evidence on the dynamics (external and internal trafficking) of these crimes to bring forward prevention activities.

### Inter-sectoral linkages

The protection sector has cross-cutting issues with the other sectors in the response to refugees and migrants, especially linkages with:

**INTEGRATION:** Documentation needs represent an obstacle to access better jobs and services, and irregular situations increase the vulnerability of Venezuelan nationals. The relationship between documentation and Integration is very clear also in terms of access to livelihoods and decent work and the consequent impact on living conditions. Limited economic resources affect access to services and makes it difficult to have alternatives. The situation of migrants as victims of human trafficking and smuggling has a relevant connection with the topic of livelihoods and access to decent work. Moreover, this situation also has an effect on the sexual and labour harassment that Venezuelan women experience.

**EDUCATION:** Similarly, children in irregular situation encounter significant barriers in accessing education, especially in enrolling in schools.

[Further information on the results of key informant interviews for this sector can be found on pages 39 to 43, "Joint Needs Assessment: Main results".]

## INTEGRATION

### Context

The sanitary emergency due to COVID-19 has made visible and heightened the issues that the GTRM and the government have been facing in their response to integrate refugees and migrants from Venezuela into their host communities. While Peru has shown great solidarity in welcoming a vulnerable population, the country faces its own challenges in providing basic services for its nationals, especially in the most impoverished areas.

Between 2002 and 2013 Peru was one of the countries with the fastest-growing economy in Latin America, enabling 6.4 million people to overcome poverty, and reducing extreme poverty from 31 per cent to 11 per cent.<sup>69</sup> Although growth slowed between 2014 and 2019, exports increased and international reserves remained stable. This positive economic situation also allowed receiving refugees and migrants, even if these macroeconomic developments had not solved the country's diverse structural issues. However, **as a result of the sanitary emergency, the economy has contracted.** According to the World Bank high-frequency phone surveys, households in Peru are now facing the biggest unemployment problems in Latin America.<sup>70</sup> As reported by the INEI, the economically active population in Metropolitan Lima decreased by 14 per cent during the July-September 2020 quarter compared to the same

period the previous year, and the economically inactive population increased by 32 per cent.<sup>71</sup> In this context, one of the greatest challenges for refugees and migrants from Venezuela is their limited inclusion in social programmes and in support measures aimed at assisting the national population in the country, and mitigating the economic effects left by the COVID-19 containment measures. **Competition for limited resources, employment and services** is a contentious issue that fuels discourses of discrimination and xenophobia, especially in difficult times like the current one.

Even if there has been a reduction in the media coverage of Venezuelans participating in acts of crime and violence during the emergency, these news stories did not fully disappear and are beginning to appear again during the economic reactivation process.

### Needs analysis

#### Livelihoods and access to decent work

**Informal employment** has an important impact on access to decent work for the refugee and migrant population in Peru. The Ministry of Labour and Employment Promotion (MTPE, by its acronym in Spanish) estimates that nationwide, 73 per cent of the economically active population works in the informal economy.<sup>72</sup> In Tumbes, the MTPE estimated that as of April 2020 the incidence was 79 per cent of the economically active population.<sup>73</sup> In the case of the Venezuelan

ESTIMATED PEOPLE  
IN NEED



INTEGRATION  
1.02M

REFUGEES  
AND MIGRANTS  
IN DESTINATION

684,500

259,500 MEN  
299,500 WOMEN  
58,500 BOYS  
67,500 GIRLS

HOST  
COMMUNITY

339,500

116,500 MEN  
118,000 WOMEN  
52,500 BOYS  
53,000 GIRLS



Assistance Centre to Refugees and Migrants in San Juan de Lurigancho district, Lima.

population, this percentage is estimated to reach 88 per cent.<sup>74</sup>

In addition, whether due to their irregular situation, the failure to recognize their studies and academic degrees, or simply because of their status as asylum seekers or migrants, there is evidence of a greater degree of vulnerability to labour exploitation, including receiving a **lower wage for longer working hours.**<sup>75</sup> The World Bank estimates

that the hourly wage gap between refugees and migrants and the host community was 37 per cent.<sup>76</sup> This situation is exacerbated in the case of Venezuelan women. Studies show that 41 per cent of Venezuelan migrant and refugee women surveyed reported not receiving the minimum wage. Also, 53 per cent of the employed women reported working more than 10 hours a day and 67 per cent even worked six days a week.<sup>77</sup>

<sup>69</sup> World Bank, Peru Overview. Available at: <https://www.bancomundial.org/es/country/peru/overview#:~:text=La%20econom%C3%ADa%20peruana%20ha%20experimentado,de%206.1%20por%20ciento%20anual>.

<sup>70</sup> Ibid.

<sup>71</sup> INEI (October 2020) Technical Report- Situation of the Labour Market in Metropolitan Lima.

<sup>72</sup> Ministry of Labour and Employment Promotion (April 2020) Report on formal employment in the Tumbes region.

<sup>73</sup> Ibid.

<sup>74</sup> INEI (June 2019) Living conditions of the Venezuelan population residing in Peru.

<sup>75</sup> Banco Mundial (June 2020) Venezuelan Migrants and Refugees in Peru: The Impact of the COVID-19 Crisis.

<sup>76</sup> Ibid.

<sup>77</sup> CARE (September 2020) Venezuelan Migrant and Refugee Women and their Insertion in the Peruvian Labour Market: Difficulties, Expectations and Potential.

**41 PER CENT OF VENEZUELAN MIGRANT AND REFUGEE WOMEN SURVEYED REPORTED NOT RECEIVING THE MINIMUM WAGE. ALSO, 52.6 PER CENT OF THE EMPLOYED WOMEN REPORTED WORKING MORE THAN 10 HOURS A DAY AND 66.67 PER CENT EVEN WORKED SIX DAYS A WEEK**

This is not a phenomenon exclusive to Peru. In many countries that receive refugees and migrants, employers take advantage of the needs of this population to reduce personnel costs, and avoid social contributions to public health systems.<sup>78</sup> Unfortunately this also creates conflicts with the vulnerable population of the host communities and increases xenophobia and discrimination.<sup>79</sup>

During the joint needs assessment, and according to other sources consulted for this needs analysis, **access to livelihoods was identified as one of the major unmet needs** in the communities, being the main obstacle in turn to meet basic needs for food, housing, electricity costs, water, sanitation, hygiene, education and health.

#### Cultural inclusion and social cohesion

Refugee and migrant populations face significant obstacles to their **inclusion in the host community**. In a Protection Monitoring conducted in March 2020, 61 per cent of people interviewed reported facing **discrimination** because of their nationality.<sup>80</sup> In another study, published in June 2020, 50 per cent of children interviewed felt an increase in discrimination since the beginning of the sanitary emergency, almost completely related to their nationality. Among them, 14 per cent mentioned wanting to return to Venezuela.<sup>81</sup> At the beginning of 2020, the Ministry of the Interior announced the creation of the Special Brigade against Criminal Migration to fight violent crimes committed by

#### KEY MESSAGES

- ✔ Refugees and migrants face significant challenges in accessing livelihoods and being included in the local community, which impact all aspects of their lives, from access to the education system, to health, even to timely access to food.
- ✔ The sanitary emergency caused by COVID-19 and its effects on the increase in unemployment and the decrease in GDP has not only limited access to livelihoods for refugees and migrants, but has also created the conditions whereby competition for jobs, resources and services increases discrimination and xenophobia issues. The challenges that the country faces may also make it more difficult to include refugees and migrants in government social programmes.

foreign nationals. Many organizations, media and public figures expressed concern about the effects of this measure, which could increase media sensationalism, discrimination and xenophobia.

As a result of this limited integration, the **participation of the Venezuelan population** in the community is low. According to ENPOVE, 91 per cent of the interviewees stated that they do not participate in community spaces in their area.<sup>82</sup>



Assistance Centre to Refugees and Migrants in San Juan de Lurigancho district, Lima.

The sanitary emergency related to the COVID-19 pandemic, however, has paused public attention to the perceived increase in crime attributed to refugees and migrants from Venezuela, as well as the issue of the irregular entry of Venezuelans identified as having committed crimes, which received much media attention at other times. This element, added to the announcement of the new TRP offers a new opportunity for the integration of the Venezuelan population in irregular situation.

#### Inter-sectoral linkages

**HEALTH:** Informality, coupled with the failure to increase economic income, creates challenges and obstacles to integrating all or even a substantial portion of the Venezuelan population into the SIS, or other social programmes for accessing health services.

**EDUCATION:** The joint effort with this sector is focused on the recognition of academic degrees and on advancing towards the process of joining a professional association. These steps are necessary not only to access formal employment offers and better remuneration, but also to have a higher level of social inclusion through professional circles. There are great challenges in terms of the resistance of professional associations and their efforts to protect the national labour market, but some groups, such as health professionals, have benefited owing to the lack of human resources.

**PROTECTION:** In addition to documentation needs, other common factors include the risks of labour and sexual exploitation, with special emphasis on vulnerable groups. During the joint needs assessment, key informants mentioned as an example the case of women in their community forced to work without pay, but who did not seek help from the authorities for fear of being expelled from the country because of their irregular status.

<sup>78</sup> Andersson, L.F. et al (2019) Refugee immigration and the growth of low-wage work in the EU15. Available at <https://doi.org/10.1186/s40878-019-0145-3>

<sup>79</sup> ILO (June 2020) Protecting the rights at work of refugees and other forcibly displaced persons during the COVID-19 pandemic. Available at [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---migrant/documents/publication/wcms\\_748485.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_748485.pdf)

<sup>80</sup> UNHCR (March 2020) Protection Monitoring of the Americas. Peru, February-March 2020.

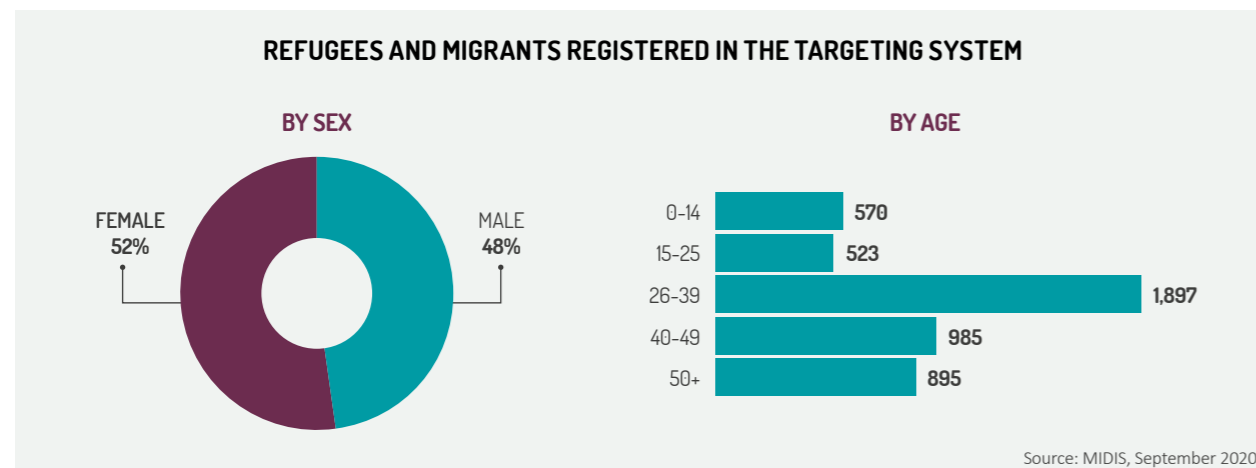
<sup>81</sup> World Vision (June 2020) Venezuelan children between a rock and a hard place.

<sup>82</sup> INEI (June 2019) Living conditions of the Venezuelan population residing in Peru.

## Access to social programmes

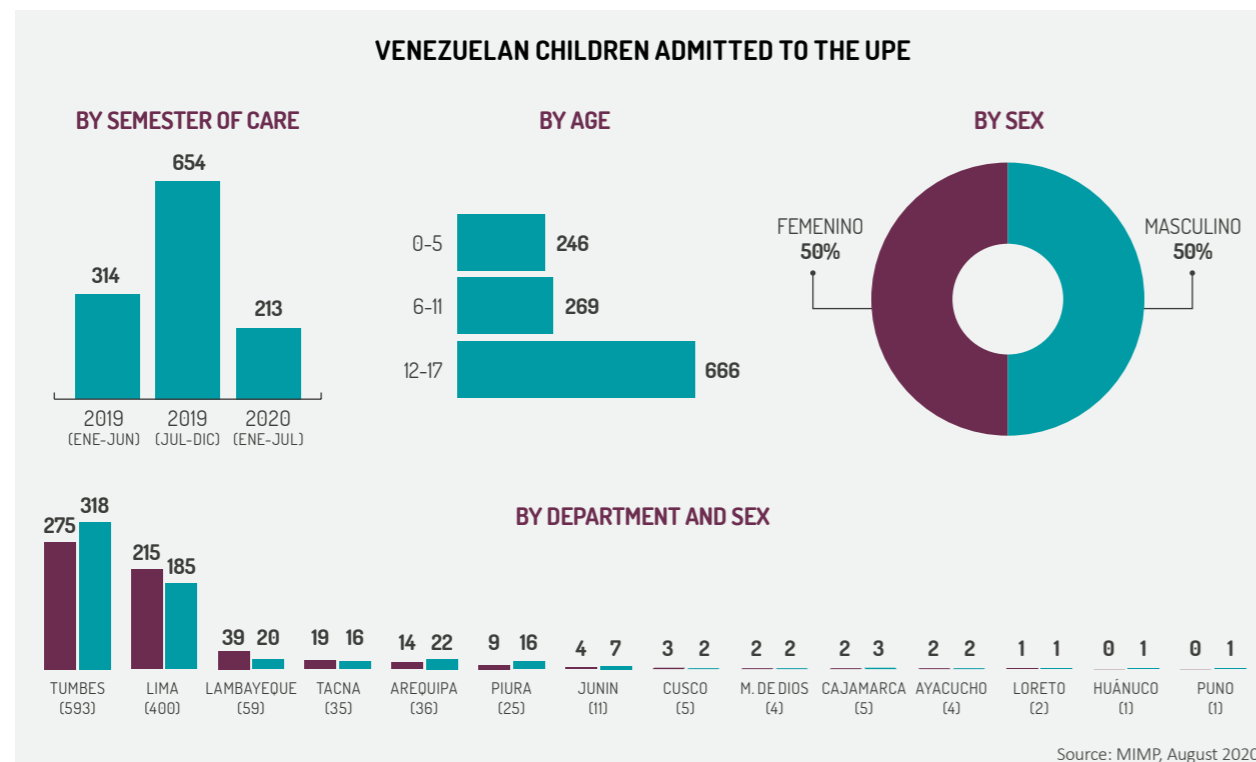
There are no records of users with immigration cards in the social programmes called *Juntos*, *Pensión 65* and *Contigo* of the Ministry of Development and Social Inclusion (MIDIS).

As of July 2020, nearly **5,000 refugees and migrants from Venezuela** were registered in the MIDIS targeting system. This system contains socioeconomic information to identify vulnerable population groups for access to social programmes, from which this population has not been able to benefit.



## Special Protection Units

Between January 2019 and July 2020, the **Special Protection Units** (UPE by its acronym in Spanish) of the Ministry of Women and Vulnerable Populations (MIMP) assisted **1,181 Venezuelan children and adolescents**. A total of 371 are still in the UPE.



## JOINT NEEDS ASSESSMENT: MAIN RESULTS

### Methodological Characteristics

The **joint needs assessment** conducted by GTRM Peru sought to fill the information gaps from the Secondary Data Review through the collection of primary data. This qualitative exercise was based on credibility, transferability and reliability indicators to maintain methodological rigour.

The objectives of the assessment and information needs were as follows:

- **Collect information for the nutrition, protection, health, food security and WASH sectors, as these were the sectors with the least information available** based on the analysis of secondary data and on the experience of preparing the RMRP 2020 (and its revision in April 2020);
- Identify the **priority needs of particularly vulnerable communities/groups of refugees and migrants** for the sectors prioritized in the face of humanitarian challenges and understand the possible variations or impact of predictable humanitarian events or changes in scenarios;
- **Measure and analyse the severity** for these sectors and vulnerable groups; and
- Inform **strategic decisions** for sector response in the 2021 Response Plan, including a needs-based prioritization of response resources.

The use of **qualitative methodologies** aimed to supplement quantitative information, available through assessments, records and other sources found in the secondary data review, and to help assess aspects related to living standards, quality, and access to or availability of services for the most vulnerable groups.

The assessment was focused on:

- **Sectors:** Nutrition, protection, health, food security and WASH;
- **Vulnerable Groups:** Children and adolescents, persons with disabilities, persons living with HIV, the elderly, and members of the LGBTIQ+ community;
- **Major needs and underlying factors:** needs, causes, obstacles and circumstances or processes that impact the living standards of vulnerable groups of interest; and
- **Gap in response:** A gap analysis to highlight the difference between the expected response and the actual situation.

In a context of relatively restricted humanitarian access due to the sanitary emergency, the use of **key informants** allowed to obtain essential information on the needs of communities and their vulnerable groups of interest, and to understand how these groups perceive the challenges that refugees and migrants from Venezuela are facing. At the same time, it allowed to recognize the role of community actors, such as refugee and migrant support networks, creating communication channels between communities and humanitarian actors, including their voice in the final analysis.

Key informants were divided into the following categories:

- **Type A:** People who work with the Venezuelan population in a closed community (for example, shelters, community soup kitchens and/or similar facilities);
- **Type B:** People who work with the Venezuelan population, but not in a closed community. For example, shelter personnel who provide

only a sleeping space, but no food or other services, or specific service providers such as public officials; and

- **Type C:** People representing an open community of Venezuelan population.

Out of a total of 90 interviews, 11 were conducted with type A informants, 46 with type B informants and 33 with type C informants in 10 departments of Peru (see pages 4-5 for disaggregation).

## 1. General and protection Information

### What are the three main needs that are not being met in the Venezuelan community in the last 30 days?

As stated by the key actors interviewed, 80 per cent of informants stated that **medical assistance** was the main need, the second most discussed need was **food and nutrition**, and the third was related to the **access to livelihoods**. Additional needs were identified as well, such as access to water and sanitation, access to housing, and support to prevent evictions.

### Could you tell me which of the following groups you consider are most vulnerable?

The majority of key informants interviewed agreed that the most vulnerable groups they have been working with are **children and adolescents**, whose conditions deserve special attention. Secondly, the population identified as being most vulnerable are **persons with disabilities and/or chronic diseases**, followed by the elderly and women at risk of experiencing gender-based violence.

### Do you know how to identify and handle child protection cases and refer them to specialized institutions?

Most of the informants interviewed (58 out of 90), stated that they were familiar with the processes to identify and handle protection cases and refer them to specialized services of government

institutions and partners that provide specific responses. However, it is worth noting that **about one third of the informants interviewed are not familiar with these procedures for protection cases**, especially type C informants, who represent communities with a Venezuelan population, where 55 per cent have no knowledge of how to handle this kind of cases.

### Are you aware of situations regarding the trafficking or smuggling of migrants?

Questions on trafficking and/or smuggling of migrants were asked to key informants who reside in border cities. Out of a total of 28 informants, 15 stated that they had no knowledge of this problem at the border, especially type A and B informants. The results of this question reflect **gaps in information** on this issue and pose challenges for groups working to prevent human trafficking and smuggling since it is necessary to have better relationships with actors who are involved in community work.

## 2. Water and sanitation

### 31 key informants

[4 type A - 10 type B - 17 type C]

*“People in irregular settlements have no access to water, bathroom or electricity.”*

—Key informant in Tumbes

*“In the upper areas of the district there is no water throughout the day, so they must store it in their homes.”*

— Key informant in Lima

### Do you know any Venezuelans who have limited access (no access) to water and sanitation services?

A total of 26 key informants reported knowing refugees and migrants who have **limited access (or no access) to water and sanitation services** in their community. In the district of Chorrillos

(Lima) it was reported that in some areas water is available only at certain times. In the district of Santiago de Surco there is no sanitation due to overcrowding, and in some areas of the districts of Comas, San Juan de Lurigancho and San Juan de Miraflores, the informants interviewed stated that there is no access to piped water supply.

In Tumbes, limited access is attributed to a **shortage of existing services** and the number of new arrivals in situation of homeless. Many families whose members do not have steady employment live on the support of neighbours. In Puno, limitations are reported since water is only available two hours a day, so the Venezuelan population stores water.

### What do you consider to be the main ways for the Venezuelan population to access water and sanitation?

**Public water supply networks** are the main means to access water, for people who have this kind of connection. Other major sources include tanker trucks or similar vehicles and, as noted in the previous section, some families rely on their neighbours. Minor sources include the purchase of drums, or public fountains.

Regarding sanitation, key informants mainly refer to **access to the public sewage network** within the household or building. This distinction is important, considering that in many cases Venezuelan families rent rooms in buildings with shared bathrooms. Other replies include improvised latrines and septic tanks, and one informant mentioned the beach.

### What is the situation of vulnerable groups regarding access to water, sanitation and hygiene?

For **persons with disabilities and chronic diseases**, the WASH infrastructure is considered inadequate, especially for those with motor difficulties. This infrastructure is often not suitable for wheelchairs. The difficulties these people face in finding work also has an impact on access to water, since they

lack the resources to buy water from tanker trucks. Poor hygiene issues are also noted, particularly in the case of persons with mental disabilities who require support from their family or caregivers.

The shortage of water in households for **persons with disabilities and chronic diseases** is a problem, and since they have difficulties moving around and inadequate infrastructure, such as not having a lift in their homes if they do not live on the first floor, they have trouble getting out for water and for other needs. They also face greater problems in getting jobs to cover the costs of not only water, but also to improve the infrastructure or have assistance at home for mobility.

In the case of **people living with HIV**, overcrowding issues, water shortage and the lack of hygiene increase the risks to their health. Discrimination diminishes their possibilities of having support networks with the people they live with or to have a job, especially during the sanitary emergency, when they need to take even greater precautions.

The situation of **the elderly** is similar to that of the previous groups, particularly because of the limited access to resources for acquiring water and the overcrowded conditions. This group is at greater risk in sanitary emergencies, and the proliferation of diseases due to overcrowding or shortage of water increases the risks, in addition to the problems they may have in carrying water drums or containers due to mobility restrictions.

**Children and adolescents** also suffer from limited access to water and the absence of safe spaces and privacy due to overcrowded conditions. On several occasions, they must also help fill the containers to store water, or they run risks because families cannot always follow food hygiene measures.

For other vulnerable groups, such as members of the LGBTIQ+ community and women at risk of GBV, key informants reported similar problems related to access to livelihoods and issues due to overcrowding and water shortage.

### 3. Food Security

47 key informants

[8 type A - 13 type B - 26 type C]

*“You eat at off hours and don't eat all three meals.”*

—Key informant in Tumbes

#### What are the problems concerning access to food in your community?

The most frequent comments referred to challenges to obtain food due to **limited economic resources**, caused in turn by limited access to livelihoods. In Lima, one informant notes that even if there are different places to buy food, “the main problem is the shortage of money.” The same answers apply to Tacna, Tumbes and other locations. In Tumbes, interviewees mentioned an increase in informal activities to obtain more resources, including situations of exploitation. Some people rely on fish donations at the port.

#### What changes in diet have taken place since the start of the sanitary emergency?

The changes in diet most often mentioned are the **number of meals** (26), **amount of food** (22) and **diversity** (23). Regarding this last point, some informants indicate that families reduced the consumption of meat and the intake of carbohydrates such as potatoes increased due to low prices. One informant reported that adults had to reduce the amount of food given to their children.

#### What is the situation of vulnerable groups in terms of access to food?

In the case of **persons with disabilities and chronic diseases**, informants pointed to unemployment and the lack of access to livelihoods as the most striking elements. This group of people faces particular difficulties in finding jobs and requires livelihoods that could allow them to protect themselves and not be exposed to COVID-19. One informant mentioned that these people are “without money, without SIS, and cannot go out because of the risk of getting infected.” There is also an indifference towards children and

adolescents with disabilities, who are sometimes discriminated against even by their own families.

Similar difficulties exist for **persons living with HIV**, even if more limited information is available for this group. Those interviewed mentioned discrimination in the workplace, limited access to livelihoods in general, and lack of medical care. As in the case of the previous group, it is reported that they live in isolation so as not to get sick, but “because of hunger they have to go out”. This group of people focuses on low-priced foods, carbohydrates, and there is little food diversity.

In the case of **the elderly**, the failure to integrate them into social programmes, the limited income and access to livelihoods and decent work due to their age, and their reduced mobility have been pointed out as having a strong impact on access to food. As for the previous groups, for fear of infection many people prefer not to go out. The limited access to income has an impact on their food security. In addition, some are alone and without support networks that would allow them to access more food, or they have children in their care.

With regard to **children and adolescents**, key informants mention important issues concerning access to balanced diet, including malnutrition and/or anaemia. In this context, children and adolescents suffer from the effects of the limited income and work opportunities of their parents and the non-inclusion in social programmes. Moreover, some become street children or youth who work as street vendors or resort to begging to support their families at home and buy food.

Key informants point out vulnerabilities of **LGBTIQ+ community members** on food security issues, which are also connected to overall unemployment and discrimination. Two informants also mentioned the role of prostitution in obtaining resources needed to buy food.

In the case of **women at risk of GBV**, informants highlight the issues related to exploitation by abusive partners in order to obtain money, or dependence on the abusive partner to pay for

food. The challenges many women face in being able to work, especially women who are alone or have children, have made it difficult for them to access the food they had prior to the emergency.

### 4. Nutrition

35 key informants

[6 type A - 8 type B - 21 type C]

*“The physical appearance of children shows signs of malnutrition.”*

—Key informant in Tacna

#### Do you have any knowledge regarding community members at risk of or with visible malnutrition?

A total of 18 key informants confirmed having knowledge of **people at risk of or with visible malnutrition**. These include shelter coordinators and administrators, social workers, soup kitchen presidents, community leaders, and food surveillance technicians at shelters in seven districts of metropolitan Lima.

#### What is the situation of vulnerable groups in terms of nutrition?

For all vulnerable groups, key informants mentioned weight loss and weakness caused by limited access to nutritious food. Persons with **chronic diseases** cannot maintain a diet according to their specific needs. With regard to **the elderly**, there are reports of worsening joint problems, impaired health, and anaemia. A food surveillance technician noted protein and micronutrient deficiencies in the elderly, including calcium, iron, and potassium. As for **children**, the same technician reports anaemia in children under five, and overweight and obesity in adolescents.

### 5. Health

63 key informants

[7 type A - 32 type B - 24 type C]

*“Even though they have access to SIS, hospitals charge [...] outside the treatment. In the case*

*of persons living with HIV, there are failures in the supply chain and sometimes there are shortages.”*

—Key informant in Lima

#### Which do you consider are the most critical issues for the health of the Venezuelan population in Peru?

Key informants stated that the main health issues and situations that put the Venezuelan population at risk are related to **chronic and high-risk diseases**. They identified issues related to malnutrition and food insecurity as the second most important risk. Lastly, the third most important issue, and one that is a risk to the health of the population, is the current unhealthy and overcrowded conditions in which a significant portion of the Venezuelan population is living.

#### Does the community know where to go for mental health care? Does the community have facilities/institutions that provide mental health care?

Among the people interviewed, 18 out of 24 mention that the Venezuelan community in which they are working does not know where to go in case they need **mental health care**. Likewise, there is a lack of knowledge about health care centres. There is also fear since some people are in an irregular status and cannot be cared for.

#### Which barriers prevent access to the health care system and treatment?

The main barriers identified to access the health system and treatment are related to **documentation**; the lack of documents, such as immigration cards, or the irregular status of people, prevents them from having access to public health care. Secondly, the **limited economic resources** required to access treatment, and the lack of private health insurance. Likewise, the Venezuelan population fears discrimination when seeking care in public institutions, and is unaware of the care processes available to Venezuelans.

## CONCLUSIONS

The sanitary emergency caused by COVID-19 has deepened the immediate and short- and medium-term needs of both refugees and migrants and their host communities. The increase in unemployment in the country and the economic slowdown, in addition to the impact on health infrastructure and access to other services, including protection services, has also exacerbated the challenges that both national and local governments and the humanitarian and development response have been facing in order to achieve the integration of refugees and migrants.

Despite the accelerated growth that Peru experienced until 2013 and the economic stability until 2019, this emergency, today more than ever, has demonstrated the importance of supporting and complementing the government's efforts to respond to and integrate refugees and migrants from Venezuela. To this end, this Joint Needs Analysis across the different sectors has shown the enormous amount of work that requires coordination among all response actors to ensure the continuity of a comprehensive strategy that reflects the relationship between the sectors. Meeting the new challenges and those heightened by the sanitary emergency requires a new commitment from

governments, humanitarian and development actors, and donors. Failure to respond to these immediate needs will not only affect current refugees and migrants, but will also have an impact on future generations of refugees and migrants.

The response we give today and its quality will define how well we come out of this crisis and what level of resilience we will build in our societies. The commitment to this assistance, to analysing these needs from a sectoral and environmental point of view, is an investment towards the fulfilment of the SDGs and to prevent and mitigate the impact of other humanitarian emergencies that may arise. At present, we must focus our attention not only on the effect of the humanitarian and development response itself, but also on the impact it has on the environment. What we fail to do today in terms of the environment will only worsen the living conditions of refugees and migrants and the host population, and make it increasingly difficult to respond to their needs. This represents a real opportunity for building a new path with our response.

We appreciate the immense effort of the GTRM partners in contributing to this analysis paper and for their commitment to responding and coordinating our efforts efficiently.



## ANNEX 1

### LIST OF PUBLICATIONS USED FOR THE JOINT NEEDS ANALYSIS

- Action Against Hunger (September 2020) Challenges to Labour Insertion under Decent Employment Conditions for Venezuelan Immigrants and Refugees in Peru
- United Nations High Commissioner for Refugees – UNHCR (March 2020) Protection Monitoring of the Americas. Peru, February-March 2020.
- United Nations High Commissioner for Refugees – UNHCR (June 2020) Protection Monitoring of Shelters in Metropolitan Lima.
- World Bank (June 2020) Venezuelan Migrants and Refugees in Peru: The Impact of the COVID-19 crisis.
- CARE (February 2020) Rapid Gender Analysis
- CARE (June 2020) An Unequal Emergency: Rapid Gender Analysis of the Refugee and Migrant Crisis in Colombia, Ecuador, Peru and Venezuela
- CARE (September 2020) Venezuelan Migrant and Refugee Women and their Insertion in the Peruvian Labour Market: Difficulties, Expectations and Potential.
- National Institute of Statistics and Data Processing – INEI (June 2019) Living Conditions of the Venezuelan Population Residing in Peru.
- National Institute of Statistics and Data Processing – INEI (May 2020) Main Effects of COVID-19 on Households in Metropolitan Lima and Callao.
- The Sphere Handbook (2018) Available at: <https://spherestandards.org/es/manual-2018/>
- International Organization for Migration – IOM (February 2020) DTM – Flow Monitoring of the Venezuelan Population in Peru. Report No. 7
- International Organization for Migration – IOM (March 2020) DTM – Site Assessment of Temporary Shelters for the Venezuelan Population in Metropolitan Lima.
- International Organization for Migration – IOM (May 2020) DTM – Site Assessment of Temporary Shelters for the Venezuelan Population – COVID-19 Emergency. Report No. 2
- International Organization for Migration – IOM (June 2020) Mapping of Temporary Shelters – COVID-19 Emergency.
- International Organization for Migration – IOM (August 2020) Characteristics of the Venezuelan Resident Population based on Children and Adolescents enrolled in Educational Institutions in Tumbes.
- World Food Programme – WFP (January 2020) Remote Survey – Venezuelan Migrants in Peru.
- World Food Programme – WFP (June 2020) Remote Assessment - COVID-19, Venezuelan Migrants in Colombia, Ecuador and Peru.
- Save the Children (March 2020) Health Needs in Lima and Trujillo, Peru.
- National Superintendence of Migration (July 2020) Socio-Demographic Characteristics of the Venezuelan Migration in Peru. February 2019 – July 2020.
- World Council of Credit Unions (September 2020) Study of Financial Inclusion of Venezuelan Refugees and Migrants and Local Population in the cities of Lima (Peru), Quito and Guayaquil (Ecuador).
- World Vision (March 2020) Situation of the most vulnerable Venezuelan migrant population in relation to quarantine due to COVID-19
- World Vision (June 2020) Venezuelan children between a rock and a hard place.

#### List of institutional data sources consulted

- Ministry of Health- MINSa (July 2020) Report of insured aliens. From January 2017 to July 2020.
- Ministry of Health- MINSa (July 2020) Assistance to the Venezuelan population by type of financier, morbidity, regions and by Service Provider Unit. From January 2019 to July 2020.
- Ministry of Health- MINSa (May 2020) Childbirth care and assistance to foreign pregnant women. From January 2019 to May 2020.
- Ministry of Health- MINSa (June 2020) SIS affiliations by age group and district. From January 2017 to June 2020.
- Ministry of Health- MINSa (June 2020) Cases by diagnosis of mental health problems, by gender and life stage. From January 2019 to June 2020.
- Ministry of Health- MINSa (July 2020) Suspected cases of COVID in the Venezuelan population. From March to July 2020.
- Ministry of Health- MINSa (August 2020) List of deaths of Venezuelan citizens. From March to August 2020.
- Ministry of Health- MINSa (July 2020) Report on care and services provided to Venezuelans in the context of COVID-19. From March to July 2020.
- Ministry of Development and Social Inclusion- MIDIS (March 2020) Venezuelans registered in the MIDIS Targeting System, by department, gender, age group and month. From January 2019 to March 2020.
- National Superintendence of Migration- SNM (August 2020) Venezuelan citizens in the country, by department, gender, age group and semester.
- National Superintendence of Migration- SNM (July 2020) Entries and exits of Venezuelan citizens by checkpoints, gender and age group.
- National Superintendence of Migration- SNM (July 2020) Venezuelan citizens who transitioned from holding a Temporary Resident Permit to a Special Migration Permit, by gender and age group.
- National Superintendence of Migration- SNM (July 2020) Venezuelan citizens who entered the country and have a Humanitarian Immigration Status, by gender and group age.
- National Superintendence of Migration- SNM (August 2020) Venezuelan citizens who entered the country as tourists and currently remain in an irregular status, by gender and age group.
- National Superintendence of Migration- SNM (August 2020) Venezuelan citizens who currently hold an alien registration card, by gender and age group.
- National Superintendence of Migration- SNM (August 2020) Countries of destination and origin of Venezuelan citizens, by gender, age group and period.
- Ministry of Education- MINEDU (September 2020) Venezuelan students enrolled, by district and school grade.
- National Superintendence of Higher Education- SUNEDU (May 2020) Recognized academic degrees and diplomas of Venezuelan citizens, by profession.
- Peruvian National Police (July 2020) Venezuelan citizens who filed complaints, by gender, age group and type of complaint.
- Special Protection Units (UPE) of the Ministry of Women and Vulnerable Populations- MIMP (July 2020) Venezuelan children and adolescents by location, gender, age group and period of care and who are currently in the UPE.

ANNEX 2

2021 POPULATION PROJECTIONS

Population projections for refugees and migrants at the end of 2021 are an essential component for the preparation of the Response Plan. These projections provide the basis to estimate the number of People in Need, and are developed from the following elements:

Population flows registered in previous months

Two main scenarios were considered. First, the pre-COVID situation of open borders with migratory policies established before the emergency declaration, including existing visas along the

Andean corridor in Ecuador, Peru and Chile. Reference period: December 2019 to February 2020. The second scenario focused on closed borders due to the national emergency health declaration. Reference period: May – July 2020.

Regular and irregular entry and exit flows

Numbers relating to regular population flows are based on reports by the National Superintendence for Migrations (SNM). Estimates of irregular flows are prepared using monitoring reports, assessments and other available information from actors on the ground.

PROJECTION OF REFUGEES AND MIGRANTS IN DESTINATION

December 2020

December 2021



1'050,000

BASED ON CURRENT SCENARIO:

Flow projection

Daily regular entries	1
Daily regular exits	2
Daily irregular entries	128
Daily irregular exits	57



1'096,000

BASED ON THE PLANNING SCENARIOS:

Flow projection

Daily regular entries	114
Daily regular exits	145
Daily irregular entries	213
Daily irregular exits	56

ANNEX 3

PEOPLE IN NEED

The estimated **People in Need** (PiN) refers to all persons whose living standards and wellbeing are at risk and who cannot re-establish adequate living conditions without humanitarian or development assistance.

The GTRM calculated the PiN for the RMRP 2021 separately for refugees and migrants in destination, refugees and migrants in transit and host community through **indicators based on available information**. These indicators were joined in composite indices and applied to population projections for 2021, ensuring a breakdown by sex and age. For refugees and migrants in destination and host community, the GTRM also prepared a breakdown for each

department. The PiN for refugees and migrants in transit was only calculated at national level.

Sector coordinators and members of the information management working group of the GTRM actively participated throughout the process of indicator development. The sex, age and geographical distribution is based on available data and, in some cases such as the GBV sub-sector, on information received from sector experts. When no information was available, the overall estimated population distribution estimate was applied. For the geographic breakdown, the GTRM based estimates on data received from the National Superintendence for Migrations and from social network user data.

SECTOR	PEOPLE IN NEED BY GROUP				PEOPLE IN NEED BY SEX AND AGE				
	Total	R&M in destination	R&M in transit	Host Community	Girls	Boys	Women	Men	Total
Education	414,127	361,742	-	52,385	81,283	73,023	139,007	120,814	414,127
Food Security	965,722	460,065	62,360	443,297	172,979	165,002	330,347	297,394	965,722
Health	857,643	470,344	62,360	324,939	103,267	95,428	345,947	313,001	857,643
Humanitarian Transportation	70,656	8,296	62,360	-	8,223	7,393	29,350	25,690	70,656
Integration	1,024,351	684,618	-	339,733	120,555	110,663	417,536	375,597	1,024,351
Nutrition	210,990	110,752	7,414	92,824	26,146	24,359	83,950	76,535	210,990
Protection (General)	809,736	460,284	30,814	318,638	147,290	140,021	276,448	245,977	809,736
Protection (GBV)	691,492	388,501	10,491	292,500	159,043	41,489	456,385	34,575	691,492
Protection (Trafficking and Smuggling)	330,725	156,715	26,007	148,003	41,128	38,355	131,366	119,876	330,725
Protection (Child)	343,762	140,003	9,372	194,387	143,633	131,377	34,376	34,376	343,762
Shelter	721,332	374,035	62,360	284,937	87,524	81,059	289,917	262,832	721,332
Water, Sanitation and Hygiene	579,741	351,241	62,360	166,140	108,085	102,199	197,296	172,161	579,741
<b>INTERSECTOR</b>	<b>1,310,605</b>	<b>735,420</b>	<b>74,832</b>	<b>500,353</b>	<b>182,278</b>	<b>173,874</b>	<b>519,778</b>	<b>434,675</b>	<b>1,310,605</b>



**GTRM**  
Peru



**RESPONSE FOR  
VENEZUELANOS**  
Coordination Platform for  
Refugees and Migrants  
from Venezuela

[r4v.info](http://r4v.info)