

GTRM PERU REPORT

JOINT NEEDS ANALYSIS 2023

Refugee and
Migrant
Response
Plan

December 2022

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GTRM
PERÚ
GRUPO DE TRABAJO PARA
REFUGIADOS Y MIGRANTES



Plataforma de Coordinación
Interagencial para Refugiados
y Migrantes de Venezuela

INTRODUCTION

The year 2023 will be extremely important for the estimated 1.6 million refugees and migrants that are expected to be living in Peru by the end of the year.¹ It will provide for them an opportunity for integration by harnessing the ongoing economic recovery that has followed the COVID-19 pandemic. Those able to regularize their situation and become part of the country's workforce will contribute with their knowledge, labour, and enthusiasm, further bolstering the prosperity of the country they now call home. Those unable to regularize will find themselves forced into a precarious subsistence, dependent upon aid, which will lead them in many cases to seek out alternatives in other countries or even fall into the hands of trafficking and smuggling rings.

The refugees and migrants who continue to arrive in Peru via the northern border are increasingly vulnerable. There is a growing number of families with ever younger children, with fewer resources and less education. At the same time, the GTRM also observed entries via Peru's southern border with Chile that were unable to meet their needs in the neighboring country and decided to leave. Almost all of those arriving via Peru's land borders continue to do so irregularly, given the impossibility of meeting the requirements for regular entry. In all instances, these persons need information about the route to their destinations, the requirements for regularization processes, and access to services.

Those making an effort to integrate into Peru's society have good intentions that are often diluted by complicated administrative procedures, which they find difficult to comply with in order to regularize their status or gain access to exercise rights. The vast majority live in Lima, the city with the largest population of Venezuelan refugees and migrants in the world outside of Venezuela, located in many cases in the city's most vulnerable areas among populations already suffering from urban poverty.

The fact is that, just when they thought they were recovering from the effects of the COVID-19 pandemic, they found themselves facing a new international crisis that triggered inflation and skyrocketing food prices. They have also experienced an increase in discrimination and xenophobia, which severely affects their chances of integration.

But it isn't all challenges. Year over year, the number of regularized persons continues to increase, along with the number of students

enrolled in basic education, and the people who gain access to comprehensive health insurance. The vaccination of the Venezuelan population against COVID-19 is a success that has demonstrated the state's goodwill and efforts at integration in this area. Venezuelan grassroots organizations (GROs) are building their capacities and taking on an ever-greater role with other humanitarian actors to provide closer and more relevant aid.

This Joint Needs Assessment (JNA) is the result of a collective effort by the 100 members of the Refugee and Migrant Working Group (GTRM, for its acronym in Spanish), working together with the Peruvian state. Each year, the methodology is improved, more documents are analyzed, more key informants are interviewed, and more organizations and experts join this effort. This year, we also consulted with the Venezuelan refugee and migrant population for their feedback on the needs and solutions identified during the sectoral workshops. The JNA has especially valuable data this year from the second National Survey on the Venezuelan population (ENPOVE, for its acronym in Spanish), conducted by the Peruvian National Institute of Statistics and Computer Science (INEI, for its acronym in Spanish). These data, gathered in February and March 2022, are representative of the Venezuelan population.

We trust you will find this JNA useful, and we thank you for your interest in people we serve, as well as the work of the GTRM.

We hope that having better diagnostic information will help improve the coordination efforts led by the national platform in Peru, which is part of the Inter-Agency Coordination Platform for Refugees and Migrants (R4V) that was created at the request of the United Nations Secretary-General to coordinate the response to the needs of Venezuelan refugees and migrants in 17 countries in Latin America and the Caribbean.

We are grateful for this collaborative work, which aims to lay the foundations for the design of a sustainability-focused response that seeks the protection and socio-economic integration of the refugee and migrant population, as well as the host community in Peru.

Camila Cely and Miguel Urquia

GTRM Coordinators

December 2022

For more information on the R4V platform and the GTRM, visit www.r4v.info.

¹ Estimation of Venezuelan population in Peru calculated by the GTRM based on the figure of 1.49 million as of 31 July 2022, provided by the National Superintendency of Migration in response to Official Letter OIM-CoM-029-2022/UNHCR-PER/133/2022.

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List of Acronyms

CBI	Cash-Based Interventions	MINAM	Ministry of Environment
CBOs	Community Based Organizations	MINEDU	Ministry of Education
CEM	Women's Emergency Center	MININTER	Ministry of the Interior
CEPR	Special Commission for Refugees	MINSA	Ministry of Health
CMH	Humanitarian Migration Quality	MRE	Ministry of Foreign Affairs
COMEX	Peruvian Foreign Trade Corporation	MTPE	Ministry of Labor and Employment Promotion
CONADIS	(National Council for the Development and Inclusion of Persons with Disabilities)	NNA	Children and Adolescents
CPP	Temporary Permit to Stay Card	PCM	Presidency of the Council of Ministers
CRED	Growth and Development Controls	PIN	Estimated Population in Need
CSMC	Community Mental Health Centers	PNP	National Police of Peru
DEMUNA	Municipal Child and Adolescent Ombudsman's Office	PTP	Temporary Permanence Permit
DRC	Danish Refugee Council	R4V	Inter-Agency Coordination Platform for Refugees and Migrants (R\$V)
DS	Supreme Decree	RMRP	Regional Refugee and Migrant Response Plan
DTM	Displacement Monitoring Matrix	SDGs	Sustainable Development Goals
ENAHO	National Household Survey	SDR	Secondary Data Review
ENAPRES	National Survey on Budgetary Programs	SIAGIE	Information System to Support the Management of the Educational Institution
ENPOVE	Survey of the Venezuelan Population Residing in the Country	SITP	Integrated Public Transportation System
GBV	Gender-Based Violence	SIM	Integrated Migration System
GTRM	Refugee and Migrant Working Group	SIS	Comprehensive Health Insurance
HIV	Human Immunodeficiency Virus	SNM	National Superintendency of Migration
IACHR	Inter-American Commission on Human Rights	SNASS	National Superintendency of Sanitation Services
INEI	National Institute of Statistics and Information	SUNEDU	National Superintendence of Higher Education
IOM	International Organization for Migration	SUTRAN	Superintendence of Land Transportation of People, Cargo and Goods
IPCC	Intergovernmental Panel on Climate Change	UN	Nations United Nations
IPE	Peruvian Institute of Economics	UNHCR	United Nations High Commissioner for Refugees
JNA	Joint Needs Assessment)	UNSDCF	United Nations Sustainable Development Cooperation Framework
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer & +Diversities	WASH	Water, Sanitation and Hygiene
MIDIS	Ministry of Development and Social Inclusion	WB	World Bank
MIMP	Ministry of Women and Vulnerable Populations	WHO	World Health Organization

NEEDS ANALYSIS PROCESS

An exhaustive assessment for an inclusive and comprehensive response

For the first time, **the R4V platform's Refugee and Migrant Response Plan (RMRP) is carrying out a biannual strategic planning process for the 2023-2024** period to identify and design interventions that go beyond emergency assistance and require a longer timeframe for implementation. Maintaining its commitment to Peru, the GTRM is working to ensure that this new plan to respond to the needs of the refugee and migrant population in the country is based on sound information and evidence that makes it possible to foster planning and strategies that reflect empirical data and guarantee a strategic, analytical, effective, and inclusive response. The GTRM and the organizations comprising it also seek to respond to the impact on the host communities, considering the nexus between humanitarian action and sustainable development to better define the needs to which a response is required.

To this end, four essential tasks were undertaken:

- 1 >** **A review of secondary data from 66 studies done by both GTRM** members and parties with a stake in the situation of the Venezuelan population, and publicly available data from eleven government institutions. It is important to note that one of these key documents was the Second Survey on the Venezuelan Population (ENPOVE II), a representative survey conducted by the Peruvian National Institute of Statistics and Computer Science (INEI);
- 2 >** **A joint assessment** of the needs of refugees and migrants, as well as groups in vulnerable situations, through key informants;
- 3 >** **Assessment workshops** with sector experts, GTRM partners, and public officials from 13 entities;
- 4 >** **A direct consultation process with several stakeholders**, which included the Peruvian government, donors, and, for the first time, a community consultation with Venezuelan refugees and migrants.

This report is the result of these four tasks, which jointly comprise the Joint Needs Assessment for RMRP 2023-2024.

Methodology

1 Available Information: Review of Secondary Data (RSD)

Over **60**

documents were reviewed by GTRM² partners in the past year as part of the work they are doing to **inform, plan, and manage the response.**

This information was analyzed through the MAXQDA tool to identify, categorize, and examine the available data according to the level on which it is collected (individual, household, community), groups in vulnerable situations, the

response sectors, the needs, underlying factors (depending on the sector, but including a lack of economic resources, irregular situation, and lack of documents, structural causes or problems, discrimination and xenophobia, consequences of the pandemic, and decrease, suspension, or closing of services, due to economic slowdown and unemployment, among others), gaps, and contributions to the severity assessment. This helped us understand what information was available, about whom, and what it said about their situation and needs. In particular, this task proved there was a need to focus the next steps on the profiles of groups in vulnerable situations within the refugee and migrant community, i.e., to

² A complete list of these publications is available on Annex 1

observe which variables determine a person's situation, such as document type, job type, place where they live, etc., so we could understand how these characteristics are intertwined with sectoral needs.

2 Joint Needs Assessment of Groups in Vulnerable Situations

The Joint Assessment seeks to cover information gaps and supplement or build on the discoveries of the RSD through primary information gathered directly from the communities.

This effort to bridge information gaps, supplement what information is available, and explore the doubts encountered in the RSD allows us to assess the different variables (legal status, type of documents they have, what work they do, what the conditions of that work are, etc.) that affect groups in vulnerable situations and communities, as well as how all these variables interact depending on the characteristics that identify each one of these groups (age, state of health, sexual orientation, survivors of violence, pregnancy and breastfeeding, heads of household and caregivers, situation of irregularity, homelessness, etc.). For example, if a person with disabilities or an elderly person has the most widely recognized type of document that allows for greater access to services, such as the carné de extranjería (alien registration card), what other variables force him or her to work in the informal economy, or for minimum wage, thus limiting access to services and upward social mobility to overcome poverty and vulnerability?

The Joint Assessment is also a tool to give a voice to all these groups in vulnerable situations at the same time, creating a participatory space for refugee and migrant communities in the country, seeking especially to reach those with less access to the GTRM. We have also taken into account the progress made with vaccination against COVID-19 and the reopening of schools and the economy, the challenges that this has posed for communities, as well as the fluctuating political situation.

This year, 32 partners of the GTRM and 10 allied organizations conducted nearly 500 in-depth interviews with key informants. These 42 organizations also included Venezuelan GROs, who exhibited exemplary leadership during this information gathering process. This mainly qualitative undertaking guaranteed methodological rigor and joint work in which the partners participated in questionnaire construction, the incorporation of a diverse range of groups in vulnerable situations, and conducting the interviews. The Joint Assessment prioritized the following groups in vulnerable situations: persons with disabilities, persons living with HIV, persons with chronic illnesses, elderly persons, children and adolescents, members

of the LGBTQI+ community, pregnant and breastfeeding women, women and adolescents of reproductive age, persons with mental health problems, homeless people, single-parent households, persons in a situation of irregularity, for whom information gaps were identified.

The main takeaways of the Joint Assessment are summarized on pages 81 to 86 of this document.

INTERVIEWS with key informants were conducted with:



255 people representing groups in vulnerable situations.

83 community representatives, e.g., community leaders, grassroots organization representatives, neighborhood coordinators, and/or the like;

150 people or service providers who work with the Venezuelan population, e.g., the staff of local organizations, public officials, shelter coordinators, and others.

3 Sectoral Workshops

The GTRM organized five sectoral assessment workshops with partners, where the findings of the RSD and the Joint Assessment were presented to analyze and identify problems and needs of the Venezuelan refugee and migrant population and the host community. Throughout the workshops, sector experts and participants used the problem and solution tree methodology³ by sector. These trees present a concrete map of the main challenges encountered in each sector, as well as their causes and possible solutions.

³ A "problem tree" is an exercise that helps map problems for the humanitarian response, and their root problems. Participants identify one or more challenges and then determine the most significant root causes for each one of them. <https://bit.ly/3FQtAAa>.

Key informant interviews were conducted with the support of:

"Special thanks to all the organizations that participated in the review of the questionnaire, including the Ministry of Education, the Ministry of Health, WFP, UNDP, Universidad Peruana Cayetano Heredia, USAID - OFDA - PRM and Veneactiva".

4 Direct Stakeholder Consultation

The GTRM met with Peruvian governmental entities and the Peru Donor Group to consult with them on the findings of the needs assessment, the population data, and the initial proposal of solutions to be included in the response plan. Taking advantage of the momentum achieved thanks to the participation of the Venezuelan GROs in the GTRM, a consultation was done aimed the Venezuelan population in Peru to ask their opinion on the needs and objectives identified during the sectoral assessment workshops, in an effort to listen to the refugee and migrant population, while fostering greater ownership, improving two-way communication, and moving toward a collaborative joint response. For this purpose, a microsite and a presentation were prepared through a live event on social media, where the problem and solution trees were shown to the participants and a survey was taken to receive their opinions and comments. More information on the community consultation can be found on page 69 of this document.

⁴ The government entities consulted were the Peruvian International Cooperation Agency, the Ministry of Foreign Affairs, the Inter-sector Working Group for Migration Management, and the National Superintendency of Migration.

SUMMARY OF CROSS-CUTTING NEEDS IDENTIFIED



PROMOTION OF ACCESS TO DOCUMENTS AND REGULARIZATION

From the second half of 2021 until October 31, 2022, **27,484 Venezuelan asylum seekers were granted humanitarian immigration status (HIS-humanitarian residence)**, with the option to continue the application procedure. HIS is an immigration status approved by the Ministry of Foreign Affairs (MRE, for its acronym in Spanish) that **allows holders to apply for an Alien Registration Card (CE) from the National Superintendency of Migration (SNM, for its acronym in Spanish)**. For its part, the SNM had granted **218,043 temporary residence permits (CPPs)** as of October 31. The CPP, however, is a residence permit and not an immigration status. When it expires, an application must be filed via a different channel for regularization. Despite the benefits of both processes, **the number of applications has been lower than expected due to the fact that the procedure is a complex one for the Venezuelan community**. Additionally, **the fines imposed** for failure to renew expired CPPs are economically unfeasible in the majority of cases, leading to insolvency and problems of all kinds. According to data from the SNM, over 60 per cent of the Venezuelan population lacks a valid residence document, whether because they have not applied for one or because the one they had is now expired.⁵ Further still, although an asylum claim process provides applicants with a document regularizing their stay in Peru, **said document is not widely accepted in accessing services in both the public sector (including the health care system) and the private (including banking and job platforms)**. This situation has a major impact on the current context of the criminalization of Venezuelans in an irregular situation. **Refugees and migrants identify access to documents and regularization as a priority cross-cutting need.**

5 National Superintendency of Migration report. 31 July 2022.



INCOME GENERATION/ INCOME GENERATING ACTIVITIES

The generation of income is the most critical tool of the refugee and migrant population **to meet their own basic needs**. This is key to overcoming poverty, including multidimensional poverty, improving people's standards of living, **facilitating their integration** and their contribution to the country's sustainable development. This is also essential in the current context of inflation. According to the ENPOVE, 79.8 per cent of Venezuelans experienced some degree of food insecurity in the month prior to the survey.



DISSEMINATION AND ACCESS TO INFORMATION AND GUIDANCE

During the JSNA, several key informants belonged to Venezuelan grassroots organizations. Although these organizations are not yet officially registered, they fulfill an important leadership role in their districts, **making them reference points for their communities**. These community actors had limited knowledge of the GTRM, **demonstrating the challenges of a mainly urban response** in a country where the national population has many needs, problems of poverty and disparity exist, and where the Venezuelan community has settled. **In view of the challenges of overcrowding in vulnerable areas and the fact that these are spread out across the entire city and country, limited access to information remains an issue**. The majority of respondents, including those representing these small grassroots organizations, **identified a need for access to reliable, easy-to-understand, and up-to-date information in a user-friendly format for those with special needs** (e.g., hearing or sight impairments, or those who do not know how to use the internet and technology). Additionally, **41 per cent of respondents mentioned the digital gap as one of the main barriers to accessing information**. There was also evidence of a further need to develop capacities and the role played by these small organizations as a space for sharing information among their community.



MITIGATE DISCRIMINATION AND XENOPHOBIA AND THEIR IMPACT

During the mandatory lockdown and the most difficult points of the COVID-19 pandemic, the media's attention was focused on the impact this was having on the country, with outlets distancing themselves from news on the Venezuelan population. In 2022, however, there has been a sharp rise in **criminalization, generalization, and stereotyping of the refugee and migrant community** in both the media and the political and public discourse. There are currently 17 bills in Congress seeking to limit refugees' and migrants' human rights, reinforcing a discourse of hate, discrimination, and xenophobia. **The increasing discrimination against Venezuelans has aggravated the difficulties faced in integration processes and the efforts undertaken in all sectors of the GTRM's response.**

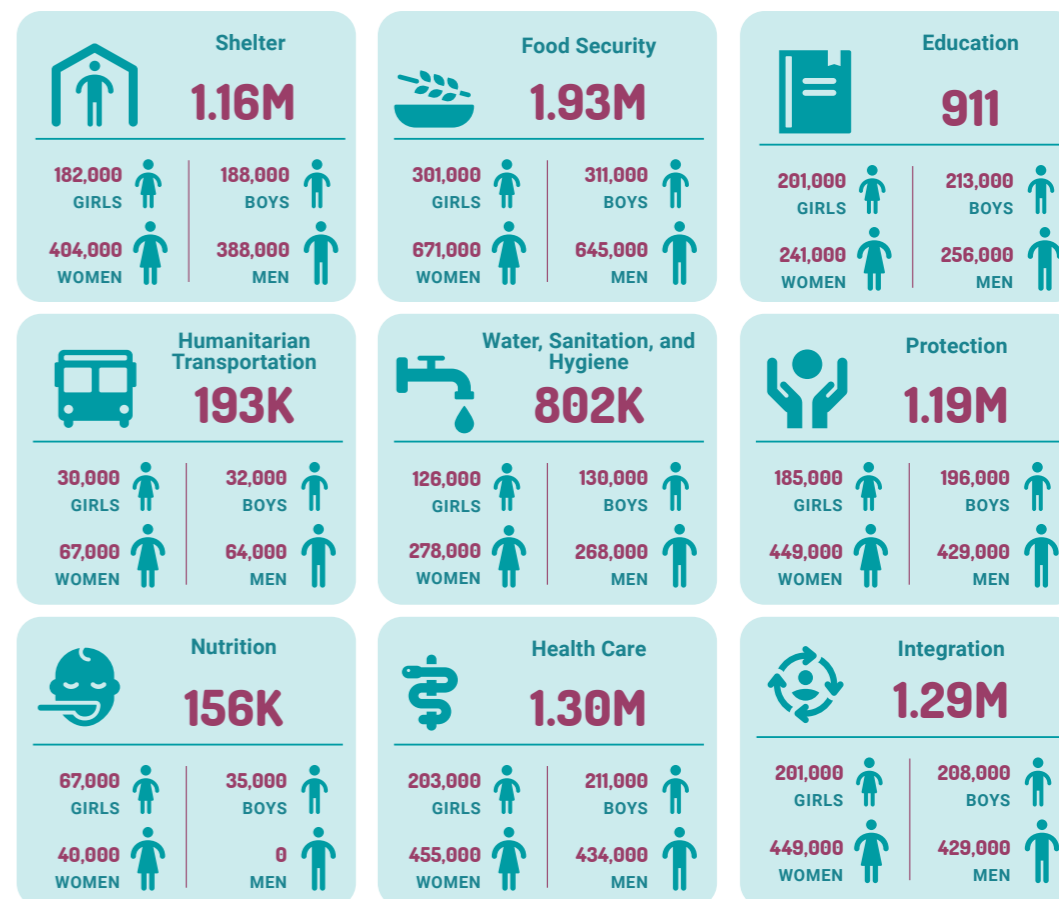


ACCESS TO SOCIAL PROGRAMS WITH DIFFERENTIATED NEEDS AND HUMANITARIAN ASSISTANCE

In addition to the foregoing, there is also a need for greater access to relevant national social programmes for the different sectors, as well as taking into account the specific, differentiated needs of groups in vulnerable situations, persons in transit, and new arrivals. In some cases, refugees and migrants do not access them due to a lack of information, while in others, they do not meet the prerequisites such as documentation. Vulnerable persons who are unable to access these social programmes require access to humanitarian aid.

These five needs are cross-cutting and play a key role in enabling refugees and migrants to meet their other priority needs for services and rights, such as access to health care, education, employment, and integration, etc. This will also ensure that the GTRM response becomes more inclusive and leaves no one behind.

ESTIMATES OF PERSONS WITH NEEDS BY SECTOR



ENVIRONMENT AND THE RMRP



Environmental Degradation and Climate Change: Why Does Their Impact Affect the GTRM Response?

The Intergovernmental Panel on Climate Change (IPCC) defines **vulnerability to climate change as the degree to which a system is susceptible to, or unable to cope with, adverse effects of climate change, including climate variability and weather extremes.**⁶ This vulnerability is a function of the character, magnitude, and rate of climate variation to which a system is exposed, its sensitivity, and its adaptive capacity.⁷

Climate change and environmental degradation are increasingly relevant factors for the GTRM response.⁸ One concept that will be constantly repeated throughout this document to understand the different needs and sectors analyzed, and which thus plays a core role in the RMRP response strategy, is that of **vulnerability**. Different branches of science have made their respective adaptations of the idea of vulnerability to explain this concept according to the objective of that branch. In the case of the social sciences and climate science, **the intersection is based on the concepts of marginalization, susceptibility, resilience, fragility, risk, exposure, and the ability to respond or adapt.**⁹ In other words, vulnerability is multidimensional and inherently refers to the conditions that affect living beings as individuals, groups, communities, societies, institutions, organizations, ecosystems, and others when it comes to responding to something that may harm them. **Vulnerability is the basis of multidimensional poverty, and its environmental facet (including climate change) has a negative effect on the deprivations experienced by the least protected persons,** both in the refugee and migrant population and their host communities, **in terms of health, education, and standards of living.**¹⁰

In the case of Peru, this vulnerability to climate and environmental change **is determined by factors such as social**

and economic inequality (marginalization and susceptibility), the way **poverty is the cause of squatting and unplanned urban development processes** (fragility and exposure), **among others. This means that risks** (of disaster, climate variability, and extreme weather phenomena) **are unequally concentrated among persons and communities that lack sufficient access to adequate material and economic resources, as well as basic, educational, and cultural services.**¹¹ One clear example of this can be seen in Lima's most vulnerable districts, where urban poverty is concentrated, such as Villa María del Triunfo.¹²

Despite the fact that Lima is the country's capital and the place where much of the country's wealth is concentrated, **it has territorial particularities** (rapid and disorderly urban growth, human settlements in high-risk hillside areas, fragmented administration, location in desert areas, absolute water scarcity, dependence on water and food supply for the most vulnerable) **and populational particularities** (social, economic, and political inequalities and disadvantages) that exacerbate vulnerability to climate change among those who live across the city.¹³ This is especially important because experts on the matter consider **Peru to be one of the most affected countries and one of those with the greatest lag in mitigating and addressing climate change.**¹⁴ Specifically, this means that the country's communities have a lower adaptive and coping capacity, less resilience, and greater fragility and exposure.

6 IPCC. Glossary. Available at https://www.ipcc.ch/site/assets/uploads/2018/02/WGIIAR5-AnnexII_FINAL.pdf; and National Institute of Ecology and Climate Change, Mexico. <https://www.gob.mx/inecc/acciones-y-programas/vulnerabilidad-al-cambio-climatico-80125#:~:text=Para%20el%20grupo%20intergubernamental%20de%20clima%20y%20los%20fen%C3%B3menos%20extremos>.

7 Ibid.

8 The analysis of this section in the previous report can be found here.

9 Fussler Hans-Martin (2005). Vulnerability in Climate Change Research: A Comprehensive Conceptual Framework, University of California. Downloadable PDF version from the IPCC website, available at https://www.ipcc.ch/apps/nj-lite/srex/nj-lite_download.php?id=6235.

10 According to the UNDP Multidimensional Poverty Index, access to sanitation, drinking water, and housing are key indicators of the standard of living dimension, and help to identify not only who is poor, but how they experience that poverty. According to this index, multidimensional poverty in Peru is much higher than monetary poverty.

11 FOVIDA (2020). Vulnerabilidad de hombres y mujeres del distrito de Villa María del Triunfo frente al cambio climático.

12 Ibid.

13 For example, within the metropolitan area, people who live in the districts of South Lima, located in hilly areas and desert ravines, exhibit additional environmental risks given their high exposure to floods, seismic activity, and extreme weather phenomena. Source: FOVIDA, *ibid*.

14 Universidad Católica de San Pablo. Perú es uno de los países más vulnerables, pero también más atrasado frente al cambio climático. <https://ucsp.edu.pe/peru-es-uno-de-los-paises-mas-vulnerable-pero-tambien-mas-atrasado-frente-al-cambio-climatico/#:~:text=Hay%20un%20estudio%20del%20Tyndall,%20variado%20en%20biodiversidad%20pero%20por>.

67%

per cent of disasters in Peru are related to climate phenomena



2.6

million people are exposed to periods of drought



5.5

million to intense rainfall



5.6

million to periods of frost and cold snaps



14

million are vulnerable to food insecurity linked to climate change.¹⁵



the world most vulnerable to climate change (behind only Bangladesh and Honduras), it is worrisome that the country is also one of those that currently lags the most in its response to this situation, especially given that over 90 per cent of the refugee and migrant population is settled in the areas most affected by water scarcity.

Another clear example of the impact of climate change, along with the magnitude and rate of environmental degradation and the Peruvian capital's difficulties in adapting, is the concerning level of pollution in the Rimac, Chillón, and Lurin rivers, Lima's three main freshwater sources. **The Rimac River provides 80 per cent of the water used in Peru's capital and the country's most important industrial and agricultural activities also depend on its water.**¹⁸ The river's source is located on the mountain of Nevado Paca (5,500 m) and in Lake Ticticocha (4,700 m), which both depend on glaciers. **Considering predictions that Peruvian glaciers below altitudes of 5,500 meters will have completely disappeared by 2025¹⁹, the situation is extremely delicate and clearly compromises Lima's access to water in the immediate future.** For a city where the number of people without access to drinking water totals 700,000, with 544,000 dependent on water trucks with water of doubtful quality²⁰, this scenario seriously increases the population's vulnerability to this problem.

Refugees and migrants from Venezuela in Peru face different facets of vulnerability, as will be explained in the rest of this document, and many of these are closely linked to environmental and climate changes. **Furthermore, gender-related inequalities increase women's and girls' vulnerability in regards to the consequences of climate change and environmental degradation.** This situation is so concerning that in August 2022, the United Nations General Assembly adopted a resolution that recognizes access to a clean, healthy, and sustainable environment as a universal human right. It is the GTRM's vision that refugees and migrants from Venezuela shall not be left behind in the exercise of this human right.

Examples of this were already observed in 2017, with the impact of the El Niño phenomenon, which displaced 300,000 people; and **between 2020 and June 2022, when 111 natural phenomenon emergencies left 1,300,000 people without access to water and sanitation.**¹⁶ This includes various areas where the Venezuelan refugee and migrant population has settled. **This situation was further aggravated by the issue of water scarcity during the COVID-19 pandemic** when handwashing was an essential measure to prevent the spread of the virus.¹⁷ Following the Tyndall Centre's widely discussed categorization of **Peru among the top three countries in**

15 FOVIDA. *Ibid*.

16 Peruvian Government (June 2022), press release. <https://www.gob.pe/institucion/sunass/noticias/642117-mas-de-un-millon-de-peruanos-fueron-afectados-con-interrupcion-de-servicios-de-agua-potable-y-alcantarillado-debido-a-fenomenos-naturales>.

17 Agencia AFP (2020). En Lima millones de habitantes enfrentan el coronavirus con escasez de agua. <https://gestion.pe/peru/en-lima-millones-de-habitantes-enfrentan-el-coronavirus-con-escasez-de-agua-noticia/?ref=gesr>

18 National Water Authority (ANA) (2020). Río Rimac se recupera tras aislamiento social obligatorio. Available at <https://bit.ly/3U3wx8f>.

19 Belgian Development Agency (ENABEL). Climate change in Peru | Enabel - Belgian Development Agency.

20 CSDG (2020). <https://cods.uniandes.edu.co/lima-coronavirus-agua-fondo-ods/>.

LINK TO SDGs



The 2030 Agenda and the Sustainable Development Goals (SDGs) **act as a guide and support for the strategy that promotes the different sectors around which the GTRM's work is structured.** Based on a premise of “no one left behind,” alignment with the principles established by the 17 SDGs helps foster the inclusion of all persons, including the Venezuelan refugee and migrant population in Peru. The most valuable aspect of this is probably that it is not merely focused on not leaving anyone behind in receiving any sort of benefit, but especially on the core idea that people’s dignity and equality is based on the importance of the role each one plays in achieving sustainable development. Refugees and migrants from Venezuela have also contributed to their host communities in Peru and the heart of the GTRM strategy is to create conditions and opportunities that allow for their self-sufficiency and increase their resilience, in order to boost their role as agents of development in the country.

THE SUSTAINABLE DEVELOPMENT AGENDA

aims to put an end to poverty, protect the planet, and improve the living standards and outlook for people around the world.

The three dimensions of sustainable development are consistent with economic growth, social inclusion, and the protection of the environment.²¹

This is especially relevant for the most vulnerable communities in Peru, whose situation can best be described as multidimensional poverty, including environmental vulnerability, as analyzed above. In other words, they not only experience monetary poverty or a lack of income to cover basic needs, but they also experience vulnerability in the dimensions of health, work, social security, housing, and their general standard of living. This vulnerability means that they have unequal access or no access to opportunities (SDG 10), and that even if they do have access

to services, these do not have the same level of quality as the country’s wealthiest areas.

WHILE MULTIDIMENSIONAL POVERTY

Includes monetary poverty, the concept is less concerned with the lack of money to cover a need or pay a service but rather focuses on analyzing how access to available services is unequal, and to which extent those services to which access is available are of lower quality. The same applies to housing, education, or health. The concept also indicates the vulnerable conditions and wages of the jobs exercised by a population. Living under multidimensional poverty is a reality that many Venezuelan refugees and migrants in Peru face. This document presents an analysis of multidimensional poverty for the Venezuelan community, exploring the needs and vulnerabilities in the different response sectors, but also how an understanding of the concept can lay the foundations for a more inclusive and strategic response.

Sectoral Links

INTEGRATION



SDG 1 aims to put an end to poverty in all its forms, a cross-cutting effort in this response, but with a special focus on the livelihood area of this sector. Given the immense impact that xenophobia and discrimination have had on access to employment and improved working conditions, **SDG 10** is especially important to promote the social and economic inclusion of all persons, regardless of age, sex, disability, race, ethnicity, background, religion, economic situation, or any

other condition. **SDG 8**, on employment and decent work, is a guiding principle because of its defense of formalization, access to financial services, and entrepreneurship, among other things. The COVID-19 pandemic has been the biggest poverty trap the world has experienced in decades. Precisely in response to these traps, the GTRM aims to promote the scalability and diversification of Venezuelan business ventures to transition from survival to growth. **SDGs 9, 11, 12, 13, 14, 15,** and **16** are also an essential part of this response to reduce environmental, social, and economic vulnerabilities.

WATER, SANITATION, AND HYGIENE



This sector’s contribution to SDG 6 is clear, since it will focus on improving access to water and sanitation services, especially for women, young girls, and persons in vulnerable situations. It will also stress the importance of a more sustainable and effective waste management, with a direct impact on SDGs 11 and 12, which aim, through Targets 11.6, 12.4, and 12.5, to improve waste generation and municipal solid waste management, respectively. **SDGs 13, 14,** and **15** are also guiding principles in the effort to help conserve the ecosystems of land and sea, especially in relation to solid and liquid waste generation and the consideration of the human right to a healthy environment.

SHELTER



Given the close connection between habitability standards and issues of water and sanitation, the shelter sector will significantly contribute to achieving SDG 6. At the same time, the prevalence of urban settings in this sector makes a commitment to SDG 11 inevitable, specifically in terms of the promotion of inclusion, safe and accessible public spaces, mitigation of and adaptation to climate change, and disaster resilience. This relationship between the effects of climate change and disasters, on the one hand, and shelter, on the other—particular housing located in marginal neighborhoods or informal settlements—further aligns this sector with SDG 1 in its effort to foster resilience and reduce the exposure of people in vulnerable situations to extreme weather phenomena and other economic, social, and environmental disasters. The sector will also maintain a focus on promoting SDG 7 through projects involving the use of solar energy.

EDUCATION



The questions addressed in the education sector are fully aligned with SDG 4, from ensuring a free, inclusive, equitable, quality primary and secondary education to guaranteeing equal access to a vocational, professional, or higher education that allows entry into the job market, not to mention the important issue of eliminating the barriers faced by persons with disabilities in the area of education. Additionally, the focus on diversity (particularly in the search for an inclusive education) and respect for human

rights occupy a central place among this sector’s guiding principles, aiming to put an end to bullying, whose impact has become aggravated by the return to in-person learning.

PROTECTION



The broad scope of action of the protection sector and the gender violence, child protection, and human trafficking and smuggling subsectors, given their intersectionality, addresses many of the issues defined in SDGs 1 and 10 regarding the reduction of inequalities and the social, economic, and political inclusion of all persons. More specifically, it is also tied to SDG 5 in its contributions to gender equality, as well as SDG 8 in its fight to put an end to child labor and human trafficking. It also works toward achieving SDG 2 since access to a livelihood improves food security and prevents hunger; SDG 3 regarding access to healthy lives and wellbeing; SDG 4 to guarantee the exercise of the right to education; and SDG 16 to put an end to abuse, exploitation, trafficking, and all forms of violence and torture against children.

HEALTH



The health sector is aligned with SDG 3. In addition to the defense of a universal health care coverage that provides quality health care, medication, and vaccinations for all persons, this sector seeks to contribute to other issues such as universal access to sexual and reproductive health services, the promotion of mental health, and care for persons living with HIV/AIDS.

FOOD SECURITY AND NUTRITION



SDG 2 is one of the guiding principles of the food security and nutrition sectors. Both of these sectors put their effort on eradicating hunger and guaranteeing a healthy, nutritional, and sufficient diet on a stable basis, paying special attention to the specific needs of certain groups, such as children, the elderly, and pregnant and breastfeeding women.

²¹ SDG web portal. <https://www.un.org/sustainabledevelopment/es/development-agenda/>.

Introduction

Metropolitan Lima is among the six most populated metropolitan areas in Latin America and the largest in all of Peru.²² According to figures based on the 2017 Population Census, the INEI estimates that as of June 2022, over ten million people live in this city, which accounts for nearly 30 per cent of the entire national population.²³

With a Venezuelan population of around one million people, Lima has become the city with the most Venezuelan refugees and migrants in the world outside Venezuela, with these refugees and migrants accounting for approximately 10 per cent of the city's total population.²⁴

Lima has
+ Venezuelan
refugees and
migrants than

Ecuador and Chile together, which are the **third and fourth countries** in the region that are home to the most Venezuelans after **Colombia and Peru**.

Additionally, from 2018 onward, Lima became the main receiving city of the Venezuelan refugee and migrant population, as mentioned previously. According to various official sources, such as the ENPOVE conducted by the National Institute of Statistics and Computer Science, the administrative immigration control records of the National Superintendency of Migration (SNM), or the enrollment records of the Ministry of Education (MINEDU), the majority of the expatriate population of Venezuelan nationality is found in this city. Given the foregoing, this year the JSNA is dedicating a section to a comprehensive analysis of the situation of those refugees and migrants who live in the city of Lima. It is important to note that there is no one "Lima," and that the varying conditions among the different parts of the city exert influences in different ways, in some cases amplifying the vulnerable situation in which many families of Venezuelan refugees and migrants already find themselves in. This section portrays a map of vulnerability and multidimensional poverty in terms of a fragmented, exclusionary metropolitan area. This description is also a long-postponed task given that Lima is the location where most of the response activities targeting the situation of Venezuelans (R4V) in Peru take place.

Lima is an extremely heterogeneous city that is full of contrasts. Initially, development was concentrated in the historic downtown, or Cercado de Lima, and neighboring districts.²⁵ However, after decades of demographic growth and internal migration processes from rural areas to the city, most of the population is now located in the districts of the "periphery." This is the result of an ongoing conurbation process that characterizes Lima, primarily involving the informal occupation of space (large-scale squatting), without planning, that has made it difficult to expand existing public infrastructure. For this reason, the 43 districts that comprise the province of Lima are quite heterogeneous in terms of the socioeconomic level of their inhabitants, access to public services, green areas, standard of living, road connections, labor activities, and formal employment, among other things.

22 First and second places alternate between the metropolitan areas of Mexico City and Sao Paulo, Brazil, followed by Buenos Aires, Argentina, Río de Janeiro, Brazil, Bogotá, Colombia, and Lima.

23 INEI (2022). Press release. Lima supera los 10 millones de habitantes al año 2022. Available at <https://www.inei.gob.pe/prensa/noticias/lima-supera-los-10-millones-de-habitantes-al-ano-2022-13297/#:~:text=Lima per cent20supera per cent20los per cent2010 per cent20millones per cent20de per cent20habitantes per cent20al per cent20a per centC3 per centB1o per cent202022>.

24 UNHCR (2022). UNHCR Global Trends Report 2021. https://www.acnur.org/publications/pub_inf/62aa717288e/tendencias-globales-de-acnur-2021.html.

25 The previous version of this report, in the Housing section, presents an analysis on how Lima's characteristics as an informal, diffuse agglomeration in a constant process of conurbation create a socio-culturally exclusionary metropolitan region with great inequalities. This accentuates the gaps and needs of refugees and migrants.

It is also important to note that some of the city's main challenges, such as those already cited in other sections of this document, include absolute water scarcity, the lack of safe drinking water, and wastewater treatment, although they are not addressed in this section to avoid overlap. There is also the issue of public transportation, and the difficulties people experience when traveling between their homes and their primary places of work

and study.²⁶ Lima does not have an integrated public transportation system (IPTS) that articulates the different means of passenger transportation or that allows people to efficiently move around, with access and coverage throughout the city. This is, without a doubt, one of the city's biggest problems, in terms of safety, formality, affordability, and practicality for users, and is especially complicated for the most vulnerable families.

Methodology

Using the information from the 2022 ENPOVE²⁷, Metropolitan Lima has been characterized using baseline indicators and microdata. According to the study characteristics, the survey's different levels of inference are nationwide, the area of Metropolitan Lima and Callao, and the rest of the cities in the country. Priority has been given to an analysis of the different zones—Central Lima, North Lima, East Lima, and South Lima—to achieve a better characterization by performing comparisons between zones.

After reviewing the results and indicators calculated using the 2022 ENPOVE, a compound index was constructed that measures the level of vulnerability of Venezuelans living in Metropolitan Lima. This index aims to characterize the standards of living and the aspects that affect people's daily development.

since, by definition, the concept of vulnerability is multidimensional. The index ranges from 0 to 1, with the highest value indicating a greater level of vulnerability.

Among the indicators selected for its construction are the highest level of education completed, the level of progress in the transfer of titles and degrees, family income, level of insurance in the health care system, prevalence of health conditions such as chronic diseases, infrastructure conditions and overcrowding in housing, the scale of food insecurity experiences, and others.

For more detail on the PROCESSING AND THE TECHNICAL calculation methodology for the indicator, see:

<https://sites.google.com/view/imwg-gtrmperu/jna>

The index has been constructed based on **INDICATORS THAT INSPECT DIFFERENT DIMENSIONS, SUCH as**

- > Education
- > Food Security
- > Housing
- > Integration
- > Protection
- > GBV
- > Health & Education

In addition to the construction of the compound vulnerability index, infographics were prepared which present data from different administrative records of Peruvian government institutions, such as the SNM, MINEDU, MINSAs, MIDIS, and the 2022 ENPOVE to add information on where people are located, who they are, and what their needs are as an additional layer of analysis.

26 The Education and Integration sections will also discuss the impact of mobility.

27 2022 National Survey of the Venezuelan Population conducted by the National Institute of Statistics and Computer Science (INEI). Field activity was performed in February and March 2022.

DISTRIBUTION OF REFUGEES AND MIGRANTS IN LIMA

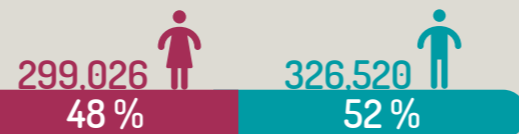
The upcoming national population census will be able to define the exact number of refugees and migrants from Venezuelan who are now living in Peru, and, generally speaking, where they are settled throughout Peruvian territory. However, we can make a preliminary effort to understand how this population is distributed in Lima using the available administrative records. This section presents the distribution of the

Venezuelan population registered in: 1) the Integrated Immigration System (SIM) of the National Superintendency of Immigration (SNM)*; and 2) the data on children and adolescents from Venezuela who are enrolled in educational institutions located in Lima, according to the Information System for the Support and Management of Educational Institutions (SIAGIE) kept by the Ministry of Education (MINEDU)**

ADMINISTRATIVE RECORDS

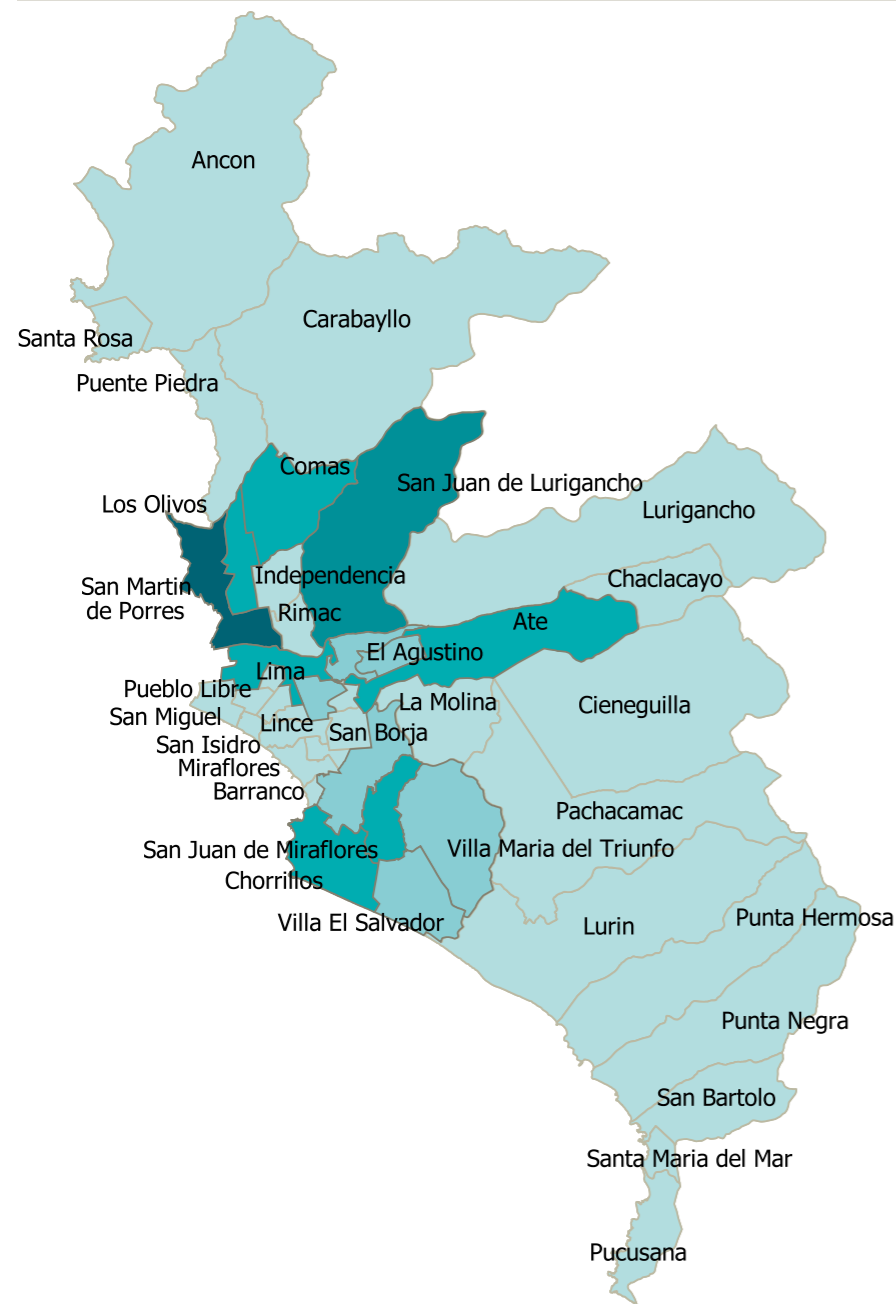
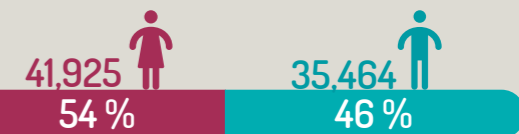
NATIONAL SUPERINTENDENCY OF IMMIGRATION

625,546 PEOPLE REGISTERED WITH DOMICILE IN LIMA (70% of the nationwide total)



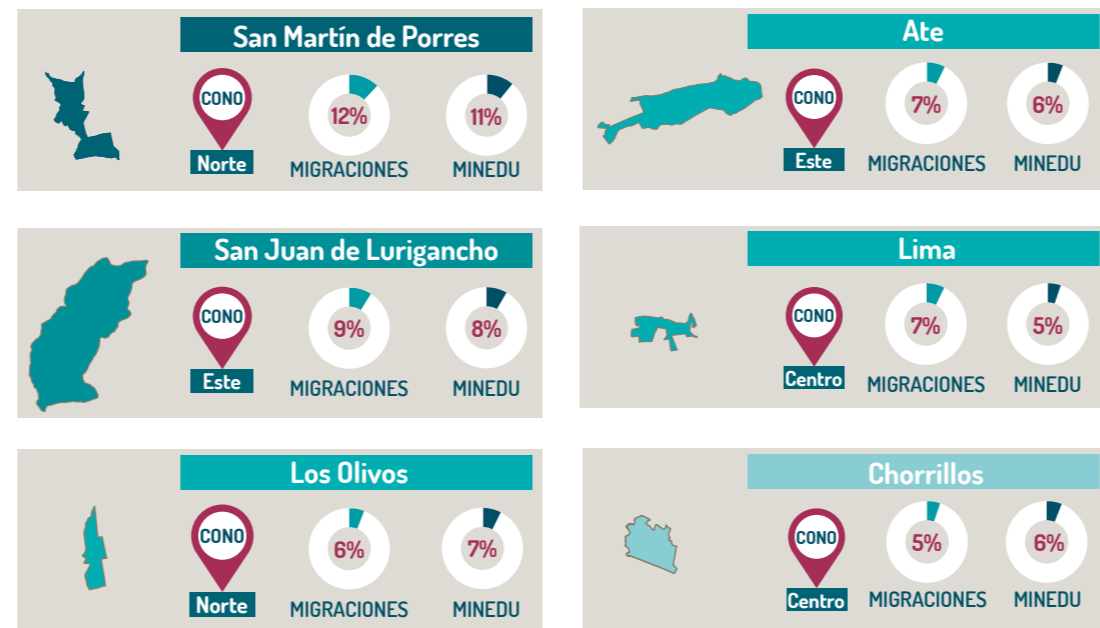
MINISTRY OF EDUCATION

77,414 CHILDREN AND ADOLESCENTS FROM VENEZUELA ENROLLED IN SCHOOLS LOCATED IN LIMA (61% of the nationwide total)



DISTRICTS WITH HIGHEST PRESENCE

ABSOLUTE NUMBERS AND % OF THE TOTAL FOR EACH REGISTRY



* Source: Immigration Control and Preregistration in the Integrated Immigration System (updated as of August 25, 2022). Information on the district where the domicile is located is declarative and cannot be updated. Additionally, not all people who are registered provided this information.
 ** Source: SIAGIE - MINEDU (updated 31 July 2022). Information on nationality is declarative on the part of the director of each school, given the lack of appropriate mechanisms to validate this information.

NEEDS AND VULNERABILITIES IN METROPOLITAN LIMA

The city of Lima is divided into four geographic zones: Center, North, East, and South. Each zone includes different districts which may live very different realities. For example, East Lima includes the districts of La Molina, with an estimated monetary poverty index of 0.7% to 1.6%, and Lurigancho, with an index of 14.1% to 22.3%.

In addition to information on monetary poverty estimated based on the total for each district, this infographic shows the available information on the local conditions of the Venezuelan population.



VULNERABILITY INDEX

Based on the information gathered in the 2022 ENPOVE, a compound index has been created that measures the level of vulnerability of Venezuelan persons living in the city of Metropolitan Lima. This index aims to characterize the standard of living and those aspects that affect people's daily development. The index has been constructed based on indicators that inspect different dimensions, such as Education, Food Security, Housing, Integration, Protection, GBV, Health Care, and Education, since, by definition, the concept of vulnerability is multidimensional.

	North Lima	East Lima	Central Lima	South Lima
Education	50%	51%	46%	52%
Health Care	55%	48%	49%	50%
GBV	52%	41%	44%	37%
Protection	51%	50%	45%	45%
Integration	50%	50%	54%	44%
Housing	43%	45%	41%	41%
Food Security	50%	48%	44%	44%

Central Lima

NEEDS OF THE LOCAL VENEZUELAN POPULATION

2,762,000 PEOPLE
263,000 REFUGEES AND MIGRANTS (10%)



- 38% OF HOUSEHOLDS HAVE HOUSING NEEDS
- 33% OF HOUSEHOLDS HAVE NEEDS RELATED TO ACCESS TO WATER AND/OR SANITATION
- 48% OF HOUSEHOLDS HAVE A LOW OR LOWER-MIDDLE SOCIOECONOMIC LEVEL
- 35% OF HOUSEHOLDS HAVE EXPERIENCED MODERATE OR HIGHER LEVELS OF FOOD INSECURITY
- 32% OF PEOPLE HAVE FELT DISCRIMINATED AGAINST
- 24% OF PEOPLE KNOW OF CASES OF VENEZUELAN WHO HAVE BEEN VICTIMS OF SOME TYPE OF VIOLENCE
- 13% OF PEOPLE KNOW OF CASES OF VENEZUELAN WHO HAVE RESORTED TO SEX TO SURVIVE

North Lima

NEEDS OF THE LOCAL VENEZUELAN POPULATION



3,084,000 PEOPLE
322,000 REFUGEES AND MIGRANTS (10%)



- 34% OF HOUSEHOLDS HAVE HOUSING NEEDS
- 31% OF HOUSEHOLDS HAVE NEEDS RELATED TO ACCESS TO WATER AND/OR SANITATION
- 44% OF HOUSEHOLDS HAVE A LOW OR LOWER-MIDDLE SOCIOECONOMIC LEVEL
- 47% OF HOUSEHOLDS HAVE EXPERIENCED MODERATE OR HIGHER LEVELS OF FOOD INSECURITY
- 34% OF PEOPLE HAVE FELT DISCRIMINATED AGAINST
- 31% OF PEOPLE KNOW OF CASES OF VENEZUELAN WHO HAVE BEEN VICTIMS OF SOME TYPE OF VIOLENCE
- 26% OF PEOPLE KNOW OF CASES OF VENEZUELAN WHO HAVE RESORTED TO SEX TO SURVIVE

East Lima

NEEDS OF THE LOCAL VENEZUELAN POPULATION



1,709,000 PEOPLE
256,000 REFUGEES AND MIGRANTS (15%)



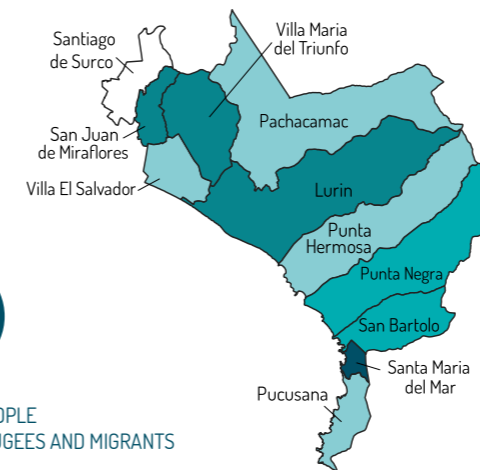
- 56% OF HOUSEHOLDS HAVE HOUSING NEEDS
- 26% OF HOUSEHOLDS HAVE NEEDS RELATED TO ACCESS TO WATER AND/OR SANITATION
- 21% OF HOUSEHOLDS HAVE A LOW OR LOWER-MIDDLE SOCIOECONOMIC LEVEL
- 43% OF HOUSEHOLDS HAVE EXPERIENCED MODERATE OR HIGHER LEVELS OF FOOD INSECURITY
- 27% OF PEOPLE HAVE FELT DISCRIMINATED AGAINST
- 17% OF PEOPLE KNOW OF CASES OF VENEZUELAN WHO HAVE BEEN VICTIMS OF SOME TYPE OF VIOLENCE
- 17% OF PEOPLE KNOW OF CASES OF VENEZUELAN WHO HAVE RESORTED TO SEX TO SURVIVE

South Lima

NEEDS OF THE LOCAL VENEZUELAN POPULATION



2,456,000 PEOPLE
202,000 REFUGEES AND MIGRANTS



- 44% OF HOUSEHOLDS HAVE HOUSING NEEDS
- 19% OF HOUSEHOLDS HAVE NEEDS RELATED TO ACCESS TO WATER AND/OR SANITATION
- 27% OF HOUSEHOLDS HAVE A LOW OR LOWER-MIDDLE SOCIOECONOMIC LEVEL
- 40% OF HOUSEHOLDS HAVE EXPERIENCED MODERATE OR HIGHER LEVELS OF FOOD INSECURITY
- 24% OF PEOPLE HAVE FELT DISCRIMINATED AGAINST
- 18% OF PEOPLE KNOW OF CASES OF VENEZUELAN WHO HAVE BEEN VICTIMS OF SOME TYPE OF VIOLENCE
- 8% OF PEOPLE KNOW OF CASES OF VENEZUELAN WHO HAVE RESORTED TO SEX TO SURVIVE

SECTORAL CHAPTERS



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SHELTER: TEMPORARY COLLECTIVE SHELTERS AND HOUSING

Background



the INTER-AMERICAN COMMISSION ON HUMAN RIGHTS (IACHR) and the regional R4V platform have warned that nearly



40% per cent of the refugee and migrant Venezuelan

population surveyed in seven countries in the region in late 2020 had been evicted and

38% per cent were at risk of losing their home,

with pregnant women accounting for one fifth of all affected persons³⁰

Access to a temporary place to stay, as well as to long-term housing, has always been one of the most pressing needs for the Venezuelan refugee and migrant population in Peru, even if it is not always the first to be mentioned. Job and livelihoods-related needs are usually the most reported ones, given their prominent role in covering rent and other basic needs. The COVID-19 pandemic has only worsened this situation. In a context where more than 93 per cent of the Venezuelan population rent their housing²⁸ (also considering the scarcity of temporary shelters), the difficulty of earning an income during the public health emergency has resulted in the inability of many households to pay rent. According to the Special Rapporteur on the Right to Adequate Housing, this is “the basis of stability and security for an individual or family. The center of our social, emotional and sometimes economic lives, a home should be a sanctuary—a place to live in peace, security and dignity.”²⁹ Adequate housing is a protective space and a human right.

This human right to adequate/dignified housing encompasses the principle of security of tenure, including not having to worry about evictions. Despite the efforts to mitigate the risk of evictions during the pandemic and given the lack of documents, formal lease agreements, and knowledge of tenants’ rights,

Peru is the country in the region where tenants are least likely to receive prior notice of eviction and just 32 per cent of evicted households surveyed received aid to prevent or protect themselves against eviction³¹

THE CENTER OF OUR SOCIAL, EMOTIONAL, AND SOMETIMES ECONOMIC LIVES, A HOME SHOULD BE A SANCTUARY, A PLACE TO LIVE IN PEACE, SECURITY, AND WITH DIGNITY.” ADEQUATE HOUSING IS A PROTECTIVE SPACE AND A HUMAN RIGHT.

²⁸ ENPOVE 2022.

²⁹ Special Rapporteur on the Right to Adequate Housing. Available at <https://www.ohchr.org/en/special-procedures/sr-housing/human-right-adequate-housing#:~:text=The per cent20right per cent20to per cent20adequate per cent20housing per cent20contains per cent20freedoms.,home per cent2C per cent20privacy per cent20and per cent20family per cent3B per cent20and.>

³⁰ Regional Survey on Evictions of Refugees and Migrants from Venezuela (2021). Available at <https://www.r4v.info/en/evictiontools>.

³¹ Ibid.

In addition to this problem, it is important to note that 1.9 million households in Peru have a housing deficit.³² Nationwide, this means that 2.3 per cent of households include more than one family per housing unit— i.e., a quantitative deficit—and that 8.9 per cent have deficiencies in the quality of their housing— i.e., a qualitative deficit—with both increasing 0.2 per cent compared to 2020.³³ This means that two out of every three households with a housing deficit, despite having a place to live (including rental units), do not meet the necessary conditions to guarantee the health and wellbeing of those who live there, whether due to overcrowding, a lack of basic services (water, electricity, sanitation, etc.) or the poor quality of floors and walls. It is estimated that two out of every five householders in the poorest quintile have a housing deficit, with the greatest housing deficiencies experienced in those households that receive the lowest incomes in the country.³⁴

For the 1.49 million³⁵ Venezuelans in Peru, their concentration in the capital makes this situation particularly aggravated due to the housing conditions in Lima.

The manifold difficulties in accessing the real estate market are augmented by the city's diffuse, informal urban agglomeration, making it an unequal and socio-culturally exclusionary metropolitan region where the most economically affordable housing is also that with the lowest structural quality and habitability.³⁶ The spatial segregation of the most vulnerable communities especially excludes refugees and migrants. The INEI has calculated that, as of 2021, 45 per cent of the country's urban population lives in marginal neighborhoods, informal settlements, or inadequate housing.³⁷ This is an increase of 3 per cent over 2019, which was the datum used for the previous version of this report, thus demonstrating the negative impact that the COVID-19 pandemic has also had on this sector, with a considerable deterioration of urban housing conditions throughout the country.

As an alternative to renting, although less widely used, temporary shelters are becoming more popular among the Venezuelan population in Peru, with 59,000 users of collective shelters in 2021.³⁸ This figure is far away from meeting that population's needs, if we use the estimate of 147,267 persons in transit with housing needs in 2023.³⁹



The INEI has calculated that, as of 2021, 45 per cent of the country's urban population lives in marginal neighborhoods, informal settlements, or inadequate housing.



© UNHCR/Nicolo Filippo Rosso

32 Gabriel Arrisueño and Luis Treviño (2021). *La vivienda digna: clave para una recuperación sostenible*. Peruvian Central Reserve Bank: Revista Moneda 186, June 2021. <https://www.bcrp.gob.pe/docs/Publicaciones/Revista-Moneda/moneda-186/moneda-186-03.pdf>.
 33 INEI (2022). 2011-2021 National Budget Programme Survey. https://www.inei.gov.pe/media/MenuRecursivo/publicaciones_digitales/Est/Lib1855/cap13.pdf.
 34 Arrisueño and Treviño (June 2021). Op. cit.
 35 SNM 2022, in response to Letter OIM-CoM-029-2022.
 36 Plan MET 2040 (2021). Análisis físico espacial de Lima. See <https://bit.ly/3DVeSaD>.
 37 INEI (SDG monitoring). <http://ods.inei.gov.pe/ods/objetivos-de-desarrollo-sostenible/ciudades-y-comunidades-sostenibles>.
 38 IDEHPUCP (2022). Mapeo de albergues temporales que atienden a población migrante y refugiada en Perú. Available at https://idehpucp.pucp.edu.pe/lista_proyectos/mapeo-de-albergues-temporales-que-atienden-a-poblacion-migrante-y-refugiada-en-peru/.
 39 PIN of persons in transit with shelter needs for the RMRP 2023-24, Peru chapter.

Needs Assessment



SHELTER



According to the data from the ENPOVE, VENEZUELAN HOUSEHOLDS IN PERU consist of an average of four members, being the most common⁴⁰

33% with two-parent households with children

18% and households with extended family



© UNHCR/Sebastian Castañeda

The majority of households (92 per cent) have at least one non-exclusive room used for sleeping. However, the average number of persons sleeping per room is 3.1. This points to the level of overcrowding in households, which is especially acute in the urban areas of Chimbote, Lima, Trujillo, and Tumbes, which are also the places where most of the Venezuelan population in the country resides.

Based on the information gathered during the JSNA, the key informants indicate the lack of access to dignified, secure housing, as well as its sustainability over time, as a fundamental need. Housing instability constitutes an evident problem for 60 per cent of key informants, who reported that changes in housing within the six months prior to responding to the questionnaire was frequent or very frequent, while only 46 per cent believed it was highly likely that they would continue to live in the same housing for the next three months.

In terms of BARRIERS TO ACCESSING DIGNIFIED, secure housing, the most frequently cited causes are



76% a lack of economic resources

42% lessors' restrictions on large families

40% and discrimination and/or xenophobia on the part of neighbors

40 ENPOVE (2022)

This is the first time that the theme of xenophobia has been so prominent in the JSNA, especially for the Shelter sector. The increase in negative sentiments toward refugee and migrant populations in an irregular situation in the country may worsen chances of accessing dignified housing. During the sectoral workshops, attention was drawn to the fact that there are lessors who take advantage of Venezuelans' unfamiliarity with the real estate market to raise prices, further complicating their access to housing.

DISCRIMINATION and XENOPHOBIA, along with **INFRASTRUCTURE ISSUES** in both urban and rural areas, significantly interfere with protection against forced eviction. They also accentuate issues of

- > **service availability**
(including adequate water and sanitation),
- > **affordability**
(cost must not affect the ability to meet other basic needs),
- > **accessibility**
(the specific needs of marginalized or vulnerable groups are not considered),
- > **and location**
(far from job opportunities and health care, education, and childcare services, and situated in polluted or dangerous areas),

all of which are KEY ELEMENTS of the human right to adequate housing.

The housing situation of particularly vulnerable groups, like LGBTIQ+ persons is especially delicate. The prejudice and stigma built around this group makes them victims of double discrimination, including intimidation or abuses of power on the part of lessors that often lead these persons to hide their gender or sexual orientation as a preventative measure.⁴¹ In Arequipa, to address this reality, several organizations inaugurated "La Casa de la Diversidad" in 2022, a shelter open to any LGTBIQ+ victim of abuse or discrimination.

TEMPORARY COLLECTIVE SHELTERS

Temporary collective shelters are essential for refugees and migrants in transit, recent arrivals, or those who are unable to afford rent. In addition to their function as places of protection and safety in emergency situations, they also have a highly positive impact on the physical and mental wellbeing of shelter users.⁴² Given their potential as places of personal development and emotional support, it is important to overcome their perception as mere emergency shelters.⁴³ A brief analysis of these types of temporary shelters clearly attests to the problems of institutionality and management from which



© Comunicación R4V


41 OIM (2020). Salir de casa para volver al closet. <https://peru.iom.int/sites/g/files/tmzbd1951/files/Documentos/DIAGLGtBIQ2020.pdf>.
 42 IDEHPUCP (2021). Diagnóstico sobre albergues para personas migrantes venezolanas en el Perú: análisis de los impactos psicosociales durante la emergencia sanitaria. <https://cdn01.pucp.edu.pe/idehpucp/wp-content/uploads/2021/03/29200940/Diagnóstico-final-isbn.pdf>.
 43 The study conducted by the IDEHPUCP (2021) found that shelters not only resolve the emergency situations experienced by persons with nowhere else to stay, but also "offer permanent support, provide a space to vent," and "become a place where refugees and migrants can form bonds with people in the same circumstances through spaces of exchange, acknowledgment, and solidarity."

they suffer. Just 24 per cent of temporary collective shelters in Peru have been planned, and those managed by regional governments account for just 9 per cent. These shelters are most commonly managed by religious entities (56 per cent), international organizations (16 per cent),⁴⁴ or civil society itself (16 per cent). The clear disinterest shown by Peruvian municipal and regional institutions' public agenda results in the lack of coordination for the formalization of these spaces, as well as in a deficient management. Despite this, it is estimated that 84 per cent of such spaces offer meals to their users, most have basic services, and not a few of them offer telephone and

internet services, as well as recreation and learning spaces for children.⁴⁵


Lastly, there is the challenge of building **community infrastructure** that provides access to basic services. Where these spaces exist, do not suffer from maintenance and/or sustainability issues, and information on them is widely shared with the community of Venezuelan refugees and migrants, barriers to access may come from the host community itself due to a lack of sensitization and awareness of the reality faced by the Venezuelan population in Peru.

Intersectoral Links




WATER, SANITATION, AND HYGIENE

Given that one of the basic elements any shelter must have to be considered dignified and safe is access to basic services such as water and sanitation, the need for an intersectional analysis of both sectors is obvious. According to the ENPOVE⁴⁶, the rate of households with a sewer connection or indoor plumbing has improved since 2018, but neither of these figures has reached 80 per cent nationwide.




INTEGRATION

Among the main barriers to housing identified in the JSNA, the lack of economic resources ranks first. Understanding the bidirectional connection between the two sectors becomes crucial for correctly addressing them. Dignified working conditions can have an extremely positive impact on access to housing, just as optimal housing conditions greatly facilitate the sociocultural and economic integration of the Venezuelan population.



HEALTH

Based on the idea that dignified housing means housing that guarantees the health and wellbeing of those who live there, the connection between shelter and health is evident. The elements that define a housing unit's adequacy include health-related factors like the access to basic services, the materials used, and overcrowding. Furthermore, as shown by several studies analyzing the psychosocial impact of the pandemic on users of various temporary collective shelters, they have become very important spaces of emotional support for the Venezuelan population who uses them, with significant benefits for mental health.

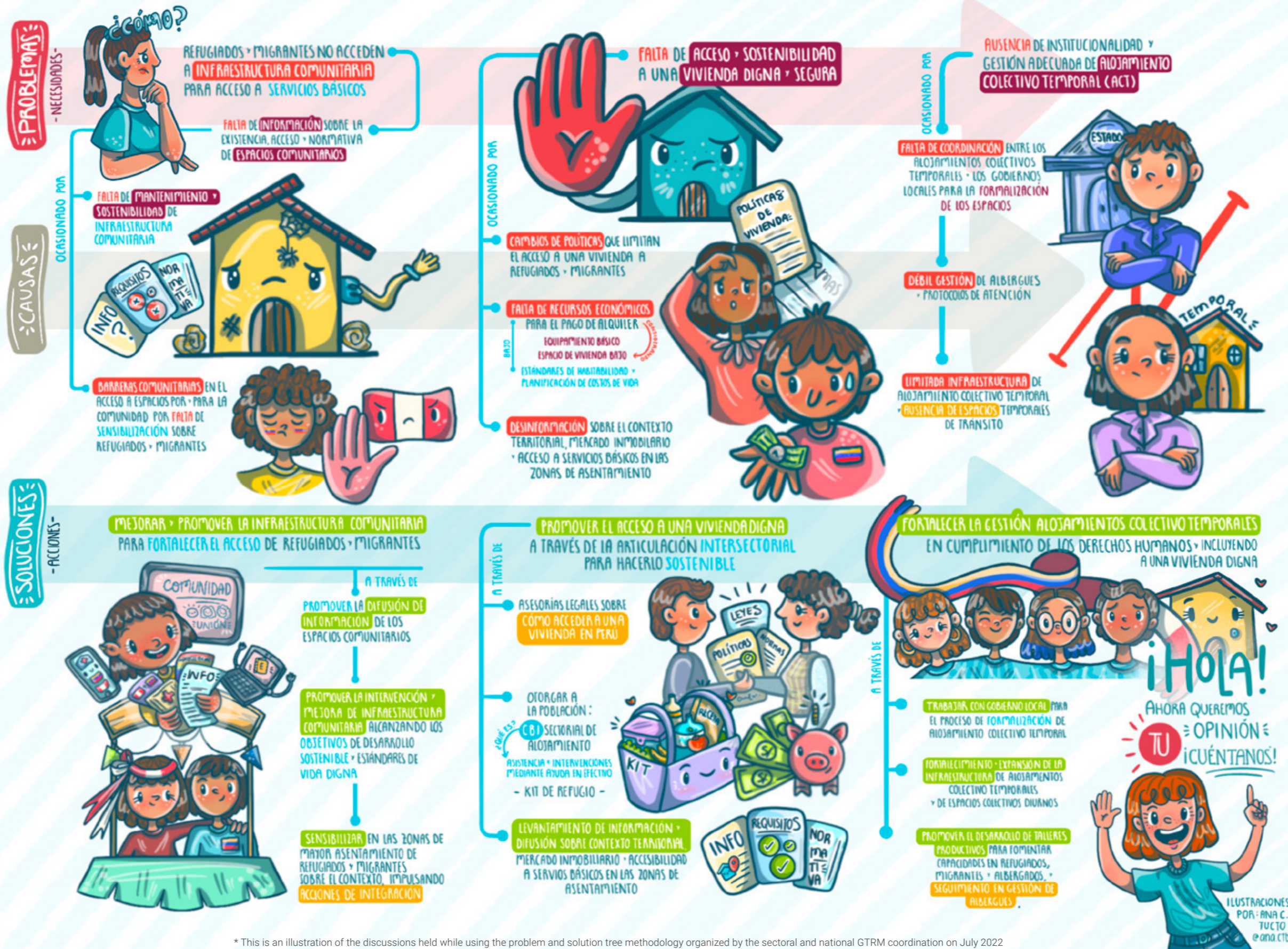
 **KEY TAKEAWAYS**

Shelter-related needs are pressing. In addition to tackling issues of habitability and access to dignified, secure housing, it is important to strengthen the institutionality and management of temporary collective shelters, and to promote community infrastructure that provides refugees and migrants with access to basic services.

More information on the results of the interviews with key informants for this sector can be found on pages 88, "Joint Needs Assessment: Main Takeaways."

44 IDEHPUCP (2022) Op. Cit.
 45 IDEHPUCP (2021) Op. Cit.
 46 ENPOVE (2022)

SHELTER SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS



* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022

HUMANITARIAN TRANSPORTATION



Background

Nearly two years into the pandemic, the Peruvian government decided to reopen land borders (Supreme Executive Order (Decreto Supremo) 015-2022-PCM) as a result of the progress made in vaccinating against COVID-19 nationwide, and particularly in border areas. Given that requirements for entry to the country did not change⁴⁷, the refugee and migrant population continued to enter Peru irregularly, mainly via the northern border. People in human mobility were particularly affected during the first half of 2022 by social conflicts in the country, which led to roadblocks and a greater military presence on national roadways.⁴⁸



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Needs Assessment

The refugee and migrant population arriving in the country REQUIRES KEY INFORMATION TO ALLOW THEM TO SAFELY REACH THEIR FINAL DESTINATION.

> **6** of every **10** people who enter irregularly via Tumbes want to settle in Peru and

> **4** hope to reach neighboring countries (mainly Chile).⁴⁹

As seen in Tumbes, this population is most often entering the country for the first time (93 per cent during the last year, on average⁵⁰), meaning that they require reliable information on routes, available services, distances, and weather conditions.

Given the rise of trafficking and smuggling rings during the pandemic in response to the closing of land borders, this population is exposed to protection risks on the route. It is also important to take into account vulnerability profiles of persons crossing the border in increasingly precarious conditions

(pregnant or breastfeeding women, as well as unaccompanied or separated children, among others). This population suffers considerable emotional fatigue after several days en route, or even after multiple attempts to settle in other countries.⁵⁰ Similarly, 40 per cent of the population entering the country via Tacna reported having suffered incidents during the journey (such as denigrating treatment, expressions of xenophobia, or the theft of their belongings).⁵²

Refugees and migrants from Venezuela who enter the country irregularly are not authorized to buy tickets from formal transportation companies,⁵³ thus forcing them to walk long distances or travel unsafely using irregular or heavy-freight transportation. The state's response has been limited in terms of providing alternatives that foster access to safe transportation for these persons. Supervisory entities, such

as the Superintendency of Overland Transportation (SUTRAN), have carried out operations against human trafficking in border areas⁵⁴, although monitoring of informal land terminals and other transportation services is still limited.

Refugees and migrants at destination also face difficulties in accessing safe and reliable transportation, given the gradual increase in urban and interprovincial ticket costs. This affects access to essential services, such as health care and education, as well as formal processes for regularization and obtaining documents. According to the JNSA, Venezuelans experience difficulties in accessing health care due to distances and the cost involved in transportation. Furthermore, those who live in the provinces are often unable to continue their formal procedures for regularization and obtaining documents in Lima because of limited resources.

Intersectoral Links



PROTECTION

Interventions must include a protection approach for the dissemination of information and the development of awareness-raising strategies that include key stakeholders in both border areas and urban hubs.



HEALTH and NUTRITION

It is important to establish channels for case referrals, as well as for nutritional screenings for persons in transit who enter via border points after several days of walking.



KEY TAKEAWAYS

Refugees and migrants require timely information to access safe transportation that allows them to reach their destination, thus mitigating protection risks. They also require access to urban and interprovincial transportation that, in turn, enables access to essential services.

47 Due to the pandemic, proof is required of full vaccination against COVID-19 (depending on the country of origin) or a negative molecular test result within the last 48 hours.

48 Andina Noticias. SUTRAN advierte que varias carreteras permanecen bloqueadas. 30 March 2022. Accessed on 23 August. <https://andina.pe/agencia/noticia-sutran-advierte-varias-carreteras-permanecen-bloqueadas-por-paro-transportistas-886851.aspx>.

49 UNHCR. Tumbes: Border Monitoring (January–July 2022).

50 OIM. DTM FMS in Tumbes, Rounds 12 (November 2021), 13 (January 2022), 14 (March 2022), and 15 (May 2022).

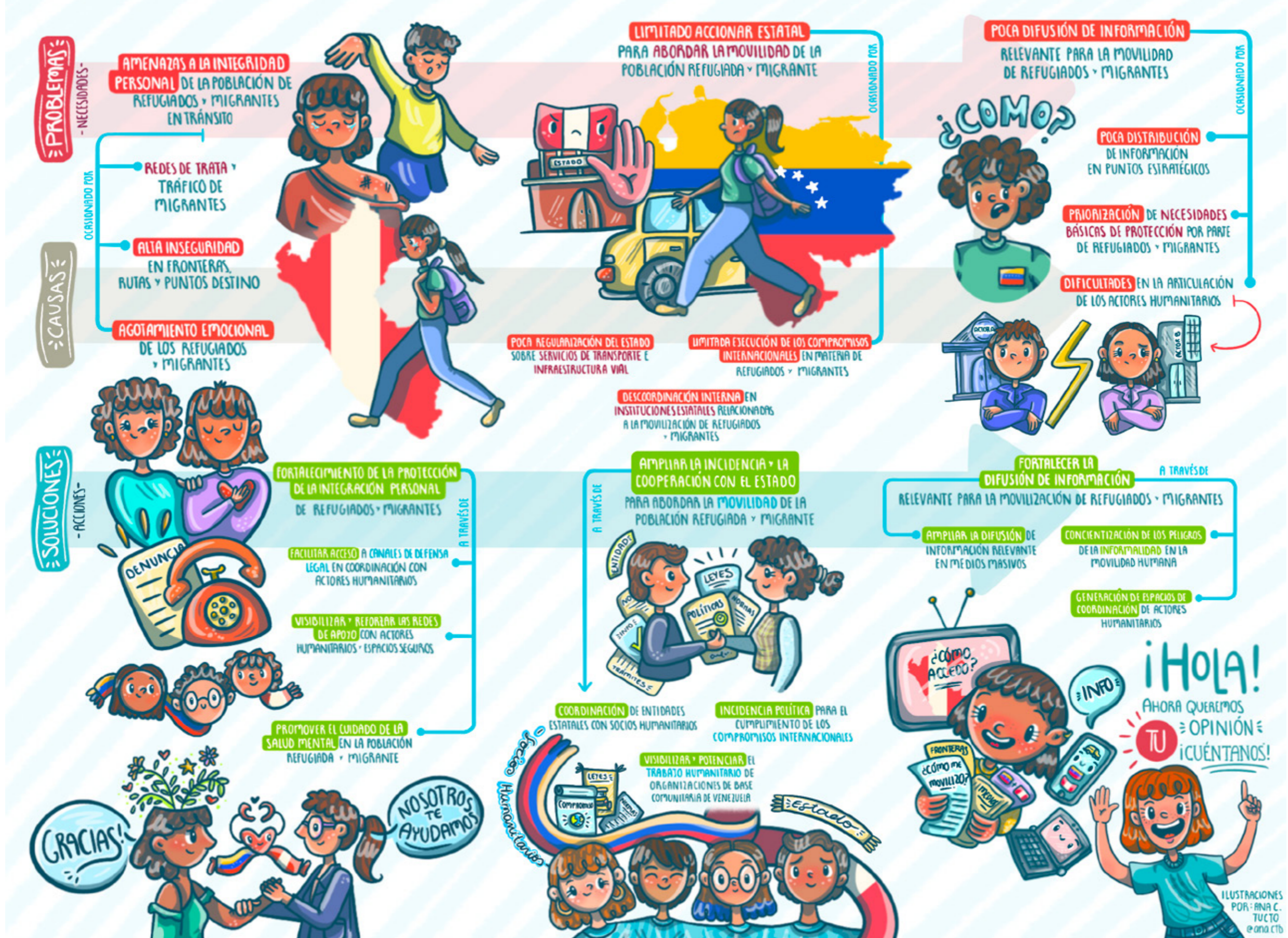
51 On average, 2 out of every 10 people surveyed entering via Tumbes had been travelling for 30 days. OIM. DTM Flow Monitoring Survey in Tumbes, Round 16 (July 2022).

52 UNHCR. Tacna: Border Monitoring (May–July 2022).

53 The person must have registered with the immigration authority (and have a national identity document, as well as Andean Migration Card). SUTRAN. Regulations on the Overland Transit of Persons and Vehicles under the Agreement between Ecuador and Peru on the Transit of Persons, Vehicles, River and Maritime Vessels, and Aircraft, and General Conditions. Article 8. Likewise, drivers may be penalized and fined if they fail to indicate the passport or alien registration card number. See SUTRAN, National Transportation Administration Regulations (Supreme Executive Order 017-2009-MTC, updated July 2020).

54 Andina Noticias. SUTRAN y autoridades de Tumbes unen esfuerzos para combatir la trata de personas. 18 June 2022. Accessed 23 August. <https://andina.pe/agencia/noticia-sutran-y-autoridades-tumbes-unen-esfuerzos-para-combatir-trata-personas-897869.aspx>.

HUMANITARIAN TRANSPORT SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS



* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022



Background



The year 2022 saw one a large increase in the cost of living due to higher food, energy, fertilizer, and transportation prices.⁵⁵ The resulting inflation has particularly affected most vulnerable persons to food insecurity by reducing their purchasing power. According to the INEI, the Consumer Price Index in Lima rose by 8.81 per cent, the highest rate in 25 years.⁵⁶ The relationship between food insecurity and malnutrition is clear, since the more negative a family's coping strategy is, the greater the impact on its members' nutritional state.



Free temporary registration with the SIS is available for pregnant women and children under age five enabled

over
64%

per cent of children under age five to access the Growth and Development (CRED) program between January and April 2022 and

nearly
60%

per cent to obtain iron supplements.⁶¹

However, more information is required on diet and nutrition programs for the refugee and migrant population.

In the case of the CUNA MÁS program (aimed at supporting the development of children under 36 months old living in poverty), between April 2021 and April 2022, only 30 Venezuelans received assistance out of a total of more than 291,000 during this period.⁶² Communications strategies are required to improve diet and nutrition practices in school and community environments in order to help prevent malnutrition in children and adolescents.

According to the JSNA, over half of the key informants interviewed were already consuming LOCAL FOODS with HIGH NUTRITIONAL VALUES, SUCH as QUINOA, KIWICHA, and TARWI.

Needs Analysis

The Venezuelan refugee and migrant population in transit and those recently settled at their destination are at the greatest risk of malnutrition and maternal and child anemia. Among the recently arrived population, economic vulnerability limits their access to nutritional food, leading to inadequate dietary and nutritional habits. In Metropolitan Lima, 28 per cent of households reported that their child under the age of five had lost weight compared to before the pandemic.⁵⁷ At the same time, while around 75 per cent of Venezuelan children under five years of have insurance, primarily through the Comprehensive Health Insurance (SIS) system, the actual use of health care services is only 65 per cent due to lack of money,

since not everything is covered and there are costs for tests and medicines.⁵⁸

In the border areas, constant flows of refugees and migrants in transit were observed. In particular, groups in vulnerable situations are most exposed to physical deterioration due to the time en route (as in Tumbes, where 45 per cent entered the country after 15 to 30 days of walking)⁵⁹ and the negative coping strategies used (as in Tacna, where 25 per cent of those entering reported reducing the number of meals).⁶⁰ This population, who primarily crosses the border irregularly, cannot access health care services. It is thus necessary to implement and strengthen nutritional surveillance and monitoring to help identify potentially acute cases.



HEALTH

Joint creation of early warning mechanisms and referral of acute cases, along with screenings in the population in transit and vulnerable groups.



FOOD SECURITY

Joint effort for the inclusion of the refugee and migrant population in programs for the prevention of acute malnutrition and anemia, as well as nutritional programs and education to include low-cost local foods with a high nutritional value in their diets.



KEY TAKEAWAYS

Pregnant women and child refugees and migrants from Venezuela, especially those in transit, are at risk of acute malnutrition due to travel conditions, while the recently settled population requires nutritional support services due to a loss of resources.

More information on the results of interviews with key informants for this sector can be found on pages 88, "Joint Needs Assessment: Main Takeaways."

55 Action Against Hunger. Newsletter: Una nueva crisis sacude América Latina. July 2022, p. 2.

56 Ibid, p. 12.

57 Action Against Hunger. Estudio multisectorial en personas refugiadas y migrantes de Venezuela que viven en Metropolitan Lima, Perú, 2022. Available at <https://bit.ly/3lBh1ol>.

58 PAHO/WHO (2022). Línea de base de los problemas y necesidades de salud de las personas refugiadas y migrantes procedentes de Venezuela en Metropolitan Lima, Perú, p. 56. <https://bit.ly/3B6GR75>.

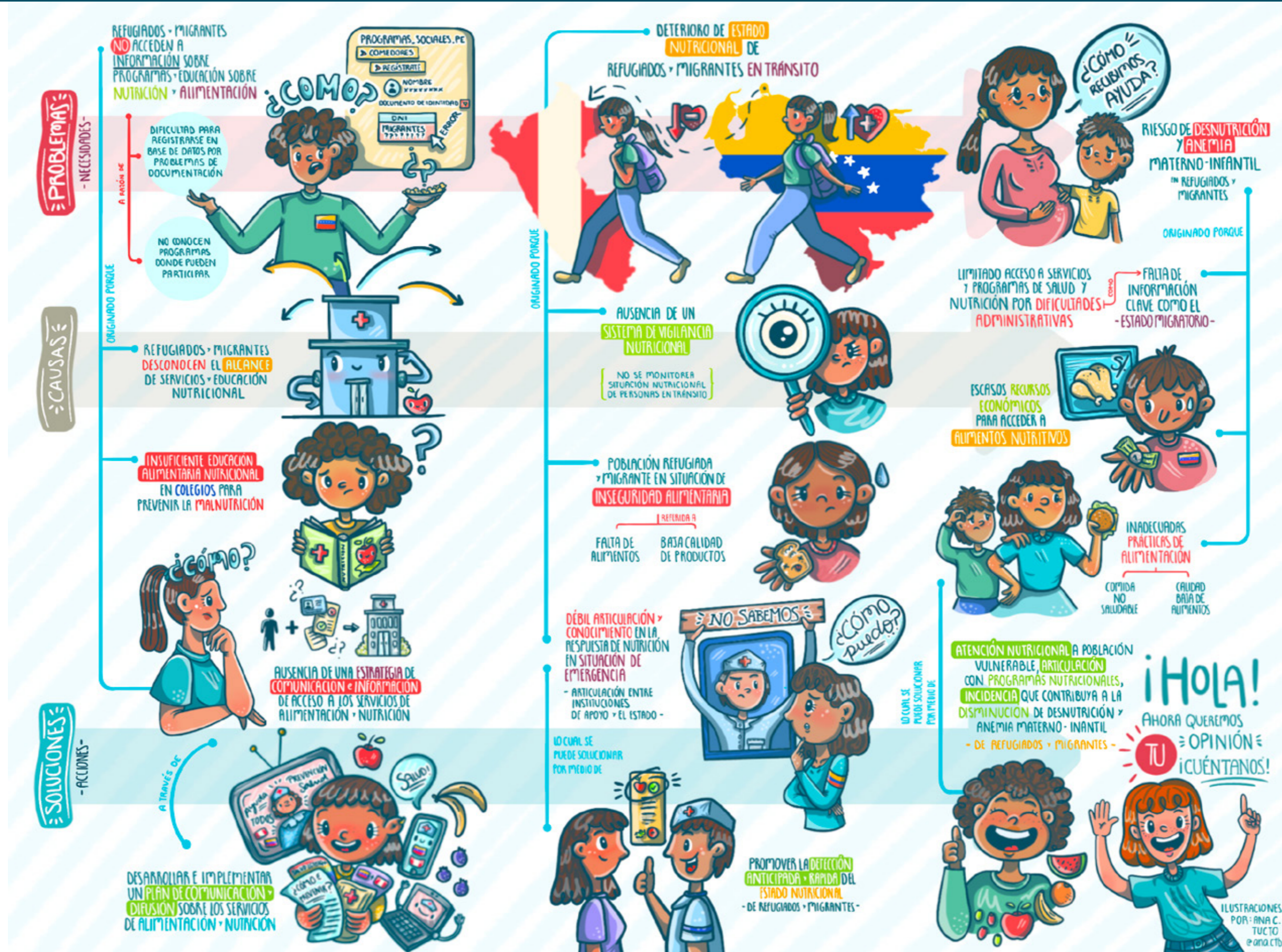
59 OIM, DTM Flow Monitoring Survey in Tumbes, Round 15 (May 2022).

60 UNHCR. Tacna: Border Monitoring (May–July 2022).

61 INEI. ENPOVE 2022.

62 Cuna Más Programme – Ministry of Development and Social Inclusion (MIDIS) (May 2022). Report 1-2022-MIDIS/PNCM-UOAI-CGSE-SSD.

NUTRITION SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS



* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022



Background

Peru has become the country with the greatest food insecurity in South America, with 16.6 million people (over half the population) experiencing moderate or severe food insecurity.⁶³ This is due to the rise in poverty, which results in the consumption of ultra-processed foods with harmful contents. Food insecurity indicators (anemia, overweight, and obesity) are likewise on the rise.⁶⁴



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for improving access to food for the population in vulnerable situations. It is thus important to share more information on the available options and foster the inclusion of refugees and migrants in initiatives already underway, such as Ollas Comunitarias (Community Soup Kitchens); or other initiatives promoted by local governments, such as the Vaso de Leche (“Glass of Milk”) program, which offers daily meals to vulnerable children.

As for the refugee and migrant population in transit, it faces the risk of severe food insecurity because of its migration route. On average, over 40 per cent of people entering the country via Tumbes stated that they had begun their journey between

15 and 30 days prior⁶⁷, while 25 per cent of those entering via Tacna reduced the quality and quantity of food and 17 per cent prioritized feeding their children.⁶⁸ Negative strategies such as not eating have dangerous effects on their health. Food assistance schemes are required to address critical cases.

As for the REFUGEE and MIGRANT POPULATION in TRANSIT, they face the risk of severe food insecurity due to the effect of their migratory route.

Needs Assessment

The VENEZUELAN REFUGEE AND MIGRANT POPULATION at destination still experiences limited access to quality foods in sufficient quantities

due to this population’s limited job opportunities, and thus, its difficulties in earning a living. All of this is exacerbated by inflation, which has resulted in widespread increases in food prices.⁶⁵ This situation makes it necessary to resort to negative coping strategies. According to the ENPOVE,

- > **32%** per cent of respondents had been unable to eat healthy and nutritious foods during the month prior to the survey,
- > **51%** per cent consume only a few types of foods,
- > **39%** per cent of households skipped meals, another
- > **32%** per cent of households were unable to eat their preferred foods, and another
- > **32%** per cent experienced hunger and were unable to eat due to a lack of money.⁶⁶

The survey also shows that food insecurity tends to be higher in households headed by women, as well as heads of household between the ages of 45 and 64, and in households with five members. Generally, many Venezuelan households lack adequate conditions for preparing and/or storing food. There is also a persistent cultural component, where Venezuelan households are unfamiliar with the nutritional value of available, low-cost local foods that could be incorporated into their daily diet.

The refugee and migrant population continues to face barriers to access food-related social programs, like Qali Warma, a national program that provides breakfast and lunch to over 60 per cent of Venezuelan students enrolled in public schools, primarily between the ages of three and eleven. Also, 75 per cent of key informants interviewed in the JNSA stated that potlucks are a viable option

Intersectoral Links



NUTRITION

In order to promote the early identification of potential cases of moderate to severe food insecurity, especially in relation to vulnerable groups such as pregnant or breastfeeding women, children and adolescents, persons with chronic illnesses, and others.



HEALTH

To establish channels for referral to local health care centers for critical cases, as well as to advocate with local authorities to facilitate care for refugees and migrants.



KEY TAKEAWAYS

Growing food insecurity affects refugees and migrants from Venezuela, as well as the host community. Local food-related initiatives must be fostered to allow for the inclusion of this vulnerable population.

More information on the results of interviews with key informants for this sector can be found on pages 88, “Joint Needs Assessment: Main Takeaways.”

63 FAO, FIDA, WHO, WFP, and UNICEF. 2022. Summary version of “The State of Food Security and Nutrition in the World 2022: Repurposing Food and Agricultural Policies to Make Healthy Diets More Affordable.” Rome, FAO.

64 Ibid.

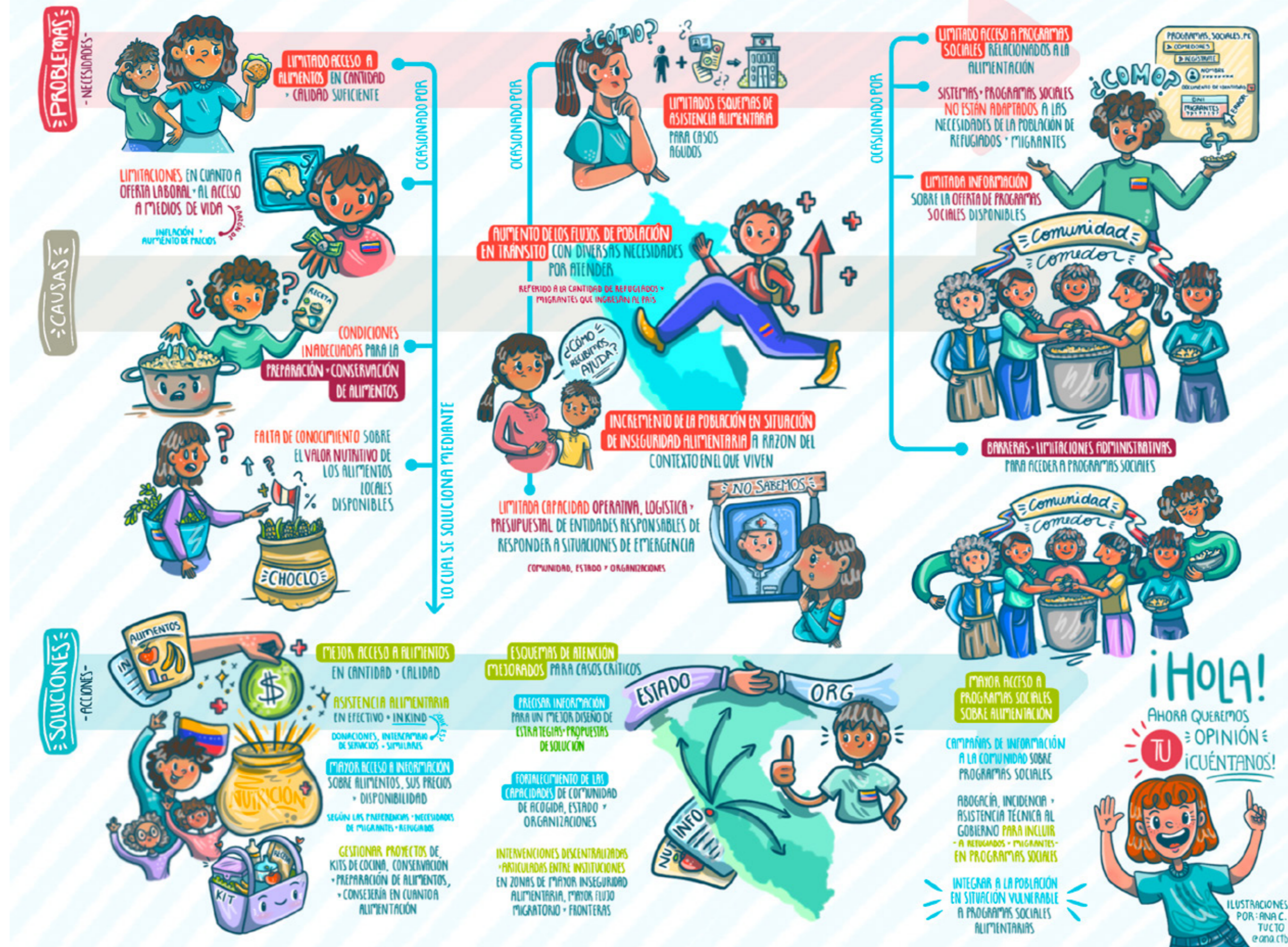
65 WFP. Food security monitoring of Venezuelan migrants and refugees in Peru, Round 5 (March 2022).

66 INEI. ENPOVE 2022.

67 OIM. DTM Flow Monitoring Survey in Tumbes, Round 15 (May 2022).

68 UNHCR. Tacna: Border Monitoring (May–July 2022).


FOOD SECURITY SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS




* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022

BASKET OF MINIMUM EXPENSES FOR REFUGEES AND MIGRANTS FROM VENEZUELA IN PERU - 2022 REVIEW


In 2021, the Cash Transfer subgroup (CBI) prepared an analysis of minimum expenditures for refugees and migrants in Peru, considering the cost of living and issues in various sectors. The results were shared with all partners of the subgroup. The minimum expenditure basket was updated in 2022 using data from the National Institute of Statistics and Information (INEI).




158 USD
Monthly cost of food for a family of 3 persons
 Objective: 2.100 kcal per person/ per day.



127 USD
Monthly accommodation cost for a family of 3 persons (+287 USD for installation)
 Based on unshared housing in a room or shared but with exclusive access to shared services (bathroom).
 * Deposits, sleeping kits, kitchen, tableware.



28 USD
Monthly transportation cost for a family of 3 (+68 for installation)**
 Including local and interprovincial transport
 **transportation cost to place of destination



24 USD
Monthly health expenses for a family of 3
 Calculation based on rights. Considers the cost of medicinal and pharmaceutical products, the cost of medical services, affiliation to the services, affiliation to the independent Seguro Integral de Salud (SIS) with subsidized rates. It does not include higher expenses for Venezuelans who need specific treatments for chronic illnesses and do not have affiliation to the SIS: It is estimated that only 5-8% of refugees and migrants have access to the SIS.

390 USD MONTHLY COST FOR A FAMILY OF 3 (+397 USD FOR INSTALLATION)

MINIMUM EXPENDITURE BASKET (MEB) FOR THE VENEZUELAN REFUGEE AND MIGRANT POPULATION IN PERU [USD].



● Monthly costs (USD) ● Installation costs (USD)

September 2022

Components	Number of household members									
	1		2		3		4		5	
Food	\$68	x	\$120	x	\$174	x	\$230	x	\$285	x
Accommodation and services	\$58	\$141	\$82	\$200	\$134	\$303	\$171	\$363	\$199	\$442
Education	x	x	\$14	x	\$14	x	\$29	x	\$29	x
Health	\$10	x	\$19	x	\$23	x	\$29	x	\$34	x
Transport	\$12	\$24	\$24	\$49	\$30	\$73	\$37	\$97	\$43	\$122
Communication	\$8	x	\$8	x	\$8	x	\$12	x	\$12	x
WASH	\$8	x	\$14	x	\$17	x	\$25	x	\$29	x
Clothing and footwear	\$4	\$13	\$7	\$27	\$11	\$40	\$15	\$53	\$19	\$66
TOTAL	\$168	\$178	\$288	\$276	\$411	\$416	\$548	\$513	\$650	\$630
TOTAL PER CAPITA	\$168	\$144	\$137	\$137	\$137	\$137	\$137	\$130	\$130	\$130

* only clothing/shoes are being considered in the monthly expenses

Estimates in USD adapted from Nuevos Soles (PEN), exchange rate as of September 2022.

CONSULTED SOURCES:

- Save the Children, 2020. Cash on the Move: Adapting multi-purpose cash assistance 'Plus' assistance to support people on the move.
- USAID and WOCU, 2020. Economic Inclusion Project: Financial inclusion study of Venezuelan refugees and migrants and local population in the cities of Lima (Peru), Quito and Guayaquil (Ecuador), 2020.
- Lima (Peru), Quito and Guayaquil (Ecuador).
- WFP, 2020. Peru: Situation of Venezuelan migrants and refugees facing the COVID-19 pandemic, September 2020.
- World Vision, January 2021. PDM Cash Transfer: Post-distribution monitoring report on the cash transfer component of the project to reduce the vulnerability of Venezuelan migrants.
- INEI, 2021. Evolution of Poverty 2009-2020: Technical Report.
- INEI, 2021. Price Report.

WATER, SANITATION, AND HYGIENE



Background



The basic need of access to water, sanitation, and hygiene is undeniable, and has been recognized as the human right to water and sanitation. Its key elements contain the basic principles, such as access to sufficient, safe, acceptable, physically accessible, and affordable water for personal consumption and domestic use. Sanitation must ensure that all people have physical, affordable access in all spheres of their lives, and must be safe, hygienic, harmless to the health, socially and culturally acceptable, and provide sufficient privacy and dignity.⁶⁹ Finally, the promotion of hygiene aims to prevent people from catching and spreading diseases, with a particular focus on pregnant women, babies, and menstrual periods.

In the case of Peru, the main difficulties presented by this sector, due to the scarcity of water, can be found in the country's arid coastal area, which is also where most of the population is congregated.

Of the **33 MILLION PEOPLE** who inhabit Peru, the **MINISTRY OF HOUSING, CONSTRUCTION, AND SANITATION** estimates that approximately

3 million Peruvians


> Do not have **ACCESS** to **WATER SERVICES**, and **ANOTHER**



7.5 millones

> **LACK ACCESS** to **SANITARY SEWER SYSTEMS** or **SANITARY WAYS to DISPOSE** of **EXCREMENT**.⁷⁰




The National Superintendency of Sanitation Services (SUNASS) estimates that **736,000 PEOPLE** living in poverty DO NOT HAVE ACCESS TO DRINKING WATER VIA PUBLIC systems in urban Lima, of whom



544,000

depend on tank trucks that increase the price of water by up to 40 per cent, while the remaining



191,000

people use unsafe water, increasing their exposure to possible diseases.⁷¹

In terms of the Venezuelan population in Peru, the data shows that in 2022, despite the fact that around 99 per cent of households get their water supply from a public system, 23 per cent of households do not have their own hook-up at home and must share with their neighbors. At the city level, the situation is especially concerning in Tumbes and Chimbote, where 13.1

per cent and 9.8 per cent of households, respectively, do not get their water through a public system and must resort to other methods, such as buying from tank trucks, using public fountains, and others. Additionally, 23 per cent of households nationwide are not connected to the public sewage system⁷². This situation is even more critical in Tumbes, where 15.7 per cent of households use latrines, septic pits, and ditches as bathrooms.

Another of the most pressing issues in this sector has to do with solid waste management. Despite having one of the most ambitious laws in the region on this matter, the Ministry of the Environment (MINAM) calculates that of the 21,320 tons of garbage produced each day in the country, only 1 per cent is reused or recovered, while of the remaining 99 per cent, 53 per cent is sent to sanitary landfills and 45 per cent is disposed of inadequately.⁷³ Nationwide, there are only 67 sanitary landfills—properly equipped facilities where waste is disposed of in a sanitary and environmentally safe way—while, on the other hand, there is a total of 1,637 dumps, illegal spaces used by informal recyclers without any kind of oversight.⁷⁴ In addition to these two types of infrastructure, there are other unsupervised waste accumulation sites in open areas known as “critical points”—with over 630⁷⁵ in Lima alone—that pose a high risk of pollution of the environment and groundwater, as well as the spread of infectious diseases, the proliferation of insects, rats, and other pests, as well as the deterioration of the landscape.⁷⁶ All of this seriously affects the already delicate situation of access to water, sanitation, and hygiene in the country. The lack of solid waste management has exerted an even greater influence on responding to the needs of refugees and migrants from Venezuela, given that the districts with the most severe pollution and waste mismanagement problems are also the most vulnerable and are home to the highest concentration of the Venezuelan population, as highlighted by this sector in the sectoral workshops.

69 The joint needs assessment for 2022 further elaborates upon the analysis of this matter.

70 Ministry of Housing, Construction, and Sanitation (2022). Performance Report: July 2021 to July 2022. [https://cdn.www.gob.pe/uploads/document/file/3469576/Memoria per cent20de per cent20Gesti%C3%B3n per cent202022 per cent20.pdf](https://cdn.www.gob.pe/uploads/document/file/3469576/Memoria%20de%20Gesti%C3%B3n%202022%20per%20.pdf).

71 S. National Superintendency of Sanitation Services (SUNASS) (2021). SUNASS Statistical Bulletin. <https://www.sunass.gob.pe/lima/previo-a-la-pandemia-familias-sin-acceso-a-la-red-publica-pagaban-hasta-38-mas-por-agua-potable/>.

72 ENPOVE 2022.

73 MINAM (2020). Situación actual de la gestión de los residuos sólidos municipales. General Directorate of Solid Waste (DGRS). https://cdn.www.gob.pe/uploads/document/file/2248485/1_ppt2021.pdf.

74 OEFA (2021). Environmental Assessment and Oversight Agency.

75 MINAM. Ibid.

76 Gestión (2021). La deuda pendiente de Perú con la gestión de basura. <https://gestion.pe/peru/la-deuda-pendiente-de-peru-con-la-gestion-de-la-basura-apesar-se-recupera-el-1-de-los-desechos-noticia/>.

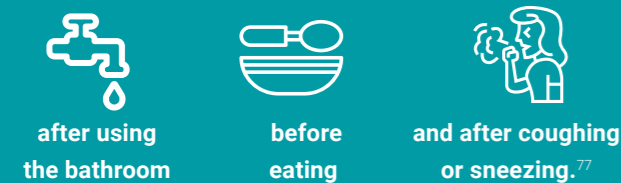
Needs Assessment

In light of the foregoing, the refugee and migrant population views the limited and unsustainable management of solid and liquid waste as a major problem. In addition to the lack of knowledge and information on the environmental impact of these practices and on waste management itself, relevant authorities lack the necessary capacity, and resources available in community waste management spaces are not enough, creating a situation with a highly negative impact on the dignity and health of Venezuelans in Peru, along with their host communities.



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In terms of hygiene, following the COVID-19 pandemic, one of the GTRM's partners conducted a study in Metropolitan Lima that found that just 47 per cent of the refugees and migrants surveyed had washed their hands the day before at three key times in the day:



It is important to understand that this is also the result of a lack of access to water at their workplaces, including street vending. In general, there is limited and inadequate access to hygiene supplies among the refugee and migrant population, both in transit and settled. Special attention should be paid to sanitary education and changes of behavior that will both help to ensure that this population is able to care for its health and provide greater sustainability in guaranteeing people's wellbeing. In addition to the rise in the price of hygiene

products, there is a widespread lack of awareness of the impact that poor hygiene can have on health and knowledge of how certain infrastructures work, such as portable sinks. In terms of menstrual hygiene, just 72 per cent of the JSNA's key informants responded that women in their community had access to sufficient hygiene supplies during their menstrual period in the last six months, while 74 per cent stated that these women enjoyed privacy while washing and changing at their shelter and/or place of residence.

Further still, according to the aforementioned data from the ENPOVE, the Venezuelan refugee and migrant community has limited access to affordable water, sanitation, and sewer services. The limited capacity of infrastructure in the urban periphery and marginal zones, as well as the economic barriers faced by the most vulnerable population, are once again at the forefront of this problem, with 15 per cent of key informants (41 per cent in Tumbes) stating that they had no regular water service and 56 per cent (82 per cent in Tumbes) of key informants for persons with disabilities and the elderly stated that the majority of their community members lack adequate sanitation facilities for their mobility needs. Regarding this point, it is once again essential to apply a differentiated approach that acknowledges and raises the visibility of the needs of certain people, such as homeless people or persons in situation of mendicancy.

77 SUNASS (2022). March 2022 News Bulletin: <https://www.sunass.gob.pe/lima/sunass-detecto-213-colegios-publicos-con-el-servicio-de-agua-potable-cortado/>.



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Intersectoral Links



EDUCATION

The infrastructure deficiencies of certain educational institutions in Peru are also related to water and sanitation issues. With the return to in-person classes, the SUNASS identified, in March 2022, a total 213 public schools with no drinking water service, affecting 86,000 children mainly from the regions of Arequipa, Chimbote, Piura, Pucallpa, and Trujillo, which are also the areas where much of the Venezuelans in the country reside.⁷⁸



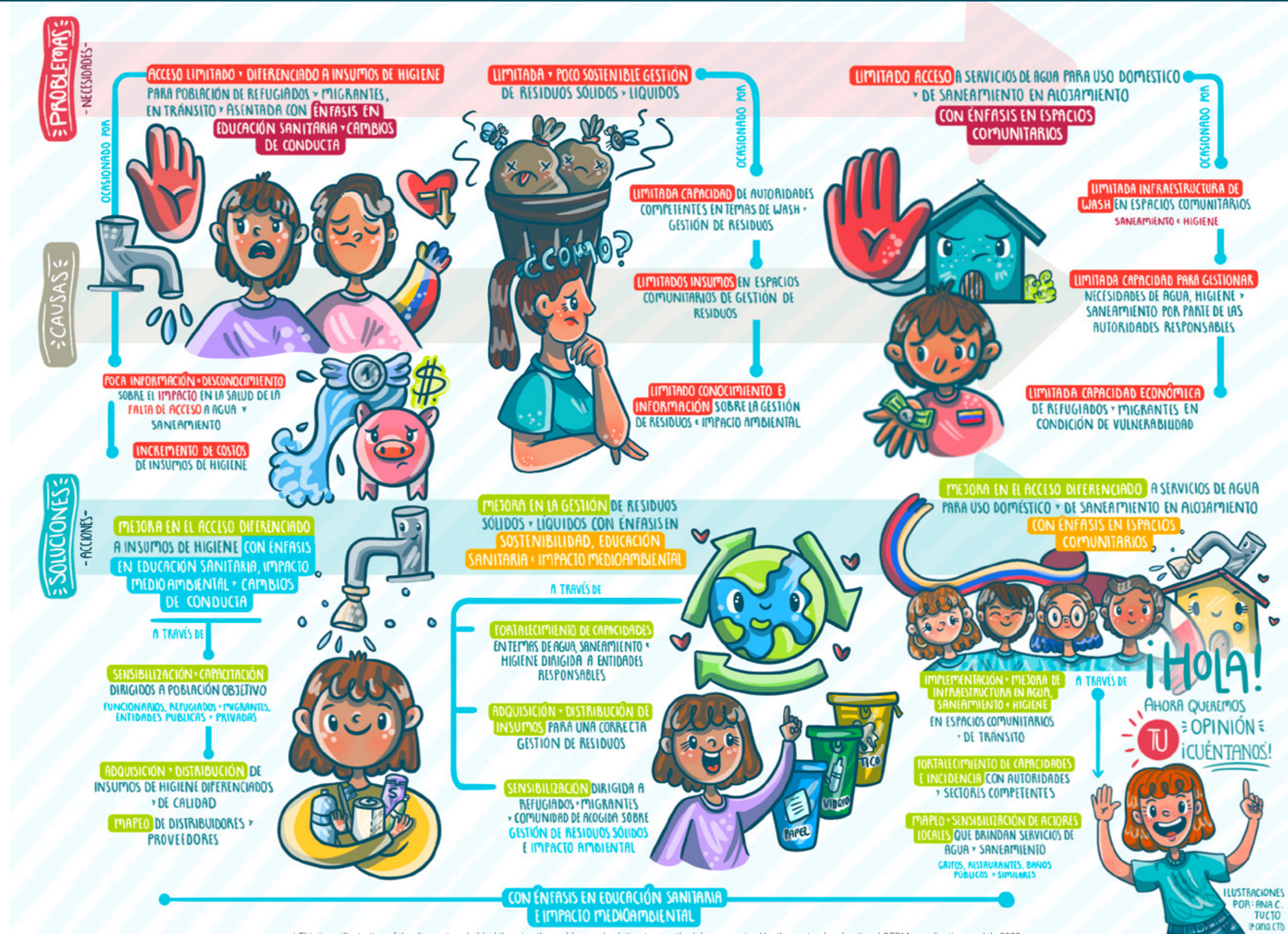
HEALTH

In addition to the previously mentioned risks posed by deficient and insufficient solid waste management (diseases, pests, etc.), there is a clear connection between a lack of water, sanitation, or hygiene and health. The provision of basic dignity kits, baby supplies, and hygiene supplies in general has a notable impact on the health of the refugee and migrant population. Similarly, actions aimed at comprehensively improving access to water and sanitation also significantly reduce multiple health risks, such as dengue fever, COVID-19, and other infectious diseases.

More information on the results of interviews with key informants for this sector can be found on pages 88, "Joint Needs Assessment: Main Takeaways."

78 SUNASS (2022). March 2022 News Bulletin: <https://www.sunass.gob.pe/lima/sunass-detecto-213-colegios-publicos-con-el-servicio-de-agua-potable-cortado/>.

WATER, SANITATION AND HYGIENE SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS



* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022



Background



Following the most acute stage of the COVID-19 pandemic, the complete reopening of level one health care facilities nationwide remains a pending objective, despite the government's efforts⁷⁹, due to the gaps in infrastructure and capacity, including a lack of staff for services at medical posts, polyclinics, and health care centers.⁸⁰ As for the COVID-19 immunization process, over 70 per cent of the country's population over age 12 has already received three shots (August 2022), and the vaccine has been approved for children under five.⁸¹

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Needs Assessment

Universal access to insurance remains one of the primary health challenges for the refugee and migrant population in the country. While the percentage of Venezuelans with access to some kind of health insurance rose from 8.5 per cent to 27 per cent between 2018 and 2022, the gap persists, considering that over 80 per cent of Peruvians have health insurance coverage.⁸² The main type of insurance to which Venezuelans have access is Comprehensive Health Insurance (SIS), in which vulnerable foreign citizens may temporarily enroll (pregnant and/or breastfeeding women, as well as children under the age of five) free of charge, regardless of their immigration status. However, there are still administrative barriers to receiving medical care with the documents they have (such as the asylum seeker card or temporary residence permit (CPP), or because health records systems do not take into account variables such as nationality or gender. Furthermore, according to the GTRM's JSNA, 18 per cent of Venezuelans surveyed identified acts of discrimination and xenophobia as barriers to accessing health insurance or receiving care.

As level one health care facilities continue to reopen, care for refugees and migrants is gradually recovering. In terms of sexual and reproductive health, between 2020 and 2021, the

total number of pregnant women who received care or went for checkups rose by 22 per cent and 58 per cent, respectively.⁸³ As for mental health, as of April 2022, 61 per cent of patients received assistance related to stress, anxiety disorders, and depression, like the trends reported in 2020 and 2021 (64 per cent of total mental health cases).⁸⁴ However, the health care gap especially affects those who lack immigration permits. For example, less than 300 people living with HIV/AIDS received care through the SIS in 2021,⁸⁵ and around 80 per cent of those suffering from chronic illnesses do not receive care due to their irregular situation.⁸⁶ Another barrier for more than 30 per cent of Venezuelans is the lack of money.⁸⁷ Even those with access to the SIS sometimes pay out-of-pocket expenses when they need to buy medicines at privately-owned pharmacies due to shortages at hospital pharmacies.

There is still a need for information among the Venezuelan population to access essential health services. According to the JSNA, the lack of information on how to access health insurance is a barrier identified by 43 per cent key informants. Communication strategies are required to provide information on availability, costs and steps for accessing health care services. This includes sharing complaint mechanisms that

79 Mendieta, P. Castillo: Las promesas que no avanzan, 27 Julio 2022, visto 23 agosto, <https://bit.ly/3R7lusy>.

80 Pinedo, X. y Garro, M. Postas médicas en crisis, 2022, visto 23 agosto, <https://bit.ly/3TaqChs>.

81 Agencia EFE. Perú autoriza la vacunación contra la covid-19 a los niños menores de cinco años, 7 setiembre 2022, visto 9 setiembre, <https://www.efe.com/efe/america/sociedad/peru-autoriza-la-vacunacion-contra-covid-19-a-los-ninos-menores-de-cinco-anos/20000013-4879534>

82 INEI, ENPOVE 2022.

83 Ministerio de Salud, Atenciones a personas venezolanas, Enero 2021 – Abril 2022.

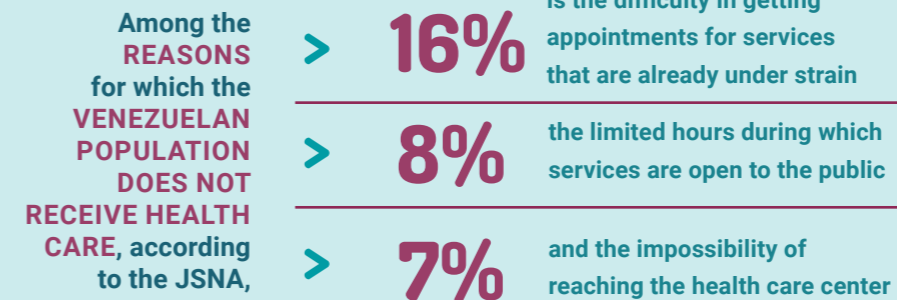
84 Ibid.

85 Ibid.

86 INEI, ENPOVE 2022.

87 Ibid.

refugees and migrants can use to exercise their rights in response to a lack of equal treatment in the care provided and help improve the quality of services received.



all of which results in self-medication and incomplete treatments, which most seriously affect those who suffer from chronic illnesses and/or maladies.

Accordingly, it is necessary to expand access to essential preventive health services, both intra- and extramural, during flexible hours as needed, and in areas with a high refugee and migrant population. This means strengthening community health work and promoting health care campaigns that include the refugee and migrant population.

Intersectoral Links



PROTECTION

The main barriers to access health insurance are irregular administrative situations and a lack of documents, according to 84 per cent of the key informants interviewed. It is necessary to advocate for the closing of gaps in insurance, regardless of immigration status, especially for vulnerable patients.



FOOD SECURITY, NUTRITION

Considering the irregular flows crossing land borders, there is still a need to create identification and early warning mechanisms for cases of malnutrition and other health affectations on the population in transit.

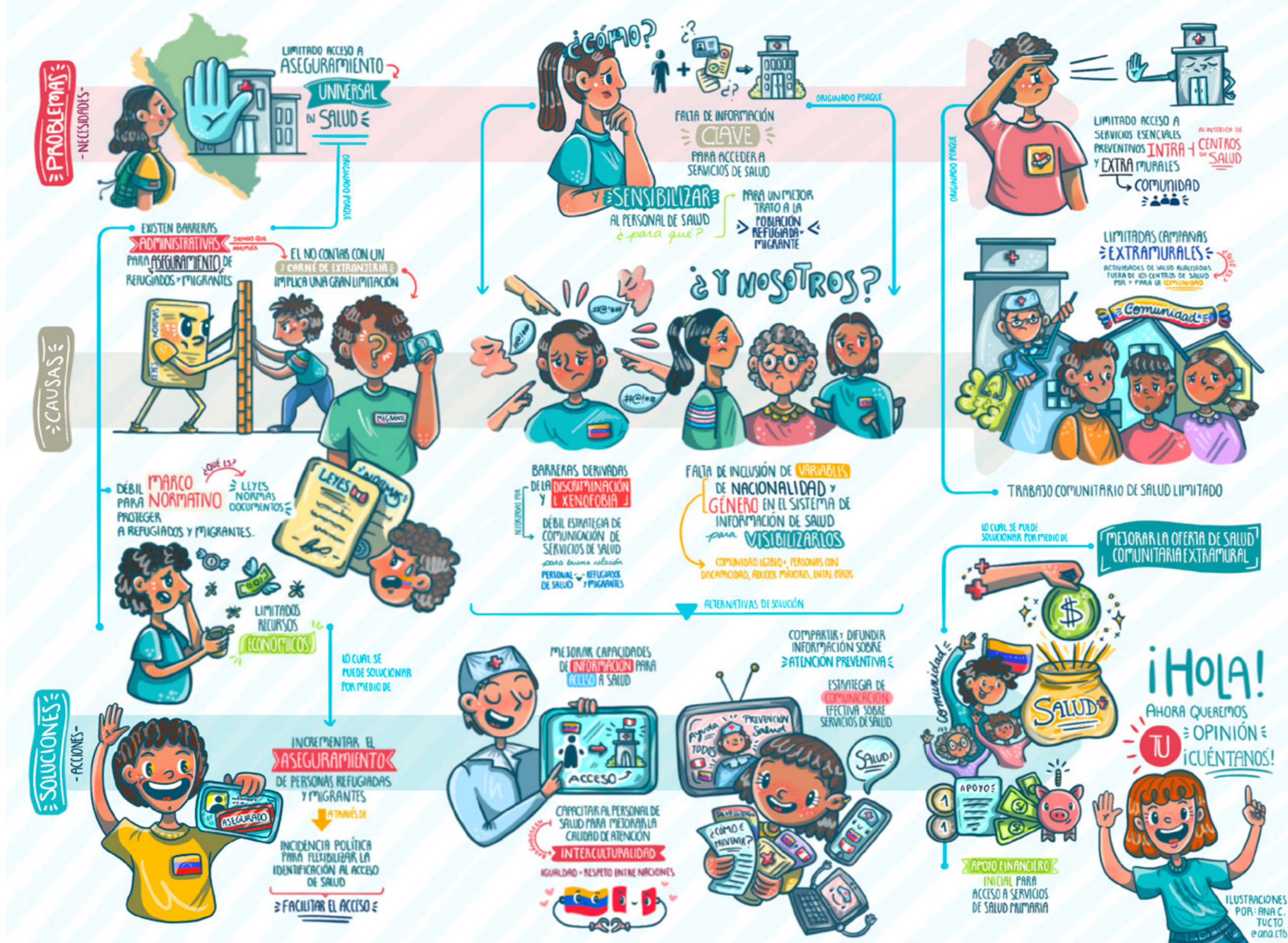


KEY TAKEAWAYS

- The number of Venezuelans with access to health insurance grew between 2018 and 2022. However, there is still an urgent need to widen coverage and boost the dissemination of information to promote access to essential health services.
- Intra- and extramural preventive health campaigns are good alternatives for strengthening community work with both the refugee and migrant population and the host community.

More information on the results of interviews with key informants for this sector can be found on pages 88, "Joint Needs Assessment: Main Takeaways."

HEALTH SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS



* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022

Health: Situation of the Venezuelan population

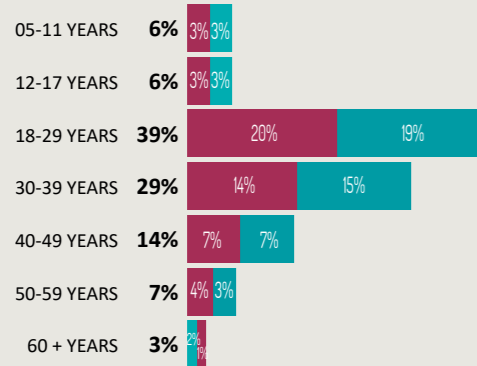
Information from the Ministry of Health, July 2022

Vaccination rate at the national level

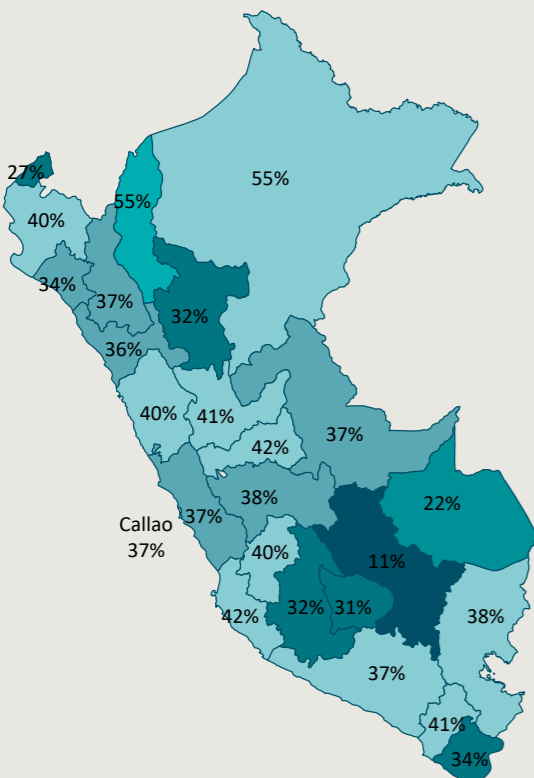
671,779 Venezuelans vaccinated with the first doses

546,580 Venezuelans vaccinated with the second doses

Second doses per sex and age range



Second doses at the departmental level



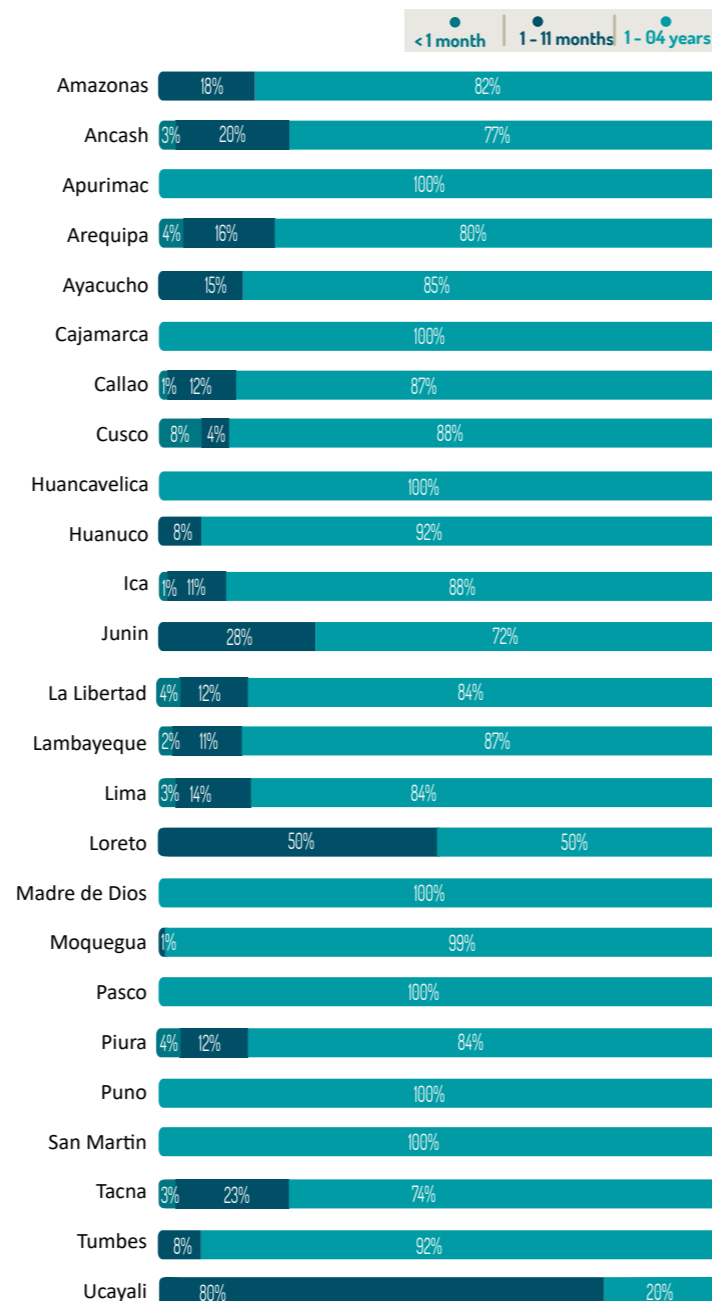
Source: MINSA (2022) and GTRM estimate with SNM data (July 2022)

Health care for children under the age of 5

2021 33,696 Attentions

2022 (January - April) 9,925 Attentions

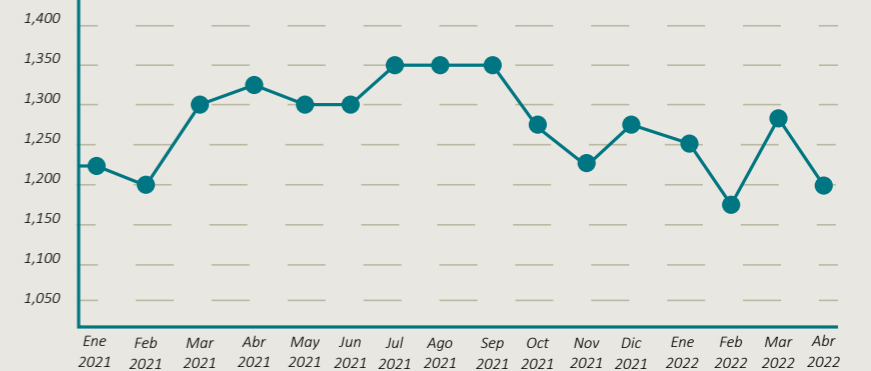
By department during 2022



Births given by Venezuelan mothers

2021 15,523 Births

2022 (Enero - Abril) 4,913 Births



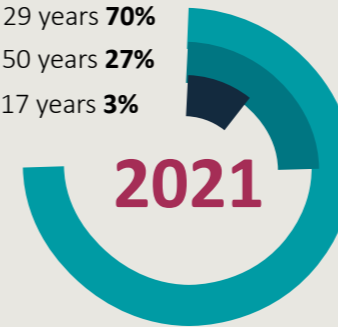
Sexual and Reproductive Health

Pre-birth care

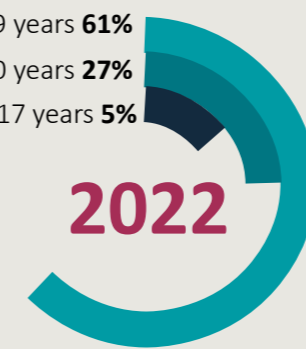
3,448 Venezuelan pregnant women monitored

Pregnant women monitored by age

18- 29 years **70%**
30- 50 years **27%**
12- 17 years **3%**



18- 29 years **61%**
30- 50 years **27%**
12- 17 years **5%**

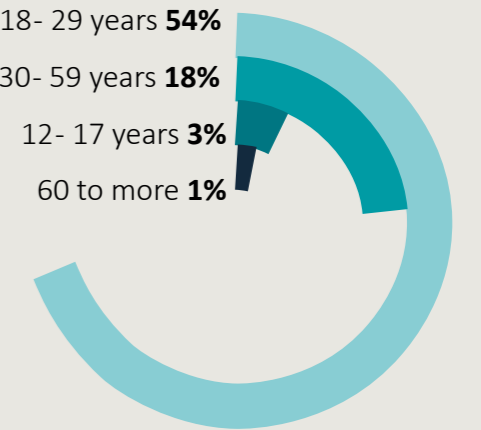


STI Treatment

Sexually Transmitted Infections

Venezuelans who have received STI treatment by age

18- 29 years **54%**
30- 59 years **18%**
12- 17 years **3%**
60 to more **1%**



Family planning care

6 main planning methods by age range

12 - 17 years

- ▶ Implant
- ▶ Monthly injectable
- ▶ Quarterly injectable
- ▶ Male condom
- ▶ Oral combined
- ▶ Mela method

18 - 29 years

- ▶ Quarterly injectable
- ▶ Implant
- ▶ Monthly injectable
- ▶ Male condom
- ▶ Combined oral
- ▶ IUD

30 - 59 years

- ▶ Male condom
- ▶ Quarterly injectable
- ▶ Monthly injectable
- ▶ Implant
- ▶ Combined oral
- ▶ IUD

60 + years

- ▶ Male condom



Background



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Venezuelan refugee and migrant children's right to an education may be affected by the impact of the human mobility process on their schooling. The standard of living in Venezuela, as well as the displacement to a new country, often make it more complicated to access educational services or finish the school year, significantly increasing the risk of repeating a school year, or even dropping out of the education system. This situation directly affects the physical and emotional wellbeing of children and adolescents and can also increase their exposure to child labor situations.⁸⁹

The growth in the proportion of the Venezuelan population that falls within the age range of 0 to 19—from 23 per cent in 2018 to 35 per cent in 2022⁹⁰—attests to the need to tackle issues involving children and adolescents, such as education, in the humanitarian and development response to the Venezuelan refugee and migrant community in Peru.

According to data from the ENPOVE, considering the net enrollment rate by education level, all of this translates to a reduction of at least three per cent in the preschool education rate between 2020 and 2021, with similar results in secondary education, where the rate dropped at least three per cent, while primary education was the only level to experience growth.⁹²

The Immigration Act recognizes foreign individuals' right to an education regardless of their legal status (principle of universal access to education), and the regulations on this act task the MINEDU with taking the necessary steps to guarantee this right.⁹³ However, the public education system's response capacity was exceeded due to the significant flow of Venezuelan population in recent years. This comes in addition to the challenges the Peruvian population was already experiencing in finding available vacancies in schools located in vulnerable districts with a high population density. To address this, the Ministry has approved various strategies and programs, such as Lima aprende, ni un niño sin estudiar [Lima Learns: Not One Child Left Out of School], in an attempt

Of the **127,600 VENEZUELAN STUDENTS** in the Peruvian education system (PES),

92%

use public education services and

99%

do so in urban schools,

The regions with the highest proportion of Venezuelan students are

Lima Metropolitana	> 77,414
La Libertad	> 8,147
Callao	> 7,461
Ica	> 5,175⁹¹

88 UNICEF (2021). Los chicos nuevos del barrio.

89 Save the Children (2021). Niñez migrante y educación.

90 ENPOVE 2022.

91 MINEDU (2022). Estudiantes migrantes y refugiados en el PES a fecha de May de 2022. Prior to this update, between November 2021 and May 2022, according to data from MINEDU, more than ten thousand Venezuelan children and adolescents dropped out of the education system.

92 ENPOVE 2022.

93 UNICEF (2021). Derecho a estudiar.

to mitigate problems of access to education and provide pedagogical and community living guidelines for schools that serve the Venezuelan population.⁹⁴ To tackle the challenges posed by the pandemic, various initiatives were implemented, such as the free remote learning tool Aprendo en casa [I Learn At Home]. This initiative was also used by the school-age Venezuelan population in Peru, despite connectivity problems and/or a lack of appropriate devices in many Venezuelan households (the digital gap).

In 2022, the return to in-person learning has presented new challenges in the education sector. During online classes, families faced no issues caused by the distance between their homes and school. However, since in-person classes recommenced, part of the Venezuelan refugee and migrant population has been unable to afford transportation costs or find available spots in schools closer to their place of residence. Other phenomena derived from this problem have also been observed, such as a lack of uniforms and school items, or the knowledge gap between Peruvian and Venezuelan students due to the time it took the latter to matriculate, or a lack of help during online classes and/or homework.

It is important to highlight one key aspect of SDG4, already mentioned above, but which is often neglected nevertheless: the need to guarantee an inclusive education. To this end, the GTRM partners have noted that education authorities' role should not be reduced to the facilitation of the access to education, but it should be expanded to include the provision of "pedagogical and curricular orientation to schools to ensure the adequate inclusion and educational trajectory of foreign students⁹⁵. Despite the Peruvian government's efforts to address this issue—through the Lima aprende strategy, for example—the absence of pedagogical or school coexistence national plans aimed at the foreign population means that schools lack support⁹⁶ to facilitate the academic and emotional adaptation of child and adolescent refugees and migrants. In addition to all of this, there are a series of factors associated with general circumstances and family life that likewise influence educational inclusion, such as the media discourse on the refugee and migrant population, the characteristics of the areas where Venezuelan families in Peru have settled, or the initial situation of these families when they arrived in the country, among other things. All of these circumstantial, family, and educational factors must be kept in mind when tackling inclusion at school.

Needs Assessment

Access to an inclusive, quality education, at both the regular basic education and higher education levels, continues to be one of the greatest needs of the Venezuelan refugee and migrant population in terms of education. Among the main barriers to enrollment, the key informants noted the following during the JSNA: the limited number of vacancies (65 per cent); lack of documents (62 per cent); prioritization of other expenses over education (28 per cent); constantly moving or changing place of residence (25 per cent); different types of discrimination (17 per cent); and the need for children and adolescents to help with care work and house chores (13 per cent), or even to find employment (7 per cent).

Several conclusions can be drawn from these data. First, the limited education offer—in terms of vacancies and infrastructure—is insufficient to meet the educational needs of

both the host community and the Venezuelan population. In La Libertad, the regional government is currently attempting to close the infrastructure gap by building new schools. Trujillo has the second largest Venezuelan population in Peru after Lima, which means that the work of the regional government and education authorities there will be of great importance. In terms of documents, the national policy continues to suffer from inadequate implementation and resistance from authorities in charge of schools, as well as a lack of knowledge of the enrollment process among families, despite the fact that the MINEDU's public education policy clearly establishes universal access to education regardless of the legal status of students and their families. This issue highlights the importance of making information accessible to families, as well as the impact of discrimination and xenophobia. The lack of economic

94 MINEDU. Lima Aprende. <https://www.drelem.gob.pe/drelem/tag/lima-aprende/>.

95 UNICEF (2021). Derecho a estudiar.

96 UNICEF, *Ibid.*

resources is also an immense barrier to guaranteeing the right to an education, given that there are families who cannot permit themselves the expenses required for education or who resort to child labor to support their household economically. Indeed, 47 per cent of key informants stated they knew children under the age of 18 who work out of necessity instead of studying. According to the ENPOVE 2022, 63 per cent of adolescents aged 14 and older are economically active, which means that instead of progressing with their studies they are trying to help cover basic needs. Nevertheless, this figure has fallen since 2018, an extremely positive step forward for education, although we do not know the percentage of adolescents who neither study nor work.

It is worth highlighting here the especially vulnerable situation of students with disabilities. Five per cent of the key informants noted insufficient options for children and adolescents with disabilities as one of the main barriers to accessing education, with physical (67 per cent), intellectual (46 per cent), psychosocial (32 per cent), vision (19 per cent), and hearing (16 per cent) impairments being the most mentioned. Among the many, extremely varied difficulties faced by these students in their educational journey, special note should be made of the lack of adequate infrastructure and equipment, qualified professionals, and documents certifying their disabilities (which also overlaps with the issue of documentation).

In addition to access, another of this sector's major problems is the permanence of students in schools. Thirty-nine per cent of key informants said studies were interrupted and students dropped out "frequently" or "very frequently," with these numbers rising as high as 50 per cent in regions such as Piura and Tumbes and 60 per cent in Lambayeque. The main barriers identified in the JSNA largely overlap with those described above: constant changes of domicile (44 per cent), difficulty covering the different costs involved in education (schools supplies (34 per cent), internet and devices (31 per cent), transportation to school (28 per cent), the distance to the school (21 per cent), and the performance of care work (22 per cent) or paid work (9 per cent). Special note should be made of cases of bullying and discrimination, identified by 26 per cent of key informants as a reason for the interruption of studies or dropping out of school. This was a "frequent" or "very frequent" phenomenon for Venezuelan students, according to 76 per cent of these informants, including cases of discrimination due to sexual orientation. Key informants also mentioned another

difficulty encountered with the return to in-person learning: Students who suffered from the digital gap and were unable to get help from anyone in their household during online learning have fallen further behind their peers, with this inequality also making their educational trajectory more difficult.

The MINEDU reported that 24 per cent of students enrolled in 2021 were at a high risk of interrupting their studies in 2022 and effectively failed to register for the present academic year.⁹⁷ The causes behind this issue can be traced to a failure to implement an inclusive approach, limited access to educational tools, falling behind peers' learning levels, the surge in school violence in the form of bullying, or difficulties experienced by students in certifying and completing their academic trajectory, including the transition to higher education.

The GTRM has long recognized that access to higher education for Venezuelan youth is not among the needs most frequently mentioned by the communities themselves due to the economic vulnerability they face. GTRM's efforts aim to create an intersection between the strategy and actions of those organizations working on basic education, on the one hand, and entry to higher education programs, on the other, especially considering what kind of support is required by economically active adolescents in order to return to classes. However, the lack of funding has significantly affected the possibilities of expanding access to higher education, given that financial support is essential to achieving this objective. Among Venezuelans in Peru between the ages of 17 and 25, 98.7 per cent have not pursued higher education, thus diminishing their chances of improving their job and economic prospects in the future and more emphatically contributing to the country's development.⁹⁸

Professional certification, revalidation, and licensing is widely mentioned by Venezuelans as one of their needs, given its close relationship to their livelihoods. Despite the progress made up to this day, the high cost of such procedures, in terms of financial resources, documents, and time, makes it difficult for many professionals to practice their professions in Peru. Fortunately, this issue seems to be improving over time, with Venezuelan degrees and certificates increasing by 65 per cent in 2021 and reaching 1,200 as of May 2022. Among the Venezuelan population in Peru, 19 per cent hold a university degree, 12 per cent a vocational diploma and 1 percent a master's degree of PhD. Therefore, the validation of diplomas is a tremendously relevant topic for large parts of the refugee and migrant population.⁹⁹

97 MINEDU, Ibid.

98 En la versión previa a este reporte se puede encontrar un análisis detallado sobre los retos para el acceso a la educación superior, disponible en: <https://www.r4v.info/es/document/JNA-RMRP2022>

99 ENPOVE 2022

Intersectoral Links



INTEGRATION

The barriers of economic and sociocultural integration rooted in discrimination and xenophobia have an enormous impact on Venezuelans' access to inclusive quality education. The circumstances around school bullying generally neither begin nor end at school, but shadow victims in many other aspects of their lives. Tackling these issues inside and outside of school is therefore crucial. To achieve this, the two sectors must coordinate closely, always bearing in mind the effects that their actions have on the other and vice versa.



PROTECTION

The lack of documentation and administrative irregularity are among the main issues in the area of education, which again highlights the crucial role of the protection sector. Key informants considered lack of documentation to be the main barrier to accessing the education system. The protection sector's mission of reducing child labor and begging also has a direct impact on the amount of refugee and migrant children entering the education system. Thirty-three per cent of the JSNA's key informants stated to know someone under the age of 18 who was obligated to beg for money. This figure, along with those already mentioned regarding child labor, again underlines that the tasks performed to protect children and to guarantee access to education must go hand in hand to see progress in both sectors. Furthermore, the principle of universal education does not apply to higher education, making processes for regularization and obtaining documents especially important to promoting upward economic mobility and lifelong learning opportunities.



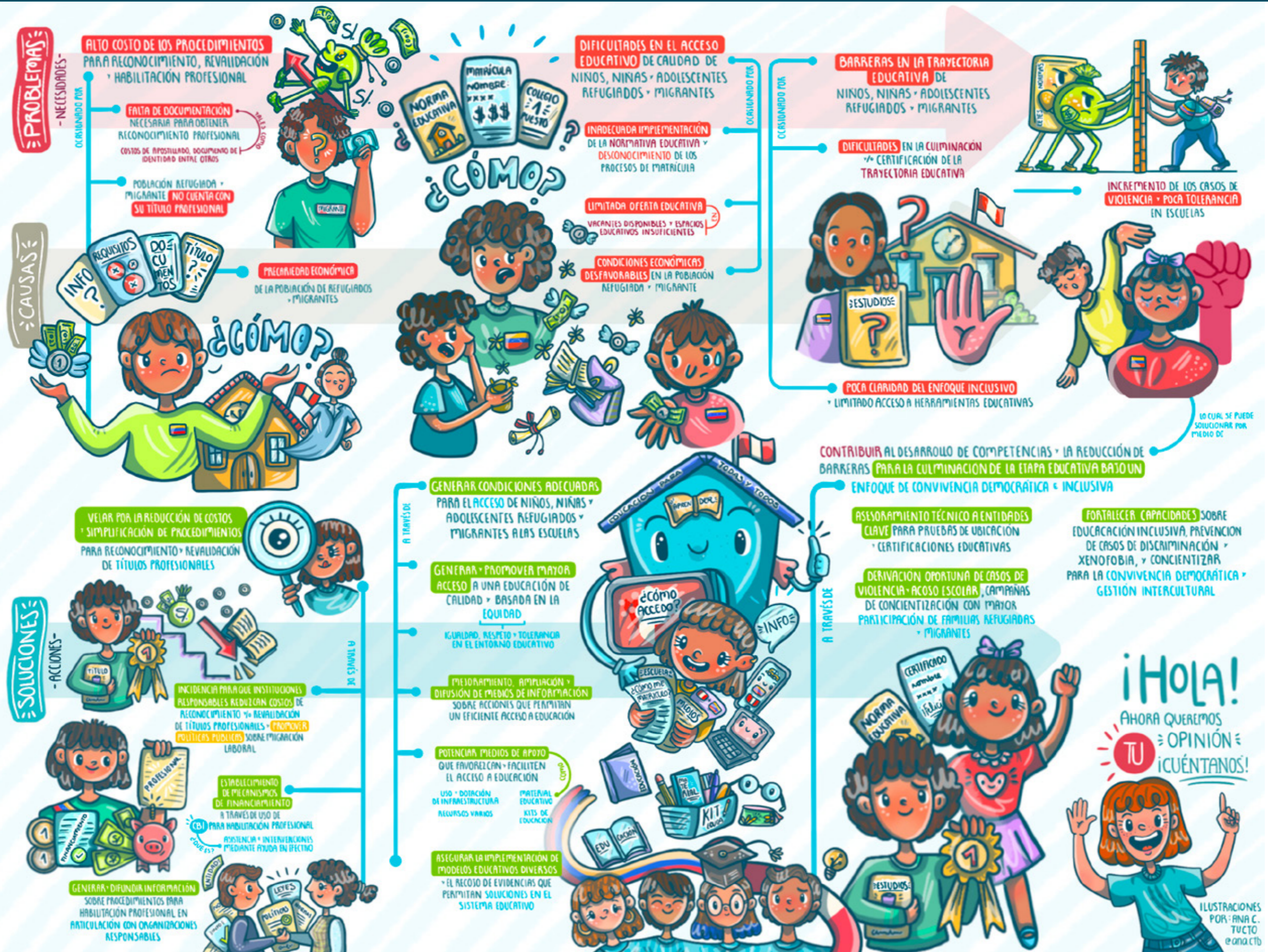
KEY TAKEAWAYS

Education is not just a need for children and adolescents, but for their communities and the country, because inclusive, equitable, quality education not only benefits the person receiving it, but the entire world around them. Providing refugee and migrant students with opportunities will not only help them break the circle of poverty but allow them to contribute and give back to their host country. There are many brilliant minds among refugees and migrants that, if given access to education, will help their host country achieve its SDGs.

The return to in-person learning has brought new challenges to the education sector, and has exacerbated existing barriers to students' access to and enrollment at educational institutions. The lack of available spaces at nearby schools, the high cost of education, the lack of inclusion in classrooms, and issues related to documentation for continuing education in Peru are among the main obstacles to an equitable, quality education for refugees and migrants.

More information on the results of interviews with key informants for this sector can be found on pages 88, "Joint Needs Assessment: Main Takeaways."

EDUCATION SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS



* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022

REFUGEE AND MIGRANT STUDENTS ENROLLED

IN EDUCATIONAL INSTITUTIONS



127,600

TOTAL ENROLLMENT

27,800

AT PRE-SCHOOL LEVEL

68,800

AT PRIMARY LEVEL

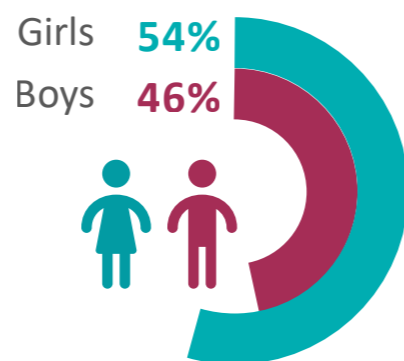
31,000

AT SECONDARY LEVEL

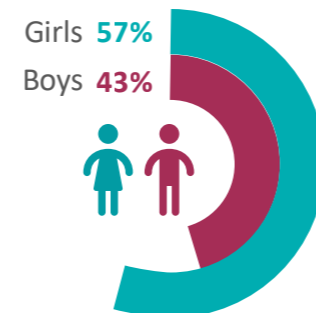
198

AT SPECIAL NEEDS SCHOOLS (ALL LEVELS)

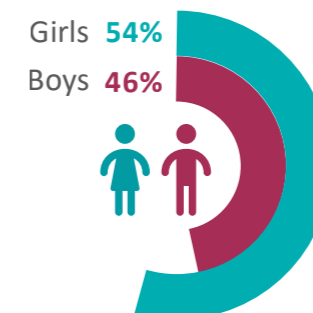
TOTAL



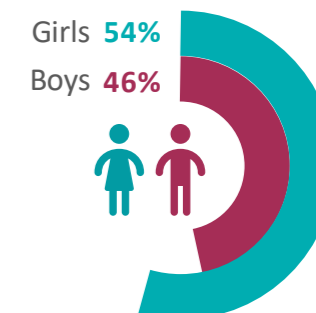
PRE-SCHOOL



PRIMARY

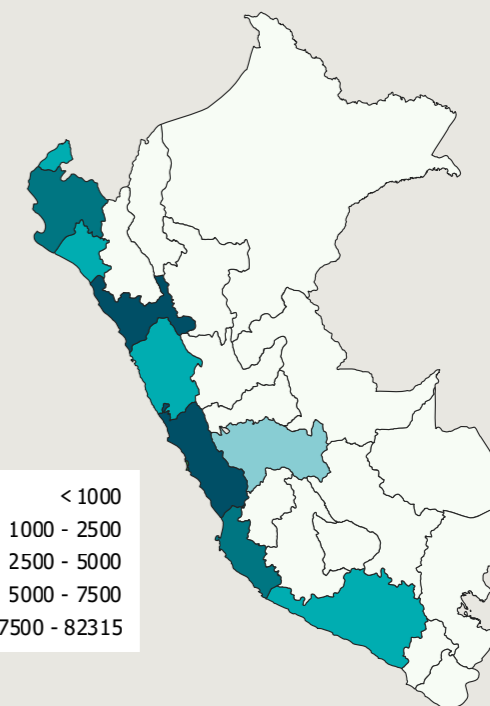


SECONDARY

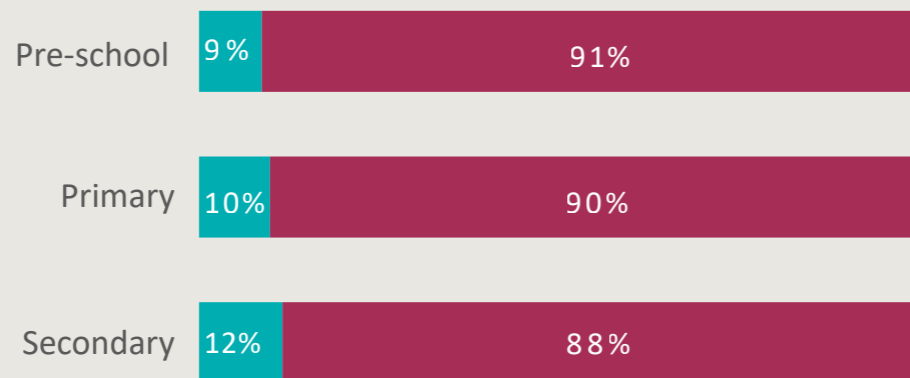


SCHOOL ENROLLMENT PER DEPARTMENT

DEPARTMENT	Total
LIMA	82,315
LA LIBERTAD	8,147
CALLAO	7,461
ICA	5,175
PIURA	5,024
AREQUIPA	3,720
ANCASH	3,331
TUMBES	3,094
LAMBAYEQUE	2,983
JUNÍN	1,159
OTHERS	5,180



90% of Venezuelan children and adolescents are enrolled in public schools

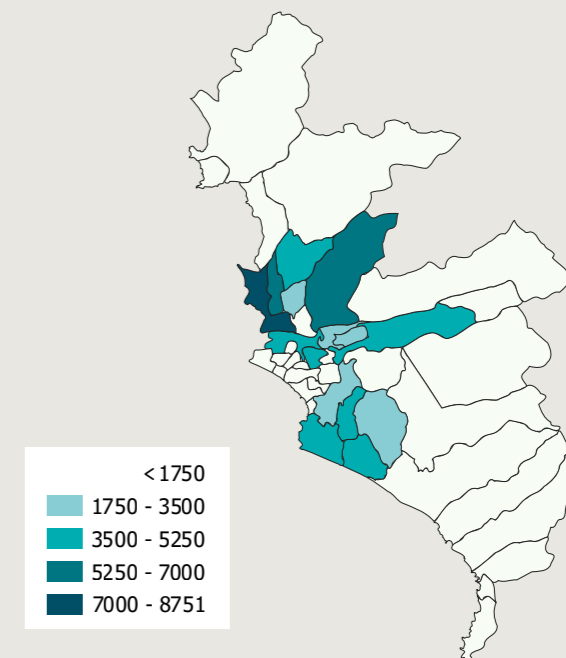


■ Privada ■ Pública



SCHOOL ENROLLMENT PER DISTRICT IN METROPOLITAN LIMA

DISTRICT	Total
SAN MARTÍN DE PORRES	8,751
SAN JUAN DE LURIGANCHO	6,102
LOS OLIVOS	5,283
ATE	4,976
CHORRILLOS	4,866
SAN JUAN DE MIRAFLORES	4,814
COMAS	4,680
LIMA	3,808
VILLA EL SALVADOR	3,569
LA VICTORIA	2,721
OTHERS	27,844





Background



In June 2022, for the first time, more refugees and migrants crossed the southern border from Chile and other countries to the south than the northern border at Tumbes. This trend changed in late October 2022, showing that the flows of the Venezuelan population are ongoing and come from different directions.

Venezuelans entering the country is no longer being given out through consulates. On the northern border in particular, there is no procedure for receiving international protection claims. Much of the Venezuelan population who crossed the border only had a Venezuelan identity document, which is not valid for legal entry to Peruvian territory.

According to the numbers reported by the main border monitoring efforts undertaken by GTRM partners¹⁰⁰, the majority of refugees and migrants interviewed who were arriving in Peru hoped to settle in the country, particularly in Lima. During the COVID-19 pandemic, when overland borders closed to help contain the spread of the disease, all cross-border flows were irregular. With the reopening of the borders in February 2022, however, the Venezuelan population was still required to show a passport and visa, as well as proof of vaccination against COVID-19. As a result, Venezuelans have continued to mainly enter illegally, exposing them to risks of abuse, exploitation, and violence along the way. The humanitarian visa created to regularize the situation of

The National Superintendency of Migration (SNM) and the Special Commission for Refugees (CEPR) have continued working to address this situation. However, the politicization of this issue, the constant changes in cabinet members, and the lack of continuity among employees supporting documentation and regularization processes have affected these efforts.

border monitoring activities said they did not know anything about the refugee status. This issue was highlighted by the JSNA's key informants, who said they needed more information on attention routes for cases of international protection. The limited information available on documentation processes leads refugees and migrants to outsource these procedures, thus increasing the risk of becoming victims of scams and fraud.¹⁰² The families interviewed likewise noted that changes in deadlines and procedures for obtaining documents due to the outbreak of the COVID-19 pandemic have widened the

information gap.¹⁰³ While in-person services were resumed in 2022 at some government offices, the delays caused by the high demand for protection services exacerbated the difficulties in continuing or initiating regularization processes.

Despite efforts made to promote the issuing of documents such as Temporary Residence Cards (CPP) or Humanitarian Immigration Status (HIS) and respond to asylum claims, regularization is still viewed as a complicated and costly process. According to the key informants, access to clear, up-to-date, reliable information for their communities is essential. The most frequently requested information is related to processes for obtaining documents and regularization, which they find particularly confusing. Refugees and migrants who remain in the country with expired permits must pay heavy fines or file complicated exemption requests to gain access to documents. These fines are also a major obstacle for the Venezuelan population. They are often unpayable, given that the daily penalty is typically exceeding their salary. For this reason, families continue to allocate their income to other needs, such as food and health care.¹⁰⁴ The same situation is repeated within government institutions. At the CEPR, on the one hand, technical assistance, capacity-building, and protocols for the receipt of asylum claims have been complicated by high staff turnover.¹⁰⁵ At the same time, at the SNM, difficulties in reaching the population have resulted in low levels of documents issued. Short staffing issues at both agencies make it difficult to provide guidance on international protection and immigration issues that meet the needs and vulnerable situation of the refugee and migrant population.

Limited access to widely accepted documents consequently prevents access to government services, especially for groups in vulnerable situations. During the JSNA, 37 per cent of the key informants identified people in irregular situations as one of the groups who faced the greatest challenges in accessing any type of assistance. In particular, registration with the social security system and Comprehensive Health Service (SIS) requires stable residency in the form of an alien registration card (*carte de extranjería*). Access to regularization and documents is one of the primary needs of the refugee and migrant population, as highlighted in the JSNA and other studies¹⁰⁶, as well as being a *sine qua non* condition for greater access to services

and opportunities for integration and development. This is especially important given the 17 bills with xenophobic content recently discussed in Congress, which reflect the current public discourse and the way people with irregular immigration status, in general, and the Venezuelan population, in particular, are criminalized and scapegoated.

For example, one special challenge in regularizing one's status portrays the requirement by the Peruvian immigration authorities that all persons entering via the northern border must have an Ecuadorian exit stamp in their passports. For those who were in Ecuador irregularly this condition is impossible to be met thus creating a status of irregularity that follows them throughout the region. Furthermore, individuals who entered Peru irregularly after 22 October 2020 are not eligible to apply for a CPP, giving them fewer options for regularizing their situation. It is also important to clarify that the CPP comes with certain limitations, such as the fact that it is valid for just two years, with no possibility of renewal, and it is not accepted by all financial entities, nor can it be used to register with the SIS since it is classified as a residency permit and not an immigration status.

Furthermore asylum seekers must update their information on the website of the CEPR to be considered for the HIS.¹⁰⁷ The HIS is issued by the Ministry of Foreign Affairs, but it grants the right to apply for an alien registration card and can be renewed indefinitely, in addition to allowing holders to continue with their asylum claim.

Notably, the criminalization of an irregular immigration status and a lack of documents is closely related to the rise of discrimination and xenophobia. This connection limits access to services and rights, such as a lack of formal lease agreements, as well as access to health services, basic and higher education, jobs, and formal income-generating activities.

The key informants named people with disabilities as the most vulnerable group. For these individuals, the lack of a documentation proving their regular immigration status hampers their ability to obtain a certificate of disability and an official card from the National Council for the Integration of Persons with Disabilities (CONADIS). The absence of public information on regularization services for persons

Needs Assessment

Access to the Country, Registration, and Documents

In addition to the lack of options for regularly entering Peruvian territory, one of the problems identified by partners is the lack of knowledge on international protection protocols and the very meaning of international protection or the concept of refugee and asylum seeker. According to the protection monitoring report prepared by a GTRM partner¹⁰¹, 73 per cent of people surveyed said they did not know what international protection was, while an average of 65 per cent of those interviewed during

100 UNHCR and Plan International (2021). Border Monitoring (June–July, August–September); and OIM. DTM Surveys (2021).

101 Danish Refugee Council (2022). DRC Peru: Brief Note – Protection Monitoring October–December 2021.

102 HIAS (2022) Estudio de necesidades de protección de la población refugiada y migrante venezolana residente en el ámbito metropolitano de la ciudad de Trujillo.

103 Ibid.

104 Ibid.

105 Protection Sectoral Assessment Workshop.

106 See: CHS Alternativo (2021). Inclusión social y económica de mujeres migrantes venezolanas en Perú; Action Against Hunger (2022). Estudio Multisectorial en la Población Refugiada y Migrante Venezolana que vive en Metropolitan Lima.

107 According to the SNM, as reported on 31 July 2022, a total of 26,596 HISs and 142,607 CPPs had been issued as of 24 May 2022.



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knew of cases of children and adolescents who were not enrolled in school and instead accompanied their parents as street vendors, as well as cases of minors who obtained income through begging. On the other hand, 32 per cent said they frequently encountered unaccompanied or separated children and adolescents, with children accounting for most of the cases. This is the third priority need identified during the Protection sectoral assessment: strengthening the child protection system in these and other cases of particular vulnerability, such as children and adolescents with disabilities. Both situations highlight children's and adolescents' exposure to exploitation and rights violations.

At home, **CHILDREN and ADOLESCENTS** face other hazards.



35% of key **INFORMANTS STATED** they knew of cases of **VIOLENCE**.

Among those **TYPES OF VIOLENCE** most frequently mentioned were

PSYCHOLOGICAL > **80%**

PHYSICAL VIOLENCE > **71%**

A FOLLOWED BY OTHER FORMS OF SEXUAL VIOLENCE FORMAS DE VIOLENCIA SEXUAL > **37%**

In all of these cases, they believed such issues to be common due to deficient parenting skills and patterns of upbringing that affect children's and adolescents' wellbeing. The key informants said they knew of cases that had been reported to the relevant authorities and referred to mental health services. After filing the complaint, 67 per cent of them rated the service provided as good or very good.

Within this context, the JSNA identified a lack of environments designed to protect the rights of children and adolescents at the community level. School is one of the main spaces where key informants said that children and adolescents

with disabilities, and the difficulty of adapting immigration communication formats to enable refugees and migrants with disabilities to fill out official paperwork without assistance are additional challenges that need to be mentioned.¹⁰⁸ As a result, visually or hearing-impaired persons have no access to information on matters of regularization in Braille or sign language.

Child Protection

According to the National Superintendency of Migration, as of April 2021, a total of 88,670 children and adolescents had filed the preregistration form that allowed them to begin the process for obtaining a Temporary Residence Card (CPP).¹⁰⁹ However, during the JSNA, a lack of focus on children was identified in immigration regularization mechanisms as a limitation on minors' access to specialized assistance. This is the case with children and adolescents with disabilities, for example, for whom the impossibility of proving a regular immigration status creates a barrier to accessing a special basic education center (CEBE).

In 2021, families' economic income declined while basic needs increased.¹¹⁰ The lack of economic resources led families to resort to extreme survival measures and negatively affected children's wellbeing. For example, key informants stated they

suffer situations of violence, xenophobia, and bullying. They believe that the few preventive mechanisms that exist are not publicized enough. There is also **limited access to specialized protection services** that are available to minors, such as family strengthening services and violence response services. For groups in vulnerable situations such as children and adolescents with disabilities, the key informants noted that the number of services that provide this type of care is low, which in turn affects this group's health.

Gender-Based Violence (GBV)

Cases of gender-based violence (GBV) in all its forms are on the rise in Peru.¹¹¹ In response, the government has begun to restructure the National "Aurora" Programme, under the responsibility of the Ministry of Women's Affairs and Vulnerable Populations, with the goal of improving the provision of services, taking into account specific contexts and cultural characteristics. This reorganization also aims to continue bolstering the national specialized justice system for protection and punishment of violence against women.¹¹²

The Venezuelan refugee and migrant population in Peru remains at risk of GBV. Women's Emergency Centers (CEMs) treated 2,025 Venezuelans in 2021 (66 per cent higher than in 2020). Meanwhile, the nearly 1,350 cases handled as of July 2022 suggest that the concerning upward trend of GBV continues.¹¹³ This violence occurs in both public and private spaces, not only in the domestic sphere. According to the ENPOVE 2022, while physical abuse was most often inflicted by a spouse or partner (41 per cent of all cases), psychological violence was mainly perpetrated by strangers (39 per cent of cases).¹¹⁴ This situation prevents victims from exercising their right to live free from violence and practice bodily autonomy. The host community continues to uphold stereotypes, especially with regard to Venezuelan women, girls, and LGTBQ+ individuals, who are deprived of their identities and gender expressions, thus conditioning their interaction in both public and private spaces.¹¹⁵

According to the JSNA, 39 per cent of the key informants interviewed said they knew of cases of GBV, either within or



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outside their family circles. However, 28 per cent responded that they knew of unreported cases. They mentioned disappearances and femicides against Venezuelan women. In the face of this underreporting, refugees and migrants urgently need information on the channels through which they can access justice and health services. However, while it is not required to show an identity document to file a complaint¹¹⁶, many women are still worried to be expelled from the country due to being foreigners or being in an irregular migration situation. On the other hand, survivors of GBV sometimes decide not to initiate a complaint process because they do not trust the actors and services of the national protection system.¹¹⁷ They may also choose not to seek help because the survivor did not believe it was necessary¹¹⁸, thus demonstrating the normalization of GBV among the Venezuelan population, which in return influences the reduction in cases reported and complaints filed.

Spaces for receiving and attending to complaints—usually police stations—are in precarious conditions, making it difficult to offer privacy and confidentiality. In addition to the limited

108 UNHCR (2021). Discapacidad y movilidad humana: Estudio regional sobre la situación de las personas con discapacidad refugiadas, desplazadas y migrantes en América Latina.

109 Database of the Integrated Immigration System (SIM) as of 7 April 2021.

110 Action Against Hunger (2021). Estudio multisectorial en personas refugiadas y migrantes de Venezuela que viven en Lima Metropolitana, Perú

111 Public Defender's Office. Defensoría del Pueblo exige al Gobierno una intervención más eficaz frente a la violencia de género en todas sus formas. 19 April 2022. <https://www.defensoria.gob.pe/defensoria-del-pueblo-exige-al-gobierno-una-intervencion-mas-eficaz-frente-a-la-violencia-de-genero-en-todas-sus-formas/>.

112 Castillo, Pedro. Mensaje a la Nación. 28 July 2022. Accessed 23 August 2022. <https://www.onuperu.org/mensaje-a-la-nacion-del-presidente-pedro-castillo-en-el-congreso-de-la-republica/>.

113 Statistics Portal of the National Aurora Programme – MIMP. Casos de personas extranjeras: años 2022, 2021, 2020. Available at <https://portalestadistico.aurora.gob.pe/>.

114 INEI. ENPOVE 2022.

115 UNFPA. Diagnóstico sobre la situación de las mujeres migrantes y refugiadas y de las comunidades de acogida en el contexto COVID-19. 7 February 2022. <https://bit.ly/3DhGIW0>.

116 According to Law 30364 on the prevention, punishment, and eradication of violence against women and family members.

117 According to a study on GBV, 44 per cent of participants said they lacked enough trust in public institutions to file complaints. See: Plan International, et al. Estudio sobre violencia basada en género hacia las mujeres venezolanas migrantes y/o refugiadas en los países receptores de Perú y Ecuador. February 2022.

118 Action Against Hunger. Estudio multisectorial en personas refugiadas y migrantes de Venezuela que viven en Metropolitan Lima, Perú, 2022.



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specialized services for persons in vulnerable situations (adolescents, young girls, LGBTQ+ persons, persons with disabilities), the Public Defender's Office has identified a lack of joint action protocols, as well as a failure to distinguish spheres of duty, thus pointing to a lack of interinstitutional cooperation in responding to and managing cases.¹¹⁹

Among those factors that increase the vulnerability of the refugee and migrant population are their precarious economic conditions and the loss of family and community support networks. In certain cases of economic violence, this prevents victims from seeking help, since they must care for their children and are economically dependent on their partners. It is therefore important to strengthen community-based violence prevention mechanisms and provide support to GBV survivors to increase access to justice and health services, as well as raising women's awareness of their rights as refugees and migrants, regardless of their immigration status.¹²⁰

Human Trafficking and Smuggling of Migrants

Peru is making legislative progress in the fight against human trafficking and the smuggling of migrants. After approving the National Policy against Human Trafficking in 2021, the next step is to implement it at the regional level via the Ministry of the Interior. Meanwhile, the Government Attorney General's Office is planning to train district attorneys and officials on a protocol for caring for victims of human trafficking and smuggling of migrants. However, both crimes remain on the rise, with particularly serious effects on refugees and migrants from Venezuela.¹²¹ As of June 2022, 59 per cent of reported victims of trafficking and smuggling in the country were Venezuelan, mainly women and adolescents, by far exceeding the 29 per cent reported in 2019.

This increase is due to the expansion of transnational organized crime networks while borders were closed, and mobility was restricted during the COVID-19 pandemic. Even after overland borders were reopened in February 2022, many

of the refugees and migrants in transit had difficulties meeting the entry requirements (such as the humanitarian visa) to enter the country regularly. That led this population to make use of trafficking networks to cross the border. As such, between 20¹²² and 29 per cent paid to enter Peru via Tumbes (USD 6, on average),¹²³ and four per cent did the same to enter via Tacna.¹²⁴

Considering the long migration route they undertake and the incidents they experience (robbery/theft, physical violence, xenophobia, scams), refugees and migrants in transit and new arrivals face the pressing need to generate income due to their precarious situation, whether they continue their journey or settle. This puts them at greater risk of accepting informal jobs via social media that may lead to situations of exploitation.¹²⁵

According to the JSNA, key informants reported cases of

fake job offers > 63%

children used to beg for money > 33%

and people (mainly women) forced to provide sexual services > 14%

The prevalence of trafficking and human smuggling crimes is underreported, given that the Venezuelan population in the country tends not to report these acts due to the extreme barriers to accessing justice. This vulnerable population lacks information on the available reporting channels and distrusts the justice system due to both the stereotypes and prejudice they face when they try to file complaints, as well as claims of public officials' alleged complicity in these crimes.¹²⁶ There continue to be operational and capacity limits to coordinating prevention and protection responses for vulnerable groups nationwide, as well as adequate monitoring and prosecution of these crimes.

At present, there are neither capacities nor tools for the early detection of cases, above all in border areas. Specialized services and protection mechanisms are likewise limited for trafficking victims, differentiated among groups in vulnerable

situations, such as the lack of shelter for adult victims of human trafficking and the nonexistence of referral options for male victims or the LGBTQ+ community.¹²⁷ There must be clear guidelines for sheltering LGBTQ+ persons, and a gender variable needs to be included to record these cases and raise their visibility. In terms of reinsertion and reintegration programmes, these specialized services must be comprehensive in nature to avoid (as reported during the COVID-19 pandemic) some rescued Venezuelan victims of trafficking from returning to the site of exploitation due to a lack of economic and job opportunities.¹²⁸

Intersectoral Links

Protection—given its mandate of access to territory, processes for regularization and obtaining documents, as well as children, gender, and the prevention of trafficking and smuggling—has a very clear link to the other response sectors. It has a particularly important role due to its connection to the protection objectives of the different sectors, as well as the promotion of respect for and the exercise of human rights. It is an intersection between the exercise of States' territorial sovereignty and the international commitments they have made, especially the observation of the human rights mentioned throughout this document, the SDGs and the 2030 Agenda.



KEY TAKEAWAYS

Protection systems in the country have been strained by the protection risks faced by refugees and migrants during their entry, transit, or stay in Peruvian territory. These services were already facing certain challenges. However, they are also viewed positively by the refugees and migrants who have made use of them. Both the child protection system and the gender-based violence attention system maintain close relationships with organizations seeking to offer a response.

More information on the results of interviews with key informants for this sector can be found on pages 88, "Joint Needs Assessment: Main Takeaways."

119 Defensoría del Pueblo, Violencia basada en género contra mujeres migrantes en el Perú, Documento de Trabajo N° 002-2021-DP/ADM, octubre 2021, p. 104.

120 OHCHR, Observaciones finales sobre el noveno informe periódico del Perú, visto 23 agosto, <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhss1YTn0qfX85YJz37palgUDa%2BAQXe56%2FNhXm1rkSBXV8Qoc0ZzWwH0RXwotjHJZhelmySs1cbNmEhJKQMwAERgS%2Bg8djE2zS%2F0xdw3PVxD>

121 Ibid

122 UNHCR. Tumbes: Border Monitoring (January–July 2022).

123 OIM. DTM Flow Monitoring Survey in Tumbes, Round 15 (May 2022).

124 UNHCR. Tacna: Border Monitoring (May–July 2022).

125 IDEHPUCP and UNODC. Trata de personas y migración en tiempos de pandemia por COVID-19. Report, September 2021, p. 13.

126 US Department of State. 2022 Trafficking in Persons Report, July 2022, p. 443.

127 OIM. Diagnóstico situacional de los delitos de trata de personas y tráfico ilícito de migrantes en la región Tumbes. June 2022, p. 45. https://www.r4v.info/es/document/OIM_Gob_Tumbes_Diagnostico_Delitos_de_Trata_y_Trafico_de_migrantes_Feb22

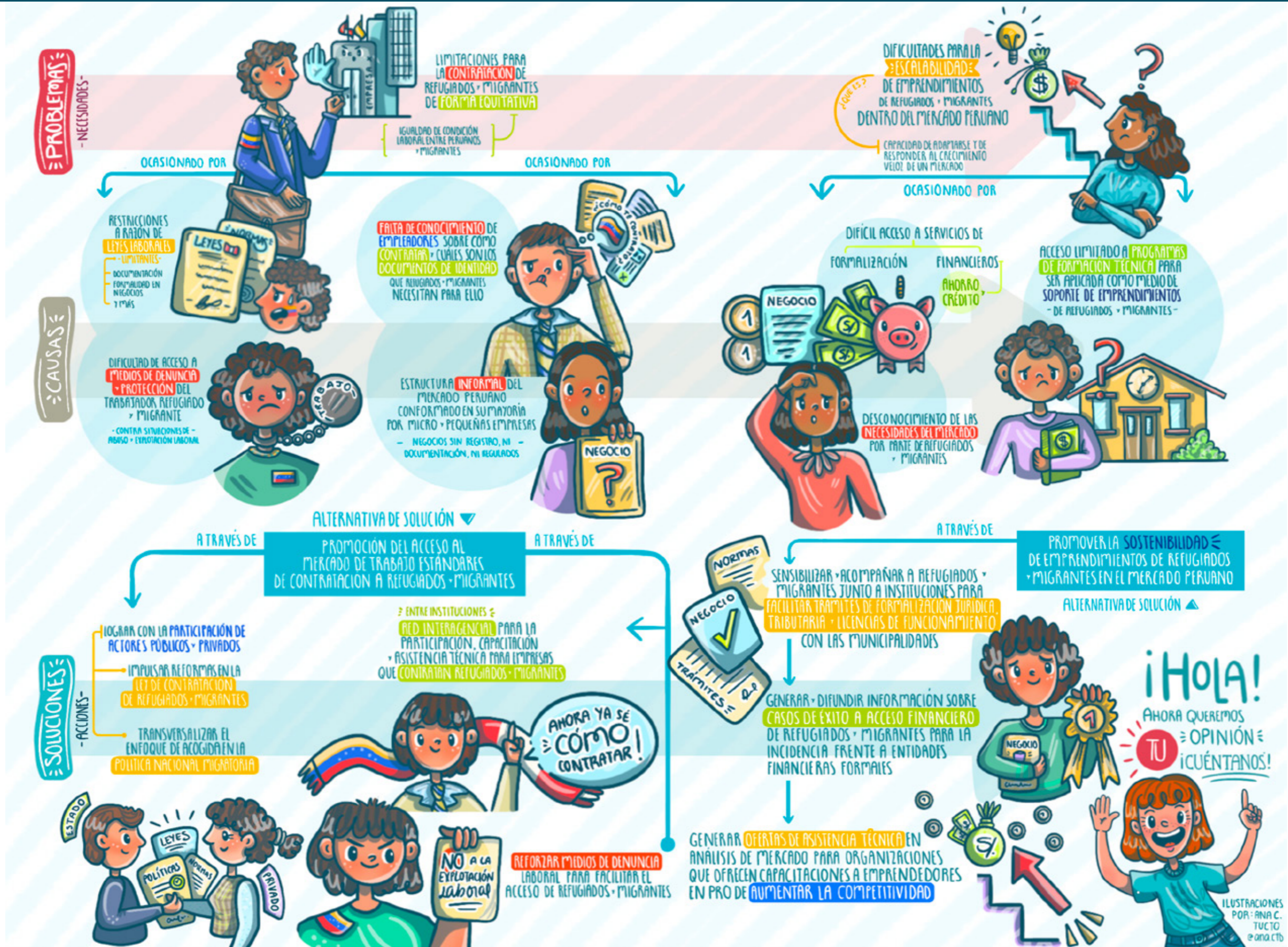
128 Ibid.

HUMAN TRAFFICKING AND SMUGGLING SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS



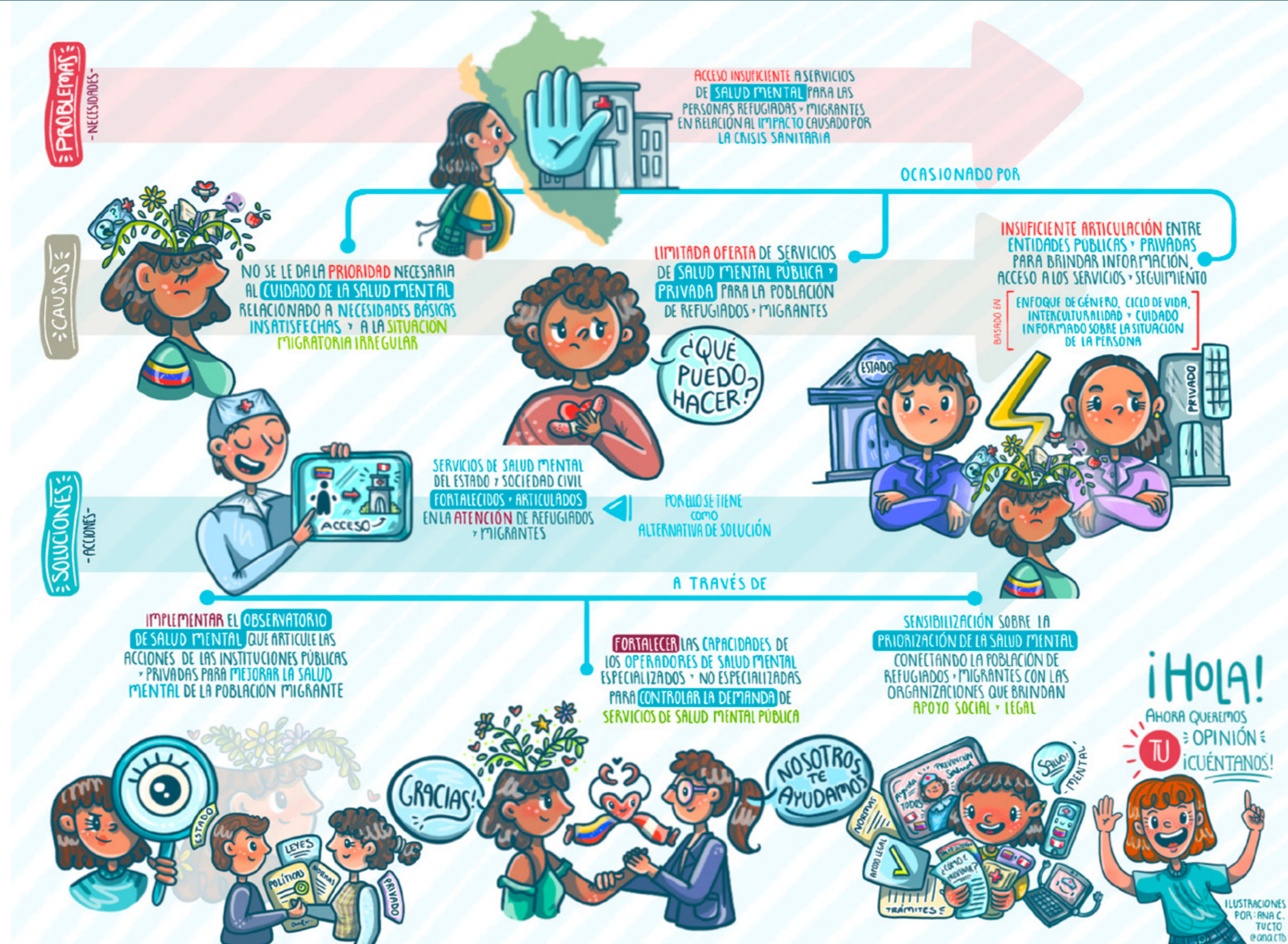
* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022

SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS



* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022

PSYCHOSOCIAL SUPPORT SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS

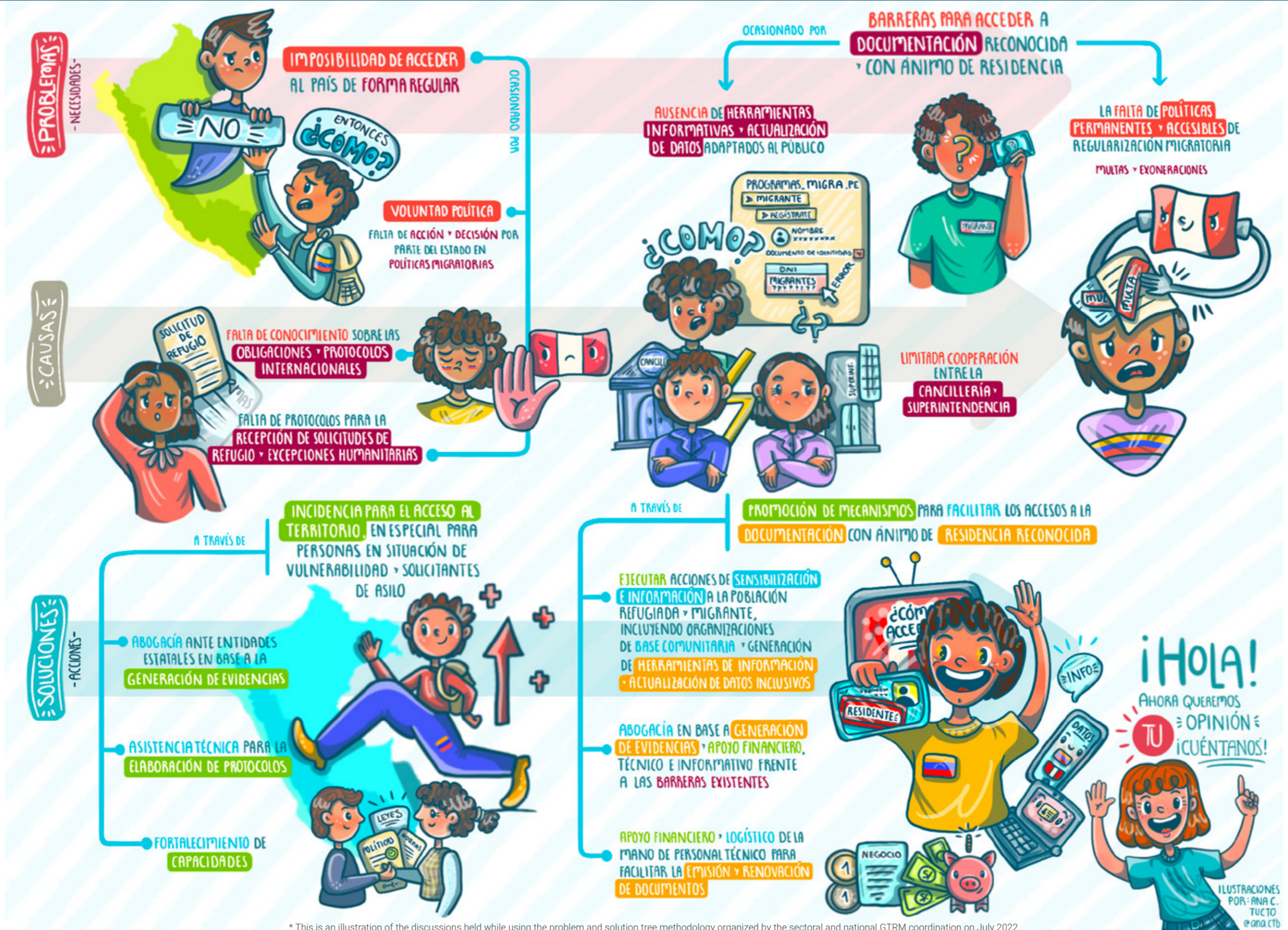


* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022

GENDER-BASED VIOLENCE SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS

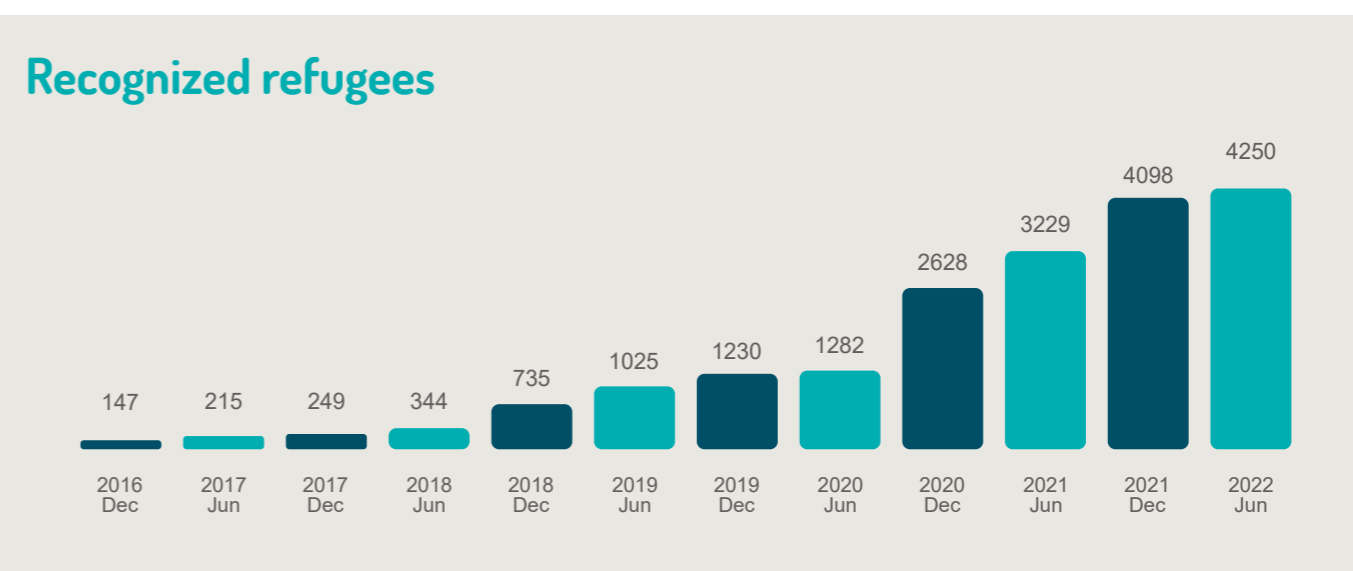
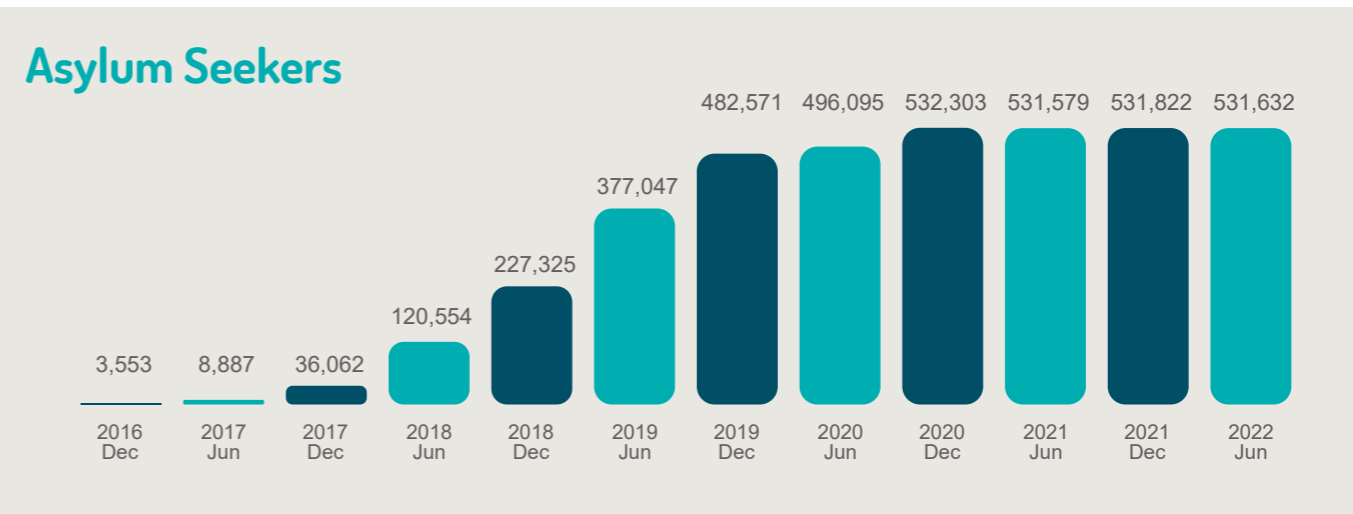
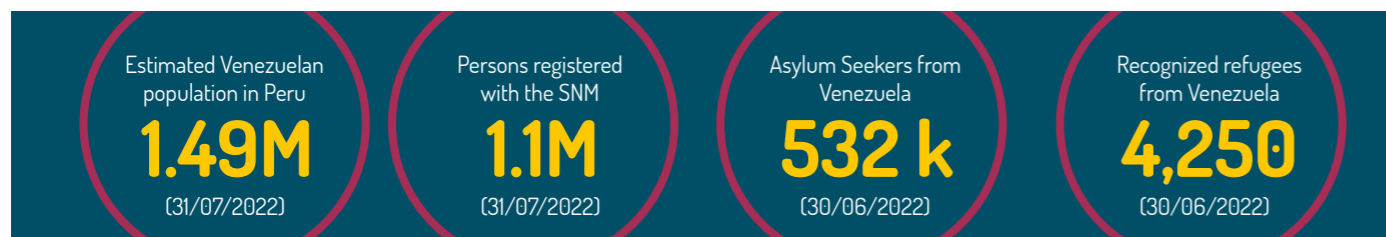


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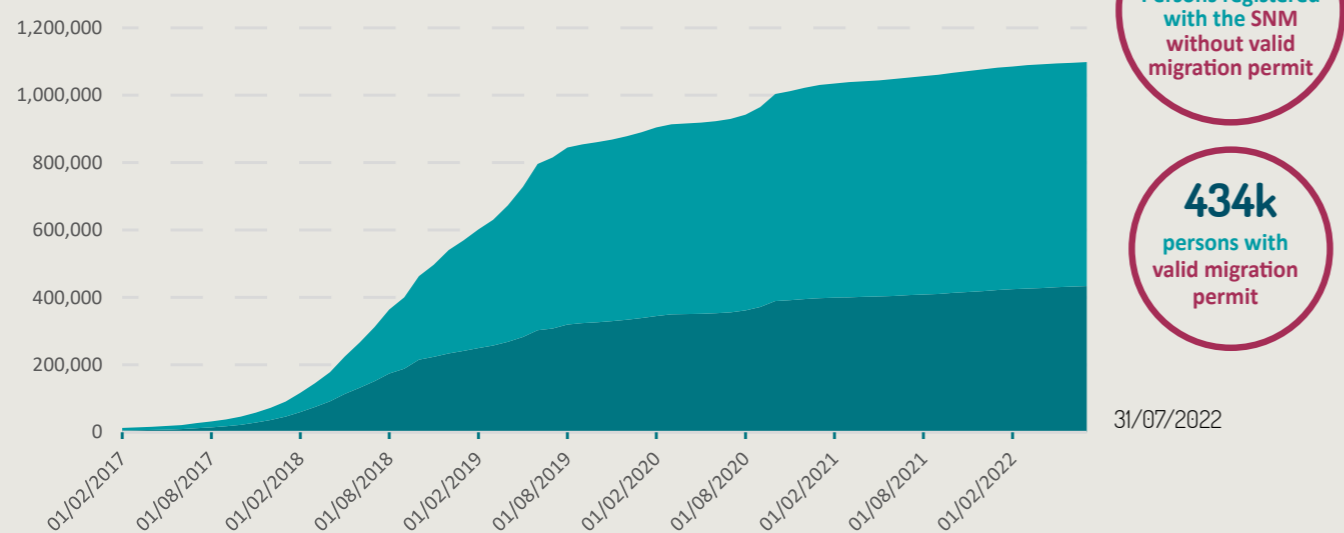
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Regularization & Documentation



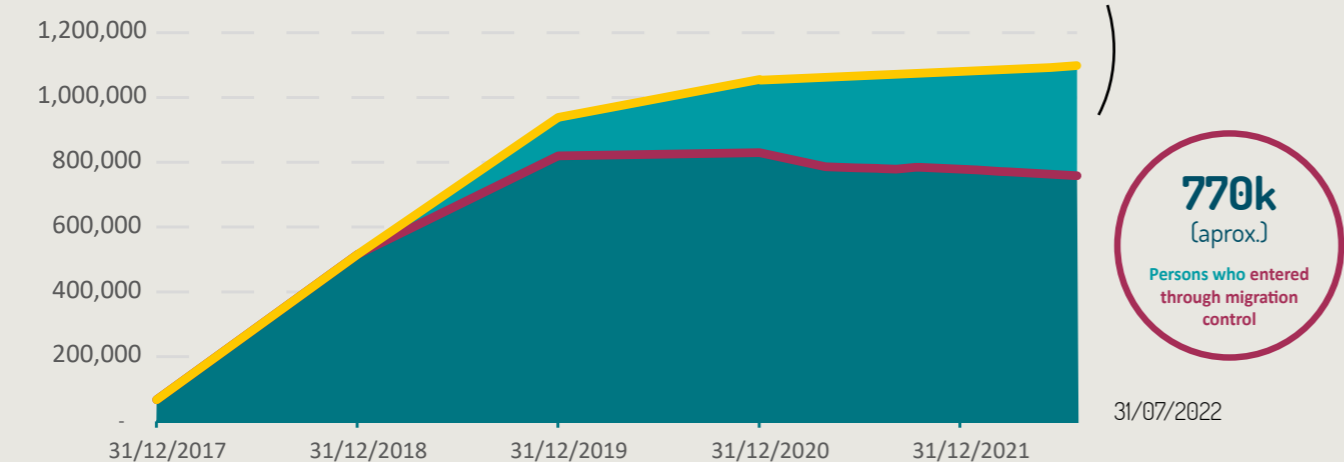
Evolution of the SNM Registry

Persons who managed to complete the pre-registration to regularize their migratory situation

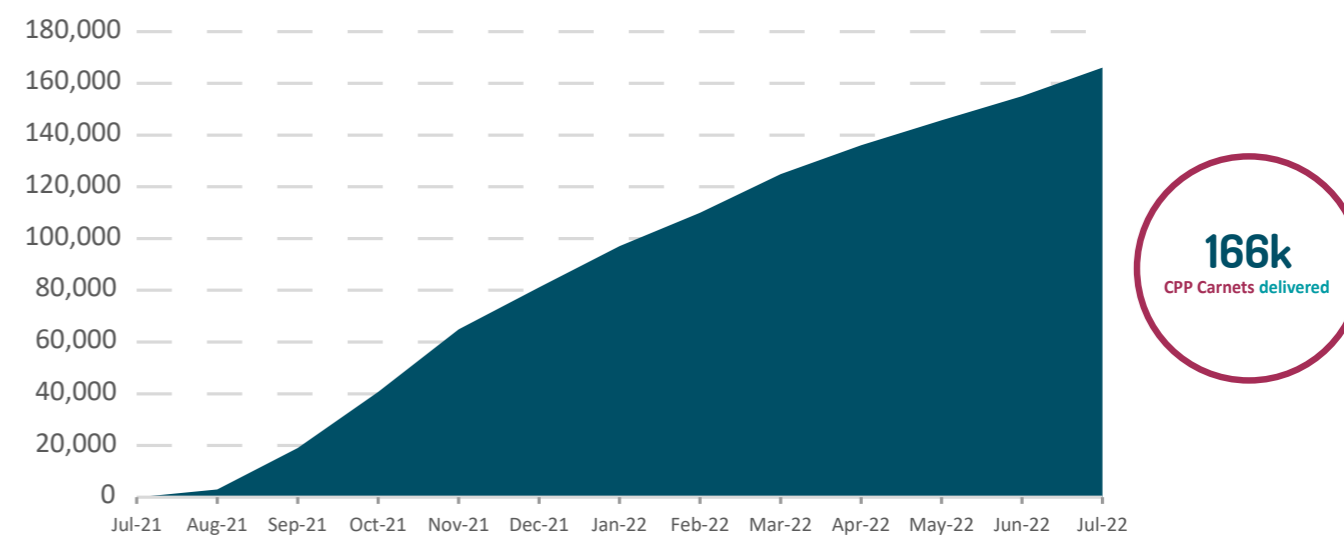


Evolution of the SNM registry:

Persons who managed to complete the pre-registration to regularize their migratory situation



Evolution in the delivery of the CPP



Source: National Superintendence of Migration, Special Commission for Refugees.



Background

According to the World Bank (WB), Peru has a positive macroeconomic outlook, with its GDP expected to resume growth of nearly three per cent annually in 2022 in the medium term, thanks to the economy's rebound in 2021 with productive activities growing by 13.3 per cent, reaching pre-pandemic levels. However, the WB also notes that poverty will remain well above pre-pandemic levels from 2019, in part due to structural rigidity in the job market, as well as inflation.¹²⁹ This rigidity, which includes bottlenecks in achieving greater rationalization and competitiveness, are also of great interest to the GTRM response, especially with regard to unemployment, given its efforts to allow the Venezuelan refugee and migrant population to contribute to the competitiveness of the job market, and thus, to the SDGs, especially 8, 9, 12, 1, and 2.



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The obstacles to the job market's transformation are due to labor regulations; for example, the law that only 20 per cent of a company's payroll may consist of foreigners, which affects formal employment opportunities.¹³⁰ The Venezuelan population's demographic dividend offers immense value in terms of the supply of trained human resources.¹³¹

At present, despite the fact that employment levels are similar to those reported prior to the public health emergency, the quality of these jobs is low, causing household income to drop by 13 per cent compared to 2019, while formal employment in urban areas is 20 per cent lower than that same year.¹³² In the last 10 years, Peru grew by an average of 5.9 per cent, making it one of the fastest growing economies in the region.¹³³ That also makes it an upper middle-income country. However, this classification—which is based primarily on macroeconomic criteria—can be misleading.¹³⁴ Without denying the clear effects of this growth on poverty reduction and an improved standard of living for a significant portion of the country's population, structural problems in providing basic public services or in the job market, among others, create a series of inequalities

and vulnerabilities in certain sectors of the population that differentiate Peru from other upper-middle-income countries. This includes challenges in the transportation system, including affordability and efficiency.

The COVID-19 pandemic (the greatest poverty trap in recent history) highlighted the way these structural challenges determine and shape the crises the country is experiencing. Existing inequalities, made more acute by the public health emergency, prevented Peru's outstanding efforts to quickly respond to the impact of the pandemic from being more effective. Inequality gaps in areas such as education, employment type, access to health care, and connectivity have had a stronger impact on certain households, such as those with a low level of education or whose income is generated through informal sectors.¹³⁵

For its part, inflation has played a decisive role in this regard. This has represented a major change in 2022, since Peru's economic growth had occurred up to this point against a backdrop of low inflation, which means that the real purchasing

power of economically active individuals has been reduced because of the rise in the Consumer Price Index. In addition to external factors, such as the war in Ukraine, there have been local factors such as political uncertainty.¹³⁶



The impact on households varies greatly depending on the percentage of spending that must be allocated to food consumption. According to the basic family basket for refugee and migrant households, updated as of August 2022, there has been a clear upward trend in prices that noticeably affects the Venezuelan population. The study done by the Cash Transfer Subgroup showed that food and rent are the two expenses that have risen the most, taking on the greatest weight in the household basket of goods. Additionally, the poorest households in the host community allocate over a third of their spending to food and have experienced an inflation rate of 9.3 per cent, while higher-income households allocate only one fifth to this expense, and therefore experienced an inflation rate of only 7.6 per cent.¹³⁸

For an analysis of the aforementioned slowdown in poverty reduction, the INEI offers a measurement of monetary poverty that concludes that 26 per cent of the Peruvian population—8,556,000 people—are living in poverty. The Peruvian Foreign Trade Association (COMEX, for its acronym in Spanish), using the results of the National Household Survey

(ENAHO, for its acronym in Spanish) in an attempt to determine the underlying causes of poverty, estimates that nearly 40 per cent of Peru's population suffers from multidimensional poverty.¹³⁹ This figure, which is higher than the INEI's, highlights the severe lack of access to basic services in the country, as well as the way official figures make millions of people invisible because their poverty only becomes evident when estimates go beyond exclusively monetary factors.

All of this is further exacerbated by the state of particular vulnerability to which part of the population in general, and the Venezuelan population in particular, is relegated, making their integration into society even more difficult. This is the case of the elderly, breastfeeding or pregnant women, persons in irregular situations, persons living with HIV/AIDS, persons with disabilities, and the LGBTIQ+ community. With xenophobia and habitual discrimination limiting their job opportunities and their access to social safety net systems due to their nationality, certain groups suffer double or even triple discrimination that further complicate their economic and sociocultural inclusion.



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129 World Bank (2022). Peru Overview. Available at <https://www.worldbank.org/en/country/peru/overview>. Accessed September 2022.

130 Act on the Hiring of Foreign Workers (Legislative Decree (Decreto Legislativo) 689, November 1991).

131 If they were employed according to the levels of education and experience and distribution through programmes for sending human capital to the regions where it is needed, this would make an even greater contribution to the Peruvian economy.

132 World Bank (2022). Op. cit.

133 World Bank (2022). <https://www.worldbank.org/en/country/peru>.

134 For an analysis on this subject, see the previous version of this report. Available at <https://www.r4v.info/es/document/JNA-RMRP2022>.

135 Noticias ONU (2022). Perú: El COVID-19 evidenció las profundas desigualdades y sus efectos durarán años, alerta Bachelet. Available at <https://bit.ly/3WIWXhl>.

136 IPE (2022). <https://www.ipe.org.pe/portal/la-inflacion-para-los-hogares-mas-pobres-supera-el-9/>.

137 INEI (2022). Variación de los Indicadores del Precio de la Economía (July 2022). <https://m.inei.gob.pe/media/MenuRecursivo/boletines/07-informe-tecnico-variacion-de-precios-jun-2022.pdf>.

138 IPE (2022) Op. Cit.

139 COMEX (2022). La pobreza multidimensional afectó al 39,8 per cent de peruanos en 2021. Semanario 1119, May 2022. <https://www.comexperu.org.pe/articulo/la-pobreza-multidimensional-afecto-al-398-de-peruanos-en-2021>.

Needs Assessment

Taking into consideration the Peruvian context and its structural deficiencies in regard to the job market and its informality, the Venezuelan refugee and migrant population is particularly affected by this situation. According to the ENPOVE, over 80 per cent of those who work do so in the informal sector and have no contract, negatively affecting their wages, which, on average, are 20 per cent lower than those received by a Peruvian (1,200 soles compared to 1,505 for Peruvians)¹⁴⁰.

Access to the formal job market under equitable hiring conditions is one of the most pressing needs for the Venezuelan refugee and migrant population. There are severable barriers faced by this population in addressing this need. On the one hand, there are the restrictions imposed by Peruvian law, which states that a company's payroll may consist of no more than 20 per cent of foreign workers¹⁴¹, in a business landscape dominated by small businesses, which often makes it impossible to hire foreigners. This situation is further affected by the informality of the Peruvian job market.

The key informants interviewed during the JSNA mentioned the lack of documents/regularization and consequently the situation of irregularity as one of the main causes hampering or preventing them from accessing the formal job market or improving their conditions once they are inside. Equally important in this regard are employers' lack of familiarity with hiring mechanisms and the identity documents used by refugees and migrants, as well as the barriers faced by these refugees and migrants in accessing grievance mechanisms and/or channels for the protection of refugee and migrant workers. When it comes to employers' lack of knowledge of identity documents, it is especially important to address the documents and work permits granted to asylum seekers. Even if asylum seekers obtain these permits and regularize their situation in the country, many authorities, platforms, and private sector actors are not aware of this procedure.

In this particular case, nearly 75 per cent of the key informants surveyed believe the most viable way for members of the Venezuelan community to work is by starting their own business,¹⁴² whether through informal activities or formal channels. Resorting to starting their own business as a way of covering basic needs is often insufficient, with health, food, and housing typically being the needs that go unmet. This is due to the fact that entrepreneurial activities among the refugee and migrant population primarily involve street vending of sweets or food. This leads to a glut of such services and renders



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them survival activities without any potential for scaling or formalization.

Given the importance of self-employment among the Venezuelan refugee and migrant population, another of their most urgent needs has to do with the scalability of their businesses in the Peruvian job market. In addition to the aforementioned difficulty in increasing the formality of these undertakings, the key informants point to barriers to accessing savings and credit services in the finance sector as one of the primary causes preventing these businesses from scaling up. Among the most in-demand services, access to seed capital and microcredit were most frequently cited, as well as greater financial education to give business owners the necessary technical skills to diversify and make their initiatives prosper. This is especially important for the elderly and persons with disabilities, who face greater challenges in finding work.

Another key element in understanding the challenges that exist in terms of livelihood and economic inclusion is the discrimination factor. One of every three participants in the



JSNA named discrimination as one of the main barriers to accessing or improving working conditions.

Intersectoral Links

As demonstrated by the data gathered by the JSNA, the lack of documents and regularization suffered by a significant part of the refugee and Venezuelan population in Peru are identified as the main barriers to accessing the formal job market, as well as improving working conditions once they get a job. Moving forward, efforts in the Protection sector must take into account its close connection to the other sectors, particularly regarding the economic and sociocultural integration of Venezuelan refugees and migrants in Peru. In fact, the Integration sector also has a cross-cutting effect on the efforts in all other response sectors.

More specifically,

99% cited **XENOPHOBIA** as the primary reason for such **DISCRIMINATION**.

Along with discrimination due to nationality, this list also includes discrimination due

19% >  **TO GENDER**

18% >  **AGE**

17% >  **DISABILITY**

12% >  **SEXUAL ORIENTATION**

According to the conclusions drawn from the JSNA and its key informants, the groups in vulnerable situations who have been most affected by the loss of employment in the last year are the elderly (48 per cent), pregnant/breastfeeding women (32 per cent), persons with disabilities (30 per cent), persons in irregular situations (27 per cent), children (20 per cent), and heads of single-parent households (19 per cent).

The rise of discrimination and xenophobia goes far beyond the working environment, with serious consequences on the sociocultural inclusion of the Venezuelan refugee and migrant population. The causes behind this spike in discrimination are many and vary, from the dissemination of negative stereotypes about the Venezuelan population, to widespread economic precarity and lack of resources, to the lack of significant short-term integration spaces. In practice, all of this translates to immense difficulties in accessing social safety net systems such as health insurance, children's enrollment in schools, jobs, housing rentals, and more.



KEY TAKEAWAYS

The impact of the COVID-19 pandemic is still being felt throughout the needs addressed in the Integration sector. Nevertheless, Peru is a land of opportunity. Its economic recovery has been speedy, and while it may have been unequal, the country's solid macroeconomic fundamentals offer enough space for everyone, both the host community and Venezuelan refugees and migrants, to come out ahead and contribute to greater growth, sustainable development, and wellbeing. Importantly, according to the ENPOVE II, 31.8 per cent of the adult Venezuelan population has completed higher education (university and/or higher technical studies) that could help close the gap of professionals required in Peru's provinces, thus contributing even further to the country's sustainable economic development.

More information on the results of interviews with key informants for this sector can be found on pages 88, "Joint Needs Assessment: Main Takeaways."

140 INEI. ENPOVE 2022; and new poverty figures, INEI, 15 July 2022. <https://cdn.www.gob.pe/uploads/document/file/3112613/Ver%20Exposici%C3%B3n.pdf>.

141 Legislative Decree 689—Act on the Hiring of Foreign Workers and Procedural Regulations; and Decree 014-92-TR.

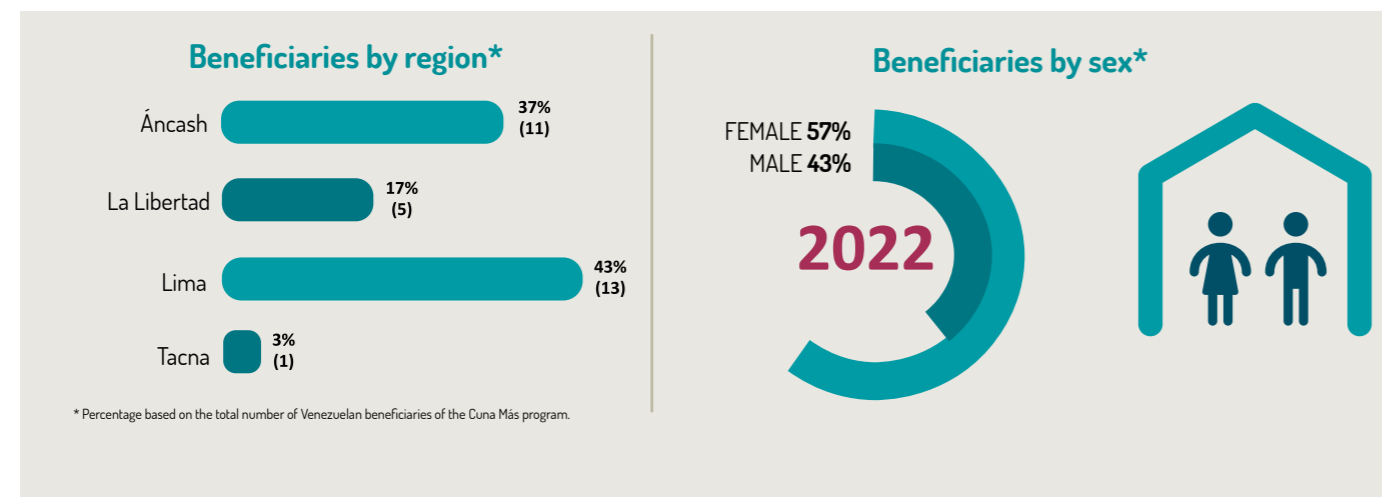
142 R4V. Regional Refugee and Migrant Needs Assessment (RMNA) 2022, p. 163.

Access to Social Programmes ¹

Programmes for children

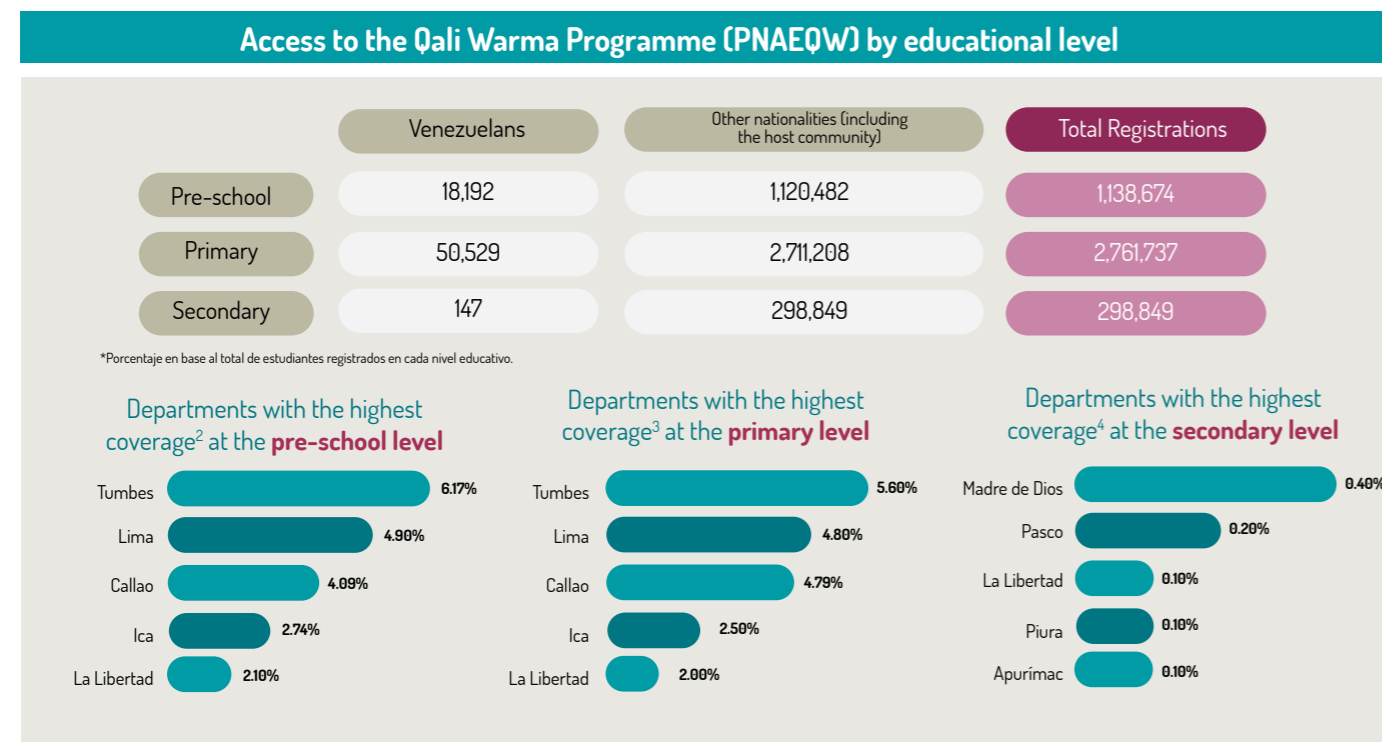
National Programme Cuna Más (PNCM)

The PNCM is a program under the Ministry of Development and Social Inclusion (MIDIS), which aims to improve the child development of children under 36 months of age in localities of poverty and extreme poverty. Based on the information submitted, 30 beneficiaries of Venezuelan nationality were registered.



National School Feeding Program Qali Warma (PNAEQW)

The PNAEQW is a MIDIS program that provides food service with an educational supplement to children enrolled in public educational institutions at the pre-school and primary level nationwide and in secondary schools in the Peruvian Amazon. In the following, general information is provided on the number of participants from March to April 2022.



¹ Information provided by the Ministry of Development and Social Inclusion (MIDIS) as of May 2022.
^{2,3,4} With respect to the total number of people registered at the departmental level and by educational level

Programmes for Adults

The programmes offered by MIDIS for the general population include:

NAME	TOPIC	TOTAL PARTICIPANTS
National Action Platforms for Social Inclusion (PAIS)	Social, economic and productive activities	274,543 participants
Pensión 65	Economic subsidy for senior citizens living in poverty	577,043 participants until June 2023
Juntos	Health and education for households in poverty	3,020,041 participants*
Cooperation Fund for Social Development (FONCODES)	Sustainable economic opportunities for rural households in extreme poverty	48,234 participants (Peruvians and foreigners)
Contigo	Economic subsidy for people with disabilities living in poverty	77,263 participants

Only one Venezuelan person is reported to have been included in the National Action Platforms for Social Inclusion Program (PAIS) between July 2021 and July 2022. It should be noted that the Juntos program (direct support to people living in poverty) does not consider the nationality of the beneficiaries in the data. The FONCODES registry confirmed the presence of only Peruvian participant.

Targeting System

The MIDIS targeting system manages information from the General Household Register (PGH), an essential system for verifying socioeconomic information for social programs and social assistance subsidies from the Peruvian government. Through this system, the state can apply a socioeconomic classification to identify people in a situation of vulnerability and/or poverty.



The number of refugees and migrants from Venezuela reported in the targeting system increased from the figures reported by MIDIS between January 2021 and April 2022; for the 2021 period a total of 685 Venezuelan persons were registered and for the 2022 period 831 Venezuelan persons were registered. The number of Venezuelan refugees and migrants registered in the targeting system represents 0.05% of the total number of refugees (including other nationalities and the host community).

Access to formal employment

According to data shared by the Ministry of Labor and Employment Promotion (MTPE), in February 2022 there were 50,809 Venezuelan employees with formal contracts. This represents approximately 5% of the Venezuelan population over the age of 18 in Peru.⁴ It is noted that there is limited information on the sex and age of these workers (only for 246 of the total.⁷)



⁵ Source: <https://info.pension65.gob.pe/infopension/index00.php>
⁶ Source: <http://www2.juntos.gob.pe/infojuntos/>
⁷ Source: <https://www.gob.pe/437-sistema-de-focalizacion-de-hogares-sisfoh>

INTEGRATION SECTORAL ANALYSIS WORKSHOP: PROBLEMS, UNDERLYING FACTORS AND SOLUTIONS



* This is an illustration of the discussions held while using the problem and solution tree methodology organized by the sectoral and national GTRM coordination on July 2022

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA): MAIN TAKEAWAYS



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The JSNA performed by GTRM Perú aimed to cover the information gaps encountered in the review of secondary data by gathering primary data. The use of telephone interviews with key informants (KI) helped obtain essential information on the needs of the communities and groups in vulnerable situations, in an effort to understand how they perceive challenges faced by Venezuelan refugees and migrants.

The key informants were divided into the following categories:

- **Profile A:** Representatives of groups in vulnerable situations;
- **Profile B:** Community representatives, e.g., community leaders, representatives of grassroots organizations, neighborhood coordinators, and/or the like;
- **Profile C:** Persons who work with the Venezuelan population, e.g., staff members from local organizations, public officials, shelter coordinators, etc.

Out of a total of **488 INTERVIEWS** conducted

255 > PROFILE A
83 > PROFILE B
150 > PROFILE C

The **INFORMATION GATHERING TOOL** was organized into sections according to the prioritized sectors. The main takeaways are presented below.

General Information and Protection

(Documents, Regularization, Access to Information, Resources)

What do you think are the three main reasons for which members of your community come to Peru?

The THREE MAIN REASONS MENTIONED by the KIs were access to

86% job opportunities and income



47% access to health services



46% and access to food



33 % of the KIs mentioned **REUNITING WITH THEIR FAMILY** and **24 %** mentioned opportunities for access to **EDUCATION**.

The Venezuelan refugee and migrant population in Peru still suffers from limitations in access to information and guidance on various topics that affect their development. While a number of sectors and concerns were mentioned, the JSNA identified the need for information on:

FOUR MAIN TOPICS:

- 1) **Regularization;**
- 2) **Access** to health services;
- 3) **Job market inclusion** and **starting a business;**
- 4) **Access to educational** services and **training.**

Regarding the need for information on access to documents and immigration regularization, the KIs stated that current changes in immigration options present a challenge to accessing documents. They want to know more about the different

immigration statuses and the procedures for obtaining them, deadlines and fines, and the pros and cons of each option. As for access to the health care system, this includes topics such as access to the SIS, free access to treatment for diseases such as HIV and tuberculosis, and vaccinations and specialized services around the country. The KIs also commented on the lack of knowledge on what to do if they are refused service or treated abusively at health care establishments. It is important to note that some KIs mentioned that even those persons who are enrolled in the SIS do not understand how it works and what its scope is. Increased concern with mental health was also observed, with more respondents mentioning the need for access to mental health and psychological help services than the previous year.

As for the gap in information on job market inclusion, a particular note was made of access to formal employment, giving more publicity to job opportunities, and entrepreneurial development programmes. Respondents' comments revealed a demand for more information on job training programmes and technical careers that will allow people to obtain and keep formal employment. KIs also noted the gap in the higher education services and training for adults and youth. Some KIs said they would like to know where they can study, and which institutions can help them obtain dignified work or pursue technical careers. Finally, among topics pertaining to access to education, the KIs mentioned the need for more detailed information on enrollment processes and entry into the education system. Some comments highlighted the need to know how the education system works, advising families on the process and explaining how available enrollment spots work, and what sorts of remedial services are available to make up for lost academic years.

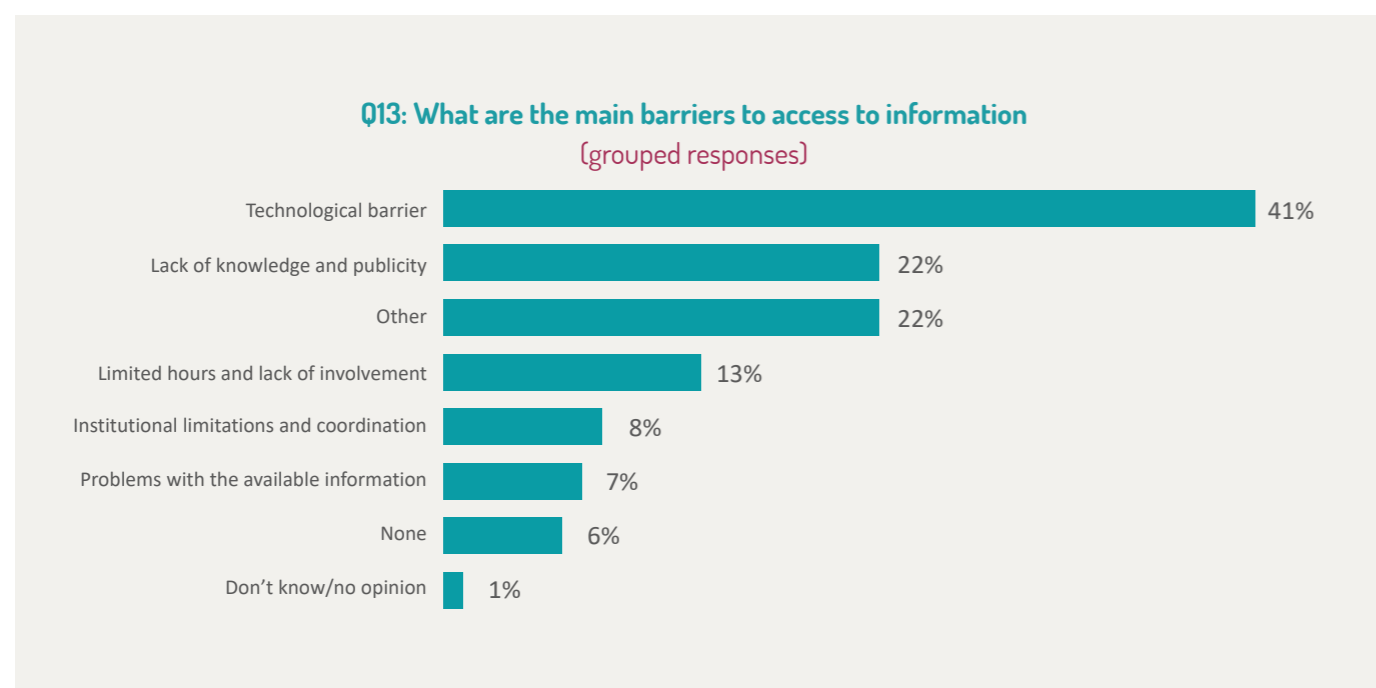
What are the main barriers to accessing information?

According to the KIs, the main barrier to accessing information is technological. Forty-one per cent of KIs said the population does not have devices (mobile phones, tablets, and/or computers), or if they do, few families can afford internet and data plans due to economic limitations. This situation most affects the population in transit, since, due to situations experienced along the route, their mobile phones are often stolen, or they sell them for money with which to continue their journey. The technology barrier also affects the elderly population in particular, given the difficulty they may have using mobile phones and navigating the internet.

"Not having enough of a balance to top up minutes or use data. Not having a computer at home. Having to work all day without a break, so that we're too tired to check for information by the time we get home. The uncertainty of not knowing what the future holds makes us want to disconnect from everything." –Leader and Project supporter in Chorrillos (B 32)

"People don't have an electronic device. They are constantly changing mobile numbers and they don't have email." –Community leader in Los Olivos (B 74)

It is also important to note that KIs mentioned that many people don't know about the services and information provided by humanitarian organizations. Those who commented on this said there is a need for more in-person activities and greater



visibility so that the information reaches those who need it. Twenty-two per cent of the KIs said that people don't know where to find relevant information or how to search for it. It is therefore crucial to rethink communication strategies and strengthen bonds with the grassroots organizations that have sprung up spontaneously to meet their own needs.

"We don't know how to find information or where to go. They tell us we have to do everything online, but we don't have computers. You can't do it on a mobile phone." –Mother with her own food business who helps provide guidance to her fellow Venezuelans on regulations and laws in Piura (B 394)

"They don't know how to look for it. That's why leaders need to receive [information] and help spread it." –Community organization leader in Ate and Santa Anita (B 245)

"Lack of staff and tools (ad spots, pamphlets) to share information on activities." –Regional government official in Tumbes (C 9)



Child Protection

"[The main challenge in caring for children and adolescents is] not being able to work and have a source of income because we're afraid to leave our children with other people. In my case, it's because she's still young and breastfeeding." –Mother in Tumbes (A 96)

"She can't watch her daughter 100 per cent of the time because she has to work." –Single mother and head of household in SJL (A 180)

"I have a hard time taking care of my kids alone. We don't have support networks, and aside from school, there are no care centers for kids or public places for them to play." –Mother in Tumbes (A 181)

this population to choose options with precarious conditions, in terms of pay, hours, and stability. According to Type A KIs, this situation requires them to improvise forms of organization within their families. In some cases, they have no choice but to leave minors home alone or in the care of people from outside the family. The KIs also mentioned the lack of safe spaces, services, and accessible programmes where they can leave their children in the care of professionals so they can go to work.

In the past year, do you know of any cases of violence against Venezuelans children or adolescents in the community you represent/work with?

A total of 154 KIs (35%) said they knew of cases of Venezuelans children and adolescents who were survivors of violence.

According to the KIs, the most common types of violence are emotional/psychological and physical. However, less than half of all cases were reported to the competent authorities. Among the other types of actions taken, some sought help from mental health services or people they trusted.

In terms of specific needs, 199 of 437 KIs said they knew of children and adolescents with disabilities in their community. Among the cases identified, 170 KIs said they knew a child or adolescent with some type of psychomotor disability. The second most common disability mentioned by KIs involved children and adolescents with cognitive or intellectual disabilities, followed by cases of psychosocial and mental



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disabilities. Among the main barriers to accessing specialized services for children and adolescents with disabilities, three interrelated issues were identified: lack of knowledge/access to information, lack of required documents/irregular situation, and lack of health insurance. Other problems noted by KIs included the inaccessibility of institutions and public spaces, overburdened specialized health care services, and treatment costs not covered by the SIS.



Gender-Based Violence

In your community, during the last year do you know of any cases of gender-based violence, whether in your family environment or outside it (at work, in a public place, at institutions)?

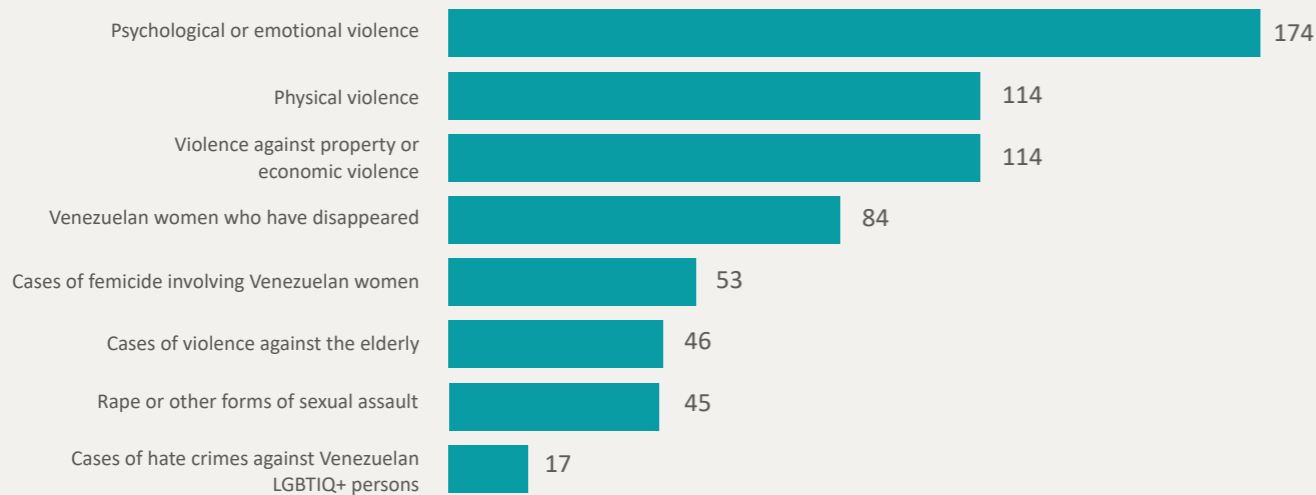
A total of 121 of the 305 Type A and B

informants said they knew of cases of GBV, a higher percentage than the previous year.

The majority of cases they knew of involved physical violence and psychological or emotional violence, followed by cases of economic violence, and to a lesser extent, cases of sexual violence. Actions taken in these cases mainly included filing complaints with the competent authorities and seeking help from some kind of institution to receive care. Sadly, there is still a significant percentage of GBV cases that go unreported.

Type A and B KIs were also asked whether they knew of people who had been the victims of different types of violence in the community they represent/live in. In response to this question, the number of KIs who said they had heard of victims of different types of violence rose considerably. The difference is vast when it comes to gender, with women accounting for 84 per cent of all victims of violence. Of particular note are the cases of adult and adolescent women who suffer from psychological or emotional violence, followed by cases of physical violence, and violent acts against property or economic violence. An alarming number of KIs had heard of cases of Venezuelan women who had disappeared or were the victims of femicide: 84 and 53 KIs, respectively. Twenty-six of the 53 KIs who knew of cases of femicide said these incidents of violence are frequent and/or very frequent.

In the past year, have you heard of cases of people who have been the victim of...



Health

"I would say access to a free doctor's appointment is the most important thing. Here in Peru, they charge you 30 soles just for sitting down and telling them your last name." –LGBTIQ+ person from Los Olivos (A 176)

"Doctors here in Peru are very terse. They don't go into depth. It's hard to get an appointment with a specialist. Hematological services in particular are really expensive... Screenings that are a waste of our time." –Mother with a Peruvian daughter in Callao (A 444)

What do you think are the main barriers you or members of your community face in registering with a health insurance system?

A total of 367 key informants identified irregular situations or a lack of documents as the primary barrier (84 per cent), followed by a lack of information on how to gain access (43 per cent), a lack of economic resources to cover costs (35 per cent), and to a lesser extent, discrimination and xenophobia (18 per cent).

Are you or a member of your community receiving treatment in Peru for a chronic disease or illness?

Among the Type A and B KIs who know of cases, more than half (59 per cent) said they have difficulty getting treatment. According to the qualitative data, the two main reasons for which treatment cannot be accessed are a lack of health insurance and economic resources. In the case of access to HIV/AIDS treatment, 17 per cent of KIs noted difficulties related to a lack of information and fear of discrimination.

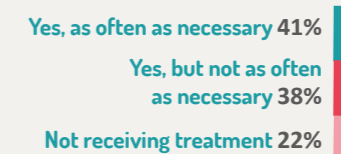
Additionally, 48 per cent of Type A and B KIs said that in the last six months, people in their community did not receive medical care despite needing it. The main reason they did not receive care was because they did not have health insurance (68 per cent), followed by a lack of resources to pay (51 per cent). To a lesser extent, they mentioned other problems such as overburdening of the health system and decreased or interrupted service (16 per cent), distance to specialized health centers (10 per cent), limited hours or shifts in which care is available (8 per cent), and the inability to get transportation to a medical center (7 per cent). These factors are linked to the Peruvian health care system's structural problems, which the KIs compare to the health care system in their home country. Asked about **positive aspects of the health care system in their home country that their community greatly values but is unable to find in Peru**, they mentioned the free availability



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Proportion Receiving Treatment for Chronic Diseases

(% of A and B KIs that know of cases of HIV/AIDS, chronic diseases, and/or mental illness)



of health care for everyone without distinction, followed by the quality of care provided by health personnel, immediate and ongoing assistance, and access to medicines. While some saw no difference between the two health care systems, the general perception was that it is hard to get appointments and referrals in the Peruvian system, as well as delays in being seen by medical professionals and cold or even discriminatory attitudes.

In terms of sexual and reproductive health, 47 per cent of Type A and B KIs with information on pregnant/breastfeeding women and women/adolescents of reproductive age said that access to contraceptives was frequent/very frequent. Regarding access to prenatal care, the KIs identified three main barriers: lack of information on how to access such services; lack of economic resources; and irregular situations or lack of documents. Some mentioned limited hours or shifts (26 per cent), distance from their place of residence (23 per cent), and lack of a support network (21 per cent). When asked about mental health considering the impact of the pandemic, 55 per cent of Type B and C KIs said mental health issues were frequent/very frequent in the community, with women being the most affected group, followed by children.

Nutrition

"One of the main problems is a lack of knowledge about what a balanced diet is like." –Elderly adult from Calca, Cusco (A 191)

"Women who work without a contract/all day because they aren't given time to breastfeed. They also don't have a refrigerator so they can leave milk and the babies are being cared for by someone else." –Woman community leader and GRO collaborator in Arequipa (B 13)

"They can't produce milk, and in other cases they decide not to give them breastmilk because they're suffering from malnutrition." –Single mother and head of household in Villa El Salvador (A 389)

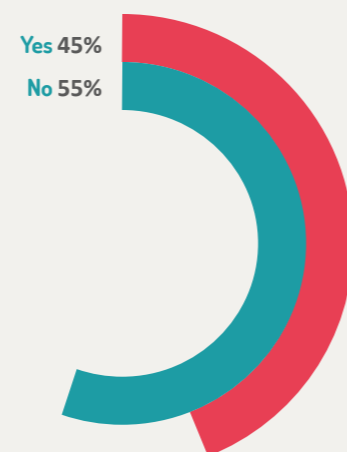
Do you know of any community members at risk of, or suffering from, visible malnutrition?

A total of 198 key informants said they knew of persons at risk of, or suffering from, visible malnutrition. Among those KIs who knew of cases, the vulnerable groups most exposed to cases of malnutrition are children (76 per cent), the elderly (41 per cent), pregnant and breastfeeding women (38 per cent), homeless persons (27 per cent), and adolescents (23 per cent). Sadly, more than one third of these groups (36 per cent) are not receiving treatment from a doctor, nutrition expert, or other health professional. Additionally, only 16 per cent of KIs representing groups in vulnerable situations (children and



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Do you know of cases at risk of malnutrition or with visible malnutrition (% de IC)



adolescents, pregnant and breastfeeding women, and single parent heads of household) know of families with access to vitamin and/or mineral supplements.

As part of the diet consumed at home, according to the KIs, the majority of people eat foods from the grains group (88 per cent), followed by legumes (85 per cent) eggs (75 per cent), and vegetables (66 per cent). Only 54 per cent of households consume animal proteins. Notably, over half of the KIs include local foods with high nutritional values in their diet, such as quinoa, kiwicha, and tarwi. According to the qualitative data, KIs are currently prevented from achieving an adequate diet due to rising prices. Cases were mentioned in which breastfeeding women were given limited time to breastfeed due to the informal nature of their employment.

Shelter

Shelter and stable housing needs continue to be one of the main worries among families. According to 60 per cent of Type A and B key informants, changes in living quarters within the last six months have been a very frequent/frequent problem for refugee and migrant families. This situation does not appear to be improving much; when the same KIs were asked about what they expect the situation to be like in the coming months, just 43 per cent said that community members will have access to shelter/stable housing.

A lack of resources due to limited job opportunities continues to be the main challenge to accessing stable housing (76 per cent). Due to the pandemic and the economic difficulties it created, many previously independent families were forced to move in with relatives and/or friends to join efforts and split expenses. In contrast to the previous year, families are facing greater difficulties in renting spaces due to the number of people in their household and the fact that they have children, making this the second most frequently mentioned challenge (41 per cent). Discrimination and xenophobia from neighbors (40 per cent) and the need to move for job reasons (38 per cent) are also significant challenges in accessing stable housing.

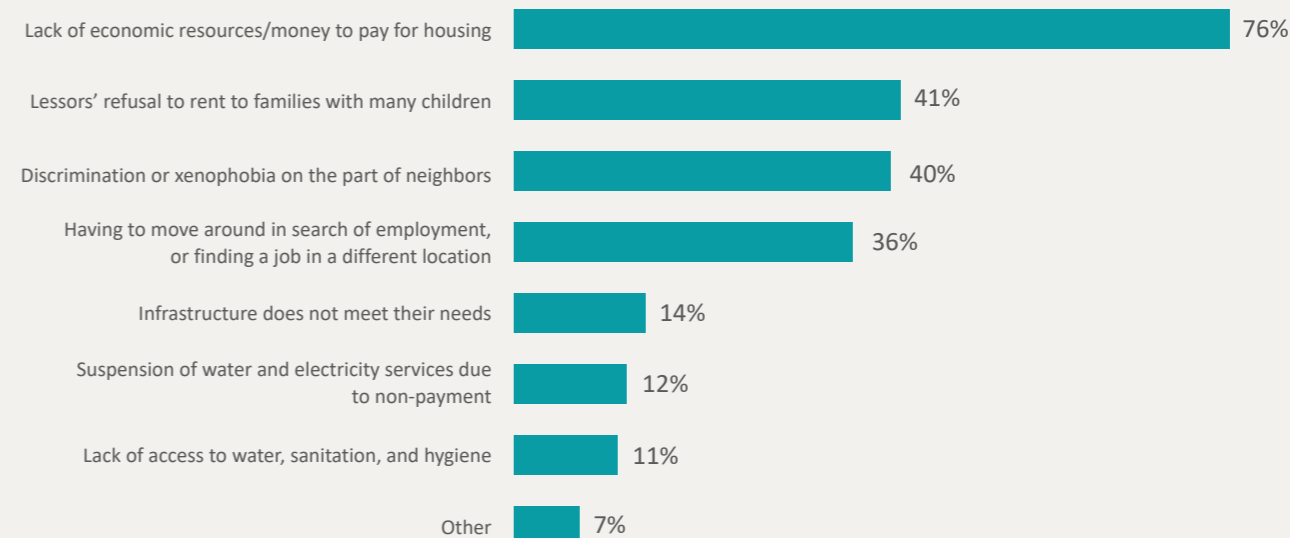
Temporary collective shelters offer a solution for a significant number of Venezuelan refugees and migrants in Peru. For this reason, the Joint Strategic Needs Assessment (JSNA) also included the participation of 20 key informants who manage these shelters. The results show that the shelter supply meets appropriate targeting criteria, with the majority of them housing



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families. However, there are also services aimed specifically at women responsible for caring for children and/or adolescents, and a few for single individuals (generally located on the routes most used by in-transit persons). Upon asking the KIs, only 25 per cent said the shelters have the necessary infrastructure to meet the special needs inherent to mobility, even though 55 per cent said their facilities do in fact house people who have such needs. Additionally, of the 60 per cent who said they lack the required infrastructure, 40 per cent were the same KIs who provide shelter to persons with special mobility needs.

What are the main problems you and your community face in gaining access to stable housing?





Food Security

"We use half our monthly income for rent, and the other half for food. Sometimes, we only have enough for rice and pasta, and there isn't even anything left over for salads, even though vegetables are cheap." —Mother from Villa El Salvador (A 311)

"We don't have enough resources to eat three times a day. Right now, we're eating one serving or a serving and a half, and a little bit at night. Before, that might have been the case sometimes, but it got worse after the pandemic. We're suffering aftereffects on our health (due to COVID-19)." —Woman with disability from Lurigancho (A 400)

"Food and essential items have become more expensive." —Pregnant woman from Piura (A 297)

"The high cost of a balanced diet compared to what people make each day. Prices have gone up for everything, but the pay has stayed the same." —Single mother and head of household in Tambopata, Madre de Dios (A 442)

The COVID-19 pandemic affected the food security of the refugee and migrant population, and the outlook in the medium term is not viewed positively.

At the **HOUSEHOLD** level, **CHILDREN AND ADOLESCENTS** face other dangers.



A total of **253 KIs** said their **FAMILY'S/ COMMUNITY'S DIET IS NOT CURRENTLY ADEQUATE/BALANCED.**

Forty-five per cent of Type A and B KIs feel the food situation in their households got worse during the first half of 2022. This situation seems to have little prospect of improving, with 43 per cent of KIs predicting things will get worse in the next six months.



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In the **LAST THREE MONTHS**, to cover basic needs:

63% > of **TYPE A and B KIS** had to **SPEND THEIR SAVINGS OR GO INTO DEBT**

48% > **REDUCED** the number of **MEALS PER DAY**

36% > while **OTHERS** had to **REDUCE ESSENTIAL SPENDING** on **HEALTH and EDUCATION**

36% > or **sell HOUSEHOLD ITEMS**

23% > were forced to **beg**

17% > accepted **ILLEGAL/socially DENIGRATING JOBS.**

In response to this situation, nearly 80 per cent of KIs said Venezuelans have received food assistance from some type of institution in the last year. Such assistance primarily came from NGOs (63 per cent), followed by free food baskets and kits (39 per cent). Social programmes were often mentioned, including Qali Warma (33 per cent) and Vaso de Leche (6 per cent). It is also worth noting the use of soup kitchens (26 per cent) and potlucks (10 per cent), which 75 per cent of KIs considered to be viable/desirable options in the Venezuelan community to address access to food.



Water, Sanitation, and Hygiene

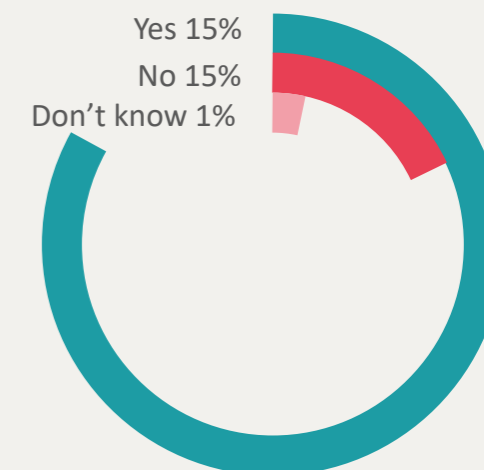
"I have to wait until early in the morning to get water from the pump I was given by the woman whom I rent from." —Single mother and head of household in Tumbes (A 18)

"We can't drink water straight from the tap because we'll get sick. During times when we have had no water (we've even gone three days at a time without any access), our kidneys start to hurt." —Woman with disability from Lurigancho (A 400)

"Lack of regular access to water has meant that sometimes, when the drums are empty, we don't have any reserve to drink, cook, clean, or bathe." —Woman in irregular situation in Piura (A 22)

"The building where I stay was built for religious purposes, so it wasn't originally set up to be a shelter. The lack of bathrooms is a latent limitation." —Man in charge of collective shelter in downtown Lima (C 71)

Regular Water Service (24 hours/day)
(% of Type A KIs)



Seventy-four per cent of key informants said they have to store water to make sure they have enough to drink and use at the frequency and in the quantities needed. The fact that they do not have stable and continuous access to water means they must use drums, buckets, recipients, and the like as a strategy for solving this problem. Among the consequences of this irregular access to water, 31 per cent of those surveyed said they have noticed a negative impact on daily activities such as cooking, cleaning, or drinking; 28 per cent said their hygiene has suffered; 19 per cent associated this issue with illnesses and health problems; and 12 per cent said it has affected the household economy.



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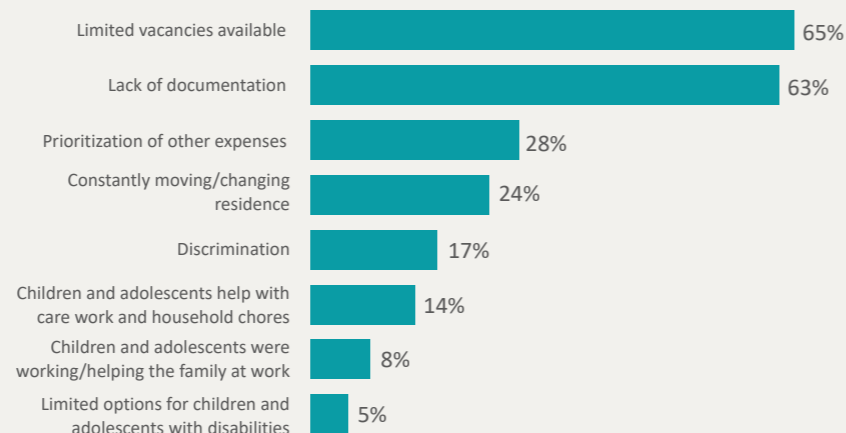
Education

“Sometimes kids have to stop going to school so they can help with household chores. They are also frequently used to work in public.”
—Community leader and mother in Cusco (B 48)

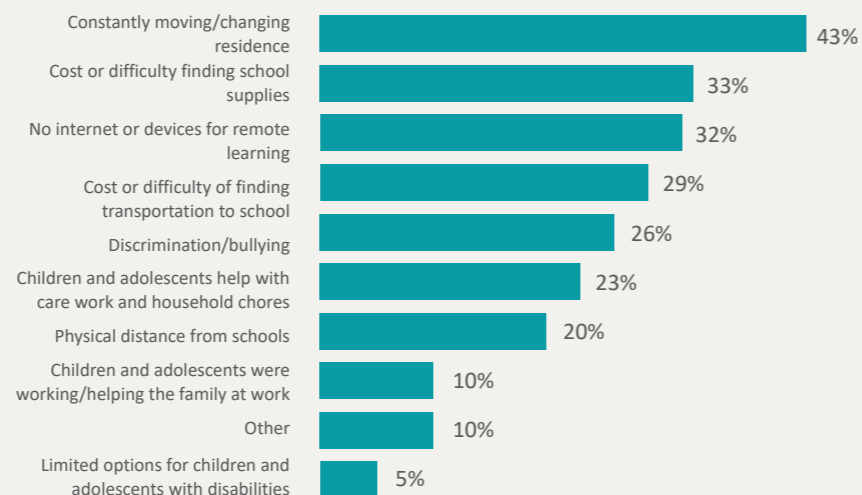
“One of the main challenges of the return to in-person learning is getting to school. In a lot of cases, they got a spot at schools that are far away from them, but since classes were online at the time, that wasn't an issue. When in-person classes started again, this has presented difficulties for them.”
—Pregnant woman and mother from Los Olivos (A 38)

“There was a pregnant adolescent at school, and they allowed her to keep going up to her third month of pregnancy. But since you could see her stomach growing, her mom took her out of school to avoid bullying.”
—Mother from La Victoria (A 380)

Barriers to Accessing (Enrollment In) Education Services



Barriers to Permanence (Class Attendance) in Education Services



What are the main barriers faced by children and adolescents in accessing (enrollment in) education services?

Among the main BARRIERS to CHILDREN'S AND ADOLESCENTS' ENROLLMENT are

65% > the LIMITED number of available VACANCIES

63% > and lack of DOCUMENTATION

The THIRD barrier identified involves the

28% > PRIORITIZATION of other expenses

24% > followed by constant CHANGES of RESIDENCE

Unlike the previous year, the return to in-person classes means that the technological gap is no longer a barrier to accessing education. However, the strain on education services' capacity and the lack of available vacancies affects enrollment. In

qualitative terms, KIs said that **the problem is often not enrollment but permanence in the classroom**. During the pandemic, online education allowed many children and adolescents to access education services no matter where



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the school was located. The end of remote learning and the return to the classroom has affected the rate of permanence among those children and adolescents who were enrolled in schools far away from where they live. **The main barriers affecting children's and adolescents' permanence in schools** are constant changes in residence (43 per cent), followed by the inability to pay for school supplies (33 per cent), the technological gap during remote education (32 per cent), and difficulties in transportation to school (29 per cent).

The return to in-person education presents a number of challenges, both for children and adolescents and for their families themselves. According to 34 per cent of the JSNA's key informants, the adaptation of the teachers and students to this new type of education, in terms of curriculum and attitude, is one of the main challenges; 29 per cent mentioned the economic impact of buying supplies, transportation tickets, and uniforms; while 18 per cent said biosafety and the fear of getting sick were major concerns. The return to school has meant that some Venezuelan students who were admitted to schools far from where they live during the pandemic now need transportation to go to class. For this reason, 13 per cent of the key informants named transportation and the consequent expenses were a serious problem, along with the lack of vacancies available at schools closer to their homes (10 per cent). Concern over bullying and discrimination remains an issue for 13 per cent of those surveyed.

In addition to these general challenges, there are certain groups of children and adolescents with special circumstances that constitute an additional barrier. These include persons with disabilities and pregnant girls and adolescents. For youth with disabilities, 68 per cent of the KIs pointed to problems with the education institution itself (lack of available vacancies, inadequate infrastructure, and/or lack of training

among teachers), 23 per cent mentioned a lack of migratory documentation and/or proof of disability; 18 per cent once again mentioned discrimination and bullying as serious problems; 15 per cent indicated a lack of economic resources (transportation, school supplies, and medical care); and 11 per cent said there was a lack of information. In terms of pregnancies, of the 43 KIs who said they knew of cases of pregnant adolescents who had been taken out of school or dropped out due to their pregnancy, 51 per cent said no action was taken regarding the matter, while 35 per cent said the education institutions offered facilities for students to continue with or resume their studies, and 23 per cent said these young women received psychological care and/or emotional support.

In the past year, do you know of any cases of violence towards Venezuelan children or adolescents at the school where they study?

A total of 139 KIs said they knew of a case of violence towards Venezuelans children or adolescents in the past year. Of these, 19 per cent said no action was taken and 11 per cent said families decided to change schools. On the other hand, 48 per cent said they appealed to the school to handle the incident, 18 per cent said a complaint or report was filed with the relevant authorities, 11 per cent said the families received guidance on how to handle the situation, and 9 per cent said the victims received psychological support.



Decent Work and livelihoods

“There are people who are harassed at work. The worst part is they don't report it. There isn't enough information on what to do in these cases.”
—Woman community leader from Tumbes (B 174)

“My 16-year-old son did some construction work. At the end of the day, after he had done all the work, he was only given 10 soles because he was a minor. They told him to go home because they couldn't hire minors. Others are paid less because they're minors, but they do the same work as the adults.”
—Mother with disability in Lurigancho (A 400)

“A lot of unemployed people or people who don't have their own income go out begging with their children, or they resort to survival sex, mainly single mothers and people from the LGTBIQ+ community.”
—Woman community leader from Surquillo, Lima (B 173)

Eighty-six percent of KIs said the main reason the Venezuelan refugee and migrant population comes to Peru is to gain access to work and income opportunities. However, things turn out differently than they were expecting. There are high levels of informal employment, wages are low, and working conditions are not beneficial to the wellbeing of families from the Venezuelan community. Among the unmet needs mentioned by the KIs are health (61 per cent), food (57 per cent), and housing (54 per cent). In other words, over half of the KIs feel that Venezuelan households' income levels are insufficient to meet one or more of these three basic needs.

What do you believe are the main barriers to improving access to jobs?

According to the KIs, the main barrier to improving access to livelihoods is **related to documentation/regularization** (73 per cent). The second and third barriers identified are the **low wages** (50 per cent) and **lack of job opportunities** (41 per cent) offered in the market. The further barrier is **discrimination** (35 per cent). Additionally, **difficulty validating** degrees/certificates and refusal to accept available documents (such as work permits) were mentioned as significant barriers (29 per cent each). The ranking of these choices was the same as when asked about barriers to improving their working conditions.

Sadly, many KIs mentioned **scams, fake job offers, pay for less than minimum wage, and labor exploitation**. Sixty-three per cent of key informants said they knew of Venezuelans who had been deceived at work. In this case, testimonies mainly involve false promises regarding wages, contracts, and working conditions that were initially agreed to. Also worrisome is the **frequency of hostility and sexual harassment in the workplace**. Of all the key informants, 37 per cent said they knew of members of the Venezuelan community who had suffered harassment at their workplace. Sexual harassment toward women is without a doubt the most common issue, although there are also many cases of discrimination, abuse of authority, other types of harassment, and even physical abuse.

The KIs said that those in the most vulnerable situations—i.e., the unemployed or those who do not have their own source of income—have resorted to **many and varied survival strategies**. Among these, our key informants mentioned informal jobs (62 per cent), begging (32 per cent), help from a support network and/or a range of different entities (23 per cent), starting their own business (5 per cent), and survival sex (3 per cent). In the case of begging, 46 per cent of the key informants who participated in this JSNA said they knew of cases in the Venezuelan community in which children and/or adolescents were used to beg for money.

How frequently do individuals start their own businesses?

Starting one's own business is a way of getting ahead when faced with limited job opportunities. According to 63 per cent



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of Type A and B KIs, starting businesses is a frequent and/or very frequent strategy in refugee and migrant families. The most frequent types of business fall into the category of food preparation and sale, whether in formal businesses such as cake shops, confectioneries, or bakeries, or informal street vending of food and beverages. Beauty businesses (makeup, nails, eyelashes, etc.) and the aesthetics sector in general are next on the list, followed by delivery and taxi services, which account for a marginal percentage.

When asked about the main barriers faced by people starting their own businesses, economic problems (lack of seed capital, inflation, etc.) ranked first, mentioned by 65 per cent of key informants, followed by informality (lack of documentation, difficulty in meeting the necessary legal requirements for the business, and obtaining municipal permits), with 30 per cent; lack of training, with 11 per cent; and finally, the lack of a place to set up (5 per cent), xenophobia (4 per cent), and problems with the police or municipal security personnel (3 per cent).

What priority services are required by members of the Venezuelan community to be able to start their own business?

Among the top priorities, Type A and B KIs mentioned access to seed capital (65 per cent), financial education services (53 per cent), and access to microcredit (53 per cent). Less frequently mentioned options included business management training (29 per cent) and technical assistance to strengthen their business (25 per cent), as well as topics such as professional coaching, advice on biosafety, and others.

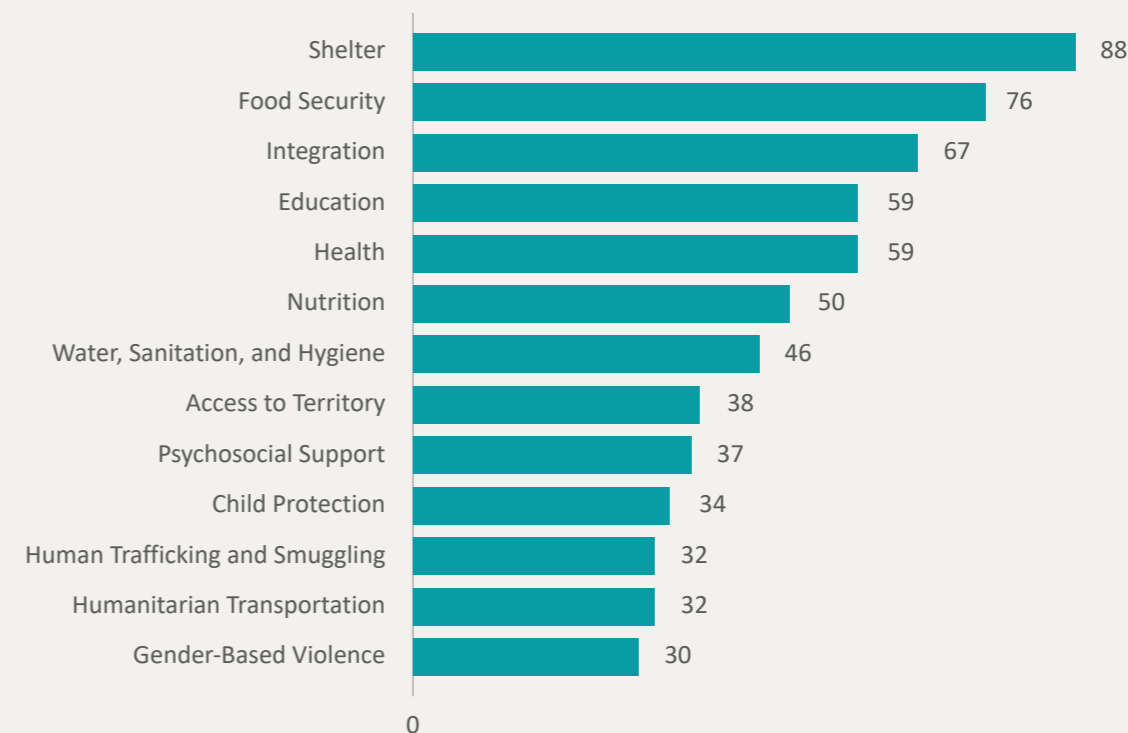
COMMUNITY CONSULTATION

Background

Between 2021 and 2022, various Venezuelan grassroots organizations have joined the GTRM. These organizations play an important role in making refugees' and migrants' voices heard in the different exercises that provide input for the Joint Needs Assessment and the Response Plan (RMRP). Community consultation was created to expand the space for refugees and migrants to participate and give their opinion on the GTRM's planning. Through the **microsite created for this community consultation**, the objective of the exercise was explained with the help of the illustrations contained in this document to share needs and priority solutions for the refugee and migrant population according to the JSNA exercises and confirm that they are aligned with those of the general Venezuelan community, who have not directly participated in the process. A Facebook live event was organized, where

each sector's problems and solutions were explained. This event was replicated by 11 partners' platforms, with over 8,000 people participating. The event was recorded and made available on the microsite. Materials were also prepared so partners could perform in-person consultations. The microsite presented the three main problems (and corresponding needs) identified in each sector and subsector (in the case of Protection), along with the solutions proposed by the RMRP. In the survey, participants were asked if they agreed with these problems and solutions. Responses were given on a scale of 1 to 5, where 1 indicated complete disagreement and 5 meant complete agreement. Survey respondents were also given a chance to share their opinion on any other problems and solutions identified in addition to those presented, or how those problems had affected their lives.

Responses by Sector



Results Assessment

A total of **300 Venezuelan refugees and migrants** responded to the survey in this community consultation for the nine response sectors. Each category received between 30 and 88 responses. One issue highlighted by various sectors was the **lack of awareness** of the services offered by GTRM partners and the **difficulty in accessing information**, which was also one of the priority cross-cutting needs identified during the Joint Assessment. The fact that the shelter, food security, and integration sectors received more responses shows the high priority placed on these issues by the refugee and migrant population in terms of identifying problems and developing solutions.

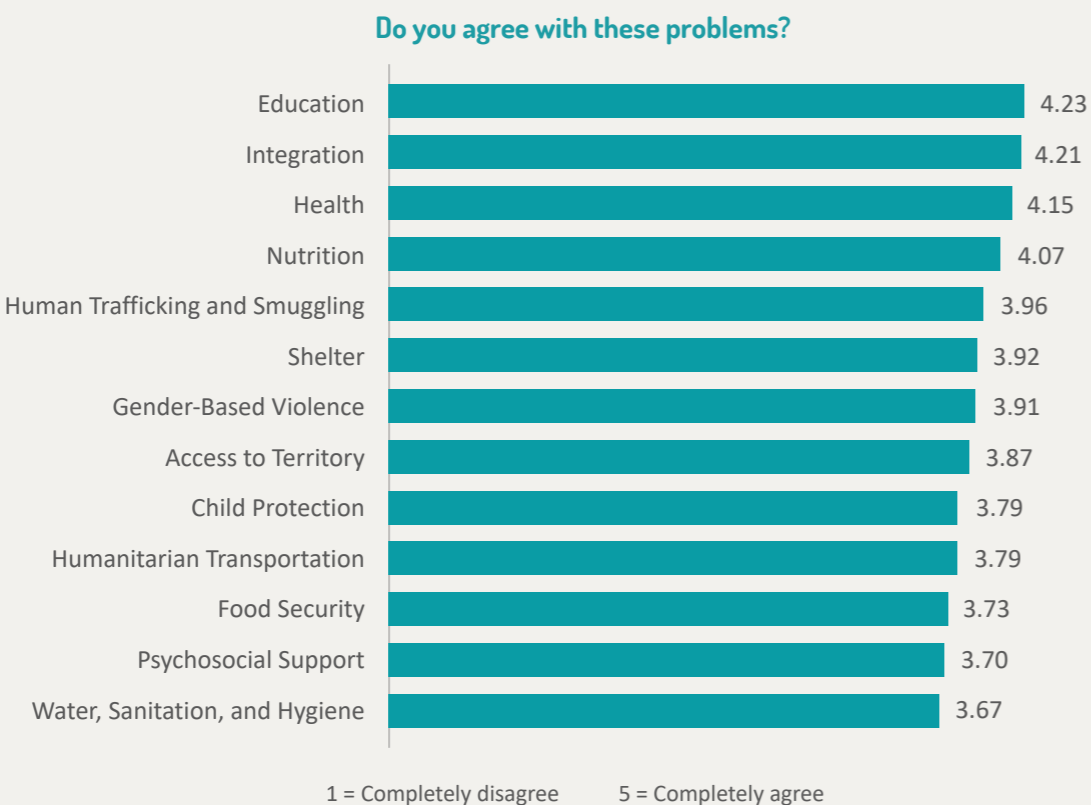
Figure 1 shows the extent to which respondents agreed with the problems identified in each sector, with the highest score being 5 for complete agreement. The problems identified in the Water, Sanitation, and Hygiene sector received the least support, while Education was the sector with which survey respondents most agreed with. The mean agreement in all of the categories was **3.92**. However, for the Water, Sanitation, and Hygiene sector, some participants stated that, at times, they have to help pick up waste themselves, given the lack of services. In other words, their comments suggest that the issue is not so much that they do not agree with the problems identified, but that they cause a

great deal of annoyance. They also stated that the spaces they rent are sometimes inadequate, and they live without access to services while paying high prices. These respondents felt that the joint needs assessment should give greater priority to resolving these issues, which are in fact part of the objectives to be constructed by the RMRP.

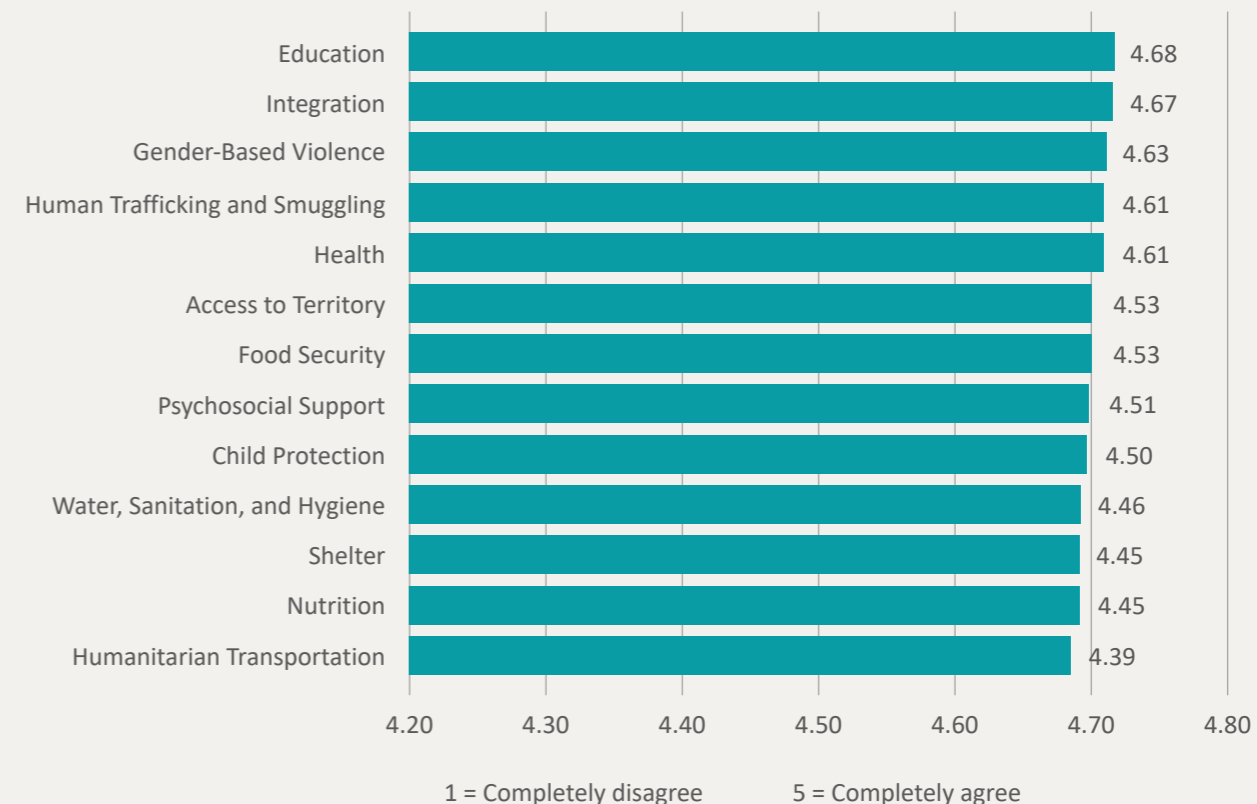
As for Food Security, a sector that also received relatively little support, the comments of many of the survey respondents once again expressed little disagreement with the problems and solutions identified; rather, they stressed that there should be no limit on the amount of food to which their communities have access, and that food security should be a right for all.

Regarding the solutions proposed in Figure 2, survey respondents were most in agreement with those proposed in the Education sector and least in agreement with the solutions for the humanitarian transportation sector. The mean support for the proposed solutions was equal to 4.54.

The results of the community consultation demonstrate that the majority of those surveyed agree with the problems identified in the exercises organized by the GTRM in each sector. Support for the proposed solutions was even higher and has been used as the basis for the Peru chapter of the RMRP.



Do you agree with these solutions?



Open-Ended Questions

Several of the proposals received in response to open-ended questions were already included in the needs/problems and solutions, which helped to confirm the work done with the key informants, as well. Additionally, the open-ended questions helped to better understand which issues were especially important to Venezuelan refugees and migrants from different backgrounds, depending on what they were experiencing, and to identify possible gaps in the needs analysis.

Regarding the issue of shelter, some participants stated that they did not know of the existence of any refuges or shelters. In addition to the surveys, a live broadcast was organized on social media that reached around 8,000 people. In the comments section of this broadcast, participants also mentioned that some of the people who were arriving had no home, no resources, or were new to the country and the commenters were unsure what to tell them about where to look for shelter. People associate this with a lack of access to information. The issue of collective temporary shelter management and the limited capacity to admit and care for people, especially given that the Shelter sector was among the most underfunded

in 2021, makes it difficult to socialize information on where to find these spaces. Because they cannot take in everyone who needs this assistance, cases must be managed using a rigorous process. However, the results of this consultation also show the need for more work with the communities to find a way to channel the necessary information, thus enabling them to direct persons in need to the actors that can help them via case management.

In the feedback on the Nutrition sector, various people commented on the identified problem of lack of access to available information on food and health programmes and education, stating that part of the problem is often that the information is not sufficiently publicized, and that access was not straightforward at times. Some of those surveyed also mentioned they had experienced problems after entering Peru due to the lack of clear and complete information on processes related to regularization and documentation. These examples confirm the findings of the JSNA regarding the need for clear, up-to-date, and easy-to-understand information, especially to revamp and strengthen strategies for communicating with the communities.

Another issue that was often mentioned in several categories was the limited access to basic services and a lack of capacity at temporary shelters, as well as the lack of will on the government's part in assisting migrants and refugees in their search for shelter.

"It is difficult to find dignified housing."

This search is made even more difficult by limited access to financial entities. In terms of health, some people said they had been refused care or access to hospitals because they did not have insurance. Others complained about the limited help with food security.

Finally, many of the participants said they had experienced problems because of the complexity of official processes. While some said access to residence documents should be easier, others suggested that more flexibility is needed with regard to children's identity documents for access to territory. Lastly, there were also complaints about obstacles to accessing the job market.

Among the solutions proposed by those surveyed in the community consultation, particular note should be made of requests for greater participation on the part of the refugee and migrant population in meetings to promote access to dignified housing, as well as campaigns to continue providing help to those who need it. Regarding psychosocial support, one person proposed providing access to information on possible centers where they could find such services.

The Role of Digital Technologies

"Generally speaking, there is information out there, it just isn't publicized enough and sometimes it's not easy getting access to it." —Survey respondent's answer to the community consultation

One problem that was frequently mentioned by the Venezuelan refugee and migrant population was the lack of awareness of government services and the support offered through the GTRM's response. In this regard, access to the internet plays a crucial role in obtaining important information on how to access services and exercise rights. Digital literacy skills are also important in knowing how to properly search for information and use online services. Nevertheless, the National Survey of the Venezuelan Population (ENPOVE II) revealed that

just 63.5 per cent of survey respondents have regular access to the internet (Question: Does anyone in the household have a smartphone with an internet plan or wire or wireless internet service?). This makes the participation of those without continuous access of even greater interest.

Lack of internet access thus imposes additional challenges for the Venezuelan refugee and migrant population that affect all other sectors:

EDUCATION: The 2022 JSNA noted that a high percentage of Venezuelan students in Peru faced challenges in access to online education during the COVID-19 pandemic due to the digital gap. Now, after returning to in-person learning after the pandemic, there are obvious knowledge gaps due to that lack of access to remote education.

INTEGRATION: Since mid-2022, the Peruvian Digital Immigration Agency has offered online services for people interested in doing the paperwork necessary to get a Temporary Residence Permit (CPP). Due to the public health emergency, all procedures must be performed through the online platforms of the Superintendence of Migration and the Ministry of Foreign Affairs.

NUTRITION AND HEALTH: One of the problems identified by the JSNA was the fact that the Venezuelan refugee and migrant population frequently does not know how to access information on the nutrition programmes and health services available to them. Most of this information can be found online.

Digital gap:

It should be noted that the Live event for the community consultation was held online. Accordingly, the sample of people surveyed is biased because only digitally literate individuals were interviewed. Therefore, it should be assumed that the situation of the population as a whole is even worse in terms of access to information.

However, the most vulnerable groups, such as the elderly, persons with disabilities, and other marginalized groups, often have neither internet access nor digital literacy. This digital gap will make these vulnerable groups' integration even more difficult. Thus, one of the key challenges for the next period will be to address this digital gap and ensure the creation of digital tools that can aid in successful integration rather than expanding the gap among the population.



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ANNEX 1: List of partner publications used

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ANNEX 1: List of partner publications used

- IOM (December 2021) Flow Monitoring Registry PUNO - ROUND 4.
- IOM (February 2022) Flow Monitoring Registry PUNO - ROUND 5/6
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- IOM (February 2022) Flow Monitoring Registry TACNA - ROUND 2.
- IOM (March 2022) Flow Monitoring Registry TACNA - ROUND 3/7.
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ANNEX 2: Population Projections for 2023 and 2024

The projections on refugee and migrant population in Peru by end of year 2023 and 2024 is a key component for the RMRP 2023-2024 preparation. These projections are the basis for the estimation of People in Need:

PROJECTIONS OF REFUGEES AND MIGRANTS (R&M) IN DESTINATION	
December 2022	December 2023
1,529,000	1,622,000
Flow Projection (totals)	Flow Projection (totals)

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 2023-2024 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 years 2023 and 2024. 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.

SECTOR	POPULATION IN NEED BY GROUP				PIN BY SEX AND AGE				
	Total	R&M in destination	R&M in Transit	Host Community	Girls	Boys	Women	Men	Total
Water, Sanitation, and Hygiene	802,480	348,673	177,140	276,667	125,677	130,470	278,095	268,238	802,480
Shelter	1,161,833	585,440	154,744	421,649	181,718	188,415	403,767	387,933	1,161,833
Education	910,710	846,172	-	64,538	200,583	212,659	241,153	256,315	910,710
Integration	1,186,689	784,916	-	502,733	200,993	208,011	449,421	429,224	1,287,649
Nutrition	450,224	75,601	9,493	71,698	66,802	40,231	49,539	219	156,792
Protection (General)	622,980	989,253	89,588	107,848	185,408	196,380	413,976	390,924	1,186,689
Protection (Children)	751,251	291,912	44,794	113,518	174,684	184,662	45,038	45,840	450,224
Protection (Trafficking and Smuggling)	1,303,147	342,184	36,651	244,145	97,328	100,706	217,004	207,942	622,980
Protection (GBV)	1,161,833	509,221	89,589	152,441	172,679	45,724	493,433	39,414	751,251
Health	1,161,833	833,574	18,733	450,840	203,450	211,288	454,746	433,664	1,303,147
Food Security	2,055,383	924,383	177,140	827,077	301,466	310,991	670,874	645,269	1,928,600
Humanitarian Transportation	802,480	133,795	59,047	-	30,235	32,226	66,794	63,587	192,842
INTERSECTOR	1,161,833	1,051,166	177,140	827,077	341,545	353,745	693,577	666,516	2,055,383

ANNEX 4: The GTRM and its 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.

Working Group for Refugees and Migrants (GTRM)					
UNHCR			IOM		
WORKING SUB-GROUPS					TECHNICAL SUB-GROUPS
PROTECTION	HEALTH & NUTRITION	BASIC NEEDS	EDUCATION	INTEGRATION	INFORMATION MANAGEMENT
UNHCR & PLAN	PAHO/WHO & UNICEF & MINISTRY OF HEALTH	UNHCR & IOM	MINISTRY OF EDUCATION & UNICEF	UNDP & ILO	UNHCR & IOM
Access to territory, registration & documentation	Health	Shelter/ CCCM	Basic education	Livelihoods & decent work	COMMUNICATION
Child protection	Nutrition	Food Security	Higher education*	Cultural Inclusion & Social cohesion	UNHCR & IOM
Gender-based violence (GBV)		Water, Sanitation & Hygiene (WASH)	*Validation /homologation of diplomas: coordinated by the Integration sub-group		CBI
Trafficking & smuggling		Humanitarian transport			UNHCR & WFP



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