

# PROTECTION MONITORING: PERU

## SNAPSHOT NOVEMBER 2021

This snapshot summarizes the main findings of the Protection Monitoring conducted in Lima, Peru in November 2021 as part of the humanitarian intervention of the Danish Refugee Council (DRC) and ENCUENTROS SJM in the country. This project is implemented with funding from the European Union Civil Protection and Humanitarian Aid (ECHO) and through a consortium named “Alliance for Protection Programming (AFPP)” which includes two INGOs: the Danish Refugee Council (DRC) and Humanity and Inclusion (HI).

To view the interactive dashboard with the findings from this period and since the beginning of the Protection Monitoring program, [click here.](#)

## INTRODUCTION

During November 2021, DRC and ENCUESTRAS SJM interviewed 68 households accounting for a total of 244 persons. Since the beginning of the Protection Monitoring exercise in Peru in October 2020, 1,018 households have been interviewed reaching a total of 3,467 persons.



## CONTEXT UPDATE

### PERU: SECOND HOST COUNTRY WORLDWIDE FOR THE VENEZUELAN DIASPORA AND COUNTRY WITH THE LARGEST NUMBER OF VENEZUELAN ASYLUM-SEEKERS

The Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V) released updated figures on Venezuelan refugees and migrants displaced worldwide. As of November 24, 2021, Peru appears as the second host country worldwide of the Venezuelan diaspora with an estimated 1,286,464 refugees and migrants\* in its territory. Regarding asylum claims, Peru remained the country with the largest number of pending asylum claims from Venezuelan nationals in the world, with a total of 531,600 asylum requests awaiting an outcome.

### INCREASED RISK OF GENDER-BASED VIOLENCE (GBV) AMONG REFUGEE AND MIGRANT WOMEN IN PERU

- In commemoration of International Day for the Elimination of Violence Against Women, Amnesty International published a report\*\* on the increased GBV risks faced by refugee and migrant women in Peru. According to the study, due to discrimination, lack of information, and fear of deportation, refugee and migrant women are less likely to report incidents of GBV and access the services available to GBV survivors in the country.
- The data collected\*\*\* showed that between 2019-2020, the Ministry of Women received 3,027 cases of Venezuelan GBV survivors, the Ministry of Health 545, the Prosecutor's Office 418, and the Immigration Department 21. These numbers suggest that refugee and migrant women avoid approaching legal and criminal authorities, such as police stations and the Immigration Department, where they may be asked to show their documents, even though no identification document is required to report GBV incidents in Peru. As they fear deportation due to their irregular migratory status, GBV survivors usually rely on the Women's Emergency Centers (Centro de Emergencia Mujer) for support.
- The study also underscored the importance of training state agents who are first responders to GBV, so they can support refugee and female GBV survivors without discrimination and free of misconceptions based on gender and nationality. Working with first responders is key to providing GBV survivors with the information they need to make an informed decision on whether to formally denounce their aggressor. It would also provide them with information on how to access the services available to support them.

\*See: [Refugiados y migrantes de Venezuela](#)

\*\*The report can be found through this link

[El Estado peruano falla en la atención a mujeres venezolanas sobrevivientes de violencia de género - Amnistía Internacional | amnesty.org](#)

\*\*\* See: [Informe-Violencia-contra-mujeres-migrantes.pdf \(defensoria.gob.pe\)](#)

# PROTECTION MONITORING – MAIN FINDINGS

## COVID-19: VACCINATION & ACCESS TO TREATMENT

- In November, 25.8% of interviewees (63 persons) said they tested positive for COVID-19 at some point since the pandemic started. When asked about access to treatment for the illness, 69.8% of them confirmed they were able to get treatment through the local health services. This is aligned with the finding that the majority of those surveyed (92.3%) have successfully been able to access health services when needed, most commonly to address medical emergencies (45.8%).
- Concerning access to COVID-19 vaccines, 69.3% of the persons surveyed within the vaccination age range reported having received at least one dose of the vaccine (76.6% said they have received both shots, while 23.4% said they have received only the first dose).



## MAIN PRIORITIES OF PERSONS OF CONCERN (POC)

Food security, health, livelihoods, and housing continued to be the main priorities underscored by respondents. Even though health concerns were still the second priority listed by PoC, it experienced a 57.1% increase in relevance among them since October (from 7 to 11 families). Since September, livelihoods and housing have been alternating as third and fourth priorities, a trend that continued in November. Although not listed as a top priority, requests for information about educational services grew by 12.5% (from 24 to 27 families) this cycle, which may be linked to the upcoming school enrollment period for the 2022 school year.



## FOOD SECURITY & NUTRITION

- Although the number of families eating at least 2 meals a day experienced a slight 4.6% increase (from 65 to 68), the nutritional value of these meals may have slightly worsened during this cycle, as 7 families said they only ate protein once a week, a 600% increase from the prior month (1 family). Moreover, while the number of families eating protein twice a week increased by 9.5% (from 21 to 23) those eating it 3 times a week or more decreased by 11.6% (from 43 to 38) further suggesting a reduction in protein consumption among PoC, even though food expenses amounted, on average, to half of POC's income both in October and November.
- Health rehabilitation was singled out as the main nutritional concern by 47.6% of families surveyed in November. This represented a 166.6% increase (from 3 to 8) compared to last month. This rise may be linked to the 65.8% growth (from 38 to 63) in the number of persons who reported having a serious chronic illness as a specific need during this Protection Monitoring Cycle.

