



NEEDS ASSESSMENT REPORT

Venezuelans in Peru

October 28, 2021



Sectors: Health; Violence Prevention and Response; and Economic Recovery and Development.

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Locations in Peru: Lima Province (North, South, East, Central), the regions of Callao, Tumbes, Piura and La Libertad.

INTRODUCTION AND JUSTIFICATION

The crisis in Venezuela has led 5.7 million people to leave the country since 2016, over 1 million of whom are living in Peru¹. While many enter by air, many travel on foot (known as “*caminantes*” or “walkers”), passing through Colombia and Ecuador on their way to, or through Peru. Both those settling in and walking through Peru are believed to have unmet humanitarian needs. This is particularly true during this time of pandemic. The official Peruvian borders have been closed, limiting mobility, and making it more dangerous. The economy has slowed, limiting both formal and informal work opportunities and Venezuelans struggle to afford food and shelter and to stay healthy, living in overcrowded, often substandard housing, or on the street.

The IRC Venezuelan Crisis Response currently provides economic, psychosocial, health, and education support to Venezuelans throughout Venezuela, Colombia, and Ecuador. The team is interested in expanding their work to assist vulnerable Venezuelans in Peru. Specifically, three provinces in the north of the country (Tumbes, Piura, and La Libertad) where Venezuelans often enter Peru, and where many settle either before or after traveling to Lima, as well as all five regions of Lima metropolitan area (Lima South, Lima East, Lima Central, Lima North and Callao). These locations were chosen based on the expected number of Venezuelans residing in or regularly traveling through them. The following assessment was conducted to determine if IRC should respond in these locations, and if so, what types of interventions and modalities would be expected to be the most effective in supporting Venezuelans survive and re-establish their lives and futures.

METHODOLOGY

The goal of this assessment was to answer the following core questions:

- For Venezuelans crossing into/out of Peru, in which locations are they most in need of assistance? What type(s) of assistance do they need? What actors are currently, or planning to assist them?
- For Venezuelans settling in Peru, what assistance or access to services to they currently have? What are the largest assistance gaps?
- For Venezuelans in Peru, in general, what access do they have to Covid prevention and healthcare? Reproductive health? What are their protection risks? What would they do with cash if they had it? What is their current access to education? What information/communication do they have/need?

The assessment included: (1) 31 service provider interviews with 25 different organizations (organizations that worked in both Lima and the north were interviewed in both places to understand service provision), (2) eight focus groups to better understand the reasons for barriers to access and experiences of discrimination and risk (3) a family survey with

¹ <https://reporting.unhcr.org/sites/default/files/Venezuela%20situation%20factsheet%20September%202021.pdf>

870 Venezuelan families in Peru, using a time-location sample. Full explanation of the methods and links to the tools used can be found in Annex 1. Key details are provided below.

Several comparative analyses of the survey were conducted looking at differences between:

- Male vs. female respondents
- Respondents who had been living in the location where they were surveyed for three months or less vs. those who had been living in the location for more than three months
- Respondents in the Lima/Callao regions vs. those in the northern regions
- Difference between areas within regions (Lima North vs. South. vs. East vs. Central vs. Callao; and La Libertad vs. Piura vs. Tumbes)

Area	Region	Respondents	
Lima	Lima North	109	554
	Lima South	118	
	Lima East	104	
	Lima Central	117	
	Callao	106	
North	La Libertad	105	316
	Piura	108	
	Tumbes	103	

Differences between any of these groups were only reported when they were found to be sizable². The only exception is in the tables where groups are compared across multiple indicators. The survey aimed to include at least 50% female respondents, and at least 100 families in each of the three surveyed area. The actual breakdown of survey participants was 53% female, 0.3% Intersex, and per location ranged from 103 to 118.

Limitations

The assessment methods resulted in a sample that is expected to approach representation at the level of gender. That is, we purposefully sampled near 50% females/males – but otherwise used a time-location systematic random sample. As such, the results for women are expected to be representative of women in the locations surveyed, and those of men for men. The combined male/female results however may be biased – as it is unknown if in fact, the female/male Venezuelans in Peru approximate equal proportions (see Annex 1).

To ensure that the sampling methods do not preclude an accurate understanding of the situation – we systematically report on the total number included in each point estimate. That is to say, if in Tumbes 103 people responded to the question of ‘how old are you?’ resulting in an average age of 29, there will be an (n=103), to allow consideration of the level of accuracy. In some cases, our accuracy is better than others, as some participants elected not to respond to some questions. To avoid redundancy within the report all figures quoted are based on at least an ‘n’ of 100 respondents. Where this is not true, the ‘n’ is included with the statistic.

Caminantes are expected to be under-represented in the sample, as they more frequently refused to be surveyed when asked. This is because many of them were actively on the move, and as participation did not provide any immediate assistance, some were hesitant to respond. We estimate a 50% refusal rate for caminantes. This means that the locations with higher concentrations of caminantes (the three northern regions) would be expected to have larger needs for food, shelter, NFI and WASH support (the most common needs found amongst caminantes in previous surveys) than are reported in our findings.

LOCATIONS

For this assessment, a total of nine locations were included. These locations were selected based on existing knowledge of Venezuelan populations in Peru, as well as IRC’s expected locations of intervention.

Area	City/Town	Description
Lima	Lima Central	Central Lima has a significant number of migrants who reside and work in the area. Informal and formal labor are common in areas such as markets, coffee shops, clothing stores and cellphone accessories stores. In high income areas such as San Isidro and Miraflores, many Venezuelans can be found working in food delivery. Many Venezuelans live in districts near but outside the central Lima (San Juan del Lurigancho, Los Olivos, El Agustino and San Martin de Porres) but work in the

² In general, ‘sizable’ means statistically significant, or more than 10% variance.

		Center. Rimac district, near to these areas, is considered insecure with a high risk of theft. Sex work (another form of employment for Venezuelans) is common in Plaza San Martin.
	Lima South	Lima South stretches out along the coast south of the center, the farthest districts taking several hours to reach from Lima Central. The majority of Venezuelans in this region can be found in the districts closest to Lima Central such as San Juan de Miraflores, Villa El Salvador and Lurin. However, the migrant population can be found throughout all of the districts, those further in the south often working in the port and/or fishing industries. There are Venezuelan organization in the south that maintain WhatsApp groups and reference lists of the population living in the area for coordination. Venezuelans can be found working in barber shops, markets, motorcycle taxis and restaurants.
	Lima East	Many Venezuelans live in Lima East (San Juan del Lurigancho and El Agustino districts are extremely popular) as it is less expensive than other areas of the city, however it is also very far from the main commerce so many live in Lima East but travel to other areas of the city to work or vend on the street. There is a high level of traffic and noise pollution. Venezuelans can be found working in shops and barbershops (most owned by Peruvians). There is a large bus stop on the street near the zoo where many Venezuelans work, and which is a center for sex work.
	Lima North	North Lima potentially has the highest number of Venezuelan migrants, San Martin de Porres and Los Olivos are particularly popular. The markets in these areas have a high presence of Venezuelan vendors and consumers. In the more remote areas of Lima North (Ancon and Caraballo) migrants work on the dock and in street sales (not in the market). These areas have poor transportation to Lima Center, and Caraballo in particular is characterized by informal settlements and poverty. The main Lima bus terminal (Terminal del Norte) is located in the area and sees many people who have just arrived in Lima – however it is noted as a location with high protection risks specifically for human trafficking and risks to children.
	Callao	Callao is a port district (but is part of metropolitan Lima) with a substantive population of settled Venezuelans. The area is considered one of the most dangerous in Lima with risks of theft, extortion, drug trafficking. There are Peruvian gangs who have links to the Venezuelan population. Many Venezuelans are engaged in informal sales around the popular market – however while the Peruvian vendors are allowed to set up shop and sales in one location the municipal police force the Venezuelans to constantly move and change locations. Many Venezuelans are employed in driving motorcycle taxis. There is a lack of service providers in the district, with the only notable one being a Catholic church which provides hot food on select days/hours.
North	La Libertad	La Libertad province is located on the central north coast of Peru. The main urban area is Trujillo which extends through much of the province. It is a popular area for Venezuelans to settle, and sees few caminantes, who often take a different route to Lima. Female migrants tend to work in restaurants and customer service while men often work in the markets and barber shops. While Care, Save the Children, HIAS and World Vision are all present, there are no shelters in the area and much of the support available for Venezuelans is through the various Catholic and Protestant churches. There is an active Venezuelan association that works to refer migrants to appropriate services. Many live in the districts of El Porvenir and Florencia de Mora, which are also considered the most dangerous areas of the region; many work in Trujillo district. Access to health services is considered a serious gap, particularly access to specialist (which must be referred to Lima) and sexual health. The area is

		characterized as having 'macho cultural patterns' where women are exposed to a multitude of gender-based risks. Emotional and mental health services are an expressed need of the population, while children are present, but largely invisible with limited services available.
	Piura	Piura province is located on the coast north of La Libertad, a bit more than halfway to Tumbes. There are three migratory flows in Piura: caminantes, settled population, and a mobile population that moves between districts seeking work in the fishing or agriculture sectors. The area is characterized by strong xenophobia, with the Peruvian population outwardly contemptuous of the migrant population making employment difficult (there are no legal Venezuelan motorcycle taxis in Piura, unlike in all other locations visited, for example). Anecdotally, there is a high rate of sexual violence in Piura – and female Venezuelans are often stigmatized and presumed to be sex workers. There is a high number of homeless Venezuelans in the area with many on the street, often begging for assistance. While there is a large need for shelters in the area, there is only one, which can accommodate only 20 people, which is insufficient to meet the need. There are many informal settlements in Piura where the migrant population lives in overcrowded conditions. These areas have security risks that often keep people in their homes for fear of encountering theft or threats. Access to healthcare and education are noted concerns – while service provision is highly limited as no present organizations have offices in Piura, but rather offer remote support through Tumbes.
	Tumbes	Tumbes province is on the border with Ecuador- which has been closed due to Covid-19 and has a military presence on both sides. Prior to the closure, Tumbes had a much higher concentration of Venezuelans, many of whom were in transit to other locations (Lima). While many migrants still cross the border at informal crossings (often paying a coyote for transport or paying 'bridge fees' of 1USD to cross on their own – both the numbers of people as well as their visibility have substantively decreased. There are reports of a high presence of human trafficking in the area. A number of Venezuelans have chosen to settle in Tumbes – noting that compared to Lima the local community receives Venezuelans a bit better and for those who have Peruvian documentation, it is a bit easier to access formal jobs (from driving a motorcycle taxi to jobs in shops, warehouses, etc.), however informal work and street vending still prevail. Caminantes in the area expressed no intention to settle in Tumbes, however those who have settled expressed no intention to move to another location. Most Venezuelans live in informal settlements. The districts outside of Tumbes also have settled migrants mostly working along the beaches and piers or in motorcycle taxis. One such area, Puerto Pizarro, has a high concentration who have moved into an informal area. This group formed a community organization to work with the local authorities to (successfully) improve relations between the Peruvian and Venezuelan communities. While there is a concentration of NGOs in Tumbes, there are very limited staff and programs. Venezuelans indicate the only assistance has been in the form of conditional cash, limited to a one-time distribution per family.

KEY FINDINGS

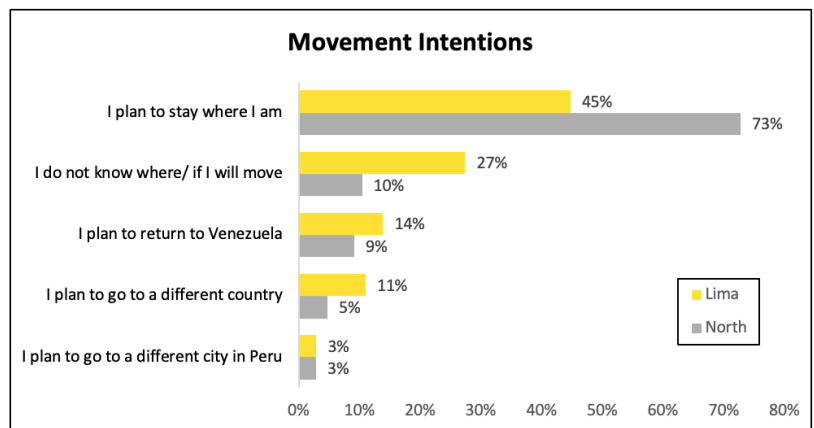
Profile of those surveyed

The survey interviewed 870 Venezuelan families, representing 2179 individuals. Family was defined as members of a group who are living under the same roof/traveling together who define each other as 'family'³. Of the survey respondents, 46% were adult men, and 52% were adult women, three were intersexual adults, five were adolescent boys, and eight were adolescent girls. This does not reflect the overall distribution of gender/age in the population, as the aim was to survey 50% males/females, including as many intersex persons as were available.

The average age of those surveyed was 30 years old, with a maximum of 77 years old and a minimum of 16 (median of 28 years old). One percent of the sample was between the ages of 16 and 17. The average family size is 3.0. However, 22% of respondents were single/did not have any family members other than themselves; of these, 64% were male.

Time in current location	Percent
Less than one month	4%
Less than one year	31%
More than one year	69%

The average amount of time that participants had been in Peru was just over two years, with nearly one third having been in Peru for one year or less. However, only about half (55%) of those surveyed considered themselves settled and were planning to remain in their current location. Some (12%) were planning to return to Venezuela, others to move to another country (9%) or another city in Peru (3%), but many (21%) had not decided what they would do. Contrary to expectation⁴, Venezuelans surveyed in the north were more likely to be settled and not planning to move (see chart at left); assessment team members hypothesized this may be because communities in the north were generally more hospitable, rents were lower and jobs more accessible in the north, although no concrete data was collected to verify this theory.



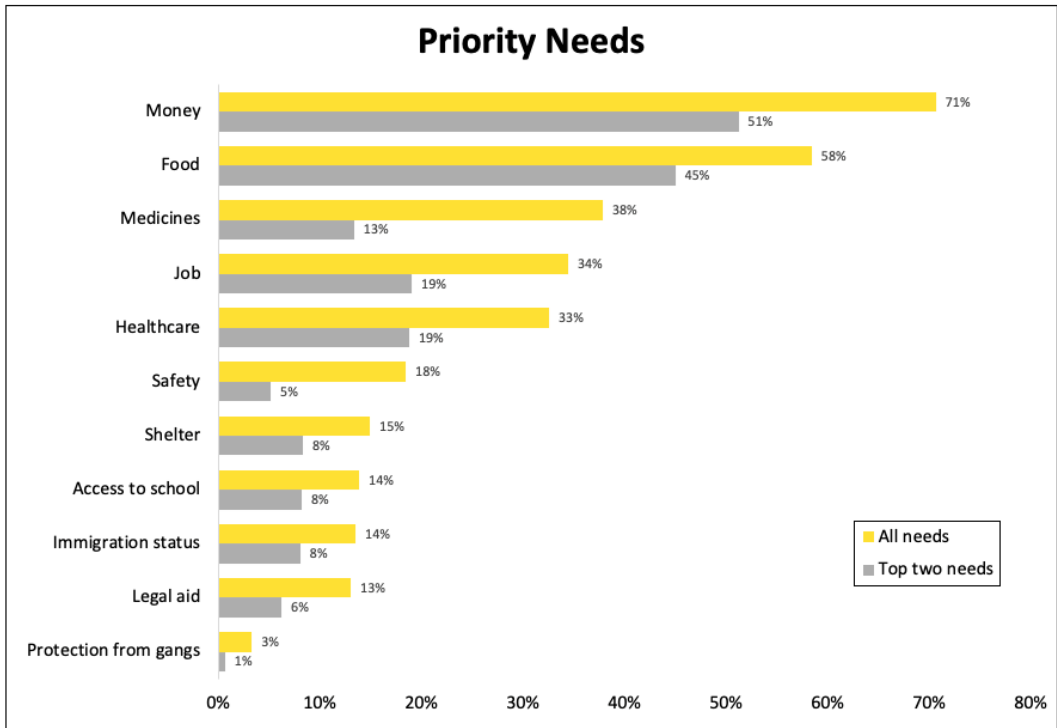
OVERALL FINDINGS

Needs

Survey participants were asked to list their priority needs. First, they were asked to list all of their needs, then asked to list, of those which were their top two priority needs. Money and food were listed most commonly, for both questions; followed by medicines, a job and healthcare (see chart below for all responses).

³ Note this definition would typically be relatives that are living under the same roof/traveling together- but as there are instances of 'family' groups where a civil union has not been completed, so the members are not legally relatives, the above definition was adopted.

⁴ Venezuelans who arrive in Peru by land usually enter through Ecuador in the north and travel south towards Lima. The expectation was that those in the north would have been in their location for a shorter amount of time (which was partly true, those in Lima had been there, on average for 2.4 years, while those in the north only 2 years), and would be more likely to be in transit towards Lima, than planning to stay in their current location.



Importantly, priority needs did not vary significantly between men/women, persons in the north vs. in Lima, or between persons who had been in Peru for three months or less vs more than three months, with only a few exceptions. Persons who had been in their location for three months or less (termed ‘new arrivals’ in this report) were more likely to mention food (70%), a job (45%) and shelter (27%) vs those who had been in their location longer (food – 57%, a job – 33%, shelter 13%). Persons surveyed in the north, vs. those in Lima were more likely to mention food (65% vs. 55%), medicines (49% vs. 31%), and shelter (26% vs. 9%) as needs.

While noted needs were largely expected – priorities differed in important ways from Venezuelans surveyed in Ecuador nine months prior.⁵ Roughly twice the proportion of Venezuelans in Ecuador mentioned they needed a job and shelter than those in Peru. However roughly twice the proportion of Venezuelans in Peru mentioned they needed medicines, healthcare, access to education and legal aid than those in Ecuador. Additionally, 18% of Venezuelans in Peru noted that they were in need of safety – this was four times the percent who mentioned safety as a need in Ecuador.

These reported needs largely aligned with what types of services Venezuelans said they needed information about. The most common information need was for food (46%), followed by healthcare (37%), education (32%), medicine (31%) and employment (31%). The request for information regarding education is notable, as while most did not prioritize it as a need, many clearly do not know how to access it, or have additional questions about access. Results can be seen in the table at right.

Information Needs	Percent
N	849
Food	46%
Healthcare	37%
Education	32%
Medicines	31%
Employment	31%
Legal aid	17%
Psychological aid	9%
Shelter	5%
Sexual health	3%
Other	1%

Only 23% of those surveyed had accessed some type of humanitarian assistance (45% in Ecuador had done so). The vast majority of people who received assistance noted they had received cash (62%), followed by food (52%), 8% had received NFIs, 8% healthcare, and less than 5% received any type of shelter, mental health, or protection services. A brief map of humanitarian services by location and organization, developed via the service provider interviews, can be found in Annex 2.

⁵ Needs Assessment: Venezuelans in Ecuador, International Rescue Committee, February 2021.

Economic needs (Shelter/Food/Income) and gaps

The vast majority of Venezuelans surveyed were renting housing (86%), a few were living with friends of family (5%), and some were living on the street (4%) a few families were living in their own homes, frequently in informal settlements (2%), only 1% were living in shelters. As expected, families of new arrivals, were more likely to be living on the street (25%) or with friends (9%) or in a shelter (5%). Additionally, families living in Lima almost exclusively rent (92%) – whereas more families living in informal settlements were found in the north (5%). The assessment team was only able to identify five shelters throughout the locations assessed, in total they had less than 100 beds. Only five organizations were working to support the payment of rental accommodations.

Despite most Venezuelan families having access to rented accommodation, many still did not have sufficient water and sanitation services. Twenty-nine percent did not have access to enough potable water, 5% did not have a place to

Water and Sanitation	Total	<= 3 months	>3 months	Lima	North
N	860	104	756	546	314
Not enough potable water	29%	52%	26%	22%	41%
No place to bathe	5%	27%	3%	2%	12%
No toilet	6%	27%	3%	2%	13%

bathe, and 6% did not have access to a toilet. These concerns were much more severe for new arrivals, as well as for those residing in the north (see table at right). Notably the distribution of hygiene kits was one of the most common types of assistance provided, with half of the organizations interviewed engaged in this activity.

In regard to access to food, most surveyed families were purchasing their food in cash (81%), others on credit (13%). The next most common strategies were begging (7%), receiving humanitarian assistance (6%), asking neighbors (4%) or friends and family (4%), or at a soup kitchen (4%). Those who had arrived three months or less ago were more likely to be relying on begging (25%). Overall, 19% of survey participants had resorted to begging at least once in the last week. This was 44% for new arrivals; 29% for Venezuelans in the north, in general. Men reported begging for food nearly twice as frequently as women did. On average, new arrivals reported skipping a whole day without food between once or twice in the last week.

The reduced coping strategies index (RCSI) score is a standard global measure to help understand levels of food insecurity, based on families noting how frequently they engage in various coping methods (such as limiting meal size or frequency); a score of 10 or above is considered 'severe coping', between 4 and 9 is considered 'moderate coping.' On average for all surveyed families the RCSI was 14. With 51% of families having 'severe coping,' and another 24% with 'moderate coping.' Those who had arrived three months or less ago had an average RCSI score of 19 with 63% having 'severe coping'. Eight service providers interviewed were either providing hot meals or food in kind. Fourteen were providing unconditional cash.

Just over half of all family members are reported to be contributing in some way to income (1.6 people per family with an average family size of 3). The most commonly reported means of income is via street vending (45%) or a job (35%). However, a substantial number of families (20%) reported needing to use savings for their current expenses. Based on informal discussions with Venezuelans, assessment team members believed much of this had to do with Covid, that some Venezuelans had saved money prior to Covid either to send to Venezuela or to return to Venezuela, that now, in a reduced economy, they were being forced to use to pay for daily expenses. Methods of family income generation did not vary significantly between male and female survey

Income Sources	Total	<= 3 months	> 3 months	Lima	North
N	870	106	764	554	316
Street vending	45%	44%	45%	44%	46%
Job/paid work	35%	20%	37%	38%	29%
Savings	20%	14%	21%	24%	13%
Loans	11%	13%	10%	6%	19%
Cash assistance	4%	3%	5%	2%	9%
Selling personal items	2%	0%	2%	2%	2%
Sex work	1%	2%	1%	1%	1%
No income	6%	22%	3%	2%	12%

respondents – however they did vary between new arrivals and longer-term residents and between Lima and the north, as seen in the table on the previous page.

Despite the high proportion of family members who are contributing to income, as explained in the table at right, the average *family* income for the last week was extremely low (314 soles, or \$79). With an average family size of 2.98 people, this equates to an average of 452 soles (\$113) per person per month.

	Soles	USD		
Avg weekly family income	314	79		
Avg monthly family income	1346	336		
Avg monthly per person income	452	113	Peruvians	Venezuelans
Poverty definition in Peru	352	88	20%	46%
Extreme poverty definition in Peru	187	47	3%	21%
Family size	2.98	Soles/USD	0.25	

The national poverty line in Peru is 352 soles (\$88) per person per month and 20% of Peruvians live below this line; extreme poverty is defined as 187 soles (\$47) per person per month, and 3% of Peruvians live below this line⁶. While the *average* per person income for Venezuelans is above the poverty line, nearly half of them actually live below it. In contrast to the Peruvian population, of the Venezuelans surveyed 46% were found to be living below the Peruvian poverty line, and 21% below the extreme poverty line. This contrast is particularly extreme because the majority of Venezuelans are living in urban areas where regular access to income is imperative for daily survival. While, the majority of poor and extremely poor Peruvians live in rural areas where regular income is, arguably, less urgent for daily survival, particularly if rent is not a required expense.

On average, Venezuelan families reported spending 267 soles (\$67) in the last week, or on average, less than they earned. However, 30% of those surveyed were required to spend more than they earned in the last week. Reports of income and spending did not vary significantly between male and female respondents, but they did vary by recent arrivals and location, as seen in the table at right.

Income and expenses	Total	<= 3 months	>3 months	Lima	North
N	822	85	737	535	287
Avg. weekly income	314	209	326	356	235
Avg. weekly expenses	267	206	275	277	248
% below poverty line	46%	64%	44%	36%	64%
% below extreme poverty line	21%	39%	18%	13%	34%

This data paints a picture of at least three distinct groups of Venezuelan families. The 54% of Venezuelan families who are living above the poverty line, many of whom are still severely struggling, but who are in general, managing to provide for themselves in Peru. The 25% who are living in poverty – while they may have a source of income it is not expected to be sufficient to meet their needs, particularly given the vast majority are required to rent housing. And lastly the 21% who are living in extreme poverty – this group tends to overlap with new arrivals, persons who are forced to rely on begging and/or who are living on the streets.

When discussing their fears, focus group participants frequently mentioned issues of labor extortion: “there are no labor guarantees - it is not safe; they use us and then they do not pay us. The job offer for Venezuelans implies jobs with a high risk of accidents, but because we are Venezuelans, we do not have any type of insurance. Additionally, the payment we receive does not correspond to the hours worked and the effort we make.” Others noted “on several occasions they ‘vaccinated’ me with false promises of payment for working and at the end of the day they told me that it was a test and there was no payment;” “there are job offers: some without payment or very minimal payments. Others are paid, but very risky. We Venezuelans must decide between money vs. guarantees. We work to eat, or we don’t eat.”

This aligns with many service providers and several focus groups, unsolicited, discussing the need for support to entrepreneurship. Many Venezuelans felt that working directly for Peruvians was extremely risky and had seen their acquaintances be successful in small businesses and endeavors if they could find the seed money to start. “We would

⁶ https://databank.worldbank.org/data/download/poverty/987B9C90-CB9F-4D93-AE8C-750588BF00QA/SM2020/Global_POVEQ_PER.pdf

like an organization to help us with training for work because we do not have job stability or entrepreneurship," "bring programs that can remove Venezuelans from a state of vulnerability with projects for entrepreneurship," "it is very important that entrepreneurship can be generated, it may be in crafts, to generate income," "we are trying to generate seed capital, be we don't even have money for the bus."

Of the service providers interviewed, 18 noted that they were engaged in some form or assisting with employment, ranging from entrepreneurship training to job placement to seed capital. Twenty noted they were providing either conditional or unconditional cash.

Protection needs and gaps

Legal documentation is a struggle for many Venezuelans in Peru. The majority (85%) of those surveyed have a Venezuelan ID document, but only one in three (29%) have a Venezuelan passport and very few (6%) have their birth certificate. Of those surveyed, 45% did not have any legal documentation for their stay in Peru. Those that did most frequently had a Carnet de Extranjería – an ID card for foreigners in Peru (27%); a Carnet de Permiso Temporal de Permanencia (CPP) – a one-year non-renewable temporary residence card⁷ (14%); a Permiso Temporal de Permanencia (PTP) – an older version of the CPP (10%); an application for refugee status (5%); and/or a humanitarian visa (1%). While access to these different types of documentation did not vary by gender, they did vary by location (Lima vs north) and length of time in country- as show in the table at right.

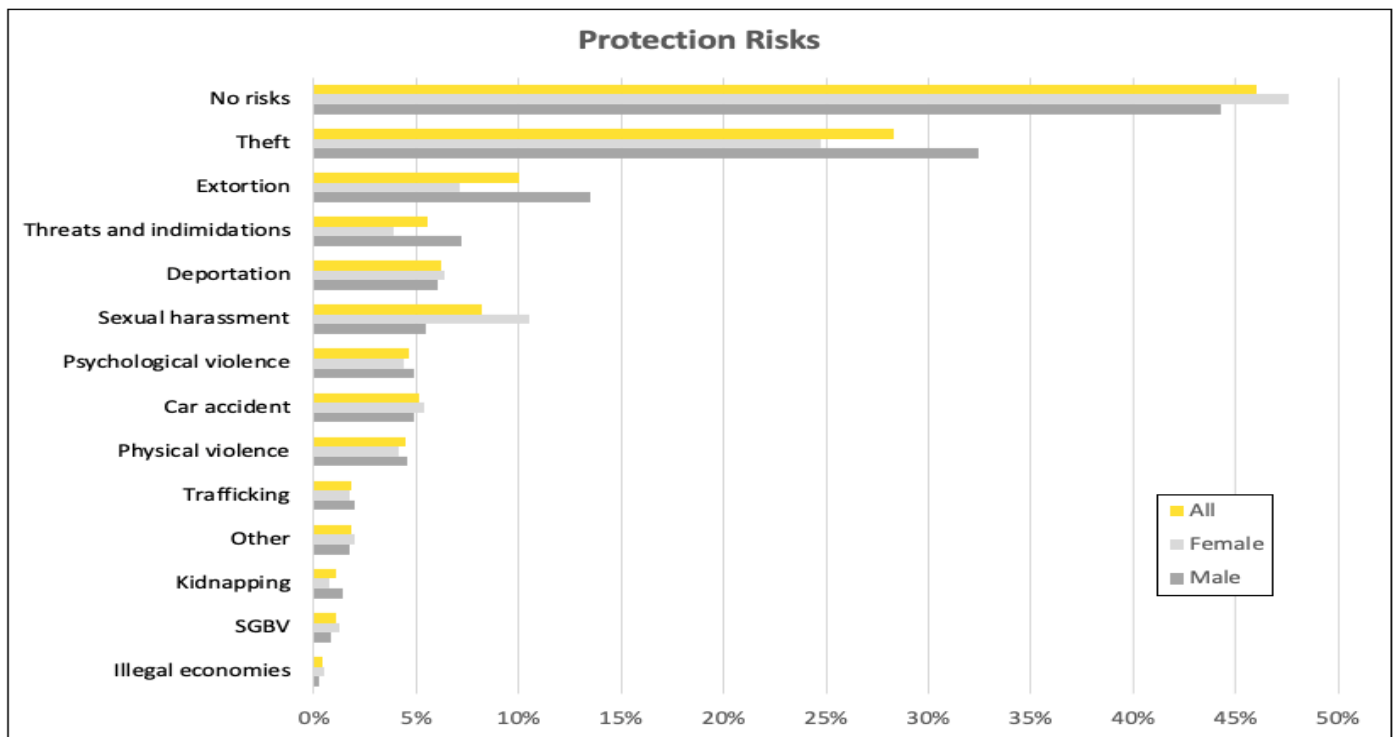
Documentation	Total	<= 3 months	> 3 months	Lima	North
N	870	106	764	554	316
Carnet de extranjería	27%	2%	30%	36%	12%
CPP	14%	6%	15%	12%	16%
PTP	10%	4%	11%	13%	4%
Refugee application	5%	1%	5%	4%	6%
Humanitarian visa	1%	0%	1%	1%	0%
None of the above	45%	88%	39%	35%	47%

Of those who do not have immigration documents, many noted it was because they did not have the money to pay the documentation fees (38%), or they did not know how to access the documents (15%); limited numbers noted they did not have documents because they were refused service by the authorities (9%), they do not think the documents are useful (8%), they do not have the Venezuelan documentation required to receive them (7%), or they were afraid to seek documentation (4%). Of the service providers interviewed, 17 noted that they provide legal aid services on site, 20 noted they provide referrals for legal assistance.

Protection

Both male and female survey respondents were asked what types of risks they have faced in Peru and on their way to their current location. Surprisingly, the most common answer was that they had not faced any risks (46%). However, others noted a variety of risks including theft, extortion, and sexual harassment. Full results can be seen in the chart below.

⁷ <https://help.unhcr.org/peru/cpp/>



Those who did face risks (n=379), most commonly did not seek help (49%). Those who did, were most likely to go to the Peruvian police (18%), followed by the host community (7%), other Venezuelans (4%) or public officials (3%). Less than 3% went to a health center, an NGO, or the UN.

All of the focus groups also discussed risks specific to Venezuelans in Peru. Most commonly (all groups) they mentioned risks that arose due to their economic situation. This included an (often intense) fear of being in or sleeping on the street, not having a job or food. They mentioned a fear of "not having [money] to pay for the night, spending it in the street is very hard and very dangerous," "I feel terrified on the street," another noted the room he rented felt "violating," the owner would harass him, and if he could not pay on time the owner would lock him inside.

A constant in women's narratives, both in Lima and the north, was gender-based violence related to abusive acts in public spaces such as street harassment, touching, and strangers offering money to women who were performing any economic activity not associated with sex work. This was mentioned as a main risk by all focus groups noting "women are insecure on the street - because we are Venezuelan, they harass us, make proposals to us... they offer us sexual services, there are even men who touch us on the street." Multiple groups noted that this harassment extends to treatment from the authorities, with women facing sexual abuse, and men extortion, "the authority catch men, plant on them drugs and take them away, unless they pay they go to prison; in the case of women they ask us for sex work to set us free, Venezuelans suffer a lot," and "There is a lot of mistreatment of women, sexual abuse, harassment; we are Venezuelans, but we are double affected because we are transgender, it worsens, adds vulnerability."

Two focus groups discussed what they would do when these things happen. Two mentioned the names of INGOs they were familiar with, the other two noted they should be able to go to the police, but they do not trust them: "You are raped, hit, shot and nothing happens, we do not believe in institutions." Eleven interviewed service providers noted that they had both birth control and PEP kits available.

Despite many Venezuelans noting that they did not feel they faced any risks in Peru, most (58%) said that they felt discriminated against; of these (n=506), 94% noted this was due to their nationality, while 8% believed it was due to their economic situation. In most cases (64%) those who experienced discrimination noted it was from the local community

(64%), while some had concerns with the Peruvian police (18%). Less than 10% noted they felt discrimination by public officials, education staff, health center staff, NGOs, the UN, or other Venezuelans.

Discussions about xenophobia in the focus groups were more nuanced. Discussions repeatedly noted a statement such as “there are good people and bad people, both Venezuelan and Peruvian.” There was a generalized sense that culturally, in Peru, people do not greet others on the street, and are, to Venezuelan norms ‘rude’ in general. Most groups noted that this was a generalized issue, many noted that they felt that they were specific targets of this rudeness noting comments such as “look, another Venezuelan who comes to steal,” “why don’t you go to your own country?” and signs in communities noting “Death to the Venezuelans.” Others note discrimination that affects their ability to support themselves, “They stigmatize us for looking for work, they close the doors, employers are prejudiced, the fact of being a migrant worsens, it worsens more because they think that the Venezuelans are going to steal or take away their husbands; not all of them are like that, they may look at the human being as a person, but with contempt. ”

Both focus groups and service providers noted that the issue has gotten worse over time. That during the first waves of migration both the policies and communities were more welcoming: “I have been here for 3 years, at first everything was very different, at first the Peruvians welcomed us in an extraordinary way, they gave us a job, a room and a lot of support, but now things are not the same.” There were also frequent mentions that there were “good and bad Venezuelans” and that those who did bad things were often highlighted in the media, resulting in a negative impression of Venezuelans as a whole.

Child Protection

Survey participants who had children were asked what they believed were the greatest risks for Venezuelan children in Peru. By far, they were most concerned about child labor (60%), followed by physical violence and (39%) and sexual abuse (28%). This differed from a recent survey of Venezuelans in Ecuador who were most concerned about drug abuse and trafficking. Full results, including differences between Lima and the north are shown in the table at right.

More survey respondents in Lima were aware of unaccompanied Venezuelan children (10%) than in the north (5%) (including both groups the total was 8%).

Risks for children	Total	Lima	North
N	813	516	297
Child labor	60%	56%	66%
Physical violence	39%	42%	34%
Sexual abuse	28%	32%	21%
Drugs	24%	26%	23%
Human trafficking	21%	25%	14%
Sex work	16%	22%	6%
Abandonment	15%	18%	9%
Gangs	6%	6%	4%
None	1%	1%	1%

Focus groups also discussed risks for children. Most groups focused on risks for children while their parents are working, and the lack of services for children in these situations. “Mothers go to work and minors do not look good, either because the mothers have to take them with them to the street or because they leave them in the care of another person; you don’t even know who they are;” or “I work on the street with my children and the police station came to want to take them away and I have nowhere to leave them, but there are other Peruvians who are also on the street working with children and if they don’t tell them anything.”

Groups also noted children are not exempt from the harassment that Venezuelans experience in Peru: “I have an 8-year-old girl and I would send her to the store and they would say things to her as if she were a big woman, the authorities do not do anything about this unless there is a proven rape,” or “There are a lot of stories of harassment and rape in adolescents, that’s why Venezuelans always have their children by the hand.”

Health needs and gaps

Healthcare for Venezuelans in Peru is complex. Emergency health services, services for children under five, and for pregnant women up to 42 days after giving birth are provided for Venezuelans who can produce some form of identification under the Integrated Health System (SIS). However, only those who have a specific type of residency card

(carnet de extranjeria) can access this system for other health needs; the National Inter-Agency Coordination Platform in Peru estimates that less than 10% of Venezuelans in Peru meet this criterion.^{8,9} Several service providers interviews indicated that the biggest gap in assistance is the regularization of immigration status and access to health.

This situation causes few Venezuelans to seek healthcare in Peru – as is seen in only 36% of surveyed families reporting that a member of their family has tried to access healthcare in Peru, despite on average having been in Peru for over 2 years.¹⁰ Of those 36% who did try to access services (n = 311), 73% received services. Of the services received (n=206), 40% were completely free, 20% were partially free, and 39% were provided at cost. The majority of those who were not able to receive services were either seeking to see a specialist (39%) or a primary doctor (36%).

When asked about barriers to healthcare for Venezuelans in Peru, 74% of survey participants noted that there were barriers. Most commonly they were concerned with the cost (68%), followed by their migration status. However, the barriers mentioned varied by location (Lima vs north) as detailed in the table at right. Only six of the service providers interviewed noted that they always, or sometimes had a physician available on site for consultations with Venezuelans, however 23 noted that they provide medical referrals.

Barriers	Total	Lima	North
N	639	424	215
Cost	68%	75%	54%
Migration status	40%	35%	50%
Refuse to assist me	10%	10%	10%
Lack of medicines	4%	4%	4%
Lack of staff	4%	3%	6%
Lack of equipment	3%	3%	5%

These barriers were confirmed and further discussed in the focus groups, as one man noted “I have never sought access to health services because I am Venezuelan, so what are you looking for, I cannot get sick.” Groups of both women and men noted that sexual and reproductive health services are available if you have the SIS, but if not, you must pay for everything (with the exception of pregnant or lactating women or emergency services). Focus groups in the north noted many more barriers and lack of access to healthcare than those in Lima, one participant noting “We would like us to have a health clinic, to have medical care for Venezuelans, like a medical post that goes through the municipalities.”

Nearly all of the focus groups discussed concerns with depression, loneliness, and mental health (though this was not one of the focus group questions, it was brought up by participants). Statements such as “we want a space in hospitals for mental health because we have many Venezuelan people who have been raped, have psychiatric problems and practice prostitution,” “loneliness has been the hardest thing I have ever experienced,” “My biggest fear is dying here, because I’m alone, I don’t have anyone, I don’t have a family, if I die, I die alone” and “the street is hard, with the street comes the cold, then comes hunger, then comes despair and then depression, and finally vices, and we do not have the tools to get out of that situation.” Twelve of the service providers interviewed noted that they provide care through a certified therapist, nine noted child friendly spaces and 12 that they had women’s safe spaces, 20 noted they provide referrals for mental health and/or psychosocial assistance.

The lack of access to healthcare is a concern at any time, but particularly during the Covid-19 pandemic. Of all Venezuelan family surveyed 25% had had at least one family member who had been diagnosed with Covid-19. However, this is expected to be an underestimate both due to the lack of availability of tests for persons who do not have access to healthcare, as well as stigmatization of Venezuelans likely making them less likely to report if a family member did have Covid-19.

While 25% of the 870 families surveyed reported at least one member who had had Covid-19, not all family members were ill; of the 2179 people represented in these 870 families, 13% of them had had Covid-19. In contrast, 33% of these 2179 family members are reported as being fully vaccinated against Covid-19. This number is higher in Lima

⁸ <https://www.refugeesinternational.org/reports/2021/4/5/the-humanitarian-effects-of-the-covid-19-pandemic-for-venezuelans-in-peru-one-year-in>

⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/Joint%20Needs%20Analysis%20MRP2021_EN.pdf

¹⁰ Female respondents were more likely to have had a family member try to access healthcare than male respondents (41% vs 31%), and new arrivals were less likely to have tried to access healthcare (12% vs 40%).

than in the north (39% vs 25%) and lower for new arrivals (28% vs 34%).

Information Needs

The vast majority of survey respondents personally owned a cell phone (86%). This did not differ between men and women (85% vs 87%) but did vary based on when they arrived with only 58% of new arrivals having a phone, while 90% of those who arrived more than three months ago owning a phone. Of those who own a phone 90% can access the internet on their phone.

Social media	Percent
N	748
WhatsApp	85%
Facebook	83%
Instagram	33%
Twitter	12%
None	7%

Most survey participants also use social media. WhatsApp was most common (85%) followed closely by Facebook (83%). Other platforms were not widely used.

RECOMMENDATIONS

Economic Recovery and Development

- Economic needs were the most common and often the most severe of the needs found. This expresses itself in the need for food, shelter and sustainable (not one-off) income. Venezuelans express a strong desire to be self-employed due to the high-risk environment of working for Peruvian employers. As a result, IRC should consider:
 - Partnering with existing, local organizations providing either food or shelter to assist them to expand their services both in quantity and location. Both food and temporary shelter are extreme and urgent unmet needs of the most vulnerable Venezuelans in Peru. As IRC does not typically engage in the direct provision of either, it is imperative that we explore options to increase these services through partners, or through private/public sector providers.
 - Engage in livelihoods programming (either directly, or through a partner¹¹); programming must include some form of seed capital

Health

- Limited access to healthcare is a serious concern for the majority of Venezuelans in Peru. Service providers who are addressing this issue are, most often, providing cash for healthcare, but it is limited and dependent on a prior diagnosis. This is not sufficient and is leaving many without the care that they need. To address this IRC should consider:
 - Partnering with existing non-health service providers to provide mobile health clinics at existing facilities (shelters, community centers, etc.). Mobile clinics should include primary care, sexual and reproductive healthcare and, importantly, mental health care. Mobile clinics should also visit any safe spaces developed by IRC or partners.
 - IRC should ensure the ability to refer to the existing cash for health and mental health programs run by other service providers. If existing cash for health service providers are unable to meet the volume of need, IRC should also consider cash for medicines/health specialists.

Violence Protection and Response

- Sexual harassment and violence against women; harassment and discrimination against Venezuelans in general; loneliness and fear; as well as children without safe, appropriate care while their parents work were highlighted as severe concerns within focus groups. IRC should consider addressing these issues by:
 - Developing safe spaces for adolescents and children. This would be a primary step towards having children off the street while their parents are working and towards improving the care of adolescents many of whom are in actuality or principle, unaccompanied. Consider adapting the SAFE programming used in Colombia to address the needs of adolescents while helping them to integrate into Peru. This can be done through partnership or direct implementation.

¹¹ This assumes an appropriate partner can be identified, which was not, during the assessment

- Work with existing service providers to expand the offerings of psychosocial and mental health services. This includes:
 - Comprehensive case management
 - Psychosocial activities
 - Mental health services
 - Integration programming

Environmental Health

→ Specifically in areas of the north (Tumbes, in particular) some of the informal settlements have dire water and sanitation conditions which contribute not only to health and dignity concerns, but also to discrimination and safety concerns. While IRC may not have the capacity to launch a full WASH program in Peru (and the scale of need may not justify it for long-term programming), a partnership or community development/integration approach should be considered to work with communities to solve, or at a minimum mitigate, their dire WASH needs.

ANNEXES

1. [Methods Doc/Assessment Tools](#)
2. [Service Mapping](#)
3. [IRC INTERNAL ONLY: Service Provider Interviews](#)