Peru has the second largest population of Venezuelan migrants after Colombia, with an estimated 1.32 million as of December 2021.1 Since COVID-19 interrupted services at the Binational Border Service Centre (CEBAF) at the Peru-Ecuador border in Tumbes and the Government closed borders, irregular entries increased dramatically: during January 2022, IOM identified up to 1,946 migrants entering Peru every day, around 13% of them on foot.2 State protection presence on the grounds is limited in Tumbes. The Special Protection Unit (UPE) currently faces work overload and reduced staff, and the Emergency Residential Care Centre in Tumbes is constantly reaching its full capacity.

In March 2022, UNICEF observed between 300 and 350 migrants and refugees entering Bolivia through Desaguadero - Puno on the Eastern border of Peru, reaching Chile mostly through alternative routes in the Colchane region. The border with Chile in Tacna remains closed, therefore migrants head to Chile through Bolivia.

In contrast, UNICEF also observed between 40 and 80 migrants returning to Peru daily because they are not able to reach Chile or did not find the conditions they were expecting. This journey is particularly concerning because of the lack of economic resources and the climatic conditions in the area. During their transit through Desaguadero, migrants are visibly unprepared to face the cold temperature and the high altitude. Several of the children that arrive in Puno suffer from vomiting, dehydration and malnutrition, mainly due to the long journey and the lack of access to safe hot meals and drinking water.

In Tumbes
700-1,900 irregular entries per day;
18% are children
33% surveyed children and adolescents present mental health risks due to COVID-19

Tumbes – observed entries and exits, 2022

Entries Exits
21 Jan 1946 735
27 Jan 1666 474
10 Feb 1610 448

IOM, 2022. Displacement Tracking Matrix

1. R4V, December 2021. Available at: https://www.r4v.info/es/peru
3. UNICEF (2020). COVID—19 and Mental Health of Migrant Children and Adolescents
The challenge: a set of needs

Migrant children and adolescents (particularly girls) are more vulnerable while crossing the Northern and Southern borders of Peru due to the proliferation of alternative routes and human trafficking. In February, missions to Tumbes and Desaguadero revealed an alarming humanitarian situation. Migration regularization, documentation and access to information are pivotal, as well as cross-sectoral needs: lack of adequate hygiene elements, medical care, food and basic services prevent fulfilment of migrants’ rights. Also, limited access to public services hinder timely response to risks and emergencies, especially for unaccompanied and separated children.

Health and nutrition

Due to the pandemic, the primary health care system is facing a generalized weakening, affecting the entire population in need of health services in the area, including the migrant population that has limited access through the national health insurance system - SIS. Particularly worrisome in Tumbes are the limited supplies for vaccinations, lab analyses and nutritional supplementation, as well as the conditions at maternity services at health care centers. The most common diseases in the area are malnutrition, anemia, parasitosis, STDs in pregnant women and adolescents (HIV, syphilis), and acute infectious diseases (AIDs and ARIs) related to the lack of access and mismanagement of WASH services. Cases of sunburn and heat stroke are also rising.  

Education

As of October 2021, around 118,172 Venezuelan children and adolescents were enrolled in the Peruvian education system and 69,321 were waiting to be enrolled. Albeit regularization status, migrant students have limited access to educational services with the possibility of official certification. Furthermore, since March 2022, the country is returning to face-to-face education, generating serious challenges to the public school system such as a greater number of students due to massive transfers from private to public schools. Migrants also face difficulties in obtaining information on the availability of school spaces, as well as financial hardships that hinder attainment of school supplies and materials. Moreover, xenophobia continues to impede migrant children’s integration and adaptation into Peruvian society, and educational inclusion is essential in addressing this challenge.

Child protection

A series of elements jeopardize the protection and rights of children and adolescents in transit or settled in the country. UNICEF found that the pandemic generated mental health risks in 33% of migrant children. Mostly undocumented, they have limited access to education

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and health services, and to recreational and socialization spaces. In Tumbes, families living on the streets use public spaces to develop their activities with their children. In Desaguadero, families continue their long journey to Bolivia that forces them to stay awake day and night enduring a lack of shelter in poor health and nutritional conditions due to high altitudes and low temperatures.

WASH
Tumbes presents a marked structural weakness of the water and sanitation systems, particularly in the health centers, which affects both the host population and the migrant population. There is a significant gap in service provision: inconsistent distribution of potable water via fixed network (main health facilities receive water 2 or 3 times per week and for some hours only), generating the need for private water distribution and storage systems; and poor water quality according DIGESA’s surveillance reports. Limited connectivity to sewerage systems has made families responsible for disposal of sewage, wastewater and solid waste. Migrants and refugees generally do not have public urban WASH infrastructures (toilets, water points, sinks, showers, trash cans, etc.) during their journey from the north of the country to the south.

Social and behavior change
Despite the efforts of public institutions and operators to care for the migrant population, mistreatment and discrimination persist. In Tumbes, there were delays in attending the migrant support compared to host communities. In Desaguadero, despite the openness of municipal authorities to address the difficulties faced by the migratory population, xenophobic expressions and attitudes still generated a negative environment in which Venezuelans try to go unnoticed. Despite the host communities’ generalized discontent with the massive entry of migrants, solidarity and empathy are unquestionable when it comes to Venezuelan children and their vulnerable situation. There is a real need to promote widespread communication campaigns for better treatment and acceptance of migrants among host communities.

Humanitarian coordination
UNICEF coordinates closely with the Governmental agencies, local and regional authorities; UN agencies and other cooperative entities. UNICEF also participates in the standardization of various interventions as part of the Refugee and Migrant Working Group (GTRM), Peruvian chapter of RMRP, as well as the R4V regional coordination platform. Local coordination is carried out in the Tumbes GTRM. In the last month, UNICEF carried out a joint mission with IOM to assess the migratory situation in Desaguadero.

Funding overview and partners
For its 2022 Humanitarian Action for Children (HAC) appeal, UNICEF Peru has received generous donations from the Spanish Committee for UNICEF, ECHO, USA (State) BPRM, Republic of Korea, SIDA-Sweden, and Lenovo, which are allowing for the timely implementation of immediate actions in UNICEF’s response plan.
UNICEF Peru Country Programme 2022-2026

UNICEF Response

- **Ongoing monitoring** of the situation at the borders.
- **Updated contingency** plan including supplies and implementing partner agreements: suited to a rapid response in case of emergency and escalation.
- **Delivery of complementary WASH and psychosocial support kits** for babies, children, adolescents and families, age- and gender-differentiated.
- **High-level support for government agencies:**
  - Inclusive and gender-sensitive health services for migrants.
  - Alternative care solutions for unaccompanied and separated children.
  - Prevention of school dropouts.
- **Technical and financial assistance to the National Migration Authority (NMA):**
  - Establish a child- and adolescent-friendly Migration service.
  - Capacity-building for migration and child protection.
- **Assistance in the school reopening plan.**
- **Provision of direct support to families and students through cash transfers,** educational kits and tablets.
- **Generation and strengthening of referral channels for mental health cases** in students.
- **Promotion of migratory regularization through study visas.**

- UNICEF is strengthening PSEA with implementing partners and including gender approach in its humanitarian response.
- A **communication campaign** through radio, digital and outdoor channels to support migration regularization.
- **Campaign for school reopening** continues on track, including: webinars, street theatre, key messages with media groups, Op-Eds to promote education, and mobilization activities to understand children's wellbeing related to school reopening.

### Funding requirements

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<th>SECTOR</th>
<th>HAC 2021 ASK</th>
<th>HAC 2022 ASK</th>
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<tr>
<td>Nutrition</td>
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<td>Social Protection</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>20 464 417</td>
<td>26 285 630</td>
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*a. The ask refers to the updated 2022 Peru Response Plan. The 2022 HAC Children on the move, including Venezuelans and communities affected by COVID-19, will be reviewed to update ask and targets.

b. US$ 13.17 M (49.9% of the total ask) correspond to attending the Migration emergency, while the remaining US$ 13.15 M correspond to COVID-19.*