



EXECUTIVE SUMMARY

MULTISECTORAL STUDY ON THE VENEZUELAN REFUGEE AND MIGRANT POPULATION LIVING IN METROPOLITAN LIMA, PERU - 2022



Funded by the European Union

This is a quantitative, descriptive and cross-sectional study. Its general objective is to better understand the socioeconomic situation of refugees and migrants from Venezuela residing in Metropolitan Lima and Callao in the context of the third wave of the COVID-19 pandemic. Data from refugees and migrants from Venezuela who completed the multisectoral survey on socioeconomic, demographic, food security, health, labor and social support aspects during the month of January 2022 was analyzed.

The total population or universe of the study is represented by 14,013 families of Venezuelan nationality living in 15 districts of Metropolitan Lima and Callao, which are in the database of Action Against Hunger.

The net sample size was estimated at 374 people, by applying a formula to estimate proportions and other statistical parameters.

It should be noted that comparisons have been made between the results of this 2022 Multisectoral Study and the 2019 and 2021 Multisectoral Studies also conducted by Action Against Hunger.

The main results are shown below.

GENERAL CHARACTERISTICS

The 2022 Multisectoral Study found that the Venezuelan refugees and migrants surveyed had an average age of 36.7 years, and there was a predominance of the 25 to 40 age range (65.3%). In addition, it was mostly female (70.9% women) and more than 50% had technical or university studies.

Despite the productivity profile of those surveyed, the lack of documentation proving legal entry into the country, the recognition of study certificates and the legislation regarding the employment of foreign workers hinders their access to the labor market, as well as their access to social programs, health insurance and basic education and health services. Thus, it was found that less than 5% have a valid Temporary Stay Permit (PTP in Spanish) and only 11% have a Temporary Stay

Permit Card (CPP in Spanish).

The lack of documentation means that only 20% of migrants work in a private company and 1.4% work in a public entity, while 65.2% of the people interviewed do not have any health insurance.

In addition, 98% of migrants surveyed resided in rented housing, 61.2% of the dwellings were single rooms and, considering that the average number of household members was 3.8, 59.2% of households were found to be overcrowded.





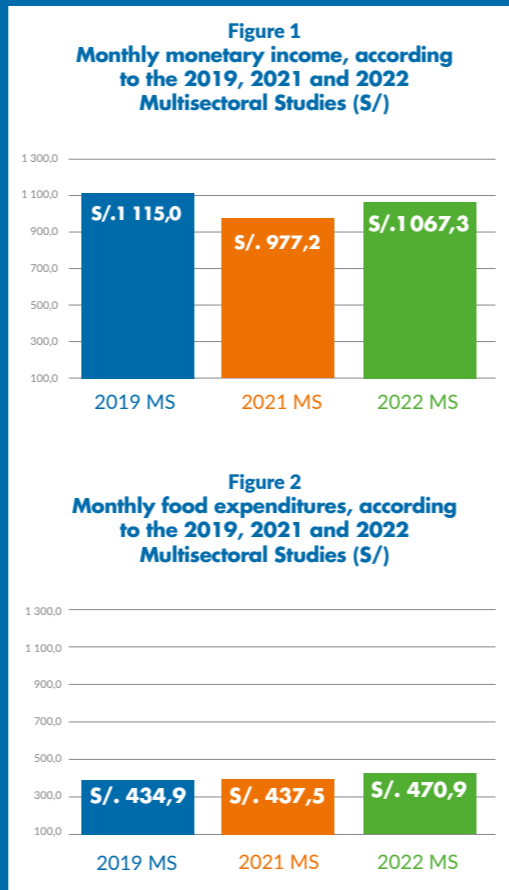
Financial income

Only 21% of Venezuelan migrants worked in a private company or public entity that could guarantee them full labor rights, while the majority worked in informal conditions and 0.3% were unemployed.

Among the Venezuelan migrants and refugees surveyed, the average economic income for the last month before the survey was S/1,067.3. In comparison to the income estimated in the 2019 Multisectoral Study (S/1,115), there was a decrease of S/47.7, and an increase of S/86.8 with respect to 2021. In addition, a significant difference (Anova test, $p < 0.001$) was found between the income averages for the years 2019 and 2021 (figure 1).

Figure 2 shows that food spending in the last month (January 2022) increased by S/36 compared to 2019 and by S/33.4 compared to 2021. This increase in food expenditure was significant (Anova test, $p < 0.001$).

Despite the increase in monthly income in 2022 over 2021, the amount of money spent on food also increased, so food spending continued to account for 44% of monthly income in 2022.



Food safety

70.5% of the households of Venezuelan refugees and migrants were food insecure in the last 30 days, 32.2% were severely food insecure. No significant difference was found (Chi-squared test, $p = 0.103$) with what was reported in the 2021 MS (figure 3), which shows the persistence of hunger in this population. According to the FIES, in the last month, 79.6% of households worried about not having money for food, 74.8% of households had to eat less than usual, in 52.6% of households some member felt hungry but did not eat due to lack of money; in addition, 48.4% of households ran out of food due to lack of money and in 22.9% of households some member went without food for a whole day due to lack of money.

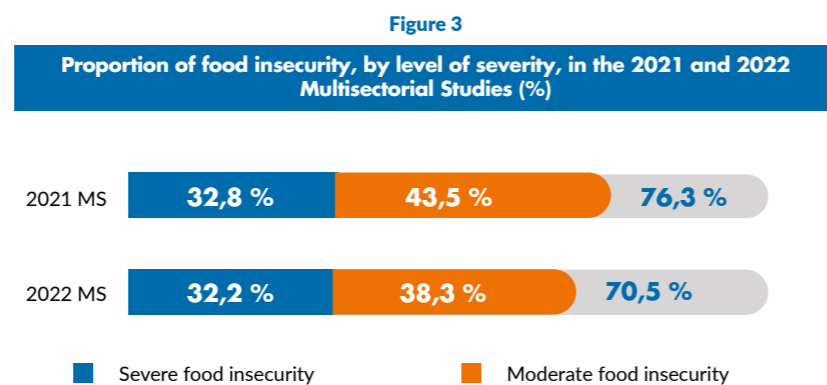
Faced with the imminence of hunger, households develop a series of strategies and adjustments as a survival mechanism to withstand the crisis.

In exploring these strategies in the last 7 days, it was found that 87% of the migrants consulted had to consume cheaper or less preferred foods at least one day in the last week; 75% had to reduce food portions, while 62.1% reduced the number of meals in the day and 48% reduced food consumption in adults to feed younger children.

When comparing the proportion of households applying these coping strategies, a significant change was found in strategy 1,

which increased from 55.7% in 2019 to 87% in 2022 (Chi-squared test, $p < 0.001$); in strategy 3, which went from 48.2% to 75% ($p < 0.001$); strategy 4, which increased from 43.9% to 62.1% ($p < 0.001$); and strategy 5, which varied significantly ($p < 0.001$) from 33.1% to 48.8% (Figure 4).

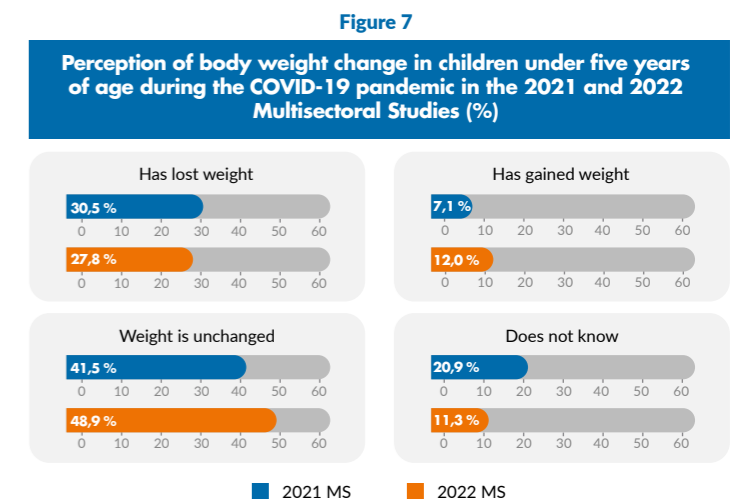
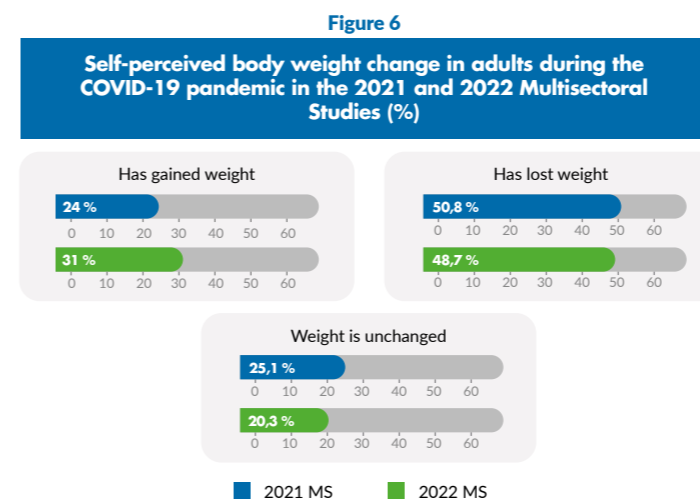
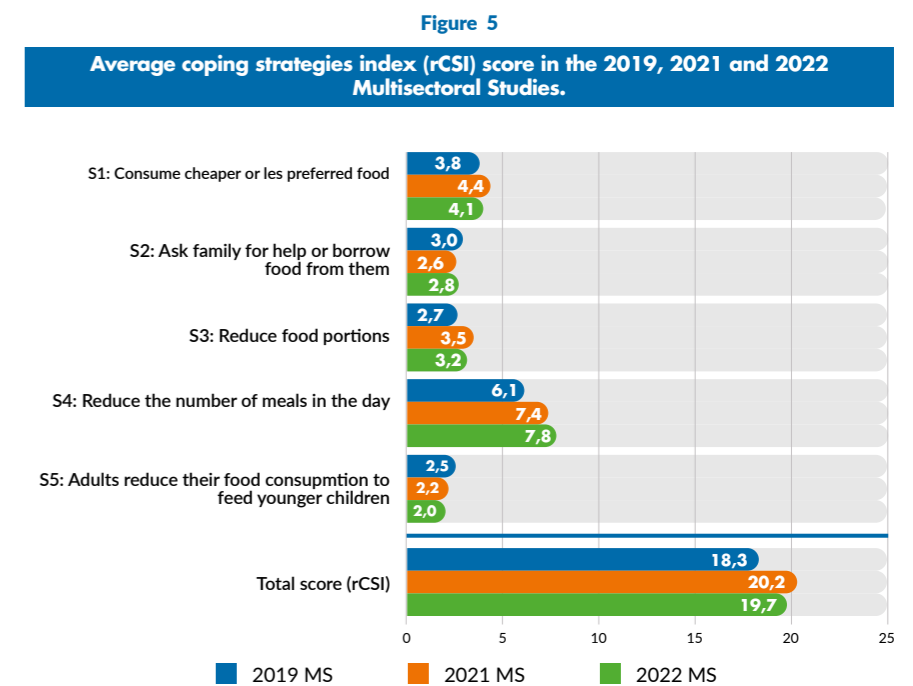
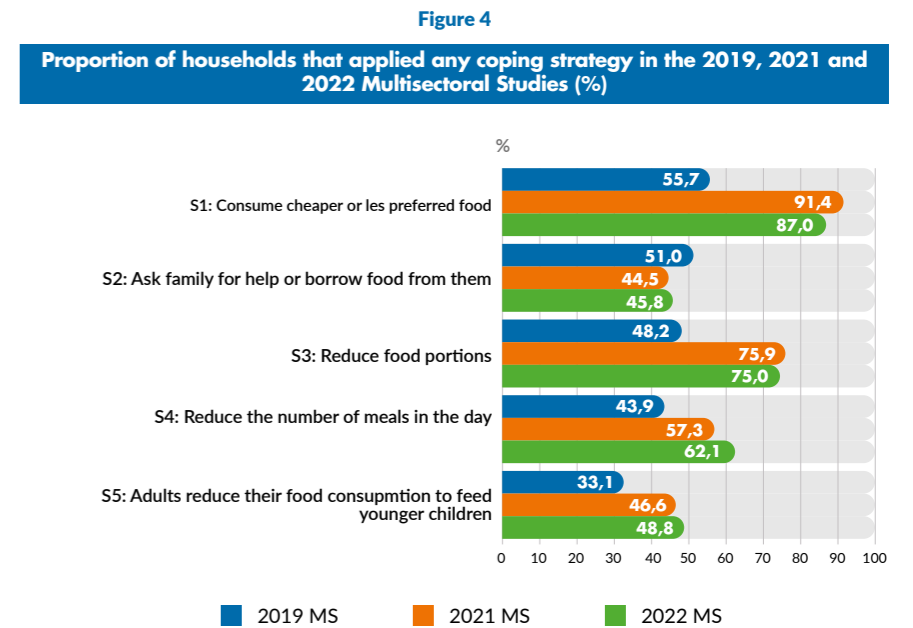
When comparing the total coping strategies index (rCSI) scores between the 2019, 2021 and 2022 MS, no significant differences were found (Anova test, $p = 0.267$). Differences were found, however,



in each coping strategy. For example, in strategy 1, although the score decreased between 2021 and 2022, a significant difference was found between 2019 and 2021 ($p = 0.009$); strategy 3 showed a similar trend to strategy 1 ($p = 0.001$); while in strategy 4 there was significant difference between 2019 and 2022 with scores of 6.1 and 7.8, respectively ($p < 0.001$). Meanwhile, strategy 5 showed a significant reduction from 2.5 to 2 ($p = 0.044$) between 2019 and 2022 (figure 5).

In addition, when assessing the perceptions of changes in body weight during the COVID-19 pandemic, 48.7% of adults perceived that they lost weight during the pandemic. These effects also reached children; 27.8% of respondents reported that their child under five years of age also lost weight since the COVID-19 pandemic was declared. When comparing the current situation with the 2021 MS, no significant differences were found for adults, as shown in figure 6. No differences were found in children under five years of age either (figure 7).

Dietary diversity in migrant households was also assessed: 25.4% were found to have low dietary diversity, while 31% had medium dietary diversity. The food groups of nutritional importance with the lowest consumption were fish and seafood (11%), fruits (36.9%), roots and white tubers (42%), legumes (43%) and milk (44%), which were consumed by less than 50% of the surveyed population.



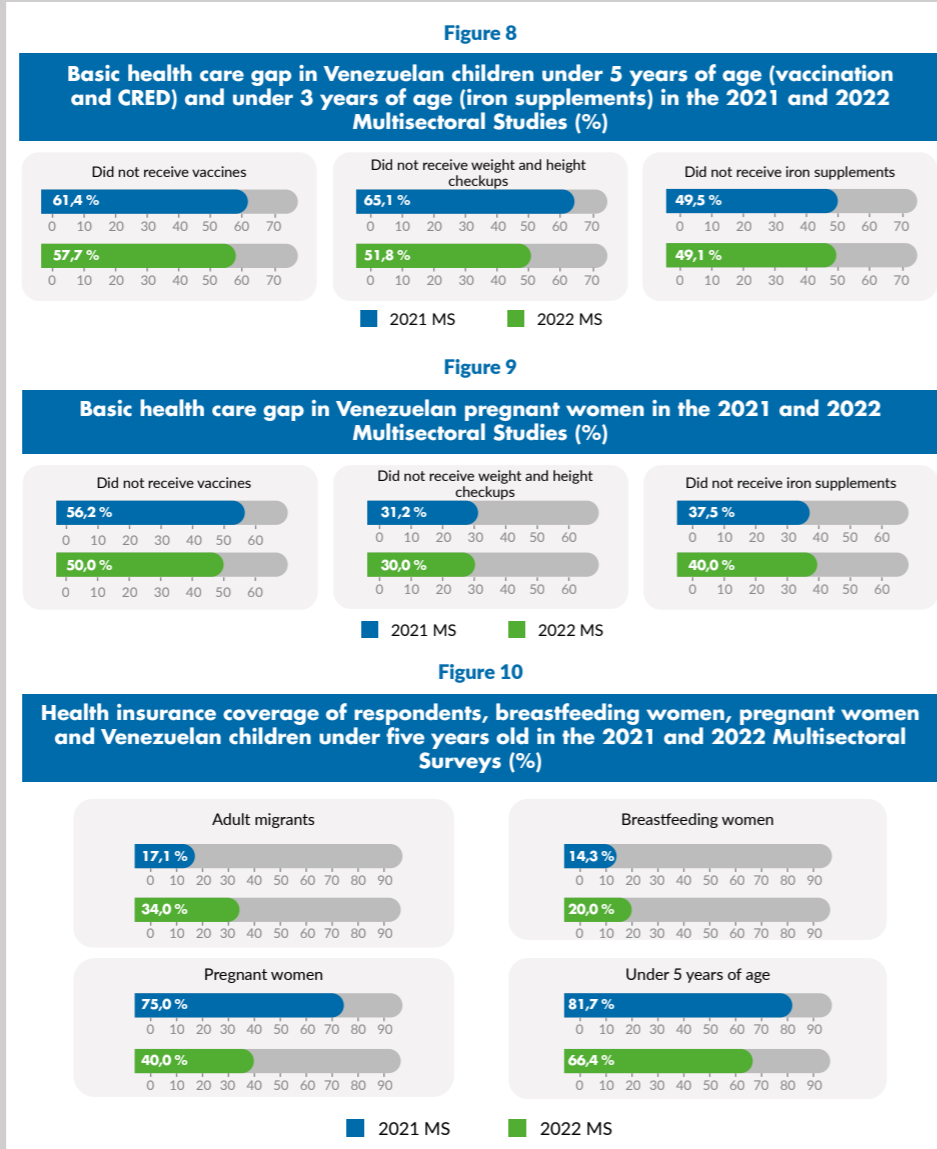
Prevention of COVID-19 infection

Regarding strategies on how to avoid contracting COVID-19, 98.1% of Venezuelan refugees and migrants participating in the study indicated that they knew how to prevent COVID-19. The most common practices mentioned by the participants to prevent the disease were: the use of masks (96.7%), hand washing (95.1%), use of antibacterial alcohol (78.5%), and social distancing (77.7%).

Meanwhile, 67.9% of study participants indicated that they have had some symptom of COVID-19, while 44.9% of Venezuelan migrants admitted that they had been tested for COVID-19, with 36.3% of those tested getting a positive diagnosis. In addition, among all participants who had COVID-19, only 52.5% sought care at a health center and 49.2% reported having sequelae after being sick with COVID-19.

Access to health services

In terms of access to health services, the context of the COVID-19 pandemic affected the provision of regular care in the last month in all populations. 28.3% of Venezuelan migrants reported suffering from a chronic illness and of this total, 50.9% did not receive treatment for said chronic illness. Basic health care was also affected in children under five years of age. Figure 8 shows that in children under five years of age, 57.7% did not receive vaccinations in the last month and 51.8% did not have their weight and height checked. In children under three years of age, 49.1% did not receive iron



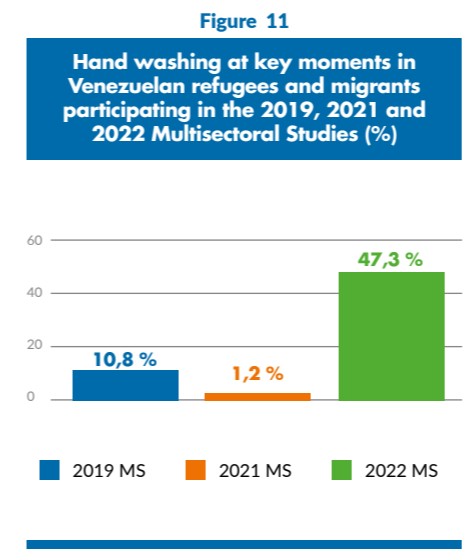
supplements. Compared to the 2021 MS, only the proportion of children who did not have their weight and height checked was significantly reduced, going from 65.1% to 51.8% (Chi-squared test, $p < 0.001$).

Meanwhile, health care for pregnant women was also affected in the last month; 50% did not receive their vaccinations, 30% did not receive prenatal checkups and 40% did not receive iron supplements. This situation is similar to that reported in the 2021 MS (figure 9).

Health insurance coverage

El 34% de personas migrantes encuestadas tenían seguro de salud, en tanto que en gestantes la cobertura de seguro de salud alcanzó el 40%. En mujeres que dan de lactar, solo 20% de ellas contaba con algún seguro de salud y en niñas y niños menores de 5 años, las coberturas de seguro de salud alcanzaron el 66,4%. En el caso de personas adultas, la cobertura de seguro incrementó significativamente, mientras que en gestantes y niñas y niños menores de 5 años se aprecia una reducción en este período de estudio (gráfico 10).

Regarding hand washing, it was found that 90.6% of respondents reported that they washed their hands before eating and 83.7% before preparing food. In addition, it was found that hand washing at the three key moments (hand washing before eating, after going to the toilet and after coughing or sneezing) increased significantly, from 10.8% in 2019 to 47.3% in 2022 (Chi-squared test, $p < 0.001$), as shown in figure 11.



Violence against women

On the other hand, there were episodes of violence against women during the pandemic. In this regard, 27.2% of Venezuelan refugee and migrant women mentioned having been victim of some type of violence, the same percentage of Venezuelan women acknowledged having suffered psychological violence, and 6% of Venezuelan women responded that their partner exercised some type of physical violence against them (figure 13).

Of the total number of Venezuelan women who suffered some type of violence, 81% did not seek help from any institution, and from this total, 75% of Venezuelan women did not ask for help because they did not consider it necessary.

With respect to changes in mental health due to the effect of social isolation, it was found that 47.9% of people over 15 years of age had behavioral changes, especially manifested in sleeping problems (39.1%), restlessness (38%), deep sadness (37.4%) and nervousness (31.8%). On the other hand, in children under 15 years of age, behavioral changes affected 37%. In this age group the main manifestations were that they were more upset than normal (52.6%), sad or indifferent (27.8%) and playing less or having less fun (22.7%). When comparing the current situation with the estimates in the 2019 and 2021 MS, figure 12 shows a significant increase in changes in behavior from 23.3% (2019) to 47.9% (2022) in those older than 15 years ($p < 0.001$), while in those younger than 15 years, the proportion of changes in behavior decreased compared to 2021 (-8.5%) and increased compared to 2019 (9.6%). In all cases, the differences were significant ($p < 0.001$).

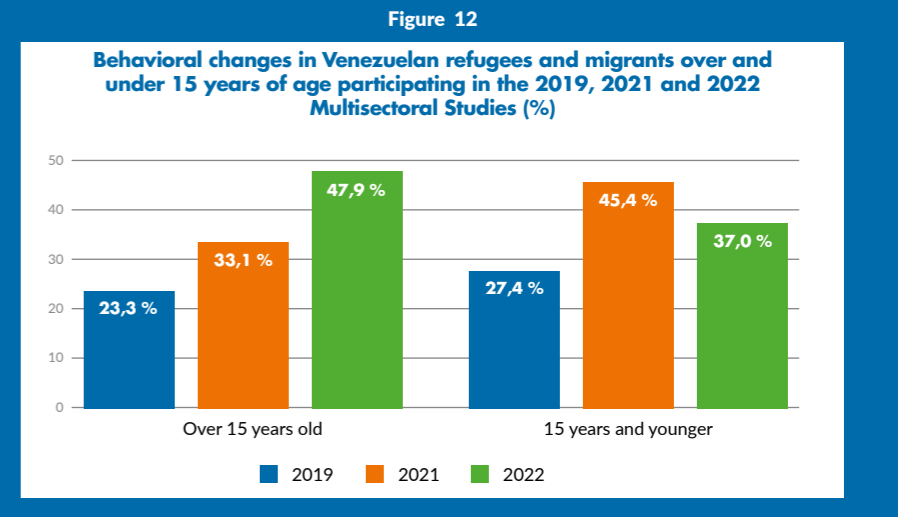
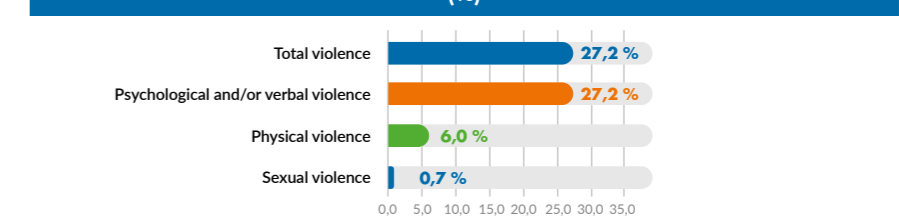


Figure 13: Proportion of Venezuelan refugee and migrant women who suffered acts of violence (%)



Priority needs

Among the main needs felt by the Venezuelan refugees and migrants surveyed to improve their economic income during the pandemic, 69% demanded training in employment and entrepreneurship, and almost half of the participants (49.2%) indicated that job banks were necessary. Other important needs were access to low-interest loans and access to working capital. Another important finding was that 23.3% of people surveyed prioritized childcare centers as one of the most important needs.

In addition, the main needs in the household as referred to by the migrant respondents, in the context of the COVID-19 pandemic, were food support (65%), followed by payment of rent or housing (62%). Other important needs in the household were employment and health care and medicines, which were mentioned by 53.5% and 52.9% of the respondents respectively.



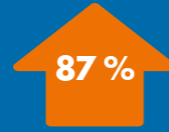
HIGHLIGHTS



70,5 % of migrant households were in moderate-severe food insecurity, according to the FIES scale.



19,7 was the total score of the hunger coping strategies (rCSI).



87 % of migrant households consumed cheaper food in the last week (rCSI).



79,6 % of migrant households were concerned about not having enough food due to lack of money in the last month (FIES).



48,4 % of migrant households ran out of food due to lack of money at least one day in the last month (FIES).



75 % of migrant households had to **reduce the portion of meals in the last week** (rCSI).



62,1 % of migrant households had to **decrease the number of meals consumed in the day in the last week** (rCSI).



4,3 % decrease in the average migrant household income in 2022 compared to the average income before the pandemic (2019).



44,1 % of the total economic income of migrant households in the last month was spent on food.



65,2 % of migrants did not have health insurance.



96,5 % of migrants received some vaccination against COVID-19.



25,8 % of migrants who received any COVID-19 vaccine completed the three doses.



67,9 % of migrants surveyed reported having had COVID-19 symptoms.



44,9 % of migrants were tested for COVID-19 infection.



36,3 % of migrants who were tested got a positive diagnosis for COVID-19.



49,2 % of COVID-19 positive individuals indicated that they had sequelae after the disease.



28,3 % of the migrants interviewed suffered from a chronic illness.



50,9 % of migrants suffering from a chronic illness did not receive treatment.



57,7 % of migrants under five years did not receive vaccinations in the last month, **51,8 %** of migrants under five years did not receive weight and height checks-ups in the last month, **49,1 %** of migrants under three years did not receive iron supplements.



59,2 % of households live in overcrowded conditions and **61 %** live in a single room.



81,8 % of households have at least one member with a bank account.



27,2 % of Venezuelan women suffered some type of **violence by their husband or partner**, **27,2 %** suffered **psychological and/or verbal violence**, **6 %** suffered **physical violence** and **0,7 %** suffered **sexual violence**.



81,8 % of Venezuelan women who suffered some type of violence **did not seek institutional help**. The main reason for not seeking help was that they **did not consider it necessary (75 %)**.



47,9 % of migrants over 15 years of age presented behavioral changes in the last month.



37 % of migrants under 15 years of age presented behavioral changes in the last month.