PERU









Situation

On 15 March President Martín Vizcarra declared both a 90-day state of emergency due to the COVID-19 pandemic and a 15-day mandatory quarantine period. Measures included closure of all maritime, terrestrial and aerial borders, and early curfew. Other restrictions to constitutional rights and liberties on free passage throughout the territory, freedom of assembly and personal security were enforced and adapted throughout the month. Exceptions were made on accessing pharmacies, banking institutions and commercial establishments selling basic need products.

On 26 March, the quarantine was extended to 12 April. Upon presidential request, the Parliament delegated extraordinary legislative powers to the government allowing the executive to legislate on public health, fiscal and tax policy, promotion of public investment, and security. The government has implemented different measures to support economically vulnerable communities, namely with an initial 380 soles bonus for families in poverty and extreme poverty. That support was not extended to refugees and migrants from Venezuela and the asylum system was temporarly closed.

Response

From the start, GTRM partners ensured assistance to particularly vulnerable refugees and migrants through **support spaces and temporary shelters**. Families, pregnant women and children received psychosocial support, food assistance, information on child protection in emergencies, hygiene, protection mechanisms and routes for survivors of GBV.

Amid the declaration of the state of emergency and the mobility restrictions, many partners **suspended a great number of activities.** The quarantine has impacted the overall response across the country and at the borders, where limited services were provided by partners, including food distribution. Activities and meetings were mostly adapted to teleworking.

Restrictions hindered partners' efforts to follow up on the situation at the borders now highly controlled by the military. Over 100 pending asylum requests at the border were evaluated in an accelerated manner by the Special Commission for Refugees (CEPR) and through partners' advocacy and support almost 200 persons could access the territory into available temporary shelters where food rations and NFI kits were provided.

This emergency highlighted key vulnerabilities and the struggle faced by refugees and migrants to comply with the restriction measures. As more than 80 per cent of those economically active are informal workers, the lack of income translated into food insecurity, and impossibility to afford housing and other basic services.

In response, partners scaled up efforts across cash-based interventions (CBI), protection, shelter, food distribution and WASH services. Orientation and counselling through dedicated hotlines and protection routes helped identifying people in need of food, risks of human trafficking, GBV referrals and CBI assistance. Some 8,700 refugees and migrants received orientation and counselling.

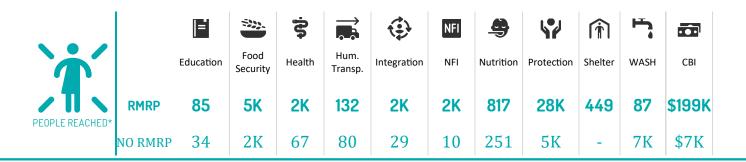
In total, **2,700** persons benefited from CBI. Partners supported highly vulnerable families through two mechanisms: those already receiving CBI and holding a card, got 380 soles, alike the government bonus to nationals; and those identified as vulnerable but with no card, got a money transfer through their telephone, allowing them to withdraw cash at the bank's cashier.

GTRM members gathered information on existing shelters across Peru and existing alternative accommodations. Communication and PI partners produced information kits and tailor-made key messages for the different regions and mapped all available hotlines to keep refugees and migrants abreast of assistance alternatives.

Partners coordinated with local health authorities in Lima (DIRESA) to ensure refugees and migrants living with HIV, pregnant women and those with existing health conditions could access health services. **Over 1,200 persons received psychosocial and mental health support.**

Coordination

GTRM preparedness efforts enabled a coordinated sectorial response to the emergency. The establishment of a centralized response matrix across sectors enabled actors to share information, strategize, manage and allocate resources to scale up essential CBI, basic needs and protection efforts. Coordination allowed for close collaboration and partnerships with relevant governmental authorities namely the National Institute of Civil Defense (INDECI), the Ministry of Health (MINSA), the Ministry of Women and Vulnerable Populations (MIMP) and the Superintendence for Migrations (SNM). It also gave partners the space to evaluate needs, create referral paths, avoid duplications of efforts, prioritize and direct the response. At the request of the National Humanitarian Network, the GTRM is also supporting the national response strategy to the COVID-19 emergency.



Acción contra el Hambre | ACNUR | ADRA | AECID | Amnistía Internacional | ASOCIACION CCEFIRO | Asociación Scalabrinianos | AVSI | Ayuda en Acción | British Council | Capellanía de migrantes venezolanos de la diócesis de Lurín | CAPS | Care | Caritas Suiza | Caritas del Peru | CICR | Cesal | Conferencia Episcopal Peruana | Consejo Interreligioso - Religiones por la Paz Cooperazione Internazionale COOPI | Cruz Roja Española | Cruz Roja Peruana | Encuentros | FICR | FORO SALUD Callao | HELVETAS | HIAS | Humanity & Inclusion | IDEHPUCP | ILLARI AMANECER | INPET | LWR | OCHA | OIM | OIT | ONUSIDA | OPS/OMS | ONU voluntarios | PADF | Plan International | PNUD | Progetto Mondo mlal | PROSA | RET International | Save the Children | TECHO | UNESCO | UNFPA | UNICEF | UNODC | USAID/DART | We World | WFP | World Vision.