

# JOINT NEEDS ANALYSIS 2022

## Regional Refugee and Migrant Response Plan

January 2022



## INTRODUCTION

Peru continues to be the second major host country of refugees and migrants from Venezuela worldwide with more than 1,290,000 Venezuelans residing in the country, including over 530,000 asylum seekers. In 2021, despite the closure of land borders as a COVID-19 containment measure, the arrival of refugees and migrants from Venezuela through the northern border has increased, most of them in search of work and income opportunities in Peru. However, studies show that the average monthly income of refugees and migrants from Venezuela dropped from USD 332 before the pandemic to USD 244 in 2021.<sup>1</sup>

In this context primarily of socio-economic and sanitary challenges, refugees and migrants from Venezuela in Peru still require humanitarian assistance and protection, access to information on rights, services, and on regularization procedures, and support to enable their integration with the host communities. The Venezuelan population has much to offer in terms of experience, knowledge, enthusiasm, and willingness to work. In many cases they need an initial support to facilitate their integration both through access to livelihoods and employment, and to reduce discrimination and xenophobia.

Following the request from the Secretary-General of the United Nations, 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 both the refugees and migrants from Venezuela as well as their host communities. To this end, the **Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V)** was created with some 200 organizations (including UN agencies, civil society, religious organizations and NGOs, among others) that coordinate their efforts under the Refugee and Migrant Response Plan (RMRP). The **Working Group for Refugees and Migrants (GTRM, by its acronym in Spanish) is the national expression of the R4V platform** and, with its nearly 90 partners, is responsible for the preparation, coordination and implementation of the **RMRP in Peru**. The RMRP is evidence-based, designed from a Joint Needs Analysis of the priority needs of the refugee and migrant population from Venezuela in the country.

This Joint Needs Analysis was built over the results from the secondary data review of 43 studies and papers overviewing the situation of refugees and migrants from Venezuela published by GTRM partners, the joint assessment conducted together with 24 partners and more than 340 key informants interviewed in order to determine in a participatory manner the needs of the Venezuelan population and their host communities along the humanitarian and development response in Peru.

This analysis may be used by all GTRM members, other humanitarian, and development actors, as well as donors in Peru working to provide an effective response to Venezuelan refugees and migrants. Our goal is to provide the necessary basis for a response that strategically addresses actual needs.

**Camila Cely and Miguel Urquia**  
GTRM Coordinators  
December 2021

<sup>1</sup> Action Against Hunger (August 2021) Multisectoral Study on Refugees and Migrants from Venezuela living in Metropolitan Lima, Peru. p 39.

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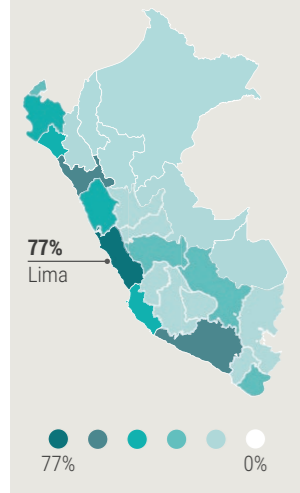
## RESPONSE PLAN 2022



### JOINT NEEDS ANALYSIS

The foundation for an evidence-based response

### DISTRIBUTION OF VENEZUELAN IN PERU



Source: SNM (PTP)

# THE JOINT NEEDS ANALYSIS PROCESS

## A comprehensive process to ensure a coordinated and informed response

The GTRM's Peru RMRP 2022, as a plan to respond to the needs of the refugee and migrant population in the country, has been built upon information and evidence. The commitment towards the country that has generously welcomed a substantial refugee and migrant population with significant needs, as well as the examination of the impact on the host communities, encourages GTRM partners to pursue a more strategic, more analytical, more effective, and more inclusive response. In order to better understand and define the needs to be addressed, the GTRM carried out three key exercises:

- A **review of all studies** GTRM partners **conducted** in the last year, as well as publicly available data from government institutions (Secondary Data Review).
- A **joint needs assessment** of groups in situations of vulnerability with key informants.
- **Analysis workshops** with sector experts of the working groups and partners of the GTRM.

This report represents the result of these three exercises, which together make up the Joint Needs Analysis for the RMRP2022.

## Methodology

### 1. Using the available information: Secondary Data Review

The GTRM analysed more than 40 documents published by its partners in the past year, recognizing the immense work they do to obtain, produce, and share essential evidence to inform the response. This information was classified and analysed through the MAXQDA tool using an analytical framework designed to identify, categorize and examine the available data according to what we know about groups in a situation of vulnerability, the level upon which the data was collected (individual, household, community), the needs mentioned (access to services, capacity building, cash transfers or financial capital, goods and products), the underlying factors of these needs (depending on the sector, but including the lack of economic resources, irregular situation in the country and lack of documentation, structural causes or problems, discrimination and xenophobia, consequences of the pandemic in the decline, suspension or closure of services, consequences of the pandemic due to economic contraction and unemployment, among others), the information and response gaps and the basis for a severity analysis. This allowed the GTRM to better understand what information was available, about whom and what it ascertained about their situation and needs. It especially highlighted that there was not enough information on groups in a situation of vulnerability within the refugee and migrant community.

### 2. Joint Needs Assessment of Groups in Vulnerable Situations

The Joint Needs Assessment seeks to fill the **information gaps** found during the Secondary Data Review through information collected directly from the communities. This pursuit to bridge the information gaps is also a tool to create a space for the participation of the refugee and migrant communities in the country, especially for those that not only face the different dimensions of vulnerability related to their displacement and status in the country, but also face other challenges that expose them to even greater situations of vulnerability.

Some 20 GTRM partners conducted 349 in-depth interviews with key informants and four more supported the process. This qualitative exercise ensured methodological rigor and collaborative work in which the participating partners contributed to the improvement of the protocol, participated in the development of the questionnaire, and in identifying a diversity of groups in vulnerable situations. The Joint Needs Assessment focused on some priority sectors: Nutrition, Protection, Health, Food Security, and Water, Sanitation and Hygiene (WASH), as well as on groups in a situation of vulnerability: Children and adolescents, people with disabilities, people living with HIV, the elderly and members of the LGBTIQ+ community, among others, for which information gaps were identified.

In gratitude for the support of the following partners who conducted the interviews to key informants:



Likewise in gratitude to the following organizations for their great support in the preparation of the Joint Needs Assessment: The World Food Programme, United Nations Population Fund, COOPI and the International Labour Organization.

### 3. Sector workshops

The GTRM organized **five workshops** with partners, bringing together sector experts to discuss and identify the problems and needs of the refugee and migrant population from Venezuela and their host community. The coordination team presented the results of the secondary data review during the workshops. Throughout this workshops, the sectors developed **problem trees**<sup>2</sup> and identified the underlying factors for these problems. These trees present a specific mapping of the main challenges encountered in each sector.

<sup>2</sup> A "problem tree" is an exercise that helps map problems for the humanitarian response, and their underlying factors. Participants identify one or more challenges and, for each, determine the most important underlying causes. At <https://bit.ly/3FQTAaA>

Participant key informants :



170

persons representing groups in a vulnerable situation.

74

representatives of communities. For example: community leaders, representatives of grassroots organizations, neighbourhood coordinators and/or similar.

105

persons or service providers who work with the Venezuelan population. For example: staff of local organizations, public officials, shelter coordinators, among others.

ESTIMATES OF PEOPLE  
IN NEED AT SECTORAL  
LEVEL



## SUMMARY OF IDENTIFIED NEEDS



### Increased access to information and guidance

During the COVID-19 pandemic, a series of public services were suspended and, while other processes developed virtual support channels, the Venezuelan refugee and migrant population in Peru continues yet to face a considerable gap to access information and guidance to carry out various administrative procedures. While this is a problem across all sectors, it is important to highlight that there is limited information available on how to access the regularization mechanism (temporary residence permit) and documentation (humanitarian residence) provided by the government. This need for information is also seen in the prevailing limited access to the health system, to social security, and more recently in the vaccination process, as in the unawareness about social protection programs aimed at vulnerable populations, as well as in administrative processes for the recognition of degrees and diplomas, or on access to housing. As a result, the GTRM must enable communication channels and safe and reliable information sources, not only through social networks but also in person through information and awareness campaigns, as the health emergency context allows.



### Promoting access to documentation and regularization

The refugee and migrant population recognizes that access to documentation and regularization mechanisms is an essential step towards accessing basic services and exercising rights. Despite the great efforts undertaken by the Peruvian State to provide alternatives through the temporary residence permit (TRP) and the humanitarian migratory status (humanitarian residence), as well as the support of GTRM partners to provide information about it, underlying factors prevent mass access to such initiatives, such as limited resources to pay for administrative fees, lack of appropriate connectivity, limited channels for disseminating information about the processes, and even discrimination in the treatment of this population. In addition to continuing to promote access to documentation and regularization, it is necessary to advocate for the inclusion of the refugee and migrant population –particularly those in the most vulnerable situations– in health and social protection programs, regardless of their migratory status.

## INTERSECTORIAL 1.695M

REFUGEES AND MIGRANTS  
IN DESTINATION  
**1,011,500**

REFUGEES AND MIGRANTS  
IN TRANSIT  
**66,000**

HOST  
COMMUNITY  
**617,500**

**709,000** MEN  
**595,000** WOMEN  
**193,500** BOYS  
**197,500** GIRLS



### Generating livelihoods and access to decent work

The socio-economic recovery of the refugee and migrant population is still very limited, considering the general context of economic recovery in the country. The loss of jobs and, as a consequence, the drop in household income seriously affected the most vulnerable groups, such as the elderly and children and adolescents. This forced them to resort to negative and, in some cases, extreme strategies, increasing the risk of food insecurity and malnutrition, of falling into trafficking networks (labour and sexual exploitation), begging, as well as prioritizing health expenses and reducing those destined to education. If access to work and income opportunities was the main reason why the refugee and migrant population arrived in Peru, the impact on employment influenced part of this population to consider continuing their route to neighbouring countries. Given this still critical scenario, it is necessary to promote the generation of livelihoods through support for entrepreneurship and to advocate for the creation and building of capacities for their socio-economic inclusion. Likewise, it is necessary to continue providing support for the improvement of conditions that will allow access to formal employment and decent work, through regularization and access to documentation, such as the recognition of degrees and diplomas.



### Mitigating discrimination and xenophobia

The Venezuelan refugee and migrant population in Peru coexists with discriminatory and xenophobic attitudes that limit access to basic services and, ultimately, undermine the process of integration into Peruvian society. From differential treatment in terms of access to health care and vaccinations to fewer opportunities for decent work and including bullying in schools, the growing trend of stigmatization suffered by this population is a cause for concern. Negative narratives and discourses against the refugee and migrant population are generated and disseminated through the mass media, and hinder peaceful coexistence. The impact of awareness campaigns against discrimination and xenophobia must be intensified at the national level.

## NUTRITION 383K

**33,500** GIRLS  
**35,000** BOYS  
**143,500** WOMEN  
**171,000** MEN

## HEALTH 1.34M

**117,500** GIRLS  
**121,500** BOYS  
**500,500** WOMEN  
**596,000** MEN

## EDUCATION 763K

**143,000** GIRLS  
**148,000** BOYS  
**253,000** WOMEN  
**219,000** MEN

## PROTECTION 907K

**80,000** GIRLS  
**82,500** BOYS  
**340,000** WOMEN  
**405,000** MEN

## INTEGRATION 1.37M

**120,000** GIRLS  
**124,500** BOYS  
**511,500** WOMEN  
**609,500** MEN



## THE ENVIRONMENT AND THE RMRP

In recent years, and with increasing urgency, environmental issues have become more important in humanitarian and (sustainable) development responses. The World Bank, through its updated Groundswell Report, estimates that **climate change could displace 216 million people by 2050, including 17 million in Latin America.<sup>3</sup> In addition, more than 3 billion people could find themselves living outside a climate suitable for human life by 2070. Peru is located within this affected zone.<sup>4</sup>**

This growing awareness and visibility of the impact of climate change on the region and the changes in the environment have raised the need to ask and answer the following question in our response to the needs of refugees and migrants from Venezuela:<sup>5</sup>

**How do environmental factors affect humanitarian needs across sectors and how do they increase vulnerability to sectoral risks?**

Climate change and environmental degradation in Peru have caused an increase in the frequency and severity of extreme weather events including flooding (with the intensification of the El Niño phenomenon that in 2017 displaced 300,000 people), thunderstorms, frost (threatening the livelihoods and sources of development of the population in Apurímac and Puno) the duration of droughts (causing great impact in the highlands) and water scarcity (in the coast and highlands).<sup>6</sup> The latter already substantially affects at least 65 per cent of the national population and more than 90 per cent of refugees and migrants from Venezuela, which has an impact on agriculture, economic growth, development and human mobility within the country.<sup>7</sup>

The Belgian Development Agency (ENABEL) as well as the Ministry of the Environment of Peru (MINAM) identify **Peru as the third most vulnerable country to climate change, particularly in terms of water availability.** As a result of temperature increases, **Peru has lost 22 per cent of its glaciers in the last 35 years (seven billion cubic meters of water, equivalent to the consumption of ten years of drinking water in the city of Lima).**<sup>8</sup> ENABEL also states that **by 2025 all Peruvian glaciers below 5,500 meters will have completely disappeared.** For its part, the National Water Authority points out that 51 per cent of the remaining glacier surface and two snow-capped mountain ranges have been lost because of global warming; five

of the remaining mountain ranges have already lost 90 per cent of their snow surface.<sup>9</sup> The history of ice and snow is the history and future of Peru's population. While normal seasonal melting increased the supply of liquid water to the micro-watersheds, **the loss of water reserves caused by climate change is disproportionately affecting the population's health, development and living standards.**

Furthermore, the country has lost thousands of hectares of crops in areas such as the Pisco River Valley (largely due to misuse, contamination, water scarcity, and soil degradation). In the Andean zone, overgrazing and lack of water have had an impact on alpaca wool and food production, forcing poor families to move to other areas of the country. This water scarcity is compounded by the loss of the glaciers that fed their micro-basins.<sup>10</sup> Arequipa, Callao, Lima, Madre de Dios, Tacna and Tumbes are some of the departments that attract population, which are also chosen by refugees and migrants from Venezuela, where they compete for scarce resources (including natural resources such as water), housing, jobs and services.<sup>11</sup> This will be examined in more detail in the sections on Shelter, Water, Sanitation and Hygiene (WASH) and Integration.

The GTRM estimates that **over 90 per cent of Venezuelan refugees and migrants live on Peru's arid coast,** which, in terms of freshwater availability, is fed by the Pacific watershed **and has only two per cent of the country's available water resources.**<sup>12</sup> Moreover, in the city of Lima, home to about 75 per cent of the Venezuelan community, the population has an annual water reserve of only 123m<sup>3</sup> per inhabitant. An area is considered to have water scarcity when reserves are below 1,700m<sup>3</sup> and absolute scarcity when reserves are below 500m<sup>3</sup>.<sup>13</sup>

According to the National Institute of Statistics and Informatics (INEI) as of 2019, **42 per cent of the urban population in the country lives in slums, informal settlements or inadequate housing** (these households have at least one of these characteristics: lack of access to quality water supply sources, inadequate sanitation services, overcrowding, low structural quality and poor housing durability; all of which are directly affected by climate change and environmental degradation). This infrastructural deficiency has an impact on access to sanitation services, highlighting the relationship with the



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Shelter, Health, and Water, Sanitation and Hygiene sectors. Taking this into consideration, for refugees and migrants experiencing economic, social, political, environmental, health, and education vulnerability, environmental degradation and climate change significantly increase both their needs related to the different sectors, as well as their risks.

The exacerbation of water scarcity due to climate change and environmental degradation has had a major impact during the pandemic for thousands of people who do not have water in their homes.<sup>14</sup> **As many as 342,000 people in Lima rely on water tankers in order to obtain water, making it difficult for them to wash their hands during the pandemic as the primary prevention measure for COVID-19 infection.**<sup>15</sup> In addition, there is poor air quality due to pollution, a deficit of green areas and vulnerability to natural disasters caused both by low-quality infrastructure and by the intensification of natural disasters as a result of global warming.

**If these were not enough reasons to incorporate the environmental perspective, the threats to food security from rising temperatures and water scarcity, as well as the impact on the Integration sector also demonstrate how environmental factors are affecting the coordinated response of the GTRM.** According to the Water Fund for Lima and Callao (AquaFondo) in its assessment of water stress risk due to climate change and the exacerbation of El Niño phenomenon, the increase in water scarcity in the city of Lima not only threatens the supply for human consumption, but also for the development of economic activities. Specifically, manufacturing and service industries (which account for 55 per cent of jobs in the city) are at high risk of not having enough water to operate normally in the next 10 to 15 years.<sup>16</sup> These industries also account for most jobs for refugees and migrants.

<sup>3</sup> World Bank (September 2021) Press release, at <https://cutt.ly/GTCMG1Q>

<sup>4</sup> Lustgarten, Abrahm (2020) Global Climate Migration series, Part 3, ProPublica and The New York Times Magazine

<sup>5</sup> These questions have been designed from the R4V platform as part of the guide for environmental mainstreaming in the 2022 RMRP, at <https://www.r4v.info/en/keyresources>

<sup>6</sup> Ministry of the Environment (2009) Climate Change and Sustainable Development in Peru

<sup>7</sup> National Water Authority (2021) Water in figures, at <https://www.ana.gob.pe/contenido/el-agua-en-cifras>; GTRM Peru (April 2021) 2021 RMRP and the environment, at <https://bit.ly/3DXKX17>

<sup>8</sup> ENABEL (2021) Climate change in Peru, at <https://www.enabel.be/story/climate-change-peru>

<sup>9</sup> National Water Authority (July 2020) Peru has lost 51% of its glaciers due to climate change, at <https://bit.ly/3oZq3ce>

<sup>10</sup> UNOPS (2021) Combating water scarcity in Peru, at <https://bit.ly/32yEEDX>

<sup>11</sup> INEI (May 2020) Effects of internal migration on population growth and structure 2012-2017, at <https://bit.ly/3lbcJvz>

<sup>12</sup> Some 94 per cent of refugees and migrants from Venezuela in Peru live in the following departments: 75% live in Lima, followed by Callao(6%), La Libertad (5%), Arequipa (3%), Ica (3%) and Piura (2%).

<sup>13</sup> GTRM Peru (April 2021) Op. Cit.

<sup>14</sup> France24 (May 29, 2020) Press release, at <https://bit.ly/3r9oET6>

<sup>15</sup> AquaFondo (2020) Water crisis: a silent threat to economic development.

<sup>16</sup> Ibid, p. 6



# THE SUSTAINABLE DEVELOPMENT GOALS AND THE RMRP

Within the framework of the 2030 Agenda encompassing the Sustainable Development Goals (SDGs), and of the new United Nations Sustainable Development Cooperation Framework (UNSDCF) in Peru, the 2022 RMRP integrates the principle of leaving no one behind, the human rights approach, the promotion of social cohesion and peaceful coexistence, and the protection of the environment by ensuring prosperity for all without compromising the resources for future generations.

This is in line with understanding the link between the mainstreaming of the environmental approach with the attainment of sustainable development and of timely climate change mitigation and adaptation. Therefore, the response of the GTRM –which works within the humanitarian, development, and peace nexus, through the Water, Sanitation and Hygiene, Shelter, Education, Integration, Protection, Nutrition, Health, Food Security and Humanitarian Transport sectors– will make direct efforts to address several of the SDG targets, including **SDG 10, to reduce inequalities**, in a cross-cutting manner.

By analysing the needs in these different sectors in which the GTRM works, it is possible to understand the opportunities that the mainstreaming of the environmental and sustainable development approaches and management offer to meet the SDGs. This is especially important in terms of the human rights to a healthy environment, to water and sanitation, to adequate housing, to health, to food, to work, to the principle of equal pay for work of equal value, to life, to education, to equal treatment and equality before the law, and to adequate standards of living, among others.

## Links with the sectors



### Water, Sanitation and Hygiene

In this regard, the Water, Sanitation and Hygiene sector will seek to contribute to **SDG 6** by ensuring the availability and sustainable management of water and sanitation for all.<sup>17</sup> In particular, by supporting universal and equitable access to water; access to adequate and equitable sanitation and hygiene services for all and ending open defecation, paying special attention to the needs of women, girls and people in vulnerable situations; and contributing to substantially increase water-use efficiency across all sectors and ensure the sustainability of freshwater extraction and supply to address water scarcity and reduce the number of people suffering from lack of water.



### Shelter

The Shelter sector will seek to contribute to **SDG 6** through inter-sectoral linkages; to **SDG 7** by improving access to affordable, reliable, sustainable and modern energy through the use of solar panels in its infrastructure renovation and expansion projects; and to **SDG 11** to make cities and human settlements more inclusive, safe, resilient and sustainable, especially by ensuring access for all people to adequate and safe housing and basic services and upgrading slums; reduce the number of people affected by extreme weather events, with particular emphasis on protecting the poor and people in vulnerable situations; provide universal access to safe, inclusive, and accessible public spaces, particularly for women, children and adolescents, the elderly, and people with disabilities, and support positive economic, social, and environmental links between urban, peri-urban, and rural areas.



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### Education

The Education sector will seek to contribute to **SDG 4** to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. In particular by ensuring that all girls and boys complete primary and secondary education; ensuring equal access to affordable and quality technical, vocational, and higher education, including university education; increasing the number of youth and adults who have the necessary skills, particularly technical and vocational, to access employment, decent work, and entrepreneurship; ensuring that all learners acquire the theoretical and practical knowledge and skills needed to promote sustainable development, sustainable lifestyles, human rights, gender equality, a culture of peace and nonviolence, global citizenship, appreciation of cultural diversity and of culture's contribution to sustainable development.



### Integration

The Integration sector will seek to contribute to **SDG 1** to end poverty in all its forms; to **SDG 2** by helping to end hunger; and to **SDG 8** to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, especially by promoting the development of public policies that support the creation of decent jobs, entrepreneurship, creativity and innovation, and encourage formalization and access to financial services; achieve full and productive employment and decent work for all, including youth and persons with disabilities, as well as equal pay for work of equal value; in an intersectoral linkage with the Protection sector efforts will take effective measures to eradicate forced labour, end modern slavery and human trafficking; protect labour rights and promote safe and secure working environments for all workers.

<sup>17</sup> The following targets for the sectors in relation to the SDGs are based on the indicators on which the INEI reports monitoring and follow-up for the SDGs, at <http://ods.inei.gov.pe/ods/objetivos-de-desarrollo-sostenible>





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**Protection**

The Protection sector, through documentation and regularization activities, will also seek to contribute to **SDGs 1, 2, 4, and 10** to reduce inequality in the country. In particular through empowering and promoting the social, economic and political inclusion of all people regardless of age, sex, disability, race, ethnicity, origin, religion, economic or other status; ensuring equal opportunities and reducing inequality of outcomes including by fostering the elimination of discriminatory practices and promoting appropriate, legislation, policies and actions; and by supporting the facilitation of orderly, safe, regular and responsible human mobility.



**Health**

The Health sector will seek to contribute to **SDG 3** to ensure healthy lives and promote well-being for all at all ages. Especially by achieving universal health coverage, access to quality essential health services and to safe, effective, quality and affordable medicines and vaccines for all; ensuring universal access to sexual and reproductive health services, including for family planning; and combating waterborne and other transmissible diseases (in relation to the Water, Sanitation and Hygiene sector).



**Food Security and Nutrition**

The Food Security and Nutrition sectors will seek to contribute to **SDG 2**, especially by ensuring access by all people, particularly those living in poverty or in vulnerable situations, to healthy, nutritious and sufficient food throughout the year; and eliminating all forms of malnutrition, addressing the nutritional needs of children and adolescents, pregnant and breastfeeding women, and the elderly.

This response particularly aims to be more inclusive and to create a space for people who belong to groups in situations of vulnerability. Especially, but not only, for those identified in the Joint Needs Assessment. To achieve this, we must leave no one behind, including future generations; only then will sustainable development be able to extend its prosperity to the most marginalized sectors.

Through this approach is how the different sectors involved in the response can generate benefits for everyone including for the environment upon which we all depend. All this through activities that need to be carried out anyway and thus contribute to sustainable development and to the 2030 agenda.



GTRM PERU REPORT

SECTORAL  
CHAPTERS

January 2022

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# SHELTER: TEMPORARY COLLECTIVE SHELTER AND HOUSING

## Context

For 1,286,000 Venezuelan refugees and migrants living in Peru as of September 2021, and for 112,072 people in transit, the Shelter sector response will continue to be a priority need.<sup>18</sup> Having a roof over their heads, even if temporary, not only represents protection from the weather conditions, privacy, or a safer space for displaced persons from Venezuela, but it also improves their opportunities to access services and to integrate into their host communities.<sup>19</sup> Moreover, the quality of housing and temporary collective shelters has a great impact on the improvement or deterioration of the overall living conditions of those who inhabit them. This issue has been stressed by the COVID-19 pandemic, highlighting the importance of the Shelter sector and requiring greater attention and analysis.

The GTRM estimates that the vast majority of Venezuelan refugees and migrants in Peru live in rented housing across the different regions of the country. As an example, the National Superintendence of Migration (SNM, by its acronym in Spanish), based on the information received from the Venezuelan population that processed their temporary residence permit between 2017 and 2020, calculated that 56.8 per cent of applicants were living in rented housing.<sup>20</sup> Although a representative source is not available, the different monitoring activities for collective temporary shelters carried out between March and June 2020 show that only a small part of the population is able to receive assistance in these shelters. The Displacement Tracking Matrix (DTM) for temporary shelters and the Metropolitan Lima Shelter Protection Monitoring identified 38 temporary collective shelters, including other types of accommodation, such as hotels, in the regions of Lambayeque, Lima, Piura, Puno, Tacna and Tumbes. These 38 temporary collective shelters assist approximately 1,400 people.<sup>21</sup>

In Peru, refugees and migrants from Venezuela are mostly concentrated in the city of Lima (75%), as well as in the regions of Callao (6%), La Libertad (5%), Arequipa (3%), Ica (3%) and Piura (2%). All these cities face some common challenges, considering that 42 per cent of the country's urban population lives in slums, informal settlements, or inadequate housing.<sup>22</sup>

Emphasizing the situation of Metropolitan Lima, the technical team (2040 Met Plan) of the Ministry of Housing, Construction and Sanitation, the Municipality of Lima, and the Metropolitan Institute of Planning conducted a spatial physical analysis of the city.<sup>23</sup> Based on the findings of this analysis, the city of Lima has the characteristics of an informal (indiscriminate land use, occupation without planning, with difficult accessibility, lacking official approval and property titles) and diffuse urban agglomeration (it occupies large areas of land in a discontinuous manner, without clear boundaries between the city and the peri-urban) in a constant process of conurbation.<sup>24</sup> This analysis also indicates that this socio-spatial fragmentation and the informality that accompanies it produces a metropolitan region that is unequal and socio-culturally exclusive (due to lack of access to services and quality in the most marginal areas). This produces significant urban-environmental problems, especially in terms of housing shortage and lack of public spaces with green areas. All these elements have a great impact on the response of the Shelter sector.

## Needs analysis

The housing and public spaces shortage coupled with the demographic growth of the city (including with the arrival of the Venezuelan population) increase rental costs (low supply versus high demand). Considering the characteristics of Metropolitan Lima (as a diffuse and informal urban agglomeration), the most affordable housing unit ends up being of the lowest structural quality and habitability, and this includes no access to water and sanitation services and living in overcrowded conditions. This increases the risk of infection, especially during this pandemic, and of cohabitation incidents that may have effects on protection risks. In addition, a study of the Basic Family Basket carried out through the Cash-Based Interventions (CBI) subgroup of the GTRM showed that approximately 28 percent to 35 percent of income is spent on housing and services.<sup>25</sup>

Likewise, as part of the process of diffuse agglomeration and conurbation, Lima's urban periphery, irregular settlements and slums are located in areas at high risk of natural disasters (also due to climate change) because of the morphology of the soil.



ESTIMATES OF PEOPLE IN NEED

SHELTER  
1.053M

REFUGEES AND MIGRANTS IN DESTINATION

610,000

272,500 MEN  
228,500 WOMEN  
55,500 BOYS  
53,500 GIRLS

REFUGEES AND MIGRANTS IN TRANSIT

66,000

29,500 MEN  
24,500 WOMEN  
6,000 BOYS  
6,000 GIRLS

HOST COMMUNITY

377,500

168,500 MEN  
141,500 WOMEN  
34,500 BOYS  
33,000 GIRLS



@Dennis Zevallios

This situation is not unique to Lima. The Study on housing demand in the main cities of Peru, Arequipa chapter (2018), requested by the Mi Vivienda fund, shows similar problems in terms of lack of access to decent and affordable housing in other major cities of residence of refugee and migrant populations.<sup>26</sup>

The inability to pay for housing and the continuous risk of eviction, which leads to homelessness, causes strong pressure on Venezuelan refugee and migrant families. Moreover, of the GTRM received reports on refugees and migrants from Venezuela that face great difficulties to access rental housing due to discrimination and xenophobia. Great efforts have been made by GTRM actors; however, the Shelter sector is one of the most affected by lack of funding in 2021.<sup>27</sup>

## Temporary collective shelters

The Mapping and Monitoring for Temporary Shelters were conducted at the beginning of the COVID-19 pandemic to understand its initial impact and how it challenged the shelter response, and their findings showed that most of the available temporary collective shelters in the country are improvised. For this reason, there is an immediate need to continue providing great support to these shelters amid the ongoing housing challenges. It is especially worth noting that in the face of increasing or continuous mixed movement flows, there is a great need to provide temporary shelter for individuals and families, especially those traveling with children, the elderly or chronically ill, and who do not have support networks in the country, so they can arrive to a safe place where they can rest and access services while in transit.

<sup>18</sup> GTRM Peru and the National Superintendence of Migration (SNM) estimated, as of September 2021, that 1,286,000 Venezuelans were living in the country and 1,328,000 are expected by December 2021. Regarding people in transit, a growing trend is estimated, as shown by the DTM monitoring rounds.

<sup>19</sup> Norwegian Refugee Council (November 2020) 7 reasons why homes are more important than you think, at <https://bit.ly/3c0gA1D>

<sup>20</sup> SNM (July 2020) Sociodemographic characteristics of Venezuelan migration in Peru: Feb. 2017-July 2020. p. 39

<sup>21</sup> UNHCR (June 2020) Protection Monitoring of Shelters in Metropolitan Lima; IOM (June 2020) DTM Mapping of Temporary Shelters.

<sup>22</sup> INEI (May 2020) Op. Cit.

<sup>23</sup> The 2040 Met Plan team refers to the technical team that prepares and works on the Lima Metropolitan Development Plan 2021-2040, under the agreement between the Municipality of Lima and the Ministry of Housing, Construction and Sanitation. At: <https://bit.ly/3DVeSaD>

<sup>24</sup> At: <http://imp.gob.pe/wp-content/uploads/2021/02/AN%C3%81LISIS-F%C3%81SICO-ESPACIAL.pdf>

<sup>25</sup> GTRM - CBI Working Group (2021) Minimum Spending Basket. Publication in progress.

<sup>26</sup> Mivivienda Fund (2018). Housing demand study at main cities level. Non-owner households. Arequipa.

<sup>27</sup> OCHA-FTS (Financial Tracking Service), Funding Update - RMRP 2021, at <https://www.r4v.info/es/financiamiento>





### Key messages:

The difficulties and constraints for refugees and migrants in accessing housing and accommodation continue to be a challenge. There is a combination of loss of income due to unemployment as a result of the COVID-19 pandemic and discrimination and xenophobia, which makes finding stable and dignified accommodation a challenge for families.

The main needs identified in 2021 by GTRM partners for temporary collective shelters to attend to in the 2022 response include:

- Increasing and improving emergency assistance capacities for evicted and homeless people and for people in transit. This requires supporting the expansion of existing shelter infrastructure to assist a larger number of people with a safe and uncrowded place to sleep, that can also consider the needs of women, families and other groups. This is not always possible considering the characteristics and extension of the lot where the shelter is located and, in these cases, it is necessary to make alternate agreements with hotels, hostels, and guesthouses. Moreover, the improvement of shelters' capacities includes renovating and upgrading or equipping the infrastructure of bathrooms, showers, kitchen areas and the accessibility for people with disabilities and the elderly, among others. It is important to ensure higher levels of safety, privacy, access to water and sanitation services, and maintaining social distancing and hygiene measures in view of the COVID-19 pandemic, and thus improve the quality of life of these people.
- Providing access to health services, advice on regularization pathways and documentation, as well as support in access to food and education. Considering that the population in temporary collective shelters faces multidimensional vulnerability, including lesser access to health care, information, and connectivity, it is necessary to provide these services directly in these locations. This includes continuing with the health brigades carried out in 2021, maintaining food assistance, and supporting access to education for children and adolescents in shelters.
- Supporting an exit strategy for shelter residents who have had to extend their stay due to lack of access to livelihoods or sufficient income to afford some form of housing. This strategy includes a component of joint work with actors in the Integration sector, which provides a more comprehensive response with a greater chance of success.

### Housing

During the Joint Needs Assessment, key informants mentioned having a need to receive information on access to housing, an element that had not been requested in 2020.

However, given the ongoing COVID-19 pandemic and its consequences, housing needs have soared. According to 68 per cent of key informants surveyed, members of their communities have had to move frequently and extremely frequently and face major challenges in accessing stable housing, including because of having to move constantly searching for employment, lack of income, discrimination and xenophobia, and no access to basic services.

In 2021, the risks of evictions have continued despite the fact that the country has begun its economic recovery. This has happened not only because the recovery has been unequal across the different sectors of the population, with the most vulnerable people benefiting the least, but also because of structural and development problems in the country. In 2021 alone, the national police has had to participate in mass evictions of people who had started building informal settlements in archaeological zones in Trujillo (twice), in Ancash, in Moquegua, in the district of Chorrillos (more than 8,000 people evicted), in the district of Villa del Salvador and in the municipality of Carabayllo. In addition to this, the Ombudsman's Office and GTRM partners received reports of violent evictions carried out by private individuals against refugees and migrants. Both mass evictions from informal settlements and violent evictions by private individuals are evidence of the great challenges in terms of housing, which is intertwined with discrimination and xenophobia towards Venezuelan refugees and migrants.

Moreover, in the case of the mass eviction in Carabayllo, people had begun to settle along the banks of the Chillón River, which represented a high risk in the event of an overflow. The lack of access to affordable and quality housing represents a major challenge for the integration and development of refugees and migrants and their host communities, especially in times of climate change and its effects in extreme weather events.

### Inter-sectoral linkages

- **WATER, SANITATION AND HYGIENE:** Based on the spatial physical analysis of Lima, the technical team of the 2040 Met Plan found that in the current areas of urban expansion there is limited access to basic services (household connections), some 95.2 per cent have a deficit to access drinking water, 92.1 per cent to sewerage systems and even 97.4 per cent in the connection to the electricity grid. This deficit can be low, medium or high. This clear and urgent inter-sectoral linkage with the WASH sector is key to improving the living conditions of refugees and migrants and their host communities, especially in terms of the impact that the lack of water and sanitation services has on their health and nutrition.
- **PROTECTION:** Safe shelters and homes provide a protective space for those who live there. Quality, uncrowded temporary collective shelters and housing provides special protection for children and adolescents, women and other vulnerable



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groups, and reduces their risk of suffering violence and sexual abuse by third parties and outsiders to the family groups. They especially protect them from exploitation and the risks of being victims of human trafficking. Furthermore, the Shelter sector can also provide a protective space for survivors of violence by family members, such as partners. It is for this reason that coordinated work with the sub-sectors of Child Protection, Human Trafficking and Smuggling of Migrants, and Gender-Based Violence is key. In temporary collective shelters, the provision of information on documentation and regularisation pathways and the assistance in cases of people in an irregular situation also represent a very important area of joint work among these sectors.

- **HEALTH:** Having access to quality temporary collective shelters and housing has a positive effect on people's health as they provide protection against temperatures (overexposure to sun, heat or cold and risk of hypothermia), rain, or other weather phenomena, including extreme temperatures caused by climate change. Also, the COVID-19 pandemic has shown that they constitute a vital space to protect people and their families from exposure and infection (avoiding overcrowding); thus, collective temporary shelters continue to require support from the Health sector in the design, implementation, and management of health protocols. In addition, safe and quality temporary collective shelters and housing reduce the impact on the mental health of refugees and migrants facing displacement and the challenges and obstacles they

encounter in their new host country and communities through the feeling of safety they can provide, while contributing to give them stability and a sense of community.<sup>28</sup> This can especially help to improve the conditions for people with disabilities, the elderly and others in need of spaces that can enable them to meet their physical and mental health needs.

- **INTEGRATION:** Having quality housing increases the chances of refugees and migrants to integrate into their host communities as a result of lesser competition over limited services (such as WASH and waste management) and because it reduces their social and economic vulnerability. Working together with the Integration sector offers great opportunities to ensure a more inclusive and comprehensive response, including on access to stable decent work, enabling to meet housing needs and avoiding the risk of eviction, while also reducing vulnerability and risks of overexploitation and being forced into inadequate employment. It also gives them a stable address for their job applications and thus access to formality. Joint work also addresses discrimination and xenophobia in relation to housing instability.



For more information on the results of the key informant interviews for this sector, see pages 49 to 54, «Joint Needs Assessment: Main Results».

<sup>28</sup> Norwegian Refugee Council (November 2020) Op. Cit.



# HUMANITARIAN TRANSPORT

## Context

While air borders were gradually reopened as COVID-19 infections declined, the country's land borders remained closed. However, alongside progress in the vaccination process in the country, regional authorities in border areas such as Puno, Tacna and Tumbes made requests to the national government and their counterparts in bordering countries to consider the eventual reopening of land borders and the reactivation of the local economy.<sup>29</sup>

In this context, refugees and migrants from Venezuela continued to enter the country irregularly, using different means, including walking, exposing themselves to greater risks along the route. This situation prevented access to safe and formal transport, despite the reactivation of interprovincial transport since July 2020. In December 2020, it was noted that around a third of Venezuelan people entering the country through Tumbes (northern border) did so on foot<sup>30</sup> and although by September 2021 this trend had been reduced to around 10 per cent<sup>31</sup>, the need for humanitarian transport to continue their mobility is evident, especially in cases where greater vulnerabilities are identified such as trips with children and adolescents, the elderly, people with chronic illnesses or victims of trafficking or smuggling of migrants.

## Needs analysis

While land borders were closed and the demand for transport increased, informal transport arose for refugees and migrants, who were increasingly exposed to criminal trafficking and smuggling networks. When comparing the estimates for the RMRP 2021 and 2022, the estimated percentage of people in need of assistance in the Trafficking and Smuggling sector increased from 5 per cent in 2021 to 29 per cent in 2022. Furthermore, as of September 2021, almost 40 per cent of those who entered on foot reported having made some payment to cross the border.<sup>32</sup>

Formal interprovincial transport, in addition to the high cost, requires documentation certifying the authorized entry of foreigners, which is a barrier to purchase tickets for those who enter irregularly. This situation exposes children and adolescents, the elderly, women and people with chronic illnesses to high protection risks, whom, due to lack of resources, must continue their journey on foot.

Before the COVID-19 pandemic, 9 out of 10 people entering through Tumbes expressed their intention to stay



### Key messages:

Refugees and migrants continue to be exposed to travel-related protection risks associated to the closed land borders, which prevent access to formal and safe transport. The lack of information to continue their route increases the risk of falling victim to criminal trafficking and smuggling networks; therefore, it is necessary to consider transport solutions for refugees and migrants in vulnerable conditions.

in Peru, from September 2021 to date, this expectation is shared by 7 out of 10 refugees and migrants.<sup>33</sup> Interest in following their route south has grown, with Chile as the main destination. However, more information is needed for these people about the country's land routes and weather conditions, considering that 44 per cent of those who wish to reach Chile state that they are unaware of the harsh weather conditions of the journey or even how to get there.<sup>34</sup> In addition, a comprehensive preventive strategy is required to identify and mitigate risk factors along the route, considering the use of informal transport and preempting people to avoid surrendering their documents to the people managing such transport. This requires joint work with public entities such as the Superintendence of Land Transportation of People, Cargo and Goods (SUTRAN), which participates with the police in prevention operations against trafficking and smuggling.<sup>35</sup>

The GTRM also identifies the need for the sector to address the difficulties that refugees and migrants settled in marginalized areas of the cities (given the lower cost of rentals) face to access transportation to their jobs, or healthcare services, among others. These persons pay high transport due to the lack of connected routes and times to arrive without delays.

## Inter-sectoral linkages

- **PROTECTION:** To coordinate interventions to identify and prevent protection risks while in route, as well as to advocate for access to territory, to regularization mechanisms and to documentation. It is important to work with the Trafficking and Smuggling sub-sector to develop communication strategies that include interprovincial transport companies, as well as relevant public entities such as SUTRAN.



ESTIMATES OF PEOPLE  
IN NEED  
HUMANITARIAN  
TRANSPORT  
**443.5K**

| REFUGEES AND MIGRANTS IN DESTINATION | REFUGEES AND MIGRANTS IN TRANSIT | HOST COMMUNITY |
|--------------------------------------|----------------------------------|----------------|
| <b>377,500</b>                       | <b>66,000</b>                    | -              |
| 168,500 MEN                          | 29,500 MEN                       | - MEN          |
| 141,500 WOMEN                        | 24,500 WOMEN                     | - WOMEN        |
| 34,500 BOYS                          | 6,000 BOYS                       | - BOYS         |
| 33,000 GIRLS                         | 6,000 GIRLS                      | - GIRLS        |



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- **HEALTH:** In the context of the pandemic, it is appropriate to provide reliable information on access to health care, vaccination, as well as referral routes for critical cases.



For more information on the results of the key informant interviews for this sector, see pages 49 to 54, «Joint Needs Assessment: Main Results».

<sup>29</sup> In Tumbes: <https://bit.ly/3rc1QIE>; in Tacna: <https://bit.ly/3c0ePBD>; in Puno: <https://bit.ly/3xpcMNP>

<sup>30</sup> IOM (December) DTM Flow Monitoring Register in Tumbes, Peru - Round 1

<sup>31</sup> IOM (September 2021) DTM Flow Monitoring Register in Tumbes, Peru - Round 9

<sup>32</sup> UNHCR and PLAN (September 2021) Tumbes: Border Monitoring - July and August 2021; IOM (September 2021) DTM Flow Monitoring Surveys in Tumbes, Peru - Report 11

<sup>33</sup> IOM, DTM Flow Monitoring Surveys in Tumbes, Peru - Report 7 (February 2020) and 11 (September 2021); UNHCR and PLAN (September 2021) Op. Cit.

<sup>34</sup> UNHCR and PLAN (September 2021) Op. Cit.

<sup>35</sup> According to the Directorate against Human Trafficking and Smuggling of Migrants (DIRCTPTIM PNP), 13 operations have been carried out together with SUTRAN between 2020 and 2021.



## FOOD SECURITY



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### Context

Food insecurity remained as an effect of the pandemic, perceived as a major concern for more than 85 per cent of the Venezuelan refugee and migrant participants of a study in Lima.<sup>36</sup> While it is estimated that over 25 per cent of the Peruvian population is vulnerable in terms of food security<sup>37</sup>, this figure reaches 63 per cent of refugees and migrants from Venezuela as of January 2021. reaches, Some 12 per cent were severely food insecure (around 129,000 people).<sup>38</sup>

In July 2021 the incoming government, committed to the continuity of the supplementary food service to vulnerable citizens within the context of the COVID-19 pandemic. This includes the distribution of more than one million food baskets by the end of the year, as well as the promotion of the community pot and soup kitchens strategy.<sup>39</sup>

### Needs analysis

GTRM partners collected evidence through several studies that refugee and migrant households are increasingly using negative coping strategies to access food. Some of these strategies include eating cheap-high calorie foods and decreasing the number of meals per day, particularly among the adult population in favour of

children.<sup>40</sup> Furthermore, according to the GTRM Joint Needs Assessment, the main barrier for refugees and migrants from Venezuela to access adequate food is the lack of or reduced income. In this regard, the salary gap with the host community is unfavourable: the per capita income of a Venezuelan in Lima is almost three times lower than that of a Peruvian.<sup>41</sup> For those unemployed, this highly vulnerable population is forced to spend any savings they may have, reduce spending on health and education, and, worryingly, even beg and/or accept illegal work, as key informants reported.

The GTRM noted that in a context where the most vulnerable refugees and migrants have faced evictions and others resorted to transit to neighbouring countries, the homeless and those in the move have had limited resources to prepare food safely, storage and consume



### Key messages:

The food insecurity of refugees and migrants from Venezuela remains due to the sustained impact of the COVID-19 pandemic, so more advocacy and dissemination of information is required to promote inclusion in national social protection programmes.

<sup>36</sup> Action Against Hunger (August 2021) Op. Cit., p.12

<sup>37</sup> Martinetti, E. (September 2021) Food systems: challenges and opportunities, at <https://bit.ly/319vvrE>

<sup>38</sup> World Food Programme - WFP (February 2021). Peru: Situation of Venezuelan migrants and refugees in the face of the COVID-19 pandemic - 3rd round.

<sup>39</sup> Official Gazette *El Peruano* (August 2021) Food security will be strengthened, at <https://bit.ly/3HVLsM8>

<sup>40</sup> Action Against Hunger (August 2021). Op. Cit.

<sup>41</sup> Action Against Hunger (September 2021) Factors related to the nutritional situation of Venezuelan children under five.

<sup>42</sup> MIDIS (August 2021). Coverage of the *Qali Warma* programme for the Venezuelan population (Memorandum No. D000866-2021-MIDIS/PNAEQW-USME).



### ESTIMATES OF PEOPLE IN NEED

FOOD SECURITY  
**1.486M**

#### REFUGEES AND MIGRANTS IN DESTINATION

**813,500**

**363,000** MEN  
**305,000** WOMEN  
**74,000** BOYS  
**71,500** GIRLS

#### REFUGEES AND MIGRANTS IN TRANSIT

**66,000**

**29,500** MEN  
**24,500** WOMEN  
**6,000** BOYS  
**6,000** GIRLS

#### HOST COMMUNITY

**607,000**

**271,000** MEN  
**227,500** WOMEN  
**55,000** BOYS  
**53,500** GIRLS

it. In addition, there is still very limited information accessible and directed towards Venezuelans on the nutritional content of affordable local foods that have a high nutritional value.

Access to governmental food programmes for refugee and migrants is still limited. While over 60,000 Venezuelan children receive assistance through the national *Qali Warma* programme (over half of the students enrolled in the school system),<sup>42</sup> the overall Venezuelan population facing food insecurity still needs to be included in other initiatives, such as the multi-sectoral Zero Hunger plan (to reduce food insecurity in vulnerable populations during the COVID-19 pandemic), and in initiatives promoted at the local government level, such as the Glass of Milk committees or community pots.

assistance programmes, particularly due to lack of documentation.

- **HEALTH AND NUTRITION:** To ensure that food security interventions are designed and implemented according to the nutritional needs of this population and to promote their well-being.
- **INTEGRATION:** Food security interventions need to be coordinated with integration and livelihood strategies in order to sustainably improve the well-being of refugees and migrants and their economic inclusion.



For more information on the results of the key informant interviews for this sector, see pages 49 to 54, «Joint Needs Assessment: Main Results».

### Inter-sectoral linkages

- **PROTECTION:** To analyse the eligibility barriers faced by refugees and migrants in accessing national food



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# MINIMUM EXPENDITURE BASKET (MEB) FOR REFUGEES AND MIGRANTS FROM VENEZUELA IN PERU

In 2021 the Cash Based Initiatives (CBI) working group presented an analysis on which are the expected **minimum expenditures that refugees and migrants in Peru need to cover**. This considered cross sectoral costs of living to set the following monetary thresholds.



**158 USD**

**Food monthly expenditure for a family of three.**

Objective: 2,100Kcal per person per day.



**127 USD**

**Housing monthly expenditure for a family of three. (287 initial installment\*)**

Considering non-shared one-room housing or shared housing but with independent access to shared bathrooms.

\* Rent deposit, kitchen aids, bedding.



**28 USD**

**Transport monthly expenditure for a family of three. (USD 68 installment\*\*)**

Incluye transporte local e interprovincial.

\*\* To cover the first expenditure from arrival point to their destinations.



**24 USD**

**Health monthly expenditure for a family of three.**

Including costs of essential medicines to treat the most common health ailments, health care, and independent affiliation to the Comprehensive Health Insurance (CHI) with subsidies. Secondary healthcare is not included. Only 5-8% of refugees and migrants have access to CHI.

**390 USD** MONTHLY EXPENDITURE FOR A FAMILY OF THREE (+397 USD INSTALLMENT)

## MINIMUM EXPENDITURE BASKET FOR REFUGEES AND MIGRANTS FROM VENEZUELA IN PERU [USD]



● Monthly costs (USD)

● Installment costs (USD)

| Items                   | March 2021                  |               |               |               |               |               |               |               |               |               |
|-------------------------|-----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
|                         | Number of household members |               |               |               |               |               |               |               |               |               |
|                         | 1                           |               | 2             |               | 3             |               | 4             |               | 5             |               |
| Food                    | \$ 62                       | x             | \$ 100        | x             | \$ 158        | x             | \$ 209        | x             | \$ 260        | x             |
| Housing & services      | \$ 55                       | \$ 134        | \$ 78         | \$ 190        | \$ 127        | \$ 287        | \$ 162        | \$ 344        | \$ 189        | \$ 419        |
| Education               | x                           | x             | \$ 15         | x             | \$ 15         | x             | \$ 29         | x             | \$ 29         | x             |
| Health                  | \$ 10                       | x             | \$ 20         | x             | \$ 24         | x             | \$ 30         | x             | \$ 35         | x             |
| Transport               | \$ 11                       | \$ 23         | \$ 23         | \$ 45         | \$ 28         | \$ 68         | \$ 34         | \$ 91         | \$ 40         | \$ 113        |
| Communication           | \$ 8                        | x             | \$ 8          | x             | \$ 8          | x             | \$ 13         | x             | \$ 13         | x             |
| WASH                    | \$ 8                        | x             | \$ 14         | x             | \$ 18         | x             | \$ 26         | x             | \$ 29         | x             |
| Clothing & footwear     | \$ 4                        | \$ 14         | \$ 8          | \$ 28         | \$ 12         | \$ 42         | \$ 16         | \$ 57         | \$ 20         | \$ 71         |
| <b>TOTAL</b>            | <b>\$ 159</b>               | <b>\$ 170</b> | <b>\$ 275</b> | <b>\$ 264</b> | <b>\$ 390</b> | <b>\$ 397</b> | <b>\$ 519</b> | <b>\$ 491</b> | <b>\$ 614</b> | <b>\$ 603</b> |
| <b>TOTAL PER CAPITA</b> | <b>\$ 159</b>               |               | <b>\$ 137</b> |               | <b>\$ 130</b> |               | <b>\$ 130</b> |               | <b>\$ 123</b> |               |

USD estimates based on PEN to USD exchange rate during March 2021.

**SOURCES:**

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INEI, 2021, Poverty Trends 2009-2020: Technical Report.

INEI, 2021, Price Report.



# WATER, SANITATION AND HYGIENE

## Context

The United Nations recognizes access to water and sanitation as human rights.<sup>43</sup> This means that under international human rights law, all persons must have access to sufficient, safe, acceptable, physically accessible, and affordable water for personal consumption and domestic use. Access to sufficient water refers to an uninterrupted and adequate supply for drinking, bathing, washing clothes, preparing food and for personal hygiene and household needs. The reference to safe water means that the water required for personal and domestic use must be free from micro-organisms and chemical and radioactive substances that constitute a health hazard. Acceptable means that it has a tolerable colour, odour, and taste both for individual and household use. Physically accessible means that everyone is entitled to water and sanitation services within or in the immediate vicinity of the home, educational institution, workplace, or health facility. Affordable means that water and water facilities and services must be within reach (at an affordable price) to all.

The right to sanitation entitles all persons to have a physical and affordable access in all spheres of their lives that is safe, hygienic, harmless, socially, and culturally acceptable, and provides sufficient privacy and dignity. In Peru, access to water and sanitation is particularly threatened by climate change and the absolute water scarcity affecting the country's arid coast, the largest area of human settlement.<sup>44</sup> This area is also the most affected by COVID-19 infections.<sup>45</sup> This is important because some vulnerable groups such as the urban and rural poor, who are stuck in poverty circles and traps, have



### Key messages:

Refugees and migrants and other vulnerable populations continue having limited and poor access to . During the COVID-19 pandemic, the importance of access to water and sanitation to prevent the spread of diseases and to disinfect appropriate spaces became evident. It is necessary to continue to advocate for changes at the national level to ensure sustainable access to water of sufficient quality, quantity and availability for the entire population.

historically faced the greatest challenges in exercising their rights to water and sanitation.<sup>46</sup> The lack of access to and exercise of these rights is both a cause and a consequence of the multidimensional poverty in which they live, trapping them in a vicious circle. Refugees and migrants from Venezuela are part of this urban poverty and climate change exacerbates this situation as they are also the ones who, despite having the least access, face the most stigmatisation and discrimination to access those services, and may also pay the highest costs for accessing water via tankers or other sources.<sup>47</sup>

## Needs analysis

According to the INEI, based on the National Survey of Budgetary Programmes (ENAPRES, by its acronym in Spanish), in 2019 the 91 percent of the country's population had access to water through the public network inside or outside the home through public cisterns.<sup>48</sup> This means that of the 33,035,304 inhabitants that INEI estimates the country has in 2021, almost three million people do not have access to piped water through the public network.<sup>49</sup> These three million people are in a situation of extreme vulnerability, including an undetermined number of refugees and migrants. Nevertheless, according to a survey conducted by the National Superintendence of Migration (SNM) in 2020, 19 per cent of Venezuelans with a temporary residence permit did not have access to water.<sup>50</sup> Moreover, in transit points such as Puno and Tumbes, only 72 and 79 per cent of the population, respectively, have access to piped water, and these are also the areas that GTRM partners report face major access challenges, especially in assisting people in human mobility.<sup>51</sup>

During the Joint Needs Assessment, 59 percent of key informants interviewed pointed out that in their communities there are people who do not have access to water at home. If we pay more attention to Metropolitan Lima, where most refugees and migrants live, in relation with its characteristics mentioned in the Shelter section (diffuse and informal urban agglomeration), we can understand why access to water and sanitation services is indeed asymmetrical and exclusionary.

Furthermore, considering the characteristics needed for quality water (safe and acceptable), in Metropolitan Lima only about 73 per cent of drinking water from the public water network has adequate chlorine levels.<sup>52</sup>



ESTIMATES OF PEOPLE  
IN NEED  
**WATER, SANITATION  
AND HYGIENE**  
**762.5K**

| REFUGEES AND MIGRANTS<br>IN DESTINATION | REFUGEES AND MIGRANTS<br>IN TRANSIT | HOST<br>COMMUNITY |
|---|-------------------------------------|-------------------|
| <b>440,000</b>                          | <b>66,000</b>                       | <b>256,500</b>    |
| 196,500 MEN                             | 29,500 MEN                          | 114,500 MEN       |
| 165,000 WOMEN                           | 24,500 WOMEN                        | 96,000 WOMEN      |
| 40,000 BOYS                             | 6,000 BOYS                          | 23,500 BOYS       |
| 38,500 GIRLS                            | 6,000 GIRLS                         | 22,500 GIRLS      |

This is important since, according to the World Health Organization, the lack of safe water and sanitation is one of the main risks to people's health in the world. The COVID-19 pandemic has shown that districts in the city of Lima with the greatest informality and no access to water, sanitation and hygiene services (urban poverty areas) have had the highest numbers of infections.<sup>53</sup> Access to these services is essential to prevent infection and contain the COVID-19 pandemic, as well as the proliferation of gastrointestinal and parasitic diseases, among others, which also contribute to the overcrowding of health services.<sup>54</sup> In this regard, the delivery of hygiene kits is an important element for the joint response and intervention.

Moreover, although sewerage coverage levels in Metropolitan Lima exceed 90 per cent<sup>55</sup>, there is still a highly vulnerable population at risk. During the Joint Needs Assessment, key informants interviewed referred to families in their communities without access to housing (living in makeshift huts) or in dwellings with no water and sanitation, using rivers, beaches or pits they dug as toilets and showers. This practice of open defecation represents a risk to the dignity, health, and well-being of the most vulnerable people.

## Inter-sectoral linkages

- **EDUCATION:** In view of the prolonged COVID-19 pandemic and the gradual reopening of schools through the hybrid education system, public school infrastructure in the most vulnerable areas of the country requires more support to access water and sanitation and hygiene services. This is especially important given the challenges arising from the limited physical availability and structural deficiencies to have access to water in the arid coastal areas of the country (such as Metropolitan Lima, Tacna and Tumbes).
- **HEALTH:** The GTRM response anticipates the urgent need to continue distributing hygiene items to compensate for the structural problems to access to water and sanitation in the context of the COVID-19 pandemic. In addition, with the arrival of summer in the early months of 2022, there is a potential increase in dengue cases caused by poor water storage in households that have no access to the public
- **INTEGRATION:** Lack of access to basic water, sanitation and hygiene services is linked to lack of access to livelihoods, decent work and socio-economic integration. The WASH sector is an excellent example of an intersection between humanitarian and development needs, as is the Integration sector, where a joint, inter-sectoral effort can support a more inclusive strategy by addressing the needs of people in vulnerable groups through programmes specifically tailored to their integration.



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For more information on the results of the key informant interviews for this sector, see pages 49 to 54, «Joint Needs Assessment: Main Results».

<sup>43</sup> Human rights to water and sanitation, at <https://www.unwater.org/water-facts/human-rights/>

<sup>44</sup> GTRM Peru (April 2021) Op. Cit.

<sup>45</sup> Ministry of Health (MINSA) (March) Current Situation, COVID-19 Peru 2020-2021, at <https://cutt.ly/aTVp3r8>

<sup>46</sup> OHCHR, UN Habitat, WHO, The right to water, Factsheet No. 35, at <https://cutt.ly/VTVawwE>

<sup>47</sup> Castro, M. (June 2020) Peru: The problem of access to drinking water in human settlements on the outskirts of Lima, at <https://cutt.ly/NTVatFa>

<sup>48</sup> INEI, Peru: System for monitoring and follow-up of SDG indicators, at <https://cutt.ly/hTVajzj>

<sup>49</sup> INEI (June 2019) Press release, at <https://cutt.ly/aTVacp6>

<sup>50</sup> SNM (July 2020) Op. Cit.

<sup>51</sup> INEI (June 2020) Peru: Ways to access water and basic sanitation, at <https://cutt.ly/aTVa02R>

<sup>52</sup> Ibid.

<sup>53</sup> Ministry of Health (March 2021) Op. Cit.

<sup>54</sup> OHCHR (March 2020) COVID-19 will not be stopped without providing safe water to people living in vulnerability, at <https://cutt.ly/OTVdaz0>

<sup>55</sup> Action Against Hunger (August 2021) Op. Cit. p.31



# NUTRITION

## Context

Given that the healthcare system in the country turned its attention to the COVID-19 emergency, health care services for children under the age of five, prenatal care and breastfeeding support were limited and their demand even receded. This partly explains the increase in malnutrition by undernutrition (acute undernutrition and chronic undernutrition) and overnutrition (overweight and obesity) in refugee and migrant children from Venezuelan. The GTRM and other stakeholders identified a clear deterioration in the nutritional situation of Venezuelan children under five who present higher levels of acute undernutrition than their Peruvian peers (5.4 per cent and 1.6 per cent, respectively<sup>56</sup>). Overweight and obesity in children under five also increased (from 7.4 per cent in 2020 to 8.7 per cent in July 2021<sup>57</sup>). These trends are mainly caused by the decrease in household incomes during the COVID-19 pandemic, forcing people to resort to negative coping strategies, such as reducing the consumption of nutritious and balanced foods or substituting them with more affordable ones that provide more calories on the side of sugary and fatty foods. These are the so called cheap-high calorie foods.

In addition to the suspension or reduction of the support given by the Growth and Development Monitoring programme (CRED, by its acronym in Spanish), and of prenatal care—another factor that limited access to health services and social or nutritional support programmes—was the lack of knowledge of the refugee and migrant population on how to access services, who provides them and one their rights regarding these services.

## Needs analysis

If access to the CRED programme for Peruvian children under 36 months dropped by almost half in 2020 compared to 2019,<sup>58</sup> the trend was also negative for Venezuelan children, and by July 2021, there was no sign of improvement for the near future.<sup>59</sup> That the GTRM found that some services have had shortages of nutritional supplements, while other medical centres are not tending to cases of acute malnutrition. Moreover, the supply of and access to nutritional support services in areas with a high concentration of refugee and migrant populations is still limited. Thus, in the case of the *CUNA MÁS* programme

(aimed at supporting the development of children under 36 months living in poverty), only less than 200 Venezuelan people were assisted out of almost 290,000 total recipients between July 2020 and July 2021.<sup>60</sup>

It is therefore necessary to identify these cases through nutritional screening and support them through case management to prevent and treat anaemia, particularly in refugee and migrant children under five, as well as pregnant and breastfeeding women, populations that are at risk of severe food insecurity. In addition, it is urgent to strengthen access to information and counselling on nutrition, considering that partners received reports of cases of discrimination and xenophobia, which limited the refugee and migrant population access to care.

## Inter-sectoral linkages

- **HEALTH:** Joint advocacy for greater inclusion of Venezuelan refugees and migrants in nutritional programmes, with a focus on working with pregnant and breastfeeding women through local health posts and grassroots organisations to improve nutritional practices.
- **FOOD SECURITY:** To maximise the impact of interventions related to assistance and prevention of acute malnutrition and anaemia.



### Key messages:

Venezuelan refugee and migrant children under five are at risk of acute undernutrition and obesity, due to loss of income, consumption of foods of low nutritional value, and limited access to nutritional support services during the COVID-19 pandemic.



For more information on the results of the key informant interviews for this sector, see pages 49 to 54, «Joint Needs Assessment: Main Results».



ESTIMATES OF PEOPLE  
IN NEED

NUTRITION  
**383.5K**

REFUGEES AND MIGRANTS  
IN DESTINATION

**256,000**

**114,000** MEN  
**96,000** WOMEN  
**23,500** BOYS  
**22,500** GIRLS

REFUGEES AND MIGRANTS  
IN TRANSIT

**11,500**

**5,000** MEN  
**4,500** WOMEN  
**1,000** BOYS  
**1,000** GIRLS

HOST  
COMMUNITY

**116,000**

**52,000** MEN  
**43,500** WOMEN  
**10,500** BOYS  
**10,000** GIRLS



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<sup>56</sup> Ministry of Health (2021). National Food and Nutrition Centre. Nutritional Status Information System (SIEN). Nutritional trend 2020-2021.

<sup>57</sup> Ibid.

<sup>58</sup> According to INEI's Demographic and Family Health Survey (ENDES 2020), from 17.6 per cent in 2019 to 9.5 per cent in 2020.

<sup>59</sup> General Directorate of Strategic Public Health Interventions - Ministry of Health (August 2021). Report No. 018-2021-DVICI-DGIESP/MINSA.

<sup>60</sup> *Cuna Más* Programme – Ministry of Development and Social Inclusion -MIDIS (August 2021). Report No. 85-2021-MIDIS/PNCM-UPPM-CSEG



# HEALTH

## Context

The impact of the health emergency continued and increased in 2021 amid the second wave of COVID-19 infections, particularly affecting the most vulnerable population, including refugees and migrants from Venezuela. There is evidence of limited human, technological and logistical resources to meet the demands for services related to both COVID-19 and other health needs. During the first few months, a strict lockdown was again ordered in Lima and other regions of the country as a containment measure.

Several primary health care facilities remained closed and services at secondary care and tertiary care were limited. Despite the gradual reopening of services, the number of doctors' appointments remained below the pre-pandemic level. In this scenario, according to the Joint Needs Assessment at least one third of refugees and migrants from Venezuela interviewed reported difficulties in accessing health services. However, refugees and migrants' access to the Comprehensive Health Insurance (SIS, for its acronym in Spanish) grew from 66,000 persons registered as of December 2020, to more than 103,000 insured as of July 2021. This growth occurred mainly among women between 18 and 59 years of age.<sup>61</sup>

The inclusion of foreigners in the national vaccination plan has been a major development in the fight to contain the COVID-19 pandemic. However, there have been many difficulties for refugees and migrants, to access vaccines against COVID-19. As some regional health authorities requested documents that were not originally required by the Ministry of Health (besides age range and providing an identity document).<sup>62</sup> It is therefore necessary to advocate for the greater inclusion of refugees and migrants regardless of their migratory status.



### Key messages:

The main barriers for refugees and migrants to access health care included limited access to the SIS, lack of documentation and irregular situation and limited financial resources. The most vulnerable are those living with HIV, chronic diseases, and with disabilities. Access to specialised health services, including mental health, needs to be expanded.

## Needs analysis

Increasing equitable access to health services is at the core of the sectoral needs of refugees and migrants amid a context of health emergencies. This includes working towards the improvement of the health system's regulatory and administrative framework to meet the health needs of refugees and migrants. For a population that once had access to free health care in their country of origin until services collapsed and there was a shortage of essential medicines, the cost of healthcare services in Peru represents one of the main barriers, even more so during the pandemic. This particularly affects people with disabilities, chronic illnesses and those living with HIV/AIDS, as shown in the GTRM's Joint Needs Assessment. In addition to advocating for access to the SIS through information campaigns and ongoing assistance to meet requirements, access to sexual and reproductive health and mental health services is a priority.

In terms of sexual and reproductive health, over 3,500 pregnant Venezuelans received medical care up to June 2021, representing an increase in care with respect to 2020, but below nearly 8,200 pregnant women served in 2019.<sup>63</sup> There is concern among GTRM partners about the reported 200 pregnant adolescents under 18 just in the first six months of the year, a figure similar to that reported for the whole of 2020. Experts thus highlight a decline in the access to modern contraceptive methods among adolescents at national level as well as an increase in cases of sexual violence during the pandemic in 2020.<sup>64</sup>

Mental health is an unceasing need to be addressed during the pandemic, where unemployment has directly impacted the mental health of refugees and migrants.<sup>65</sup> Cases related to anxiety, depression and stress disorders in the Venezuelan population went from 50 per cent of all mental health cases seen in 2019 to almost 68 per cent by July 2021.

The information gap on access to health services has been evident during the vaccination process. While by October 2021, the full COVID-19 vaccination scheme (two doses) reached 50 per cent of the Peruvian population within the targeted age range, it was still below 15 per cent for refugees and migrants.<sup>66</sup> This is, as mentioned, caused by unawareness of refugees and migrants on the information available on access to vaccination, misinformation about the vaccine and discrimination from regional authorities that prevented access of Venezuelans imposing additional requirements that cannot be met by



### ESTIMATES OF PEOPLE IN NEED

HEALTH  
**1.335M**

#### REFUGEES AND MIGRANTS IN DESTINATION

**842,500**

376,000 MEN  
315,500 WOMEN  
77,000 BOYS  
74,000 GIRLS

#### REFUGEES AND MIGRANTS IN TRANSIT

**66,000**

29,500 MEN  
24,500 WOMEN  
6,000 BOYS  
6,000 GIRLS

#### HOST COMMUNITY

**427,000**

190,500 MEN  
160,000 WOMEN  
39,000 BOYS  
37,500 GIRLS



@Dennis Zevallios

most refugees and migrants. In response, GTRM partners have established communication channels with the Ministry of Health not only to disseminate information to the refugee and migrant communities, but also to address those difficulties for access.

### Inter-sectoral linkages

- **PROTECTION:** Lack of documentation is considered one of the main barriers to access health care by 55 per cent of key informants who were interviewed during the Joint Needs Assessment. Ensuring access to health care regardless of legal status or lack of documentation is a task shared with the Protection sector, which also applies to the COVID-19 immunisation process. Similarly, coordination with the Protection sector will be necessary to establish timely care and referral routes for refugees and migrants in transit, in cases of gender-based violence or psychosocial and mental health care.
- **FOOD SECURITY, NUTRITION:** There is still a need for screening at border entry points to identify and refer critical cases of malnutrition and anaemia, particularly in children under five. Similarly, compliance with nutritional standards is required for the distribution of food/kits and assistance in soup kitchens.



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For more information on the results of the key informant interviews for this sector, see pages 49 to 54, «Joint Needs Assessment: Main Results».

<sup>61</sup> Ministry of Health (August 2021). Report No. 1: Number of Venezuelans affiliated to the SIS receiving care in the period from January 2020 to July 2021, by month, age group, sex.  
<sup>62</sup> Ojo Público (2021) Discrimination in vaccination of migrants in Peru, at <https://bit.ly/3l8gl0u>  
<sup>63</sup> Ministry of Health (October 2021). Prenatal care for pregnant women of Venezuelan nationality by life stages and months, by department - years 2020 and June 2021.  
<sup>64</sup> Ccoillo, M. (September 2021). Peru has fallen five years behind in access to contraceptive methods during the pandemic, at <https://bit.ly/3c0CqCd>  
<sup>65</sup> Osorio, J. et al. (October 2021). A journey forced by the crisis: Venezuelan migration and mental health, at <https://bit.ly/3HUdxmY>  
<sup>66</sup> Ministry of Health (October 2021). OGT-MINSA Report.



# HEALTH: STATUS OF REFUGEES AND MIGRANTS

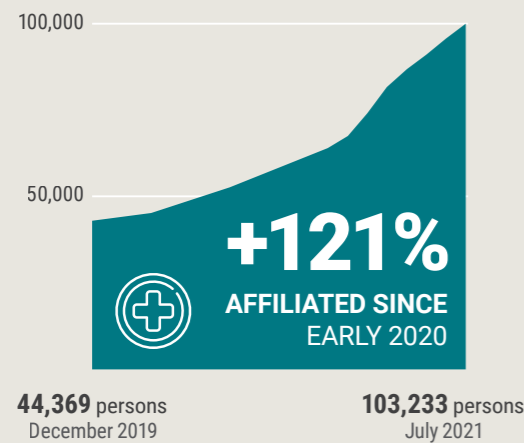
Data from the Ministry of Health up to July 2021



## AFFILIATION TO THE SIS As of July 2021

**103,233** AFFILIATED **8%** OF THE ESTIMATED POPULATION

### AFFILIATION TENDENCIES 2020 - 2021



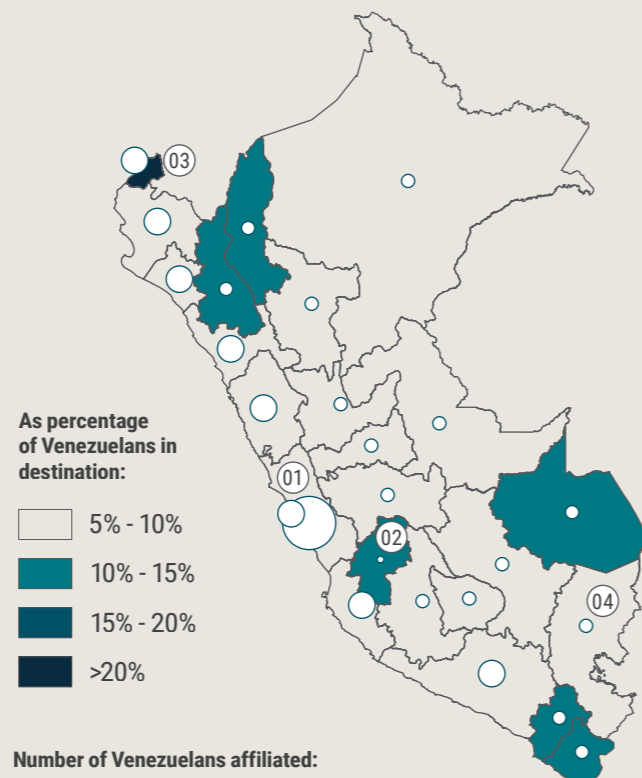
### AFFILIATED BY SEX AND AGE

According to the SIS registry up to July 2021



|             | Total | Women | Men  |
|-------------|-------|-------|------|
| 0-4 years   | 27%   | 13%   | 14%  |
| 5-11 years  | 3%    | 1.5%  | 1.5% |
| 12-17 years | 3%    | 1%    | 1%   |
| 18-29 years | 24%   | 16%   | 9%   |
| 30-59 years | 41%   | 22%   | 19%  |
| 60+ years   | 2%    | 1%    | 1%   |

### COVERAGE OF VENEZUELAN POPULATION IN PERU



#### Regions with the most and least number of affiliations:

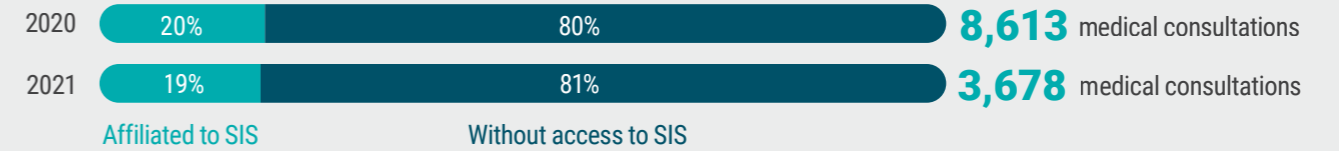
| Absolute value:   | Relative value: |
|-------------------|-----------------|
| <b>75,000</b>     | <b>23%</b>      |
| LIMA (01)         | TUMBES (03)     |
| <b>31</b>         | <b>5%</b>       |
| HUANCAVELICA (02) | PUNO (04)       |

Source: MINSA (July 2021) and GTRM/SNM population figures (September 2021)

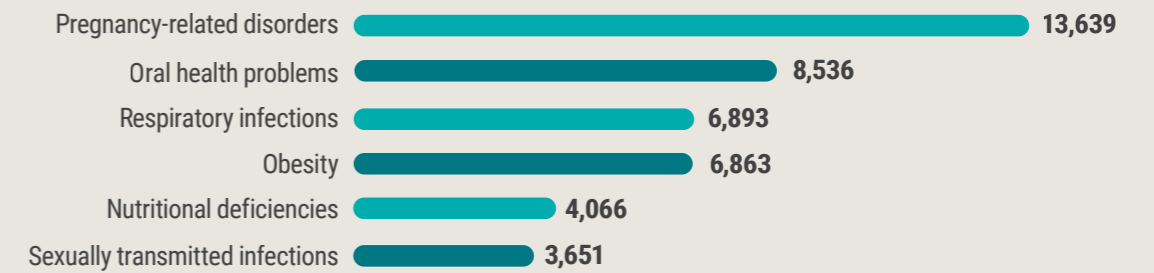
## HEALTHCARE SERVICES PROVIDED TO VENEZUELANAS

2020 - July 2021

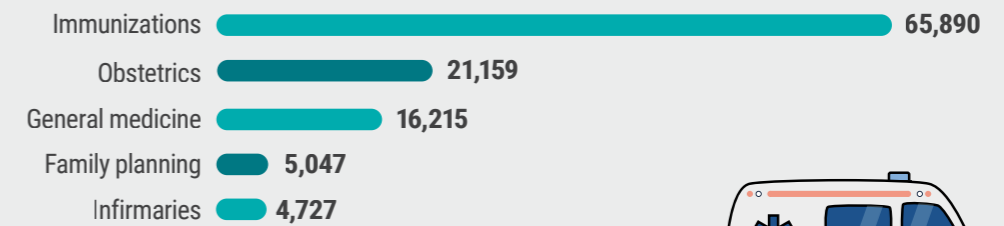
### HEALTHCARE FOR CHILDREN UP TO 5 YEARS OLD



### MAIN HEALTH SERVICES PROVIDED



### HEALTHCARE BY BRANCH



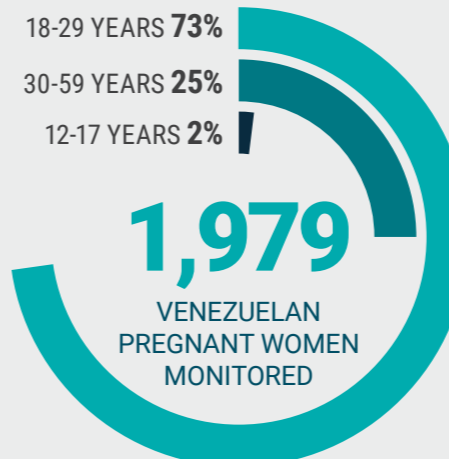
**64,127** ASSISTED THROUGH THE SIS IN 2021



## SEXUAL AND REPRODUCTIVE HEALTH

January-July 2021

### PRENATAL CARE



### FAMILY PLANING SERVICES

Top five contraceptive methods by age range

#### 12-17 YEARS

- ▶ Quarterly contraceptive injection
- ▶ Implant/IUD
- ▶ Monthly injection
- ▶ Condom
- ▶ Combined oral pill

#### 18-29 YEARS

- ▶ Quarterly contraceptive injection
- ▶ Implant/IUD
- ▶ Monthly injection
- ▶ Condom
- ▶ Combined oral pill

#### 30-59 YEARS

- ▶ Quarterly contraceptive injection
- ▶ Condom
- ▶ Combined oral pill
- ▶ Monthly injection
- ▶ Implant/IUD

Source: MINSA (July 2021)



# EDUCATION

## Context

In Peru, the Ministry of Education (MINEDU) continues to promote a public policy that maintains its commitment to universal access to basic education. A special emphasis is given to the rights of refugee and migrant children and adolescents, regardless of their regular or irregular entry and residence in the country. Thanks to the efforts of the MINEDU, GTRM partners, refugee and migrant families, caregivers of children and adolescents, donors and the host communities that support them, 120,000 Venezuelan children and adolescents are currently enrolled in the education system (pre-school, primary and secondary education).<sup>67</sup>

Challenges continue running parallel to these achievements. The COVID-19 pandemic has had a major impact on the Peruvian education system. According to the INEI, as of 2019 only 57 per cent of students in the country had access to the internet. This population is distributed as follows: only 24 per cent of students in primary schools have internet access, 64 per cent in secondary schools, 86 per cent in non-university tertiary institutions and 94 per cent of university students.<sup>68</sup> In Metropolitan Lima this percentage ascends to 76 per cent of students with internet access, including 42 per cent of the population in primary schools. This figure, however, is reduced depending on the geographical scope, in some cases dramatically, such as in rural areas where only 7 per cent have access to the internet. Emphasis is placed on primary education given that, as mentioned in last year's Joint Needs Analysis report, Peru provides practically universal access to primary education and primary schools have the highest number of refugee and migrant students with 64,000 enrolments.<sup>69</sup>

Transition to the remote education system, especially virtual learning, has represented for the authorities and for families in the wake of the health emergency caused by the pandemic. The Ministry of Education estimates that in 2020 close to 340,000 students switched from private to public educational institutions, and 230,000 students of regular basic education (primary and secondary education) left the education system (school dropout), which mirrors the economic and social impact of the pandemic on education, including because of the digital divide.<sup>70</sup>

Official dropout figures are still pending for 2021, as well as an assessment of the impact of the start of hybrid education (even if the Ministry of Health recommends waiting until 2022 to reopen school buildings due to the



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outbreak of COVID-19 cases happening in some schools that are already operating under a hybrid system).<sup>71</sup> However, according to the Minister of Education, Juan Cadillo León, about 320,000 students would be at risk of interrupting their studies in 2021 and not returning to school in 2022.<sup>72</sup> Given this context, the government has implemented a national emergency plan for the Peruvian education system that includes a plan for educational reintegration and continuity that requires strong support and involvement of the GTRM to facilitate the inclusion of refugee and migrant students in order to leave no one behind.

Moreover, according to estimates by the MINEDU, nearly 70 per cent of students who graduate from regular basic education do not have access to higher education.<sup>73</sup> Accordingly, MINEDU's Director of University Higher Education announced the development of a comprehensive strategy to implement free, targeted, and gradual access for students in basic education who want to move on to higher education, including strengthening technical education. These efforts can potentially open opportunities for refugee and migrant students as well.

## Needs analysis

Even with the great progress made increasing access of refugee and migrant children and adolescents to the regular basic education system, the MINEDU estimates



ESTIMATES OF PEOPLE  
IN NEED

EDUCATION  
**763K**

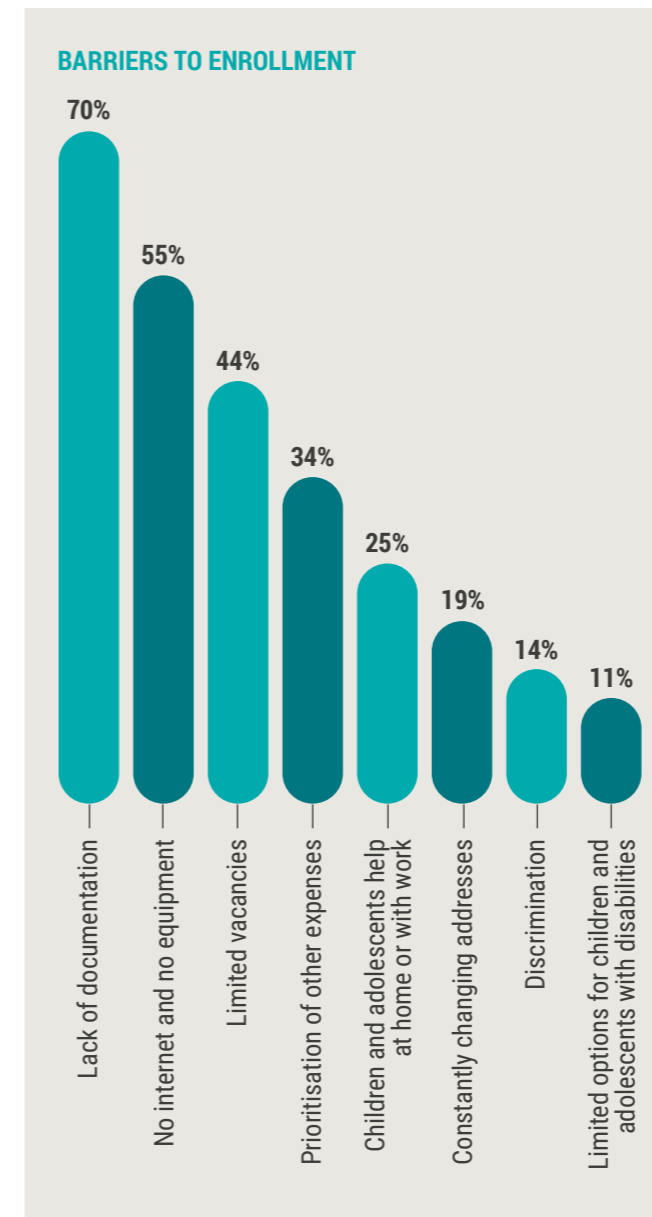
| REFUGEES AND MIGRANTS<br>IN DESTINATION |       |
|---|-------|
| <b>683,000</b>                          |       |
| 196,000                                 | MEN   |
| 226,500                                 | WOMEN |
| 132,500                                 | BOYS  |
| 128,000                                 | GIRLS |

| REFUGEES AND MIGRANTS<br>IN TRANSIT |       |
|-------------------------------------|-------|
| -                                   |       |
| -                                   | MEN   |
| -                                   | WOMEN |
| -                                   | BOYS  |
| -                                   | GIRLS |

| HOST<br>COMMUNITY |       |
|-------------------|-------|
| <b>80,000</b>     |       |
| 23,000            | MEN   |
| 26,500            | WOMEN |
| 15,500            | BOYS  |
| 15,000            | GIRLS |

that 97,350 children and adolescents are still outside the schools, i.e. there is still a 42.3 per cent gap<sup>74</sup>.

During the Joint Needs Assessment, 84 per cent of key informants for the Education sector stated that there were children and adolescents in their communities who were not enrolled in school. The following graph shows the barriers to enrolment identified by key informants:



This information highlights the enormous need for advocacy and awareness-raising with school authorities. Some of them are unaware of the policy of universal access to education or use discretionary powers to ask Venezuelan families for documentation that they do not have. This in turn also highlights the great efforts that continue to be required in terms of documentation and regularisation.

According to the Ombudsman's Office, the MINEDU had determined that more than 3,600,000 students lacked computers and internet at home or in their public schools and that they required support to bridge the digital divide through the provision of tablets.<sup>75</sup> GTRM partners are also undertaking this effort through the delivery of school kits. Based on figures from the MINEDU, however, the Ombudsman's Office highlighted that for budgetary reasons the ministry was only able to meet the needs of 38 percent of these students, which will have an impact on the Virtual Learning Assessment (EVA, by its acronym in Spanish) of students in the second, fourth and sixth grades of primary education, and the second grade of secondary education. Students without access to computers or other devices and internet will not be able to participate in the EVA. This evaluation is important because it allows the MINEDU to improve its policies and actions for the benefit of students from vulnerable populations, including those living in poverty and extreme poverty, who are precisely the most affected by the digital divide. This process also seeks to improve the quality of education, in clear relation to SDG 4, and has a very important impact on the refugee and migrant population belonging to these vulnerable groups. It is therefore essential to support the bridging of the digital divide, which is not only relevant in the context of remote education, but also provides students with greater resources to improve their learning and broaden their education.

**In addition to the challenges for basic education, access to higher education for refugee and migrant youth is very limited:**

- For those who want to start higher education studies in Peru, they need to hand in the certificates of their previous education (with apostille/legalization) and revalidate the grades obtained through the MINEDU in order to make them valid in the country.
- For those who had already begun their higher studies abroad, they must go through the revalidation process,

<sup>67</sup> MINEDU, Migrant and refugee students in public and public schools in Peru, as of 1 November 2021.

<sup>68</sup> INEI, Population aged six years and above using the internet, by educational level and geographic area, at <https://bit.ly/3CZLrDi>

<sup>69</sup> MINEDU, Ibid.

<sup>70</sup> MINEDU (2020) Commitments of the Education Sector 2020, at <https://bit.ly/3DTh1Ud>

<sup>71</sup> Gestión newspaper (September 23, 2021) Press release, at <https://bit.ly/3DTXxPv>

<sup>72</sup> El Comercio newspaper (September 2021) Press release, at <https://bit.ly/3CSA5AE>

<sup>73</sup> Official Gazette *El Peruano* (August 2021) Press Release, at <https://bit.ly/3nUfeZO>

<sup>74</sup> MINEDU, Ibid.

<sup>75</sup> Gestión newspaper (September 20, 2021) Press release, at <https://bit.ly/3FM0J03>





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which may require correcting differences in the curricula. To this end, they must submit a copy of the programme they were studying in order to compare the subjects and contents.

Likewise, both to start and to continue higher education studies, they must submit personal identification documents. This makes the procedure difficult for young Venezuelans, including asylum seekers, for whom the procedure depends on the recognition of their ID card by school authorities.<sup>76</sup> Those in an irregular situation face additional challenges, as higher education does not benefit from the same principle of universality as basic education.<sup>77</sup>

The costs of continuing their education are also one of the main challenges given that, as of 2018, 92 per cent of the Venezuelan population in Peru of working age (14 years and older) were engaged in an economic activity (employed or actively seeking employment).<sup>78</sup> This figure indicated that the vast majority of Venezuelan adolescents and youth were not studying, but actively seeking employment or working in order to support their families to cover their basic needs. Even if we do not have a more recent representative source, analysing the consequences of the COVID-19 pandemic on education, the economy and the

labour market, the findings of the different surveys and studies conducted by GTRM partners and the anticipated dropout figures, we can argue that this situation remains or has been exacerbated.

Such difficulties faced by adolescents and young people to continue or complete their higher education reduce their opportunities and chances of overcoming the poverty cycle and traps including generational poverty, the current pandemic and the risks of climate change that are increasingly impacting the country. To avoid this, it is necessary to provide more information and support to young refugees and migrants to access or continue their higher education studies, whether technical or university studies. This requires a closer approach to the relevant authorities, universities, higher education schools and technological institutes, as well as to the Special Commission for Refugees (CEPR) and the National Superintendence of Migration (SNM).

For those who completed their studies in Venezuela, the process of revalidation of diplomas includes the need to apostille their documents (considering that Venezuela is a party to the Hague Apostille Convention) before arriving in Peru or otherwise to legalize the documents, which can be a slow process due to the need to submit the original

diploma. For many refugee and migrant professionals, obtaining their original documentation can be a challenge, along with the cost of the processes.<sup>79</sup> The COVID-19 pandemic disrupted an effort that was being made between universities in Peru and Venezuela to digitally verify the document that certifies the degree or diploma through a database that would facilitate the procedure.

In the case of the minority of refugee and migrant professionals who have managed to revalidate or homologate their studies and university degrees, the next challenge lies in the process of registration with professional associations, which is a requirement to be able to practice their profession in Peru. However, different professional associations have different requirements and also seek to protect national professionals. These challenges thus create many information needs towards both the Venezuelan professional population (requirements to register, costs, procedures) and for the authorities of such associations to raise awareness on the positive impact that the inclusion of refugee and migrant professionals would bring, especially in the provinces and in professional areas with large deficits of skilled labour and practitioners. Partners shall also continue paving efforts to standardize the requirements across the different associations.

### Inter-sectoral linkages

- **PROTECTION:** Support for documentation and regularisation continues to play a predominant role in joint efforts with the Education sector. Not only because the principle of universal access to education still encounters obstacles from some school authorities, but also because this principle does not yet cover higher education, making access difficult for young refugees and migrants in an irregular situation. As schools are considered a safe space, collaboration with the Child Protection sub-sector also requires constant coordination to ensure the protection of the rights of children and adolescents and the identification of cases of abuse, violence, exploitation, or risk of family neglect. Emphasis is also placed on the link between both sectors (protection and education) in improving the educational opportunities and living conditions of refugee and migrant students with disabilities, which is fundamental to ensure a more inclusive response. In particular, considering the different educational needs according to the type of disability or access to physical schools with the hybrid system in case of conditions that impact mobility.
- **INTEGRATION:** Access to higher education as well as the revalidation of diplomas and degrees and facilitating the enrolment process are closely linked

programmatically to activities in the livelihoods sub-sector, especially in efforts to improve the access of Venezuelan professionals to the formal economy and decent working conditions. Supporting refugee and migrant professionals improves their living conditions and those of their families as it increases their chances of earning a higher income. This strengthens their resilience and economic self-sufficiency to cover their basic needs. It also has a direct impact on their host communities through the economic spill over that accompanies this process.

On the other hand, the constant change of residence searching for employment and the lack of economic resources have a considerable impact on access to education as well. It is therefore necessary to consider the relationship between livelihood interventions and school enrolment. The Graduation model approach to programmes that support access to education while working directly on livelihoods constitute an example in this regard.

Furthermore, considering that discrimination and xenophobia (including bullying) still have a great impact on educational spaces, the joint work with the sub-sector of cultural inclusion and with the technical working group of Communication must address the problems caused by stereotypes, scape-goating and structural violence. This is especially important for the integration of new cultural identities of generations of Venezuelans in Peru and of Venezuelan Peruvians.



### Key messages:

Refugees and migrants continue to face challenges in terms of inclusion in the education system and in ensuring the continuity of children and adolescents in the education system. During the COVID-19 pandemic, continuity in the virtual school system was affected by the lack of electronic resources and internet that would allow children and adolescents to continue or start their studies. Venezuelan refugees and migrants face numerous challenges to validate degrees and diplomas and obtain professional certification, which would help them in improving their economic conditions and integration.



For more information on the results of the key informant interviews for this sector, see pages 49 to 54, «Joint Needs Assessment: Main Results».

<sup>76</sup> MINEDU, at <https://bit.ly/3lbTVRE>; SUNEDU, at <https://bit.ly/3CSLa4l>, <https://bit.ly/3cN6AWz>

<sup>77</sup> There are two authorities for higher education, the MINEDU as the governing body for education in the country, and SUNEDU which grants the licensing (awarding of degrees) and supervises the higher education service.

<sup>78</sup> INEI (2018) Living conditions of the Venezuelan population in Peru (ENPOVE 2018).

<sup>79</sup> According to the 2018 ENPOVE, 97 per cent of the population with completed university and postgraduate studies had not revalidated their professional degrees, with 39 per cent citing lack of money, 35 per cent not knowing about the procedure, 18 per cent not bringing their diplomas and 8 per cent due to other circumstances (including not having the document apostilled, lack of time, among others) as reasons for not having their degrees revalidated.



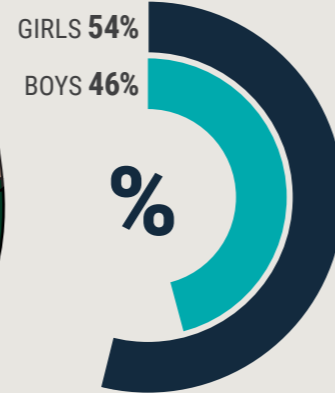
# ENROLLED REFUGEE AND MIGRANT STUDENTS

## NUMBER OF ENROLLMENTS

Up to November 2021

**120,000**

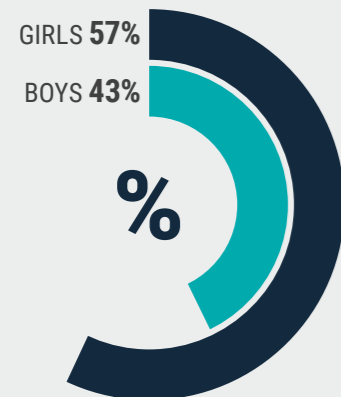
CHILDREN AND ADOLESCENTS ENROLLED



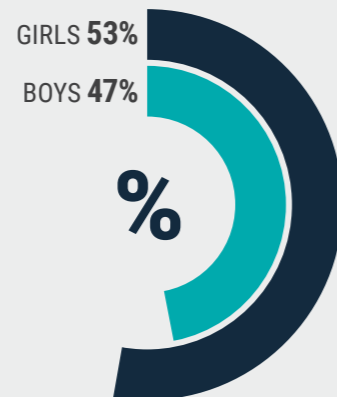
**+24%** SINCE SEPTEMBER 2020      **+23,500** SINCE 2020

## ENROLLMENT BY SCHOOL LEVEL

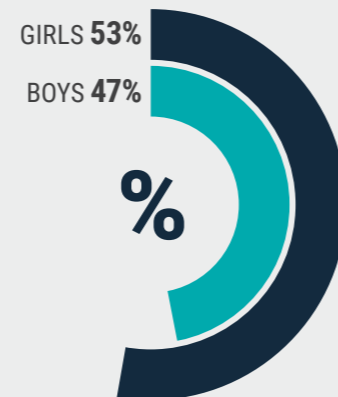
August 2021



EARLY CHILDHOOD EDUCATION  
**25,000**



PRIMARY  
**60,500**



SECONDARY  
**28,000**

## STUDENTS ENROLLED IN THE PERUVIAN SCHOOL SYSTEM

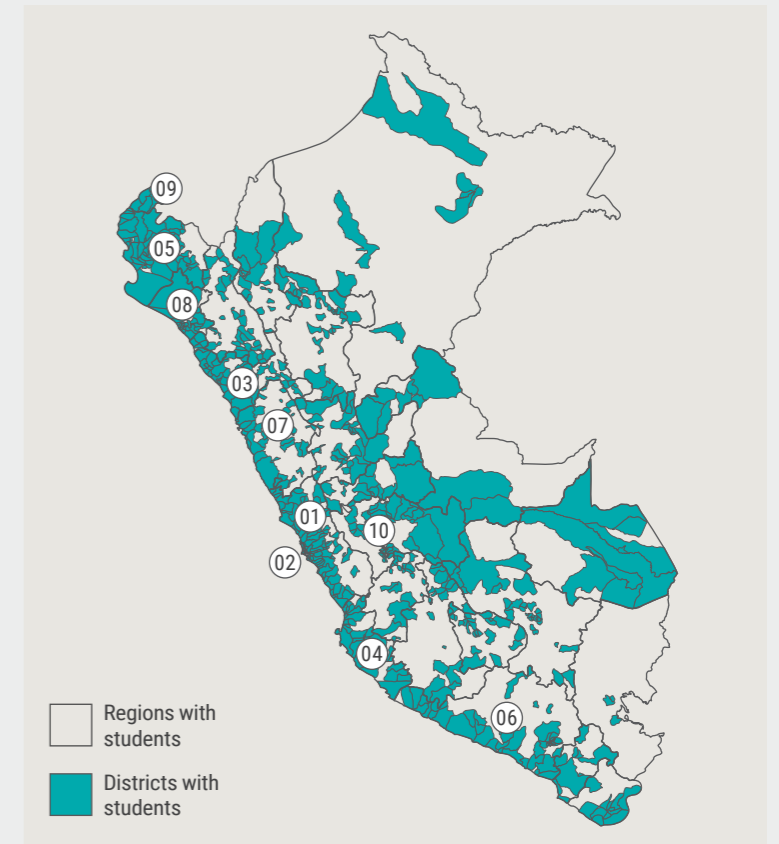
August 2021

|             |    |             |    |
|-------------|----|-------------|----|
| 76,349      | 01 | 2,721       | 07 |
| LIMA        |    | ANCASH      |    |
| 7,217       | 02 | 2,430       | 08 |
| CALLAO      |    | LAMBAYEQUE  |    |
| 6,941       | 03 | 2,388       | 09 |
| LA LIBERTAD |    | TUMBES      |    |
| 3,961       | 04 | 951         | 10 |
| ICA         |    | JUNÍN       |    |
| 3,725       | 05 | 4262        |    |
| PIURA       |    | TOTAL OTROS |    |
| 3,447       | 06 |             |    |
| AREQUIPA    |    |             |    |

**702**

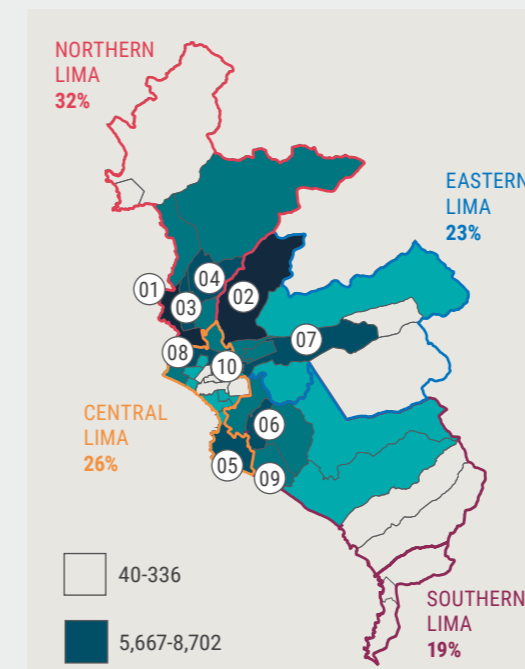
DISTRICTS WITH VENEZUELAN STUDENTS ENROLLED

**+1,200** SINCE 2020



## STUDENTS ENROLLED IN LIMA

August 2021



|                        |    |                        |    |
|------------------------|----|------------------------|----|
| 8,702                  | 01 | 4,452                  | 06 |
| SAN MARTÍN DE PORRES   |    | SAN JUAN DE MIRAFLORES |    |
| 5,667                  | 02 | 4,313                  | 07 |
| SAN JUAN DE LURIGANCHO |    | ATE                    |    |
| 4,980                  | 03 | 3,465                  | 08 |
| LOS OLIVOS             |    | LIMA                   |    |
| 4,664                  | 04 | 2,908                  | 09 |
| COMAS                  |    | VILLA EL SALVADOR      |    |
| 4,542                  | 05 | 2,373                  | 10 |
| CHORRILLOS             |    | LA VICTORIA            |    |

**+1,170** SINCE 2020



## PROTECTION

### Context

While land borders remaining closed, according to the Flow Monitoring Surveys of Venezuelan Population, there is a continuous increase of people entering through the northern border from 893 persons in a day in January, to 1,019 in June to 1,136 in August 2021.<sup>80</sup> The information gathered by GTRM partners shows that people entering through the border include family groups of approximately 3 to 4 members, people travelling alone or in groups that are not related by family connections. Some 15 per cent of people in transit were identified as having specific protection needs, such as pregnant or breastfeeding women, separated or unaccompanied children and adolescents, and people with critical or chronic medical conditions.<sup>81</sup>

While the number of refugees and migrants from Venezuela entering Peruvian territory continues to be higher in 2021 compared to the previous year, the outflow of people has also been constant due to lack of job opportunities, lack of food, family reunification or no access to the health system.<sup>82</sup> The identification of people leaving through unauthorised border crossings and the information provided by the people in transit interviewed, mentioning that they paid to cross the border, shows the existence of migrant smuggling networks located at the country's borders, which further increases protection risks for people and families in transit, including for children and adolescents.<sup>83</sup>

On the other hand, the COVID-19 health emergency continued to affect the most vulnerable groups, including children and adolescents and survivors of gender-based violence, while the various State protection mechanisms failed to provide a timely response to refugees and migrants.<sup>84</sup>

### Needs analysis

#### Access to the territory, registration and documentation

According to the border monitoring carried out by GTRM partners, most of the people interviewed who had entered the country expressed their intention to settle in Peru and mainly in the city of Lima (to a lesser extent in other cities on the coast). When asked about the type of documentation they held, a large majority indicated that they were entering the country with their national identity card.<sup>85</sup> As they did not enter the country regularly, and given the need for a valid stay permit within Peruvian territory, this group of people must regularise their situation. Some have also

exceeded the permission given by the authorities to stay regularly within the country.

In March 2021, the SNM began a multi-stage regularisation procedure for foreigners, to carry out an orderly and informed process.<sup>86</sup> The first stage was the pre-registration of people, which initiated the procedure to obtain the Temporary Residence Permit (CPP), and served also as a data base to include foreigners in the National Vaccination Scheme against COVID-19. This first stage also provided additional socio-demographic information on foreigners living in Peru. According to the SNM, as of August 2021, a total of 368,000 persons pre-registered, mostly Venezuelans (98 per cent), including approximately 130,000 asylum seekers. As of November, the CPPs of 199,263 pre-registered persons were processed of which 88,339 have been printed, and 59,980 delivered.

In addition, the Ministry of Foreign Affairs published its Ministerial Resolution N°0207-2021/RE providing guidelines for the Special Commission for Refugees (CEPR) to grant the new Humanitarian Immigration Status (HIS). According to these guidelines, asylum seekers can acquire this Humanitarian Immigration Status while continuing their asylum application. Some 50,000 people updated their contact information on the CEPR website to communicate with the CEPR and 52,010 HIS were granted. As of November 2021, some 24,296 have been printed and 16,179 delivered.

Despite the efforts of the SNM, CEPR and GTRM partners to disseminate information on regularisation procedures, 57 per cent of key informants interviewed in the Joint Needs Assessment mentioned that their communities need more information on regularisation and documentation procedures. This lack of access to information and misinformation circulating among the



#### Key messages:

The protection risks that affect refugees and migrants during their entry, transit or stay in Peruvian territory continue to be a challenge for the State and even for organisations that seek to offer a timely response. This aims to allow them to fully exercise their rights and ensure an adequate integration process with their host communities, special emphasis on those in situations of vulnerability, including children and adolescents, survivors of gender-based violence and victims of trafficking and smuggling.



#### ESTIMATES OF PEOPLE IN NEED

PROTECTION  
**907.5K**

#### REFUGEES AND MIGRANTS IN DESTINATION

**741,000**

**330,500** MEN  
**277,500** WOMEN  
**67,500** BOYS  
**65,500** GIRLS

#### REFUGEES AND MIGRANTS IN TRANSIT

**47,500**

**21,000** MEN  
**18,000** WOMEN  
**4,500** BOYS  
**4,000** GIRLS

#### HOST COMMUNITY

**119,000**

**53,000** MEN  
**44,500** WOMEN  
**11,000** BOYS  
**10,500** GIRLS



refugee and migrant communities stand in stark contrasts with the great importance of regularising their residence in the country and obtaining documentation as a way to access different public services. In this regard, the Joint Needs Assessment showed that the lack of information on procedures not only covered documentation and registration, but also included a lack of information on access to the health and social security system (especially for the elderly), social programmes, the basic and higher education systems, recognition of technical/professional qualifications, job offers, and livelihoods.<sup>87</sup>

In regard to asylum applications, the protection monitoring prepared by the Danish Refugee Council (DRC) identified that misinformation has been a major barrier to applying for international protection.<sup>88</sup> Families who were interviewed expressed their intention to apply for refugee status, but had not initiated their process because they did not have any information about it, similarly those who were not interested in seeking asylum mentioned the same reasons unawareness with the procedure and with what the refugee status means and entails.

In the first half of 2021 several public institutions continued working without reopening their in-person services due to the COVID-19 pandemic. While services

remained available online, highly vulnerable refugees and migrants faced challenges that prevented them from following up with regularisation procedures. For virtual procedures, key informants in the Joint Needs Assessment stated that the main barriers to obtaining information included limited or no connectivity or access to the internet, lack of appropriate technological equipment, limited economic resources, and limited channels or sources of information (for example, not finding specific information aimed at refugees and migrants on State websites).

Moreover, key informants also identified three groups in situations of vulnerability with the greatest challenges to receive assistance and, in particular, to access to documentation: the elderly, children and adolescents, and people with disabilities. Of these three groups, emphasis was made about the elderly, as they not only have limited access to information on regularisation and documentation, but also to information on their rights according to their health and age conditions, as they have less access to technology and connectivity. This would mean additional regularization pathways for them to access healthcare services. In addition, the elderly have overall less resources to carry out regularisation procedures. Likewise, for people with disabilities, the lack of documentation recognized by

<sup>80</sup> IOM (2021) DTM Flow Monitoring Surveys in Tumbes, Peru - Reports 9 (May), 10 (July) and 11 (September).

<sup>81</sup> UNHCR and PLAN (September 2021) Op. Cit.

<sup>82</sup> Mention of work-related reasons for leaving the country exceeds 50 per cent. See: UNHCR and PLAN (September 2021) Op. Cit.; UNHCR (September 2021) Tacna: Border Monitoring (June-September).

<sup>83</sup> Ferrer Rivera, L. (September 9, 2021) Mega-operation against alleged migrant smuggling network in Tacna, at <https://bit.ly/3FR12cG>

<sup>84</sup> Ombudsman's Office (2021) Working Paper No.002-2021-DP/ADM Gender-based violence against migrant women in Peru. p.101

<sup>85</sup> See also: UNHCR and PLAN (2021) Tumbes: Border Monitoring - March-April, May-June, and July-August.

<sup>86</sup> Executive Order (Decreto Supremo) No. 006-2021-IN (July 4, 2021)

<sup>87</sup> Asociación Quinta Ola 2020. Final Diagnostic Report on the situation of Venezuelan girls and adolescents living in Lima. p. 40

<sup>88</sup> Danish Refugee Council (DRC) DRC Peru: Brief Note on Protection Monitoring, October-February, p. 3: 168



authorities or a residence permit has made it difficult to obtain a disability certificate from the National Council for the Integration of Persons with Disabilities (CONADIS, by its acronym in Spanish) and access to the Comprehensive Health Insurance (SIS). The situation is exacerbated when they are unable to pay for the tests needed for diagnoses due to insufficient economic resources, or to access programmes that take into account the multiple forms of disability that people may have, or specialised care for children and adolescents with disabilities.

### Child Protection

The Joint Needs Assessment emphasized that children and adolescents interrupt their studies mainly because their families lack the financial resources to cover their basic needs. This lack of resources triggers a series of consequences and conditions that directly impact children. Key informants reported cases of children and adolescents that resorted to begging and hawking on their own, that accompanied their parents to work as street vendors and peddlers, or were even exploited (rented) for the same purposes, and even mentioned cases of adolescents as sexual workers.

However, children and adolescents are not only exposed to danger on the streets. It was recurrently observed that parents or caregivers did not have a safe space (such as day-cares and schools) to leave children while they went to work. For many of these parents depending in the informal economy it was impossible to work from home during the pandemic and if children were not yet in school age, or were receiving education through the remote system, there was no choice other than leaving them alone or in the care of others. This sometimes exposed them to violence, a problem that worsened since the beginning of the pandemic. Thirty-eight per cent of the key informants interviewed who provided information on children and adolescents have known cases of violence against children and adolescents including physical, sexual, psychological and emotional violence; the last two were the most frequently reported in their communities. Key informants also reported being aware of cases in which someone contacted the authorities to denounce the violent events, but mentioned that authorities did not follow-up or had a negative attitude towards refugees and migrants.

Vulnerability increases when it comes to unaccompanied or separated children and adolescents (UASC) as they are the most exposed to risks. A GTRM partner estimates that 3 out of 10 children and adolescents in contexts of human mobility in Peru were separated from one or of both parents.<sup>89</sup> During the Joint Needs Assessment, key informants specified that once identified, cases of UASC are referred to relevant institutions or relatives are contacted directly under the coordination of community representatives. However, there is little knowledge on organisations that assist these children and adolescents,

only the Municipal Defence Centres for Children and Adolescents (DEMUNA, by its acronym in Spanish) are mentioned by key informants. Furthermore, women are the ones who are most frequently aware of these cases; key informants indicated that these and other sensitive issues are usually addressed in meetings of women leaders.

In addition to the foregoing, the GTRM identified child protection needs linked to access primary healthcare services and specialised secondary care for children. An important barrier that key informants highlighted is the difficulty to obtain the *carne de extranjería* to access services as well as access to the SIS for children above five years old. In this context, specialised care for children and adolescents with disabilities is limited because of the same lack of documentation or irregular legal situation and unknowingness from parents. In this regard, GTRM partners received reports of cases of children with disabilities over the age of five who cannot longer access the SIS, and their parents or caregivers are forced to pay large sums of money to receive support or interrupt it because they cannot. Key informants highlighted that the disabilities noted in their communities are physical and motor disabilities or impairments, intellectual/learning and developmental disabilities (including autism and in different degrees by Down Syndrome), and sensorial disabilities (hearing, visual impairments).

### Gender-Based Violence (GBV)

This year the incoming government prioritised the fight against gender-based violence by including it in the general government policy 2021–2026, with a view to strengthening prevention, prosecution, and protection. In Peru, refugee and migrant women from Venezuela have been the most affected by the different types of violence in recent years. As of September 2021, the Women's Emergency Centres (CEM, by its acronym in Spanish) assisted nearly 1,500 Venezuelan women (82 per cent of the total number of cases received), 22 per cent more than in 2020.<sup>90</sup> Moreover, 6 out of 10 Venezuelans were in an irregular situation. While physical and psychological violence represent almost 85 per cent of the cases assisted by CEM, there is an increase in the number of cases of sexual violence.

The increase in reported cases of violence could be even higher if we consider that there is limited information among refugee and migrant communities on how to report an incident to authorities. In fact, Venezuelans in the country report incidents three times less than the national average.<sup>91</sup> In this regard, there is a need to pursue an educational-communication strategy aimed at the refugees and migrants from Venezuela on how to prevent and respond to the different forms of violence, available assistance routes and on empowerment of women, adolescents and girls.

The GTRM has identified barriers to access the critical roadmap to prevent and respond to gender-based

violence, particularly in terms of access to justice, health, and socio-legal services, which hinders timely assistance regardless of nationality or status in the country. On the one hand, there is limited financial capacity and technical services to assist GBV survivors (shelter space in CEM, livelihoods opportunities to break economic dependency, etc) especially in the most vulnerable cases. On the other hand, refugees and migrants fear to come forward to authorities because of repercussions they could face when they reside in the country in an irregular manner. Even for those who have the *carne de extranjería*, the most known and widespread used and accepted documentation for foreigners residing in the country in a regular manner, there is a fear that after denouncing their Peruvian aggressors, the authorities will not renew their permits, and as a result, they will be exposed to refoulement.<sup>92</sup>

Considering that 34 per cent of the key informants interviewed reported having knowledge of cases of GBV in their community, according to the Joint Needs Assessment of the GTRM, there is a need to boost and strengthen community mechanisms to prevent violence at the local level. This would contribute to counteracting the normalisation of GBV and the increased machismo due to lack of awareness about gender issues.

### Human trafficking and smuggling

Trafficking and smuggling crimes have increasingly affect refugees and migrants in human mobility. During the first half of 2021, reports of human trafficking in Peru increased compared to the same period in 2020.<sup>93</sup> In the case of refugees and migrants, the number of people affected has increased in recent years to the point of being the second most affected after Peruvian nationals. Thus, refugee and migrant victims of trafficking increased from 6.5 per cent in 2018 and 2019 to 10 per cent in 2020 of the total number of registered victims.<sup>94</sup> This took place alongside a reduction in police operations due to the impact of the pandemic, a situation that continues in 2021.<sup>95</sup> With regard to smuggling, 45 per cent of smuggled migrants identified in 2020 were of Venezuelan nationality, compared to 24 per cent in 2019.

This situation reveals a weak inter-agency response to address the risks of trafficking and smuggling of refugees and migrants. More information is needed on the dynamics, trends and profiles around the prevalence of both crimes towards this population. There is still no single figure available on the prevalence of these crimes; there are various sources of information with no coordinated systems in place.

Similarly, assistance and protection services for refugees and migrants who are victims of trafficking are deficient and difficult to access. Identification and referral mechanisms need to be strengthened. All the above create obstacles that ultimately hinder access to justice for

refugees and migrants. On the one hand, there is limited access to information on complaint mechanisms, as well as fear and distrust of reporting a crime, considering the legal status and/or lack of documentation of the victims and, on the other, there is an urgent need to strengthen the capacities of those involved in the protection, criminal prosecution, and control system to facilitate complaints, as well as prosecution and appropriate penalties.

### Inter-sectoral linkages

- **INTEGRATION:** The Protection sector is interlinked with all other response sectors. It is part of a chain of problems and needs which ultimately affect the most vulnerable. The lack of documentation and access to information on employment programmes limits access to formal jobs with better conditions. The economic pressure to which Venezuelan families are subjected can lead to begging, exploitation and child labour. Many families have nowhere to go and no one to leave their children with, which is why they also end up working with their parents. In addition, as noted throughout the Joint Needs Assessments, using children for begging and even renting them out is a real risk. In one way or another, children and adolescents find themselves in situations without any protection.
- **EDUCATION:** The lack of access to education due to different factors (economic reasons, limited access to services and information), not only has a direct impact on the learning of children and adolescents, but also on their protection. While non-attendance is part of the context, it actually exacerbated the problems that existed before the pandemic. School was a space that to some extent prevented children and adolescents from being exposed to situations of violence –when they were separated from their parents who had to go out to work—as well as begging, renting and child labour.
- **HEALTH:** Lack of documentation is the key element that curtails access to the SIS and health services. In addition, GBV and trafficking survivors as well as child and adolescent survivors of violence have specific and pressing needs for support on mental health and other health-related issues.



For more information on the results of the key informant interviews for this sector, see pages 49 to 54, «Joint Needs Assessment: Main Results».

<sup>89</sup> UNICEF (2021) The new kids on the block: Evidence from the situation of Venezuelan children and adolescents in Peru. p. 35, at <https://uni.cf/3FMyfmJ>

<sup>90</sup> Statistical Portal of the Aurora National Programme - MIMP. Cases of foreigners: years 2021, 2020, 2019., at <https://portalestadistico.aurora.gob.pe/>

<sup>91</sup> Peruvian National Police (2020), INEI (2017). Crimes against life, body and health. Complaints per 1,000 people.

<sup>92</sup> Purizaca, G. (July 2021) Xenophobia, gender-based violence and neglect: what migrant women experience in Peru, at <https://bit.ly/312pypQ>

<sup>93</sup> INEI (2021) September 23rd is the National Day against Human Trafficking, at <https://bit.ly/3p0ifqG>

<sup>94</sup> Specialised Prosecutor's Offices on Human Trafficking, Government Attorney General's Office (2020) Report of victims.

<sup>95</sup> According to the Bureau against Human Trafficking of the National Police, there were 77 Venezuelan victims in 2020 (13 per cent of the national total); and 301 victims in 2019 (30 per cent of the total number of victims).



# PANORAMA ON DOCUMENTATION AND REGULARIZATION PATHWAYS FOR REFUGEES AND MIGRANTS IN PERU

## KEY FIGURES

**1.286M**  
refugees and migrants up to September 2021

**1.453M**  
refugees and migrants projected by late 2022

**780k**  
refugees and migrants registered with the SNM including:

**363k** with valid permits or its extension

**417k** no active nor pending processes with the SNM

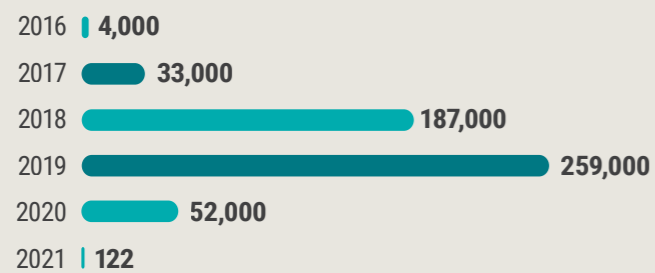
## ACCESS TO ASYLUM

September 2021

### ASYLUM APPLICATIONS June 2021

**532,000** ASYLUM SEEKERS

# of new applications received



Refugees and Migrants do not have access to the asylum system, which remains close since October 2020.

### NUMBER OF REFUGEES June 2021

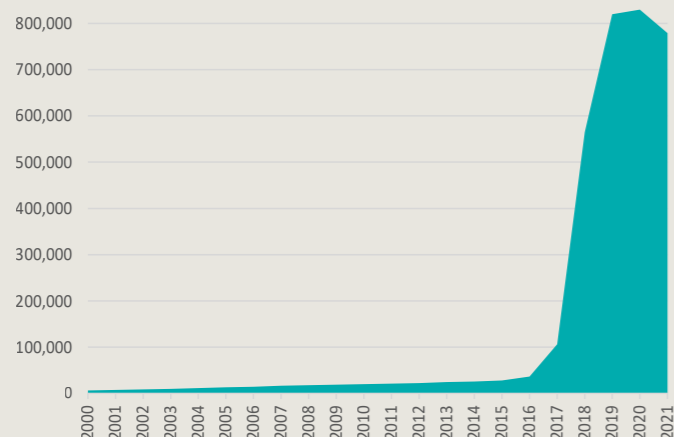
**3,200** REFUGEES

CEPR application processing capacities have significantly increased. However, waiting times to receive the decision remain long.



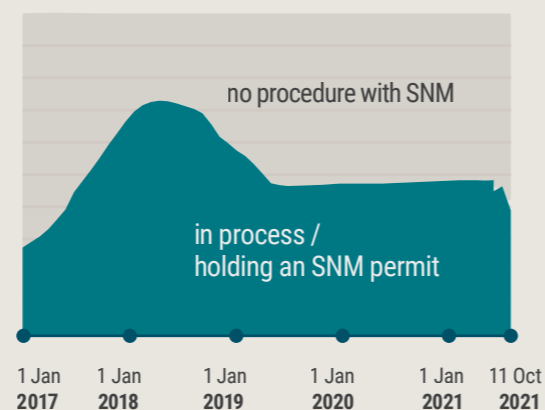
### NET MIGRATION TRENDS

# of refugees and migrants from Venezuela registered with the SNM



### STATUS REGULARIZATION TRENDS

% of Venezuelans registered with the SNM



## TYPES OF PERMITS FOR FOREIGNERS

### TEMPORARY STAY PERMIT-ORIGINAL (PTP):

Ad hoc authorization given by the SNM entitling the holder with a regular status and a working permit. Requisites, conditions, extensions and costs depend upon the SNM resolutions.

### CARNET DE EXTRANJERÍA (CE):

Identity document given to foreigners who were granted a Resident Status. It has a 4-year validity for adults and 3-years for children and adolescents. If foreigners hold a Permanent Resident Status the validity can be up to 5 years.

### MIGRATION STATUS:

These are classified among temporal and resident (gives access to the CE) categories. It includes the aforementioned Permanent Resident and Resident Statuses as umbrella terms for statuses granted to students, researcher, workers, investors, among others. The duration of their validity depends on the type of Status granted.

### NEW TEMPORARY STAY PERMIT (CPP):

Available since July 2021 through the SNM, it confers a regular status and a working permit. However, it does not grant access to the SIS and it has a one-year validity.

### HUMANITARIAN RESIDENCE (CMH):

Resident Status granted by the Ministry of Foreign Affairs under different conditions including asylum seekers, who may continue their asylum application simultaneously, and to persons who may require international protection, but do not qualify for asylum. This CMH grants a working permit and a residency of 183 days, which can be extended for as long as the persons are in a vulnerable situation.

## REGULARIZATION PATHWAYS AND HUMANITARIAN RESIDENCE

**389,000**

PERSONS PRE-REGISTERED FOR THE NEW CPP AND THE HUMANITARIAN RESIDENCE, INCLUDING 135,000 ASYLUM SEEKERS (WHO HAVE A REGULAR STATUS)

UP TO SEPTEMBER 2021:

**195k**

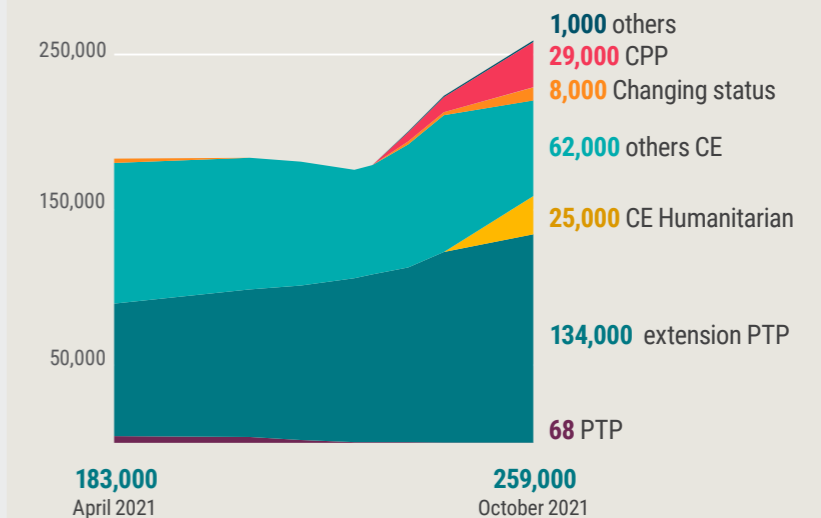
PERSONS BEGAN THE PROCEDURE TO OBTAIN THE CPP

**150k**

BEGAN THE PROCEDURE TO OBTAIN THE CMH



### # OF PERSONS RECEIVING PERMITS IN 2021





# INTEGRATION

## Context

Peru is considered an upper middle-income country due to the extraordinary socio-economic progress it experienced from 2003 to 2019. The implementation of a series of macroeconomic measures led to a significant reduction in poverty and extreme poverty, an increase in people's well-being and to economic growth.<sup>96</sup> All this was also achieved with the implementation of more efficient social programmes to support and include a substantial part of the vulnerable population in these development plans. However, Peru continues to face major structural problems of socio-economic inclusion, including the provision of services (water, sanitation and hygiene, public transport and its infrastructure, access to and quality of education, work and health) with results far below those that should be achieved in accordance with its status as an upper middle-income country.<sup>97</sup> This deficit increases inequality, affects the quality of life of millions of people, reduces productivity, drives up informality, and reduces the possibilities for social inclusion of the most vulnerable groups and populations, including refugees and migrants.

The inequality derived from the lack of socio-economic inclusion and the consequent informality (including informal labour) has an enormous impact on the country's development possibilities and its sustainability in all spheres (social, economic and environmental). As mentioned in the Shelter sector, an unequal and socio-culturally exclusive Metropolitan region affects the needs of the Venezuelan population and its host communities through the whole sectoral response. For the Integration sector, the characteristics of the metropolitan region represent a poverty trap and an impediment to support the consolidation of the middle class, causing Peru to find itself trapped in a circle that does not allow it to advance or grow and, on the contrary, is beginning to set it back by being particularly susceptible to crises such as the COVID-19 pandemic.<sup>98</sup> Prior to the pandemic, 60 per cent of the world's extremely poor lived in middle-income countries like Peru, and now that this crisis has pushed 120 million more people into extreme poverty, and 82 percent of these new poor are in middle-income countries, it has brought the total number of extremely poor people in these countries to 90 per cent of the world's total extreme poverty.<sup>99</sup>

According to the INEI and the Peruvian Institute of Economics (IPE), following the publication of the 2020 monetary poverty figures and the results of the National

Household Survey (ENAHO), monetary poverty increased from 20.2 percent of the population in 2019 to 30.1 percent in 2020.<sup>100</sup> The IPE states that this situation represents a ten-year drawback, where monetary poverty in 2010 was 30.8 per cent. In the case of extreme poverty, from 2.9 per cent in 2019, there was an increase to 5.1 per cent in 2020, above extreme poverty in 2017 which was 4.7 per cent<sup>101</sup> Moreover, the largest increase in poverty was in the main areas of residence of refugees and migrants:

- In urban areas, it increased from 14.6 percent of the urban population in 2019 to 26 percent in 2020.
- On the coast, it increased from 13.8 per cent in 2019 to 25.9 per cent in 2020 (Tumbes alone had an increase of 18.9 percentage points reaching 2004 poverty levels, affecting 36 per cent of the population).
- In Metropolitan Lima (reaching 2007 poverty levels) and Callao, where the incidence of monetary poverty almost doubled from 14.2 per cent in 2019 to 27.5 per cent in 2020.

In addition to the heightened inequalities and challenges to socio-economic integration at the structural level, there is also the problem of discrimination and xenophobia and the lack of socio-cultural inclusion. With the arrival of the Venezuelan refugee and migrant population, Peru went from being a country of departure for migrants to a recipient of refugees and migrants, with the highest number of asylum requests (532,000 according to the CEPR) from Venezuelans, the second largest displacement crisis in the world. Even without counting the exact number of Peruvian children born to Venezuelan parents, a second generation of Venezuelan-Peruvians and more than one million refugees and migrants from Venezuela have begun a process of transformation and development of their own cultural identities, where in order to improve their living conditions and the sustainable development of the country, it will be necessary to ensure their inclusion and socio-cultural development. The sustainable development of a country can only be measured on the basis of the living standards of its most vulnerable populations, hence the importance of leaving no one behind.

## Needs analysis

According to information received from the Ministry of Development and Social Inclusion (MIDIS), about 188



ESTIMATES OF PEOPLE IN NEED

**INTEGRATION**  
**1.365M**

REFUGEES AND MIGRANTS IN DESTINATION

**915,000**

**408,000** MEN  
**343,000** WOMEN  
**83,500** BOYS  
**80,500** GIRLS

REFUGEES AND MIGRANTS IN TRANSIT

-

- MEN  
- WOMEN  
- BOYS  
- GIRLS

HOST COMMUNITY

**450,500**

**201,000** MEN  
**169,000** WOMEN  
**41,000** BOYS  
**39,500** GIRLS



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refugees and migrants from Venezuela are registered in the Targeting System that is used to verify the socio-economic information needed to access social programmes and subsidies granted by the Peruvian government.<sup>102</sup> These programmes include a wide range of social assistance objectives, both to face the COVID-19 pandemic (through economic and food support) and in access to formal work. Within the programmes directed towards the adult population, however, only one refugee and migrant received assistance.<sup>103</sup>

This contrasts with the great strides the country has made in social inclusion through the expansion and effectiveness of social programmes since 2001. While not all vulnerable groups benefited equally (urban versus rural poverty, for example), the expansion of poverty reduction

assistance across the country had a substantial impact on economic growth and development. This allowed the country to reach its upper middle-income status. Studies conducted since 2019 by the World Bank, the BBVA financial institution and more recently by the Peruvian-Venezuelan Business Chamber, among other institutions, demonstrate the positive impact of refugees and migrants from Venezuela on the Peruvian economy.<sup>104</sup> Their social inclusion via social assistance schemes and programmes, including access to formal employment, would enhance these benefits.

According to the Ministry of Labour and Employment Promotion (MTPE), as of July 2021, only 53,026 Venezuelan workers have a formal contract.<sup>105</sup> This represents a minimal percentage of the Venezuelan population of working age

<sup>96</sup> OECD (2015) Multi-Dimensional Review of Peru. Vol. 1-3, at <https://www.oecd.org/development/mdcr/countries/peru/>

<sup>97</sup> Ibid. Vol. 1 p.1

<sup>98</sup> Support for the consolidation of the middle class is achieved through access to formal employment and decent work for refugee and migrant professionals, as well as through support for entrepreneurship, financial inclusion, and job training, among others. These are activities that contribute to improving people's quality of life by increasing income and reducing monetary poverty, which facilitates the fight against multidimensional poverty.

<sup>99</sup> Atanda, K., Cojocar, A. (March 2021) Shocks and vulnerability to poverty in middle-income countries, at <https://bit.ly/3CUys5l>

<sup>100</sup> Peruvian Institute of Economics-IPE (May 2021) Poverty 2020: Peru regresses by 10 years, at <https://bit.ly/31069pm>

<sup>101</sup> Ibid.

<sup>102</sup> It is worth noting that the number of Venezuelans registered under the Targeting System decreased from nearly five thousand refugees and migrants from Venezuela in June 2020 to the 188 mentioned previously, for unknown reasons. However, even with almost 5,000 people from Venezuela registered earlier, they constitute a tiny percentage of the people in need.

<sup>103</sup> MIDIS (August 2021) Programme Targeting System - SISFOH, Report No. D000724-2021-MIDIS-DO.

<sup>104</sup> See: BBVA (2019) The contribution of Venezuelan immigration to the Peruvian economy, at <https://bbva.info/3HXKaA0>





(14 years and older) considering that the ENPOVE 2018 found that 92 per cent of them were participating in an economic activity. This is especially important considering that during the Joint Needs Assessment, 83 per cent of key informants interviewed stated that the main reason why the refugee and migrant population arrives in Peru is to find work and income opportunities; 94 per cent indicated their communities rely on informal employment, and 47 per cent considered that less than half of the refugee and migrant population in their communities have sufficient income to meet their basic needs. As a result, there is a great need to access formal employment and decent work which would in turn improve the living conditions of refugees and migrants. This would translate into better access to services and improved quality of such services as the outcome of the economic spill over caused by the increase in income (decrease in monetary poverty) and which, based on the 2030 Agenda, could boost Peru's sustainable development, as happened between 2003 and 2019.

Refugees and migrants from Venezuela also have a great need to participate in capacity development programmes for labour and entrepreneurial skills that will allow them to access the formal economy and decent work. The GTRM has taken on this important task notwithstanding the challenges posed by the underfunding that the response has encountered. These great needs are due to the fact that:

- While a significant number of the economically active Venezuelan population has higher education studies and obtained their degrees, not many have been able to pursue their professions and had to work in whatever

jobs they could find to earn an income (taxi drivers, street vendors, security guards, cleaning services, bricklayers, etc.). These activities are poorly paid and do not provide access to health insurance, pensions or other employment rights and benefits.<sup>105</sup>

- Another considerable part of the economically active population was already affected by poverty conditions in Venezuela. Many of these people did not have access to or were unable to pursue higher technical, vocational or university education, and some also lost their businesses or sources of income during the economic crisis that has impacted their country. These people depend on jobs that require low-skilled or itinerant work, also with low pay and without access to decent working conditions. These persons need to acquire skills that will improve their employability or enable them to become entrepreneurs.<sup>107</sup>

Both groups of the economically active population are affected by the conditions of informality mentioned previously. The main consequence of this informality is, in many cases, an increased risk of being victims of human trafficking, especially labour and sexual exploitation. For a long time, a growing scapegoating discourse has been spread around refugees and migrants accepting jobs for lower pay than their Peruvian counterparts. At the national level, through this discourse, Venezuelan workers have been made the scapegoat for taking jobs away from national workers by accepting lower salaries. This overlooks the role of employers who take advantage of the great need of refugees and migrants by not offering them formal and fair working conditions. This has ignited problems of discrimination and xenophobia against the

Venezuelan community, which in turn has increased the refusal to hire them formally or to include them in social protection programmes.<sup>108</sup> Moreover, some groups in a situation of vulnerability, such as the elderly and persons with disabilities are often not targeted and left out of livelihoods interventions. A more inclusive response requires to plan and consider them within the activities implemented.

This negative cycle reduces the opportunities for social mobility of refugees and migrants and their host communities, and thus the opportunities for socio-economic inclusion of the most vulnerable sectors of the country's population. The reasons why this impacts the host communities are the reduction of the potential fiscal and economic benefits of the presence of the Venezuelan demographic bonus, the lack of professionals in some branches and regions of the country that could be remedied if opportunities were given to professional refugees and migrants, preventing the creation of jobs and provision of services that can be generated by Venezuelan entrepreneurship and business, among others. This increases not only monetary poverty, but also the multidimensional poverty already caused by the deficit in access to services, creating greater challenges for the country's sustainable development.

The fight against misinformation, criminalisation, stereotyping, discrimination, and xenophobia requires widespread dissemination and support to mitigate the effects on the socio-economic inclusion of the refugee and migrant population. An important aspect of this struggle is the need to reduce the media sensationalism that amplifies and distributes these messages of scapegoating and criminalising the Venezuelan population.<sup>109</sup> To this end, it is also necessary to raise awareness among both media professionals and host communities, not only about the impact of discrimination on refugees and migrants, but also on the Peruvian society itself. This can be done by including analysis of similar phenomena that have occurred in countries such as the United States, France and the United Kingdom. The socio-cultural inclusion of the refugee and migrant population is essential to ensure that no one is left behind for the improvement of living conditions in the country.



#### Key messages:

Integration challenges coupled with the impact of the pandemic on the refugee and migrant population have increased inequalities. As part of the socio-economic recovery, there is a need to boost the creation of livelihoods and decent work through initiatives such as regularising entrepreneurship and working in environments free from discrimination and xenophobia.

Another very important aspect is the lack of access to financial capital, financial education, and financial inclusion, which also represent a great need for entrepreneurs. The efforts on entrepreneurship have been key in the response of the Integration sector, even for partners who have implemented some version of the graduation model. Some 83 per cent of key informants interviewed for the Joint Needs Assessment pointed out that access to financial capital in the form of a microcredit or seed capital is the main assistance or service required to start one's own business or entrepreneurship. Moreover, 75 per cent highlighted the difficulty in accessing documentation or regularisation as the main barrier to improving working conditions.

#### Inter-sectoral linkages

- **PROTECTION:** An essential aspect of the findings of the the Joint Needs Assessment and the work of the Protection and Integration sub-groups focuses on the need of refugees and migrants to access documentation and regularise their stay in the country. This is pivotal to obtain formal employment and decent work. This work must continue in an ever more coordinated manner between the two sectors as it is also important to their inclusion in national social protection programmes and schemes. Equally important is the joint work for the recognition of the personal identification documentation that refugees and migrants already have, including that of asylum seekers, which gives them a permit to work but is not yet widely recognised in platforms and programmes to apply for jobs and for financial inclusion.

The Integration sector is closely embedded with all other sectors of the response, as has already been shown across this needs analysis. The socio-economic and cultural integration of the refugee and migrant population in Peru can provide an example for many other countries in the region and the world. Effective integration programmes have demonstrated clear benefits for both host countries as well as for refugees and migrants, hence the importance of the response of this sector, which includes the most cross-cutting issues, namely access to human, financial, social, and even environmental capital. As part of a comprehensive and timely response, this sector works in a coordinated manner to seek real progress in achieving the SDGs as well as sustainable development.



For more information on the results of the key informant interviews for this sector, see pages 49 to 54, «Joint Needs Assessment: Main Results».

<sup>105</sup> Ministry of Labour (MINTRA), Formal Labour Monitoring Bulletin. The number of Venezuelans employed by the private sector returned to the pre-pandemic figure. (January 2020: 50,424 to 53,026 in July 2021). However, it is still very low, compared to the 3,550,532 Peruvians who are formally employed by the private sector as of July 2021.

<sup>106</sup> Regarding higher education and revalidation of diplomas, please see the relevant section in the Education sector.

<sup>107</sup> World Development Report (WDR) 2019: The Changing Nature of Work (worldbank.org) p. 17

<sup>108</sup> Venezuelan Immigration to Peru: Characteristics and Macroeconomic Impact | BBVA Research

<sup>109</sup> Koechlin, J. et al (2021) Migration and Crime. KAS and UARM.



# ACCESS TO SOCIAL PROTECTION SCHEMES

Data from the Ministry of Development and Social Inclusion (MIDIS) updated up to July 2021

## PROGRAMMES FOR CHILDREN

### CUNA MÁS NATIONAL SCHEME<sup>1</sup>

Cuna Más aims to improve the development of babies and toddlers (up to 36 months old) living in poverty and extreme poverty.

|  |   |                 |
|--|---|-----------------|
| <b>Daycare in urban and peri urban areas</b> | Comprehensive assistance for babies and toddlers on health, nutrition, learning and protection. | 155 venezuelans |
| <b>Capacity development for families</b>     | Strengthening care and learning practices of families with toddlers and pregnant women.         | 0 venezuelans   |

### QALI WARMA NATIONAL FEEDING SCHEME<sup>2</sup>

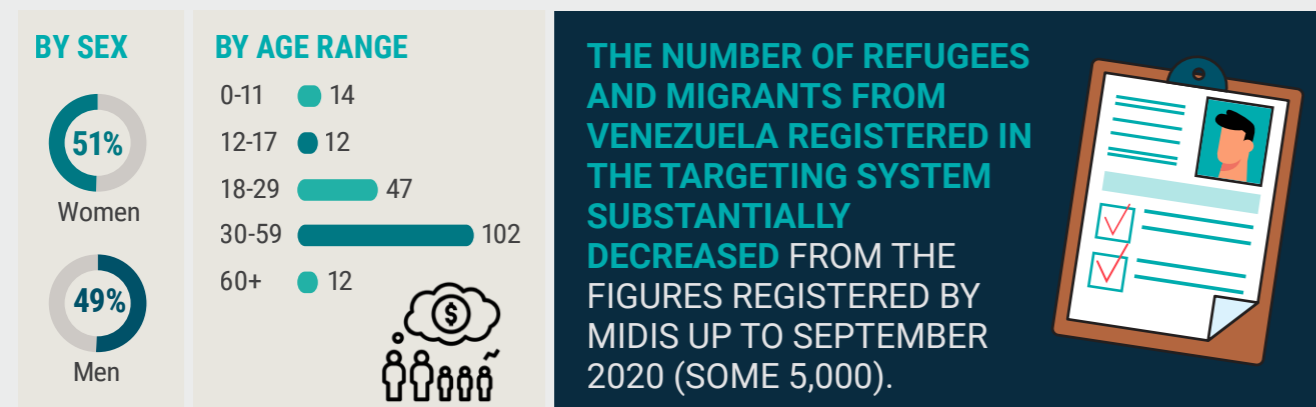
Qali Warma provides food for students enrolled in the public education system in early to secondary education at national level, extended to secondary education in the Peruvian Amazon.

|         | Venezuelans |              | Total (including host communities and all foreigners) |              |
|---------|-------------|--------------|---|--------------|
|         | Registered  | With access* | Registered  | With access* |
| Early   | 16,554      | 66%          | 1,127,849   | 69%          |
| Primary | 43,533      | 72%          | 2,655,411   | 71%          |

\* Compared to the total number of students registered per school level  
Sources: MIDIS (children registered in Qali Warma) and MINEDU (children enrolled in schools).

## TARGETING SYSTEM

The MIDIS Targeting System manages the information from the General Households Register, used to verify the socioeconomic information requested to qualify for governmental social assistance and subsidies. Through this system State authorities can identify persons in vulnerable situations and poverty. However, **only 188 Venezuelans remained registered in this Targeting System between July 2020 and July 2021.**



<sup>1</sup> Sources: <https://www.gob.pe/cunamas>, <https://www.mimp.gob.pe/files/direcciones/dgfc/diff/Experiencia-CUNAMAS.pdf>  
<sup>2</sup> Sources: <https://www.gob.pe/qaliwarma>

# JOINT NEEDS ASSESSMENT: MAIN RESULTS

The **Joint Needs Assessment** conducted by GTRM Peru sought to fill the information gaps identified during the secondary data review through the collection of primary data. The use of telephone interviews with **key informants** provided essential information on the needs of communities and their groups in a situation of vulnerability in a context that is still relatively restricted due to the Pandemic emergency. The aim is to understand how refugees and migrants from Venezuela perceive the challenges they are facing and which needs are most urgent.

Key informants were divided into the following categories:

- **Type A:** Representatives of groups in a situation of vulnerability.
- **Type B:** Representatives of communities. For example: community leaders, representatives of grassroots organisations, neighbourhood coordinators and/or similar.
- **Type C:** People working with the Venezuelan population. For example: staff of local organisations, public servants, shelter coordinators, among others.

Out of a total of 349 interviews, 170 were conducted with type A informants, 74 with type B informants and 105 with type C informants.

The data collection tool was structured in sections according to the prioritised sectors.

The main results are presented as follows.

## General and Protection Information (Documentation, regularization pathways, and access to information, resources)

→ 349 key informants [170 A – 74 B – 105 C]

### What do you consider to be the three main reasons for the members of your community to come to Peru?

The three main reasons mentioned by the key informants were access to **job opportunities** and income (81%), **access to food** (61%) and access to **health services** (47%). 28% per cent of the key informants specified **family reunification** and 17% stated opportunities for **access to education**.

According to the key informants, **information needs** are mostly focused on four main topics: access to **documentation/regularisation** (57%), **guidance on health** (31%), **job opportunities** (20%) and **guidance on education** (13%). To a lesser extent, key informants mentioned the need for information on access to humanitarian assistance (8%), complaint routes (5%) and social protection services (4%). Key informants consider **WhatsApp to be the most appropriate communication channel** for sharing information of interest with Venezuelan communities and families. However, **face-to-face communication** with families is also considered important. This also counteracts the limitations of access to information. Thus, the three main barriers to access information mentioned by the key informants were limited or no connectivity (38%), lack of appropriate technological equipment (30%) and limited economic resources (23%).

### In the last year, which groups in a situation of vulnerability have had the greatest challenges in obtaining some form of assistance?

According to type B and C key informants, the vulnerable groups with the greatest challenges in receiving humanitarian support have been the elderly and children and adolescents. This is possibly because care services were tailored to the context of the pandemic and assistance was mostly provided remotely, making access to these groups in situation of vulnerability more difficult. Secondly and thirdly, the key informants also mention people with disabilities and people suffering from chronic diseases, which may be related to the suspension of some health care services and the lack of livelihoods opportunities.



## Child Protection

→ 182 key informants [88 A – 35 B – 59 C]

**During the past year, have you heard of any cases of violence against Venezuelan children and adolescents in the community you represent/work in?**

A total of 70 key informants reported knowing about cases of Venezuelan children and adolescents who were survivors of violence. According to the survey, the most common types of violence are psychological and physical. However, according to most key informants, cases of violence against children are infrequent in their communities. It was found qualitatively that cases of violence can be related to internal factors within the family and external factors resulting from the current circumstances.

Within the internal factors identified, key informants mentioned the difficulty for parents to *apply positive* parenting techniques and strategy. In addition, many parents believe that to educate children and adolescents they have to use violent strategies and that their children must attend to and obey the demands of adults. On the other hand, among the external factors, there is a great pressure for families to survive due to unemployment and lack of enough resources to cover basic needs, which generates stress for parents. Also, the economic situation has compelled parents to work many hours a day and sometimes children and adolescents are exposed to having to work on the streets. This is consistent with the alarming figure of 39 per cent of key informants who know cases of children and adolescents resorting to begging.

In terms of specific needs, 95 out of 182 key informants indicated that they know children and adolescents with disabilities in their community. Among the cases identified, there are many children and adolescents who have physical and motor disabilities that prevents them from moving around freely and accessing the educational service. There are also children and adolescents with intellectual/learning and developmental disabilities, including autism, and key informants also reported cases of hearing and visual impairment. The main barriers to access specialised care services for children and adolescents with disabilities is the lack of capacities of State institutions to provide care and services, access to documentation (disability card, CONADIS and SIS), and parents' unknowingness about the services provided in the country.

## Gender-Based Violence

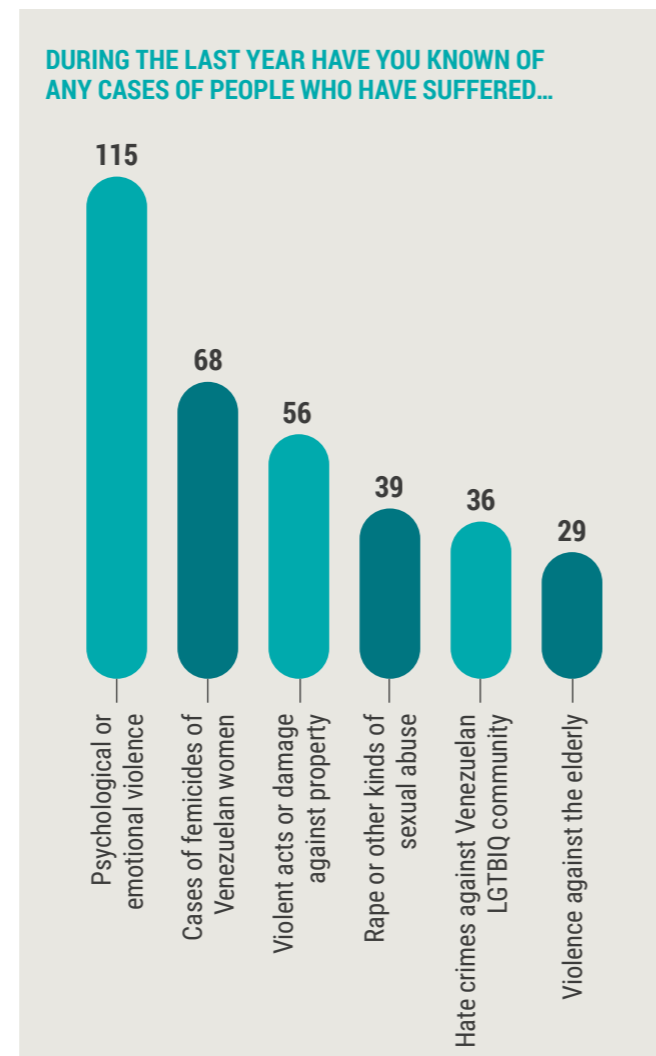
→ 244 key informants [170 A – 74 B]

*«They talk about it, but they don't report it because they don't trust the authorities. They don't want to be visible because they are informal.» –Key informant, type B 257*

**Have you been aware of any cases of gender-based violence in your community during the past year within or outside the family environment?**

A total of 83 out of 244 type A and B informants mentioned having knowledge of cases of GBV. Most of these cases were about psychological or emotional violence and physical violence. However, 39 key informants stated being aware of cases of sexual violence. The informants mentioned that survivors reported these cases to the competent authorities and searched for support from trusted people such as community leaders. Unfortunately, there is still a significant percentage of GBV cases where no report was made.

Additionally, taking advantage of the fact that type A and B key informants are direct representatives of refugees and migrants, and of community figures, they were asked whether they knew of cases of people who have suffered multiple types of violence. In response to this question, the number of key informants who mentioned having heard of people who have been victims of multiple types of violence increased. The difference is enormous in terms of gender, as 91 per cent of the people suffering violence were women. The cases of adult women and adolescents suffering from psychological or emotional violence (insults and threats) stand out, followed by femicide cases, some of them quite visible in the media. According to 63 key informants, these different situations of violence are mostly frequent and/or very frequent.

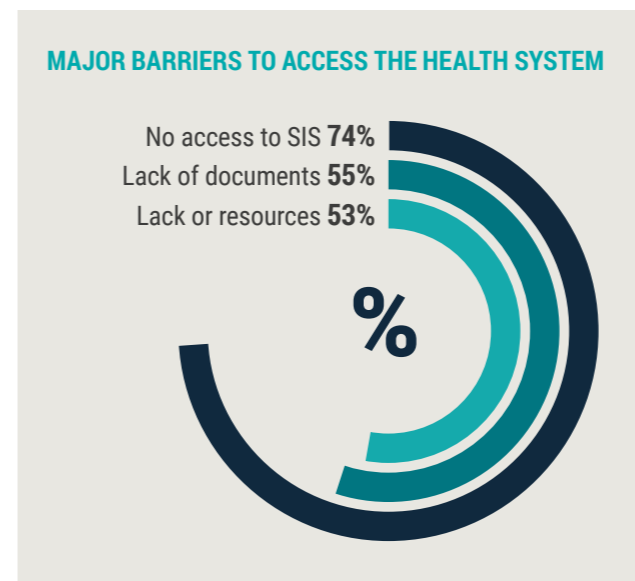


## Health

→ 244 key informants [170 A – 74 B]

*«When we say that we have a *Carne de Extranjeria*, they tell us 'oh, you are Venezuelan', and they say that we have to buy the medicine as the SIS is not always going to cover that for us, and they cut off our care.» –Key informant, type A 51*

*«(There are) cases of xenophobia or discrimination, people are treated badly, they have to wait a long time for appointments, people are mistreated with foul language.» –Key informant, type B 147*



**Have you or the members of the community you represent felt that you are treated differently or have been discriminated against by health staff?**

A total of 105 type A and B key informants stated feeling treated differently or discriminated against by health staff. In addition, refugees and migrants face many difficulties to access health services, and the three main barriers are closely related to one another.

**What are the main difficulties or barriers to access health services?**

The main barrier identified to access the health system and to treatment is **the lack of access to the SIS which is intertwined with the** second most mentioned barrier, the lack of accepted identity **documents**, such as the *carne de extranjeria*, or being in an irregular legal situation. A third problem is the *lack of financial resources* to afford medical treatment, which also prevents them from having a private health insurance. Moreover, the Venezuelan population fears **discrimination** when seeking healthcare in public institutions, while many services have been interrupted due to the pandemic.

Accordingly, 36 per cent of type A and B key informants reported that in the last six months people in their communities have had difficulties to access health services when they needed them. The most mentioned

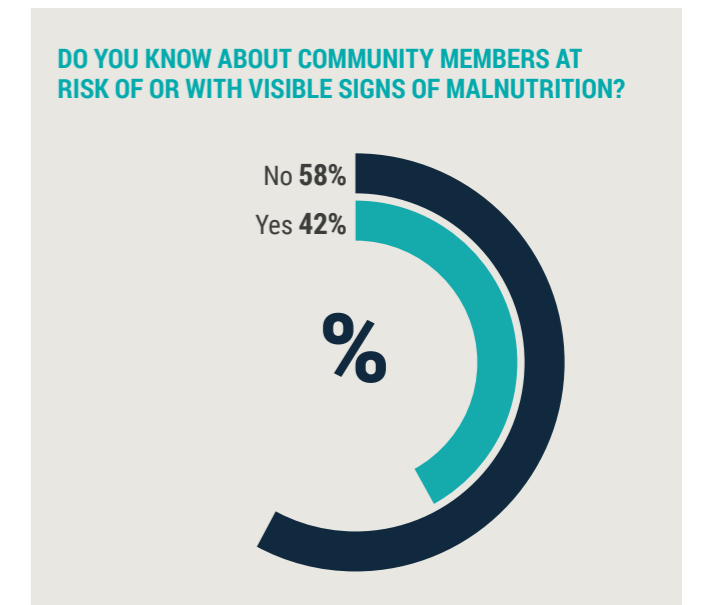
cause is once again the lack of access to the SIS and, additionally, the decrease or interruption of services due to the pandemic. People living with disabilities and chronic health conditions have been the most affected by the suspension of services. According to type B key informants, the most required health care needs are: 1) primary and secondary healthcare (control of chronic non-transmissible diseases, medical consultations); 2) Paediatrics (medical care for children) and 3) Geriatrics (medical care for the elderly).

In addition, the impact of the quarantine and increase in contagions intensified the need of access to mental health services. Among the people interviewed, 35 out of 74 informants representing the community said the know about the existence of socio-emotional support services and **mental health care** for refugee and migrant populations. Several free hotline services implemented by NGOs and State programmes such as the Community Mental Health Centres were mentioned.

## Nutrition

→ 349 key informants [170 A – 74 B – 105 C]

*«Consuming carbohydrates is cheaper, there is unknowingness about balanced and healthy foods.» –Key informant, type B 128*



**Do you know about community members at risk of or with visible signs of malnutrition?**

A total of 147 key informants confirmed knowing about people at risk of or with visible malnutrition. According to key informants, the groups in a situation of vulnerability that are the most exposed to cases of malnutrition are children and adolescents (88%), the elderly (41%), pregnant and breastfeeding women (27%), people with disabilities (20%) and the homeless (18%). Unfortunately, however, most of these groups are not being treated by a doctor, nutritionist, or other health professional.



Key informants also noted that few families with young children have access to nutritious food, nor have they received support/assistance for the purchase of infant formula or to access vitamin and mineral supplements.

## Shelter

→ 244 key informants [170 A – 74 B]

«The main challenge is to have stability in terms of migratory regularisation, which allows for a stable job that ensures a fixed monthly income to pay the rent.»

—Key informant, type B 58

«The amounts requested as a deposit to rent, and also rents for families with children tend to be more expensive.» —Key informant, type A 111

**Do you consider that members of your community will have stable accommodation/housing for the next three months?**

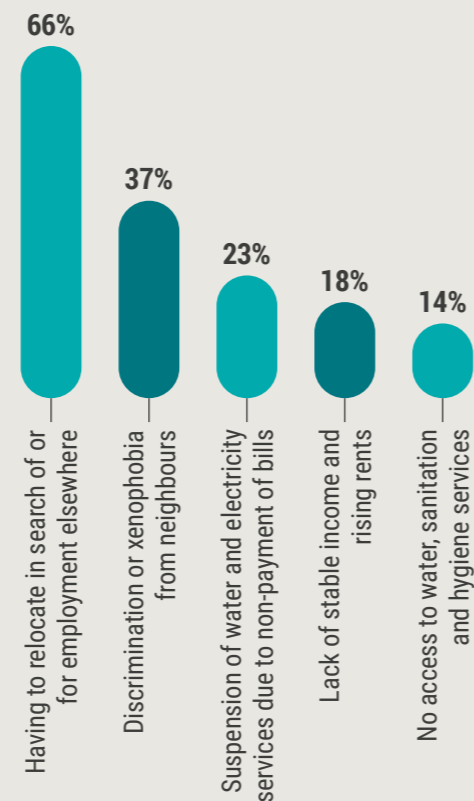
A total of 70 type A and B key informants consider that families in their communities will not have stable housing for the next 3 months. Access to housing is one of the main needs for refugees and migrants. The combination of low economic resources, large families with children and discrimination limit access to housing. The context of the pandemic has exacerbated this combination of factors, as many people have lost their jobs. Many refugee and migrant families were forced to move to cheaper accommodations and make efforts to meet housing costs. Increased overcrowding in houses and shelters also exposes families to cases of COVID-19 infection.

In addition, limited and uncertain work opportunities condition families to be constantly on the move depending on how and where employment options and offers present themselves. This is considered the main challenge to access stable housing (66 per cent), followed by issues related to discrimination and xenophobia (37 per cent), suspension of services due to non-payment (23 per cent) and lack of income (18 per cent). Furthermore, 68 per cent of type A and B key informants stated that members of their communities had to find another dwelling frequently and/or extremely frequently.

### MAIN OBSTACLES TO ACCESS SHELTER



### MAIN CHALLENGES TO ACCESS STABLE HOUSING



## Food Security

→ 349 key informants [170 A – 74 B – 105 C]

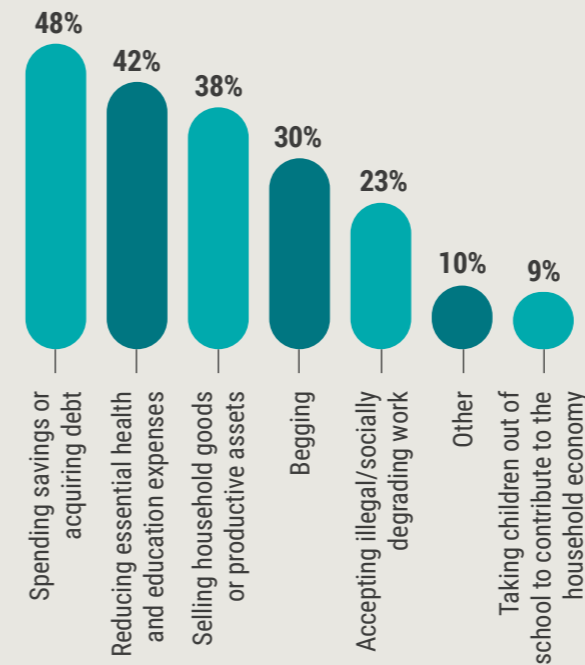
«Because of the lack of jobs and money... we prefer to pay the rent instead of eating.» —Key informant, type B 141

The COVID-19 pandemic has limited the employment options of refugee and migrant families, which reduces household budgets and strongly impacts their access to adequate food. An example of the increase in food insecurity is seen when 36 percent of key informants consider that more than half of the population in their communities has difficulties to maintain an adequate/balanced diet. Furthermore, the main barriers to eat adequate food include: limited resources (74%), unemployment (26%), limited information (8%) and lack of inclusive State assistance (5%). Despite mentioning the absence of an inclusive State response to refugee and migrant populations, 68 per cent of key informants know people who have received food assistance in the past year. Among the most recalled programmes are the Glass of Milk, soup kitchens, *Qali Warma*, as well as the support of churches and NGOs.

Among the main strategies to meet food needs people use savings (48%), reduce health and education expenses (42%) and sells goods/assets (38%). Worryingly partnering to establish informal community pots is not a strategy

used, despite the increased demand for soup kitchens. Seventy-three percent of key informants indicate that it is rare or infrequent for members of their communities to get together to cook and share food expenses. Key informants consider important that the soup kitchens/community pots expand their services to include the Venezuelan population and to disseminate information about them so that more people can access them.

### MAIN STRATEGIES TO MEET FOOD NEEDS



## Water, Sanitation and Hygiene

→ 349 key informants [170 A – 74 B – 105 C]

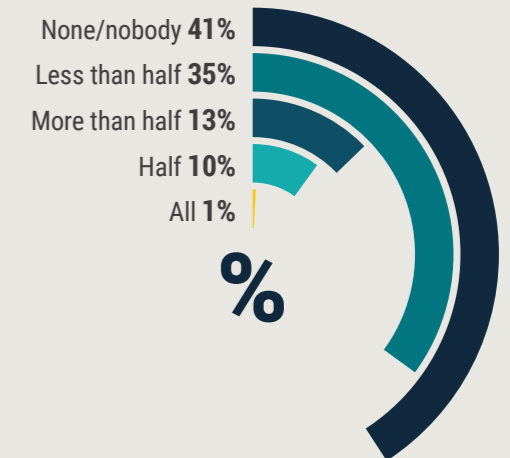
«Most of them live in uninhabitable places where there is no access to water services, (...) they live in the so-called 'invaded areas', where there is no access to water and electricity services.» —Key informant, type C 298

«In the community the water is cut off at 3:00 pm until the next day; this affects personal hygiene, washing clothes, (disinfection of) utensils...» —Key informant, type A 172

«Expenses are already excessive, it impacts us because it reduces what we can spend on food, we prioritise the payment of rent; if we don't have enough money we don't buy water.» —Key informant, type A 15

«It is an extra expense not contemplated when coming to Peru, we buy less food to be able to buy water weekly.» —Key informant, type B 67

### PERCENTAGE OF POPULATION WITHOUT ACCESS TO WATER AT HOME



The COVID-19 pandemic has highlighted the importance of having access to drinking water and WASH services for hygiene and to prevent infection. However, this essential resource is not always available in the households of refugee and migrant families. Twenty-four percent of key informants indicated that at least half of the people within their communities do not have access to water at home. Key informants stated that this situation has led to health consequences and an increase in illnesses, personal hygiene problems, and difficulty in preparing food.

Limited access to housing also impacts families, as in areas where it is more affordable to rent, access to drinking water through the public network is scarce. Consequently, about 22 per cent of type A and B key informants report that the water they use comes from filling jerry cans and buying from tanker trucks, which is a significant burden on their budget.

## Education

→ 182 key informants [88 A – 35 B – 59 C]

«Having only one electronic device for several children, sometimes the internet is not enough.» —Key informant, type A 320

«Children and adolescents beg in the streets or play while accompanying their parents to sell in the streets.» —Key informant, type A 277

«They have interrupted their studies due to the lack of economic resources, because their parents work and cannot help them. Children and adolescents have to take care of the house and look after their younger siblings.» —Key informant, type A 54

The enrolment of children and adolescents has continued to increase despite the pandemic. However,



there are still children and adolescents who are not enrolled in the Peruvian education system. A total of 59 key informants considered that less than half of children and adolescents in their communities are enrolled in the education system.

**Which are the barriers for children and adolescents to be enrolled?**

Key informants mentioned that the main barrier to enrol children and adolescents is the **lack of documentation** (70%). The second barrier is the lack of technological equipment to attend classes and having **no internet connection** (55%). The third most mentioned barrier are the **limited vacancies** available (44%). Moreover, Venezuelan families also have to prioritise other expenses over educational expenses to cover their basic needs. In addition, **children and adolescents help their parents** by taking care of younger siblings or by participating in economic activities.

The transition to a remote education system has been a challenge that has been difficult for everyone, especially for refugee and migrant families. Reliance on internet connectivity and limited technological equipment to follow remote classes has limited access for enrolled children and adolescents. In this regard, 67 out of 182 key informants consider that less than half of enrolled children and adolescents can effectively follow remote classes.

**What proportion of children and adolescents in your community enrolled in school had to interrupt their studies in the past year?**

A total of 62 key informants considered that at least half of the children and adolescents in their communities had to interrupt their studies during the past year. The main reasons were insufficient household income, no internet connection, and children and adolescents work alongside their parents. This cases add to the already worrying number of children working, as 62 per cent of key informants know cases of children under 18 who work out of necessity instead of studying.

**Decent work and livelihoods**

349 key informants [170 A – 74 B – 105 C]

*«We get job offers and the interviews happen in strange places and the questions they ask you have to do with your personal life, and when you mention that you have a husband they tell you that the job has already been filled.» –Key informant, type A 51*

Eighty-three percent of key informants stated that the main reason why refugees and migrants from Venezuela come to Peru is to access work and income opportunities. However, the shutdown of activities due to the pandemic has diminished job opportunities. Accordingly, 53 per cent of key informants consider that less than half of the refugee and migrant population currently work and earn an income of their own, and 54 per cent of key informants consider that less than half have sufficient income to meet their basic needs. The Venezuelan population has also

been affected by the nature of their working conditions (94 per cent of key informants mention the prevalence of informal employment and 57 per cent note that they are mostly self-employed).

**During the past year, in your community, which groups in vulnerable situations have been most affected by the loss of employment/work?**

According to the key informants, the group most affected by the loss of employment is the elderly, followed by children and adolescents. Thirdly, pregnant and breastfeeding women and fourthly, people with disabilities. This is followed by the homeless and chronically ill.

**What do you consider to be the main barriers to improving access to work and/or working conditions?**

The most critical barrier is related to **documentation/regularisation** (75%). A second barrier is the **low salaries** (46%) offered for the jobs available. A third barrier is **discrimination** (45%) which limits the few employment **opportunities** (44%). Also, **the non-recognition of available documentation** (such as work permits from asylum seekers) and the **difficulty to revalidate academic degrees** affect working conditions.

Unfortunately, many key informants mention cases of **false job offers, scams and salaries that are below the minimum by law**. Fifty-three percent of key informants are aware of cases of people being cheated with false job offers. Also, 13 percent of key informants know cases of people being forced to provide sexual services against their will or being subjected to forms of violence or control.

**How common is self-employment?**

Self-employment is a way of getting by in the absence of job offers. According to 132 out of 244 type A and B key informants, self-employment is frequent and/or extremely frequent in refugee and migrant families. Among the most frequent jobs within the self-employed are those related to aesthetic services (hairdressing, manicure and barber shops), the sale of food (sandwich carts, street vending of food and sweets), and the sale of clothing and personal items, among others.

## CONCLUSIONS

The world is facing major challenges in terms of the environment, health, demography, economics, and development and all that these encompass (services, infrastructure, production of goods and food). Some challenges are a consequence of another, and some countries face them at different scales of impact. However, three of the main challenges for all are the longstanding COVID-19 pandemic, the effects of climate change, and forced displacement. In 2021, the number of displaced people in the world has surpassed 84 million, the highest figure in history and, as already mentioned, the second largest movement of people in the world is from Venezuela, with Peru being the second largest recipient of Venezuelans.<sup>110</sup> The significant increase in flows of refugees and migrants from Venezuela to Peru, while posing a challenge for the host country, can also become an opportunity. Time has reinforced the added value of human mobility in a country like Peru, which has received a variety of populations in the past that have enriched it. The GTRM stresses that the movement of refugees and migrants from Venezuela presents opportunities by offering a limitless space for creativity, innovation, and the flourishing of life.

This needs analysis has offered us an important lesson in relation to the 2030 Agenda and the SDGs. For Development and its benefits to move forward and

be sustained over time, it requires to be a sustainable development. This has been even more evident with the COVID-19 pandemic, which has caused major setbacks, as explored in this analysis. Peru has provided evidence of this through the sectoral response to the needs of refugees and migrants, and their host communities in terms of shelter, integration, water, sanitation and hygiene, health, education, and food security. Structural challenges, including the socio-economic crisis generated by the pandemic and the limited number of social protection alternatives, water scarcity, the impact of climate change, and the exacerbation of discrimination and xenophobia are symptomatic of the urgent need to ensure the social, environmental, and economic sustainability of assistance interventions in the humanitarian-development-peace nexus. Without this sustainability there are increasing risks jeopardizing jobs, food security, services, social conflict, mass displacement, loss of essential resources, people's dignity, social cohesion, and each of the goals for people's well-being that so many individuals and organisations work so hard to achieve. We thank the members of the GTRM for their hard work in contributing to this analytical paper, as well as for their commitment to inter-agency coordination to achieve the best possible response to the short, medium, and long-term needs of Venezuelan refugees and migrants and the communities that host them.



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<sup>110</sup> UNHCR Statistics as of 2021, available at <https://www.unhcr.org/refugee-statistics/>



ANNEX 1

## LIST OF PUBLICATIONS USED FOR THE JOINT NEEDS ANALYSIS

Action Against Hunger (July 2020) Multisectoral Study on Venezuelan Refugees and Migrants Living in Metropolitan Lima

Action Against Hunger (September 2020) Challenges for the Labour Insertion of Migrants and Refugees from Venezuela

Action Against Hunger (October 2020) Regional Appeal 2021 - 2023

Action Against Hunger (December 2020) Nutritional Situation of Venezuelan Refugees and Migrants Residing in Shelters in Metropolitan Lima

Action Against Hunger (March 2021) Regional Newsletter No. 1

Action Against Hunger (May 2021) Regional Newsletter No. 2

Action Against Hunger (August 2021) Multisectoral Study on Venezuelan Refugees and Migrants Living in Metropolitan Lima

United Nations High Commissioner for Refugees – UNHCR (June 2021) Protection Monitoring - Puno

United Nations High Commissioner for Refugees – UNHCR (May 2021) Border Monitoring - Tacna

United Nations High Commissioner for Refugees – UNHCR (May 2021) Border Monitoring - Tumbes

United Nations High Commissioner for Refugees – UNHCR (November 2020) Protection Monitoring

Centre for Global Development & Refugees International (December 2020) From Displacement to Development

CESAL (May 2021) Report on Free Preventive Health Campaigns

CHS Alternativo & Alliance Against Traffic in Women (2019) Migrant Women Against Violence in the World of Work: Venezuelan Women Living and Working in Lima

CHS Alternativo & Alliance Against Traffic in Women (2021) Social and Labour Inclusion of 33 Venezuelan Migrant Women in Peru

Danish Refugee Council-DRC (February 2021) Protection Monitoring Report (January-February 2021)

Danish Refugee Council-DRC (February 2021) Protection Monitoring Report (October-November 2020)

Danish Refugee Council-DRC (June 2021) Peru / Brief Note on Results and Recommendations from the Protection Monitoring Exercise (October 2020 - February 2021)

Ombudsman's Office (October 2021) Working Document No.002-2021-DP/ADM Gender-based violence against migrant women in Peru

Encuentros (April 2021) Humanitarian Effects of the COVID 19 Pandemic for Venezuelans in Peru

Encuentros (December 2020) Alternative Report to the Committee on the Protection of the Rights of All Migrant Workers and their Family Members

Encuentros (December 2020) Protection Monitoring Report Equilibrium CenDE (October 2020) COVID-19 and the Widening Gender Gap in the Venezuelan Migrant Population

GTRM Peru (April 2021) RMRP 2021 and the environment

HelpAge International (April 2021) Regional Assessment on the Situation and Needs of Older Persons on the Move in the Americas

Institute for Democracy and Human Rights-IDEHPUCP (February 2021) Diagnosis on shelters for Venezuelan migrants in Peru: analysis of the psychosocial impacts during the health emergency

Institute for Democracy and Human Rights-IDEHPUCP (June 2021) Bulletin No.01 - Perception Survey on the role of opinion leaders and the Venezuelan migration in Peru

Institute for Democracy and Human Rights-IDEHPUCP (March 2021) Notebook of emblematic rulings for the protection and guarantee of the rights of refugees and migrants in South America

Institute for Democracy and Human Rights-IDEHPUCP (March 2021) Protocol for care in shelters for migrants

Institute for Democracy and Human Rights-IDEHPUCP (May 2021) Newsletter No.02 - Perception of Venezuelan society and migration in Peru

Lutheran World Relief-LWR (April 2021) VenInformado Report - April

Lutheran World Relief-LWR (May 2021) VenInformado Report- May

Ministry of Education (June 2021) Extraordinary enrolment process - Aide memoire

UN (2020) Specialised Study on socio-economic effects of COVID-19

International Organization for Migration-IOM (2021) Situational diagnosis of the crimes of human trafficking and smuggling of migrants in the region of Tumbes

International Organization for Migration-IOM (December 2020) DTM Flow Monitoring Register in Tumbes, Peru - Round 1

International Organization for Migration-IOM (May 2021) DTM Flow Monitoring Surveys in Tumbes, Peru - Report 9

International Organization for Migration-IOM (May 2021) DTM Flow Monitoring Register in Tumbes, Peru - Round 5

Plan International (June 2021) Venezuelan Girls: Voices from Migration

United Nations Development Programme-UNDP (December 2020) Getting to know the Refugee and Migrant Population in Metropolitan Lima

Quinta Ola (December 2020) Diagnosis of the situation of Venezuelan girls and adolescent women living in Lima

Quinta Ola (June 2021) Empower Project: Strengthening the capacities of Venezuelan adolescents and families and their host communities

Rebecca Irons (June 2021) Perception of Venezuelan women on health services, at: <https://doi.org/10.17843/rpmesp.2021.382.6217>

Save the Children (January 2021) Humanitarian Itinerant Assistance: Adapting the Cash Assistance Programme to Migrants in Transit

Save the Children, World Vision, CARE and Action Against Hunger July 2020) Post distribution monitoring: Responding to the Immediate Needs of Venezuelan Migrants/Refugees in the Context of Covid-19

UARM (Universidad Antonio Ruiz de Montoya) (May 2021) Labour Insertion of Venezuelan Migration in Latin America (Labour Impact of Venezuelan Migration in Three Cities of Peru: Lima, Arequipa and Piura)

UCAB (Human Rights Centre at Andrés Bello Catholic University in Caracas) (May 2021) Little ones on the move: Situation of Unaccompanied or Separated Children and Adolescents from Venezuela

Universidad del Pacífico (March 2021) Media Coverage Diagnosis of the Situation of Refugees and Migrants

Universidad del Pacífico (March 2021) Opinion Study on the Foreign Population in Peru

Universidad Peruana Cayetano Heredia & Action Against Hunger (March 2021) Food Security and Livelihoods of Venezuelan Refugees and Migrants living in Metropolitan Lima during the pandemic

World Council of Credit Unions-WOCCU (September 2020) Financial Inclusion Study of Venezuelan Refugees and Migrants in Lima

World Food Programme-WFP (February 2021) Situation of Venezuelan Migrants and Refugees during the Covid Pandemic - Round 3

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Ministry of Health-MINSA. Directorate-General of Strategic Interventions in Public Health (August 2021) Report No. 018-2021-DVICI-DGIESP/MINSA.

Ministry of Health-MINSA (August 2021) Report No. 1: Number of Venezuelans affiliated to the SIS treated in the period from January 2020 to July 2021, by month, age group, sex.

Ministry of Health-MINSA (October 2021). Prenatal care for pregnant women of Venezuelan nationality by life stages and months, according to departments - year 2020 and June 2021.

Ministry of Development and Social Inclusion-MIDIS. Cuna Más Programme (August 2021) Report No. 85-2021-MIDIS/PNCM-Uppm-CSEG.

Ministry of Development and Social Inclusion-MIDIS (August 2021). Coverage of the *Qali Warma* programme for the Venezuelan population (Memorandum No. D000866-2021-MIDIS/PNAEQW-USME).

Ministry of Development and Social Inclusion-MIDIS (August 2021) Programme Targeting System - SISFOH, Report No. D000724-2021-MIDIS-DO.



ANNEX 2

## 2022 POPULATION PROJECTIONS

Population projections for refugees and migrants in Peru 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 mainly from the following elements:

### Projections of Refugees and Migrants in destination

DECEMBER 2021  
**1'328,000**

DECEMBER 2022  
**1'453,000**

#### Flow projection (totals)

|                         |     |
|-------------------------|-----|
| Daily regular entries   | 38  |
| Daily regular exits     | 90  |
| Daily irregular entries | 700 |
| Daily irregular exits   | 310 |



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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 calculation of PIN for the RMRP 2022 was done separately for refugees and migrants in destination, refugees and migrants in transit and the host community. Indicators for all population groups were prepared based on available studies. These indicators were joined in composite indices and applied to population projections, with a breakdown by sex and age. For refugees and migrants in destination and the host community, a breakdown for each department was also applied (the PIN in the case of refugees and migrants in transit was only calculated at national level).

Each selected indicator was calculated as a percentage of the total Venezuelan population. Each indicator was given a specific weight for the preparation of composite indices, which were then applied to the population projection for the year 2022. All indicators were presented to and shared with the sectoral coordinators and members of the information sub-group. The distribution by sex and age and at the geographical level is based on available statistics and information received from sectoral experts. In cases where no specific information was found, the estimated general distribution of the population in the country was applied. For distribution at the geographical level, estimates were prepared based on data available from the Superintendence of Migration and by tracking Facebook users.

### People in Need (PIN) for the RMRP 2022

| Sector                                 | Population in need by group |                    |                |                | People in need by sex and age |                |                |                |                  |
|--|-----------------------------|--------------------|----------------|----------------|-------------------------------|----------------|----------------|----------------|------------------|
|  | Total                       | RyM in destination | RyM in transit | Host Community | Girls                         | Boys           | Women          | Men            | Total            |
| Water, Sanitation and Hygiene          | 762,399                     | 440,157            | 65,699         | 256,543        | 67,075                        | 69,465         | 285,668        | 340,191        | 762,399          |
| Shelter                                | 1,053,517                   | 610,120            | 65,699         | 377,698        | 92,692                        | 95,995         | 394,743        | 470,087        | 1,053,517        |
| Education                              | 762,940                     | 682,755            | -              | 80,185         | 142,747                       | 147,854        | 253,158        | 219,181        | 762,940          |
| Basic Education                        | 173,162                     | 145,269            | -              | 27,893         | 92,842                        | 80,320         | -              | -              | 173,162          |
| Higher Education                       | 589,786                     | 537,489            | -              | 52,297         | -                             | -              | 316,105        | 273,681        | 589,786          |
| Integration                            | 1,365,507                   | 915,180            | -              | 450,327        | 120,140                       | 124,422        | 511,643        | 609,302        | 1,365,507        |
| Nutrition                              | 383,322                     | 255,672            | 11,435         | 116,215        | 33,727                        | 34,926         | 143,626        | 171,043        | 383,322          |
| Protection (General)                   | 907,406                     | 740,866            | 47,522         | 119,018        | 79,835                        | 82,680         | 339,996        | 404,895        | 907,406          |
| Protection (Children)                  | 248,108                     | 87,159             | 14,454         | 146,495        | 108,215                       | 90,269         | 24,812         | 24,812         | 248,108          |
| Protection (Trafficking and Smuggling) | 704,221                     | 419,823            | 65,699         | 218,699        | 61,961                        | 64,166         | 263,863        | 314,231        | 704,221          |
| Protection (GBV)                       | 515,901                     | 363,167            | 16,181         | 136,553        | 118,658                       | 30,952         | 340,495        | 25,796         | 515,901          |
| Health                                 | 1,335,338                   | 842,554            | 65,699         | 427,085        | 117,484                       | 121,676        | 500,341        | 595,837        | 1,335,338        |
| Food Security                          | 1,486,417                   | 813,497            | 65,699         | 607,221        | 130,779                       | 135,438        | 556,950        | 663,250        | 1,486,417        |
| Humanitarian Transport                 | 443,397                     | 377,698            | 65,699         | -              | 39,014                        | 40,401         | 166,136        | 197,846        | 443,397          |
| <b>Intersector</b>                     | <b>1,695,243</b>            | <b>1,011,332</b>   | <b>66,224</b>  | <b>617,687</b> | <b>197,942</b>                | <b>193,630</b> | <b>595,047</b> | <b>708,624</b> | <b>1,695,243</b> |

RyM: Refugees and Migrants from Venezuela

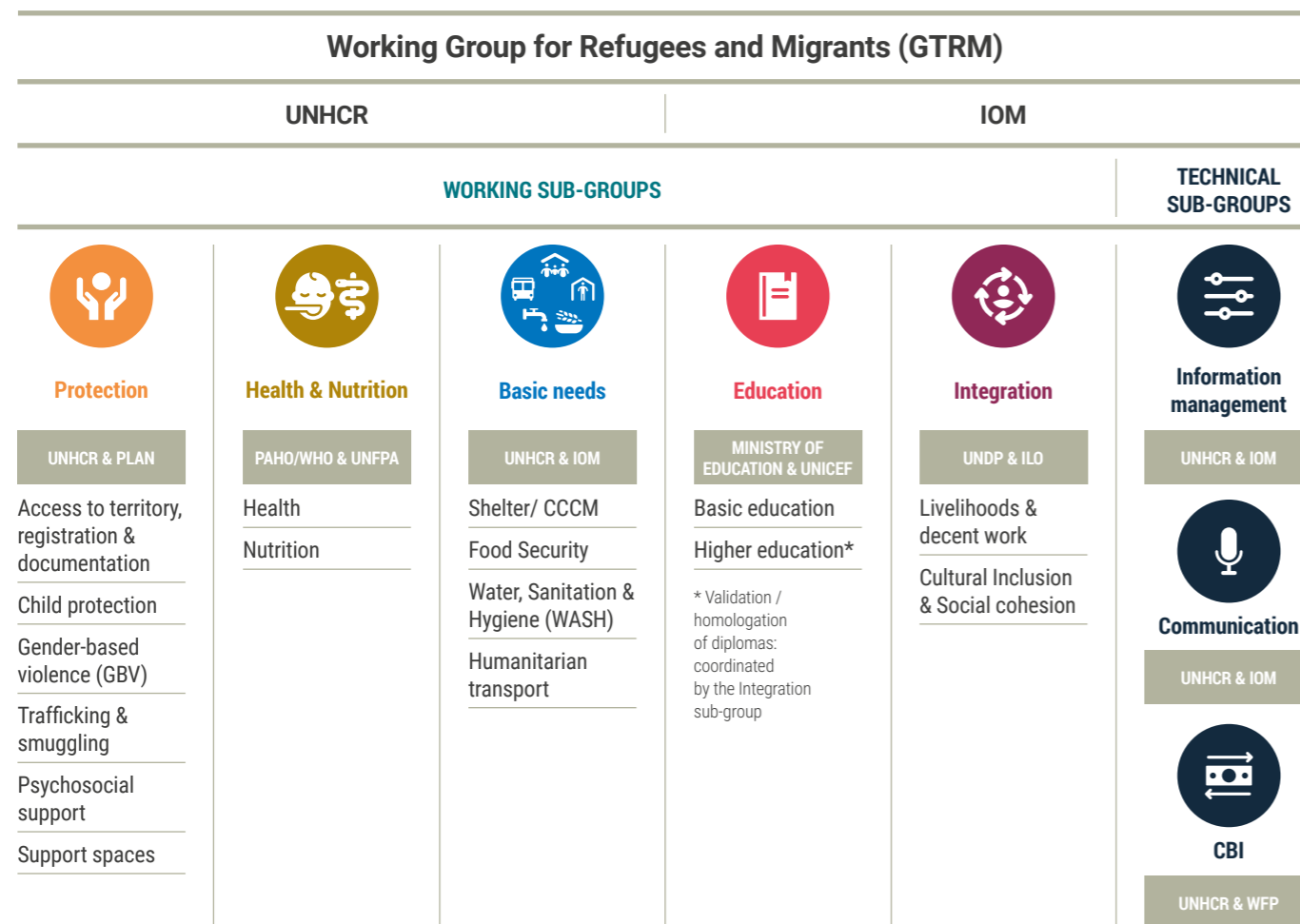


ANNEX 4

## GTRM AND SECTORS

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

of the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela and is responsible for the preparation, coordination and implementation of the RMRP in Peru. The GTRM is made up of five working sub-groups, which coordinate the work of nine sectors and three technical sub-groups, in charge of cross-cutting support work. The diagram below shows the structure of the GTRM.



ANNEX 5

## LIST OF ACRONYMS USED FOR THE JOINT NEEDS ANALYSIS

|                 |   |               |   |
|-----------------|---|---------------|---|
| <b>ANA</b>      | National Water Authority  | <b>PNP</b>    | Peruvian National Police  |
| <b>CBI</b>      | Cash based Interventions  | <b>PTP</b>    | Temporary Residence Permit (mentioned in WASH)                              |
| <b>CEM</b>      | Women's Emergency Centres   | <b>R4V</b>    | Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela |
| <b>CEPR</b>     | Special Commission for Refugees                                   | <b>RMRP</b>   | Regional Refugee and Migrant Response Plan                                  |
| <b>CONADIS</b>  | National Council for the Integration of Persons with Disabilities | <b>SDG</b>    | Sustainable Development Goals   |
| <b>CPP</b>      | Temporary Residence Permit  | <b>SIS</b>    | Comprehensive Health Insurance  |
| <b>CRED</b>     | Growth and Development Monitoring Programme                       | <b>SNM</b>    | National Superintendence of Migration                                       |
| <b>CSMC</b>     | Community Mental Health Centres                                   | <b>SUNEDU</b> | National Superintendence of Higher and University Education                 |
| <b>DEMUNA</b>   | Municipal Defence Centres for Children and Adolescents            | <b>SUTRAN</b> | Superintendence of Land Transportation of People, Cargo and Goods           |
| <b>DRC</b>      | Danish Refugee Council  | <b>UN</b>     | United Nations  |
| <b>DTM</b>      | Displacement Tracking Matrix                                      | <b>UNHCR</b>  | United Nations High Commissioner for Refugees                               |
| <b>ENAH0</b>    | National Household Survey   | <b>UNSDCF</b> | United Nations Sustainable Development Cooperation Framework                |
| <b>ENAPRES</b>  | National Survey of Budgetary Programmes in Peru                   | <b>WASH</b>   | Water Sanitation and Hygiene  |
| <b>ENPOVE</b>   | Survey of the Venezuelan Population in Peru                       | <b>WHO</b>    | World Health Organization   |
| <b>EVA</b>      | Virtual Learning Assessment                                       |               |   |
| <b>GBV</b>      | Gender Based Violence   |               |   |
| <b>GTRM</b>     | Working Group for Refugees and Migrants                           |               |   |
| <b>HIS</b>      | Humanitarian Immigration Status                                   |               |   |
| <b>HIV/AIDS</b> | Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome   |               |   |
| <b>INEI</b>     | National Institute of Statistics and Informatics                  |               |   |
| <b>IOM</b>      | International Organization for Migration                          |               |   |
| <b>IPE</b>      | Peruvian Institute of Economics                                   |               |   |
| <b>LGTBIQ</b>   | Lesbian, Gay, Bisexual, Transgender/ transsexual, Intersex, Queer |               |   |
| <b>MIDIS</b>    | Ministry of Development and Social Inclusion                      |               |   |
| <b>MIMP</b>     | Ministry of Women and Vulnerable Populations                      |               |   |
| <b>MINAM</b>    | Ministry of the Environment                                       |               |   |
| <b>MINEDU</b>   | Ministry of Education   |               |   |
| <b>MININTER</b> | Ministry of the Interior  |               |   |
| <b>MINSA</b>    | Ministry of Health  |               |   |
| <b>MRE</b>      | Ministry of Foreign Affairs                                       |               |   |
| <b>MTPE</b>     | Ministry of Labour and Employment Promotion                       |               |   |





Inter-Agency Coordination  
Platform for Refugees and  
Migrants from Venezuela

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

Action Against Hunger | ADRA | AECID | Aldeas Infantiles SOS | Americares | Amnesty International | Asociación CCEFIRO | Asoc. Quinta Ola | Asoc. Scalabrinianos | Ayuda en Acción | British Council | CHS Alternativo | Diócesis de Lurín | CARE | Cáritas del Perú | Cáritas Suiza | CESAL | Conferencia Episcopal Peruana | Consejo Interreligioso – Religiones por la Paz | COOPI | COPEME | Cruz Roja Española | Cruz Roja Peruana | CUSO International | Embassy of the Kingdom of the Netherlands | Embassy of Sweden | Embassy of Switzerland | Embassy of the United Kingdom | Embassy of the United States | Encuentros | European Union - ECHO Perú | Foro Salud Callao | GIZ | GOAL | Helvetas | HIAS | Humanity & Inclusion | ICRC | IDEHPUCP | IFRC | Illari Amanecer | ILO | INPET | IOM | LWR | OCHA | OEI Perú | OCR | PADF | PAHO/WHO | Plan International | Progetto mondo mlal | PROSA | RET | Save the Children | Sparkassenstiftung | Swisscontact | TECHO | Terre des Hommes | UNAIDS | UNESCO | UNHCR | UNFPA | UNHABITAT | UNICEF | UNDP | UNODC | USAID | UNV | We World - GVC | WOCCU | WFP | World Bank | World Vision