



**MULTISECTORAL STUDY OF
VENEZUELAN REFUGEES AND
MIGRANTS LIVING IN
METROPOLITAN LIMA, PERU
(SUMMARY)**

2020

MULTISECTORAL STUDY OF REFUGEES AND MIGRANTS FROM VENEZUELA LIVING IN METROPOLITAN LIMA, PERU.

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I. GENERAL CONTEXT

The mobilization of Venezuelan people to Peru has been increasing in recent years, and by December 2019, according to the National Superintendence of Migrations, more than 862 million Venezuelans resided in Peru. For these people, integrating into Peruvian society constitutes a challenge to exercise their fundamental rights; this challenge is shared by the state and by technical cooperation, which seeks to provide viable alternatives for this population that generate a process of real inclusion. In this sense, the purpose of this document is to contribute to the knowledge, analysis, and debate between partners, cooperation institutions, and the state to achieve an appropriate inclusion of the Venezuelan migrant and refugee population in Peru.

II. TECHNICAL AND METHODOLOGICAL ASPECTS OF THE STUDY

Acción contra el Hambre is an international, neutral and independent humanitarian organization that fights malnutrition while guaranteeing water and secure livelihoods for the most vulnerable populations. Since January of 2019, Acción contra el Hambre has been executing the “UNIDOS Program – Emergency response to the migrant and refugee population in Lima”.

II.1. Objectives of the Multisectoral Study

General

Know the socioeconomic situation of refugees and migrants from Venezuela and potential beneficiaries of the UNIDOS program that allow designing and executing more effective and timely interventions.

Specifics

- a. Identify the familiar composition and characteristics of the place of residence of Venezuelan migrants and refugees.
- b. Analyze the access of children from migrant families to educational services, as well as the problems of xenophobia presented at school.
- c. Characterize the economic profile of a migrant Venezuelan family, as well as identify the main obstacles encountered in the Peruvian labor market.
- d. Calculate indicators of food security and identify child feeding practices in migrant families.
- e. Identify the health and mental health profile, as well as the access to health services of Venezuelan migrant families.
- f. Examine the level of knowledge, participation, and perception of migrant families towards Venezuelan organizations in Peru.

II.2 Target Population

The population of the multisectoral study consisted of Venezuelan refugees and migrants residing in the 7 UNIDOS Program districts of Metropolitan Lima: Magdalena del Mar, San Juan de

Miraflores, San Martín de Porres, Independencia, Comas, Puente Piedra and San Juan de Lurigancho, potential beneficiaries of the program.

II.3 Study Design

Design

A cross-sectional descriptive study. The multisectoral survey was designed and developed by the technical team of Acción contra el Hambre, for the field validation and application, Peruvian and Venezuelan professionals participated, as well as senior students from Universidad Peruana Cayetano Heredia.

Analysis Unit

The study had parents of children under 17 years of age as the unit of analysis. For the primary sampling units, the inclusion criteria were:

- Belong to families of Venezuelan refugees or migrants
- Have lived for at least 15 days in Peru and have migrated as a result of the social and political situation in Venezuela
- Have at least one child under the age of 18 living in Peru
- Reside in one of the 7 districts of Metropolitan Lima where the UNIDOS Program is executed
- Live in a family group

Registry

Acción contra el Hambre applied the survey from the 16th of August to the 5th of September in 2019.

III. MAIN RESULTS

General Characteristics

- The Multisectoral Study (MS) and the “survey directed at the Venezuelan population that resides in the country” ENPOVE 2018 elaborated by INEI, shows a major proportion of adults between 25 and 40 years in relation to the other survey respondents. However, in the MS, more than a fifth (22%) of household members were five years old or less, contrasting the survey ENPOVE (6%). In addition, close to half (45%) of the population of the study are minors, highlighting this group as the vulnerable population for the development of local and specific plans, programs, or interventions.
- The majority (88%) of the survey respondents have a secondary level of education or above, and more so, are mostly (73%) women.
- In the people who are of legal age, the principal documents were the identity document (37%) and the Temporary Residency Permit - TRP (34%), followed by a passport without a visa (21%); only 7% of those of legal age have the Foreign ID Card or the request of this.

In the case of minors, the principal document was the birth certificate (48%), followed by the TRP (16%), identity document and passport without a visa (13%, respectively).

- It was reported that 6.4% of the population of the Multisectoral Study currently has some disability, without the proper data it is hard to know if this disability is temporary or permanent.

Living and Basic Services

- The majority of respondents reported residing in a room (63%), followed by apartments (22%), in the small proportion refuges or shelters (7%), homes (4%), hostels or lodging (4%), and, finally, in the street/homeless (1%).
- There is no gap of access to basic services (ex. water and sewage, electric energy), ensuring a minimum standard of quality of life of the Venezuelan refugee and migrant population.
- It is estimated that the majority (68%) of the refugees that live in houses, apartments, bedrooms, or hotels/accommodations live crowded, a factor related to a greater risk of suffering from diseases, especially in the context of a pandemic. Overcrowding was the most in families that reside in San Martín de Porres (29%) and San Juan de Miraflores.

Education

- Education is an indispensable tool to protect the freedom and dignity of all refugees and migrants. However, close to half (47%) of households with schoolchildren do not receive this service, mainly by problems with the transmission, followed by the lack of economic resources, that ends the involvement of youth in economic activities. The other half, if they attend school, are mainly (80%) in the public system.
- A quarter of youth that attend school report to have experienced some type of rejection in their education centers, from diverse people, such as peers, parents, and professors, Apparently the school rejection or bullying (school harassment) does not appear to influence the school absenteeism because less than 5% of families with school-age children who suffered rejection or bullying did not attend school.
- Over time, the profile of the level of education of Venezuelan refugees and migrants has changed, followed by a higher proportion of the respondents with only primary education in 2019 compared to previous years.

Economy

- During the past month, prior to the survey, the average family income was S/ 1,115 soles, being mainly in families where the respondent has an alien identity card or has requested this, compared to other types of documentation, and in the families that reported before their arrival to Peru.
- On average, 1.5 household members carried out economic activities to contribute money to their family, with the women earning - on average - slightly more than men. Of the total respondents who indicated that they have a bank account (n=107), the majority were women (73%). However, to analyze the tendency of the bank account by sex, it is said, in the entire "universe" of people surveyed (n~391), no differences were observed between women and men, being in both cases 27%.
- More than a third (40%) of family incomes are used for food (an average of S/ 435 soles).

- Close to half (40%) of Venezuelan refugees and migrants in the population of the study have opted to sell in the street as a primary (39%) and secondary (47%) source of income, possibly as they do not require documentation to engage and to be exempt from taxation.
- The main barrier identified for obtaining a job was to not have the necessary documents.

Health

- The diseases that most affect children under five and women were the flu, allergies, and diarrhea, and may be an indicator of the living conditions (ex. hygiene) of the families.
- 60% of the respondents reported staying in their homes and self-medicating when they or other members of their family became sick. Despite not having more information, this observation possibly is related to the lack of economic resources and/or documentation to access health services, as well as differences in the culture of the healthy population, and also subject to the proper characteristics of the disease (duration, severity).
- The surveyed population indicated using health-care services (in general), with greater frequency, followed by vaccination services, growth and development (CRED), prenatal/postnatal attention, nutritional service, health campaigns, and mental health service.
- Less than half (42%) of the respondents reported using a contraception method, condoms, and intrauterine implants being the most used. The knowledge about contraceptive methods contrasted with the large proportion of respondents who reported knowing about certain sexually transmitted diseases (STI), such as human immunodeficiency virus (HIV) and human papillomavirus (HPV) with >70%, respectively, and that contraceptive methods prevent STIs (74%). It highlights also the lack of knowledge that HPV can be prevented by a vaccine.
- The majority (97%) of respondents reported washing their hands at some point, primarily after going to the bathroom (83%), before eating (73%), and before preparing food (57%). However, this contrasts with hand washing after changing diapers (10%), coughing/sneezing/blowing your nose (4%), and before breastfeeding (3%), highlighting a significant behavioral risk of the spread of transmissible diseases.
- The greatest changes in behavior observed in the last month (65%) were reported in children and youth under the age of fifteen, without providing information about their directionality.
- Only 7% of the respondents reported having suffered abuse or violence in the home, the main perpetrator being the spouse, where less than 10% of the events were reported. However, since violence is a delicate subject, subject to stigma, the figured could be underreported.

Food Security and Nutrition

- Concerning the feeding of boys and girls between 6 to 23 months of age; 47% were able to access a minimum frequency of meals; 63% of food with dietary diversity; and 28% complied with a minimum acceptable diet (MAD).

- Obtaining food is one of the priorities of families surveyed, together with obtaining employment; the Survival index allows identifying that people carry out activities of all kinds, including begging or lending money, to get food.

Access to Programs

- There is a gap in the access of social programs among the refugee and migrant Venezuelan population, where the majority (81%) of people interviewed reported not having received any type of assistance or institutional help since they arrived in the country. The main assistance or help received was in matters of health, food, and accommodation, and to a lesser extent legal assistance.
- When asked, Venezuelan refugees and migrants in Peru responded that the main focus to improve their situation should be on employment, health, and legal assistance.
- The majority (63%) of boys and girls of Venezuelan refugee or migrant parents born in Peru were treated in hospitals of the Ministry of Health.
- Only 2% of the respondents indicated having participated in any program of job promotion.

Institutional Strengthening

- Only 15% of respondents indicated knowing a Venezuelan organization or group of help in Metropolitan Lima, being mostly of legal orientation, medical attention, or humanitarian help; of those less than a quarter (23%) reported having participated in some of their activities.
- Only a quarter of the respondent population indicated trusting Venezuelan organizations or groups that provide support to the Venezuelan refugee or migrant population in Peru.
- The desired priorities by Venezuelan refugees and migrants are centered, primarily, in support or training for obtaining employment (89%), attention to health (73%), and providing advice on immigration issues (52%), and to a lesser extent over food and housing issues (37%, respectively).
- Few people indicated having participated in local non-Venezuelan organizations, mainly soup kitchens or parent associations.

IV. CONCLUSIONS

- The population of the Multisectoral Study (MS) is characterized by being made up of almost half of the minor population, especially children under five years of age, and women with a secondary or higher level of education, which are both considered vulnerable groups. Refugee children face protection problems in addition to their physical and emotional development related to the causes and consequences of displacement, such as a lack of access to health and education, areas of play, food and nutrition security, among others. Through the MS, it has been observed that a considerable number of minors (children and adolescents) do not have access to education, mainly due to problems with procedures and bureaucracy and/or the lack of economic resources. Furthermore, almost

70% of families with children under the age of two (from 6 to 23 months of age) do not comply with a minimum acceptable diet (MAD); that is, they have not received an adequate dietary diversity and a minimum frequency of meals (MFM).

- Specific protection problems for women (overwork) may arise in the refugee and migrant population, which may be largely unknown to agencies looking to protect them. Although the majority of the people surveyed were women, which highlights their abilities and economic independence, this could also be related to a greater workload and family responsibilities. Likewise, regarding gender violence and discrimination, not listening to these issues (inside and outside the family context) does not mean that they are not happening. Although few cases of maltreatment and family violence were reported in the MS, mainly perpetrated by the spouse, the minority being reported or pressed charges, and considered a taboo subject/subject to stigma, it is probable that the real values of this indicator be higher, calling for a more in-depth and delicate evaluation to find out the real vulnerabilities of women.
- By the design of the MS, the Venezuelan refugee and migrant population of the Multisectoral Study is concentrated in the district of Northern Lima, and resides mostly in rooms/bedrooms or apartments, with access to basic services (water, plumbing, electricity) that ensure a minimum standard of quality of life. However, almost 70% live in overcrowded conditions, which is a factor associated with adverse physical health results, for example, facilitating the transmission of infectious diseases and the development of mental health issues. This risk, in addition, would be enhanced by the hygiene practices of the population, where few people reported washing their hands after performing key activities such as after changing diapers or sneezing, coughing, or blowing their noses, and before breastfeeding. For this reason, it is not surprising to note that the diseases that most affect children under five and women are infectious. Currently, overcrowding and hygiene practices of the migrant population of the MS are more important in the face of outbreak situations, such as the flu or coronavirus. Regarding mental health, it should be noted that, in the MS, the interviewees reported observing greater changes in behavior in the last month in children and youth under 15 years of age, without providing details about the type of change observed, which could be influenced/promoted by the overcrowded living situation. This highlights the need for more and better information to understand the mental health problems of the children and adolescent refugee and migrant population, to allow the formulation of specific interventions and/or strategies, as well as understand other vulnerable groups such as women.
- The priorities identified by the surveyed Venezuelan refugee and migrant families highlight a particular interest in issues of employment, health (including obtaining food, incurring in begging or loans to obtain them), and legal assistance, the latter being the least attended, as reported by respondents. The main interest of interviewees, specifically access to employment, could be better understood in the study population, considering that many of the respondents (with previous experience of employment or self-owned business in Venezuela) have chosen to carry out ambulatory sales as their primary or secondary economic activity. Regarding interest in health issues, it is necessary to highlight that the population of Venezuelan refugees and migrants has an important need to know about

contraceptive methods for family planning and prevention of sexually transmitted diseases since less than half of the respondents reporting using some contraceptive method and few indicated knowing that there is a vaccine against the Human Papillomavirus. Although respondents want to support organizations and institutions to focus on employment, health, and legal assistance, in general, few respondents were aware of the existence of support programs, few reported having participated in activities, and the majority indicated distrusting organizations that support the Venezuelan population. As described, civil society organizations and the state have the opportunity to improve the promotion of their support activities to focus on their social programs and interventions, addressing the desired priorities of the study population through participatory, community, and inclusive strategies.