



REFUGEES AND MIGRANTS
IN PERU
1.31M



PEOPLE REACHED WITH SOME
FORM OF ASSISTANCE*
94,508



FUNDING SITUATION**
% 23.8 FUNDED: \$65.5M
REQUIREMENT: \$274.7M

Situation

On November the Ministry of Women and Vulnerable Populations (MIMP) announced a series of efforts in favor of women, the elderly, persons with disabilities and other groups in situations of vulnerability. These include strengthening the services offered by the Emergency Centres for Women (CEM) against gender-based violence, supporting women entrepreneurs, increasing services for persons with disabilities and the elderly.

The Peruvian Agency for International Cooperation (APCI for its acronym in Spanish) presented the new National Steering Committee co-led by APCI's Executive Director and the Resident Coordinator for the UN system in Peru to ensure the coordinated implementation of the new United Nations Sustainable Development Cooperation Framework (UNSDCF). The Committee also includes the Ministry of Foreign Affairs, the Ministry of Economy and Finances, and the Council of Ministers. The new UNSDCF for Peru specifically mentions refugees and migrants from Venezuela as part of the groups in vulnerable situations and advocates for their inclusion across all its priority areas for sustainable development.

On 28 November the Government of Peru announced the extension of the sanitary emergency until March 2022.

Response

In the spirit of the International Day for the Elimination of Violence against Women (25 November) and of the 16 days of activism that extended into December, GTRM partners organized numerous activities and events to raise awareness and combat gender-based violence (GBV). According to the MIMP through its Aurora Programme's Statistical Website, **Venezuelan women, adolescents, and girls accounted for 82 per cent** of all cases of foreigners assisted in CEMs up to September 2021.¹ Refugee and migrant women from Venezuela are at higher risk of suffering GBV due to the dissemination of stereotypes about them in which they are objectified and sexualized, and they also feel the impact of the criminalization of Venezuelans. It is not uncommon to find media articles that compounds Venezuelan prostitutes, sicarios and criminals. A factor that worsens this situation is their legal status in the country and the increasing xenophobia and discrimination which in turn fuels violence against them and makes many fearful to report cases of GBV to the police and relevant authorities. To address these underlying issues, GTRM activities included developing the capacities of public officials from the National Superintendence of Migration (SNM) on GBV, as migration authorities play a key role in identifying and assisting survivors of violence in human mobility. In partnership with the CEM, partners also met with communities **to raise awareness on building a "new masculinity"** where the culture of machismo and sexism that justifies mistreatment and violence (including sexual violence) can be replaced through a **redefinition of gender roles and a new understanding of masculinity that is not aggressive or violent.**

While most of the response towards GBV is handled through the Protection sector and its subsector, the GTRM acknowledges that **GBV requires a holistic response through joint effort with other sectors, namely Shelter, WASH, Health, food security, and Integration.** This is important to address the different dimensions of vulnerability that concern survivors of GBV.

In this regard, partners gave nearly **20,200 protection orientations** to refugees and migrants including 16,500 general protection orientations and 3,700 legal counselling. These orientations aim to enable access for refugees and migrants to reliable and updated information on several protection related topics, **including regularization mechanisms and access to documentation**, which are key to prevent risks and respond to GBV. Through these orientations partners may identify survivors and channel them through the proper GBV response route. Partners provided 2,200 persons with psychosocial assistance and supported some **6,000 Venezuelans through case management.** This included assisting women and girls to **obtain the legal support from the Ministry of Justice** to acquire documentation and regularize their legal status through a permit granted on the grounds of vulnerability. It is also important to highlight that because of their heightened needs most people reached through case management **were women and girls** (over 5,000). Furthermore, the GTRM worked on some 220 GBV interventions, including two cases of sexual violence against girls who are receiving psychosocial and legal support. Some 120 survivors of GBV and their families received cash transfers to address their immediate basic needs. In addition, partners delivered 60 capacity development trainings, including 16 on GBV and 30 on human trafficking and smuggling of migrants, reaching some 2,235 persons.

Partners assisted some **270 highly vulnerable refugees and migrants with alternative accommodations** in hotels and shelters in Arequipa, Chucuito-Puno, Lima, Trujillo, and Tumbes. Most persons received accommodation in hotels (including Airbnb) as the capacities of shelters remains limited. Some 150 Venezuelans benefited from cash transfers (CBI) to support access to housing, the majority of which were women and children (120). The response in Shelter has been very important to provide refugees and migrants with a safe space free of all forms of violence and where Venezuelans and Peruvians can access

¹ This adds to a total of 1,500 Venezuelan women, available at <https://portalestadistico.aurora.gob.pe/>

health and protection services. Supporting access for survivors or those at risk of GBV to a space where they can be away from aggression is an essential step to aid them towards independence.

GTRM partners distributed nearly **42,000 hot and cold meals**, 5,100 snacks and 1,600 food kits to support some **13,700 highly vulnerable refugees and migrants** (including to persons in transit, and through shelters and soup kitchens) and host community members. Moreover, some 60,500 persons were reached with USD 2.2 million in CBI for food security in twelve provinces Arequipa, Callao (in six districts), Cañete, Contralmirante, Cusco, Ica, Lima (in 29 districts), Puno, Tacna, Trujillo, Tumbes (in three districts) and Zarumilla. Children (24,000) and Women (22,000) are the larger share of beneficiaries.

As part of WASH efforts, Partners focused on the distribution of **5,800 hygiene kits** (family and individual kits), including 760 kits for women and adolescents' sexual and reproductive health. Partners also assisted some 170 vulnerable persons with humanitarian transport across provinces (with starting point in Piura, Puno or Tumbes) and 50 with local transport in Lima. Having safe, affordable, and reliable transport reduces risks for persons on human mobility.

The GTRM supported **3,400 students** to enrol in the school system across the country. Moreover, as financial independence and self-reliance are key to prevent and respond to GBV, nearly 50 women validated their professional degrees with partners' support. Within these efforts on self-reliance 660 persons participated in **entrepreneurship programmes** (90 percent of them women from

refugee and migrant and host communities) in Arequipa, Callao, Chiclayo, and Lima (26 districts) to increase their livelihoods opportunities. Nearly 200 functioning entrepreneurship continue to receive support, including those managed by women heads of households or in situations of vulnerability. Partners also supported 30 members of the LGTBIQ community with capacity development on entrepreneurship. Some 1,200 persons received seed capital for their entrepreneurship, including in 10 districts of Trujillo, the capital of the third largest department (La Libertad) hosting refugees and migrants from Venezuela after Lima and Callao. Partners also organized virtual and on-site markets where entrepreneurs could sell their products.

GTRM partners aided 5,200 highly vulnerable refugees and migrants and host community members with **emergency and primary health care** (including persons living with HIV). Furthermore, some 340 persons received mental healthcare, and 430 accessed treatment and covered medical expenses through sectoral CBI (USD 52,000).

Coordination

GTRM's knowledge-sharing and planning efforts have enabled its 84 partners to coordinate a sectorial and cross-sectorial approach to respond to the needs of refugees and migrants. The GTRM continued supporting the dissemination of information both on and access to the COVID-19 vaccine and on the regularization process to obtain the Temporary Residence Permit (CPP) card, and to access to the humanitarian residency.

 PEOPLE REACHED*		 Education	 Food Security	 Health	 Hum. Transp.	 Integration	 Nutrition	 Protection	 Shelter	 WASH	 CBI
	RMRP	1,271	18,335	6,657	244	2,928	360	10,589	511	5,856	8,348
	NO RMRP	40	2,245	30	-	376	60	1,371	484	1,413	363

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