Covid-19 Situation Peru



24 April, 2020

Situational Context

The Government announced the extension of the National Emergency and curfew until 10 May. COVID-19 cases are on the rise with over **20,900** and over **570** deaths up to date. Also, a shortage of ICU (intensive care unit) beds was reported. The President announced hospital facility improvements during the week to cope up with the rise in the curve expected to peak in May.

The Ministry of Labour in coordination with the Ministry of Health proposed a health protection protocol for food-delivery workers when authorized to resume operations. Many refugees and migrants are known to perform these tasks.

A humanitarian transportation programmme to return vulnerable Peruvians in different regions in Peru to their homes was announced earlier this week. Vulnerable cases have been prioritized i.e. children, pregnant women, the elderly, persons with disabilities, who would have to stay in government-supported quarantine services for 14 days. Refugees and migrants do not qualify for this humanitarian transport.

Asylum-seekers, refugees and migrants situation



The National Superintendency of Migration informed that **foreigners with pending regularization formalities will be considered as regular during the Emergency with no sanctions or fines imposed**. The expiration date for Temporary Stay Permits (PTP for its acronym in Spanish) will be also extended until the Emergency is over and the migratory situation can be regularized.



The Government has enacted new health regulations that grant temporary access to State Health Insurance coverage (SIS for its acronym in Spanish) for refugees and migrants suspected or positive of COVID-19. They must present their Identity Document, passport, PTP, asylum-seeker card or any other document that proves their identity. This temporary coverage will be in force until the final discharge of the COVID-19 diagnosis.



UNHCR supported the Ministry of Health with five additional **Refugee Housing Units (RHUs) installed** in the Maria Auxiliadora Hospital in Lima, which will be used to enhance the capacity of the pediatric and obstetric emergencies, as the facilities are currently overwhelmed due to the increased number of COVID-19 cases.



Feminicides are on the rise due to the proximity of survivors to violent perpetrators in quarantine and reduced access to emergency services. UNHCR is supporting Sexual Gender-Based Violence (SGBV) cases, including the family of a Venezuelan victim of femicide. UNHCR is working in close collaboration with the Government and Justice services on the case.



In Tacna, UNHCR coordinated with the Ministry of Women and Vulnerable Populations (MIMP for its acronym in Spanish) Women's Emergency Centre (CEM for its acronym in Spanish) to develop a communications' tree with key institutions for the dissemination of **SGBV prevention information**, focusing on a communication method through community leaders.





Here's how UNHCR supported the installation of the Refugee Housing Units together with the Ministry of Health in Lima to improve the hospital's capacity.

WATCH HERE



UNHCR Response

The state of National Emergency and curfew has been extended for the fourth time, meaning almost two months of interrupted economic activity and mobilization restrictions across the country. Cases of refugees and migrants at risk or already evicted unable to generate income to pay rent are on the rise. Some families have been referred to UNHCR as they are already living in the street due to evictions, which do not follow the due legal process. UNHCR is working with the Ombudsman's office to coordinate measures to avoid unauthorized police intervention in the evictions and to create an internal referral pathway for cases at risk of homelessness.

COMMUNICATIONS MATERIALS FOR THE EMERGENCY

To help refugees and migrants be informed of the different COVID-19 measures and procedures to follow, communications materials were developed by R4V on labor rights, basic services and public mobility

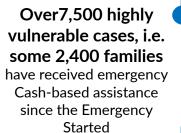
Remote support

-New COVID-19 Remote Registration processes of persons of concern have been established for UNHCR partners. Over 2,800 persons have been registered so far. Moreover, an UNHCR Surge Team has been established to support partners with full registration and evaluation of the most vulnerable cases that will receive life-saving Cash-Based assistance.

-Some **9,800** general orientations were given through the hotlines by UNHCR and partners CAPS, Caritas, Encuentros, HIAS, Plan International and PROSA since the start of the Emergency. Of the total number of calls, over 570 received specialized legal orientation.

Humanitarian cash-based assistance







UNHCR continues
working on new
agreements to enhance
support as well as to
increase the CBI
transfer-limit amount
and thus benefit more
vulnerable families.



with UNHCR's support by 31 March seven new accounts of partners were activated to benefit more families. Now seven accounts are operating to reach more persons of concern for cash- based assistance.

UNHCR Response

Solutions to COVID-19



າ^ຕໄ Basic Needs and Shelter

Over 20,000 food rations for shelters and individuals have been provided since the beginning of the Emergency. Also, more than 70 children under five have received complementary food support and three virtual child friendly spaces in shelters in Lima have benefited some 50 children by partner Action Against Hunger and supported by UNHCR

Some 530 persons are receiving shelter and daily food support in 13 shelters in Lima, one shelter in Tacna and two hotels in Tumbes by UNCHR. Additionally, in Tacna, some 170 diapers, over 110 baby kits and some 60 sanitary towels were distributed to shelters of the Tacna Regional Government hosting vulnerable Haitians, Venezuelan and Peruvian families.



Families in Tacna receive food kits.

In Arequipa, some **75** refugees and migrants were referred to local faith-based organizations to receive food baskets in their planned distribution.



ි Health

-The government health services are expanding their response capacity in **Tacna**, at the Chilean border, the Regional Government opened an auditorium as a quarantine space for people diagnosed with COVID-19. **Over 40 cases** have been reported in Tacna so far, all Peruvian nationals.

- -In **Tumbes**, **facility capacities were announced to be improved** by the Regional Health Directorate (DIRESA for its acronym in Spanish) in coordination with the Central Government.
- -In Tumbes, some **60** refugees and migrants have received access to HIV/AIDS tests by PROSA.
- -Some 530 people received socio-emotional and mental health support through partners Action Against Hunger, CAPS and IFRC, out of which in Lima and Tumbes some 160 have received both health and mental health support since the beginning of the Emergency through UNHCR's partner PROSA.

Coordination

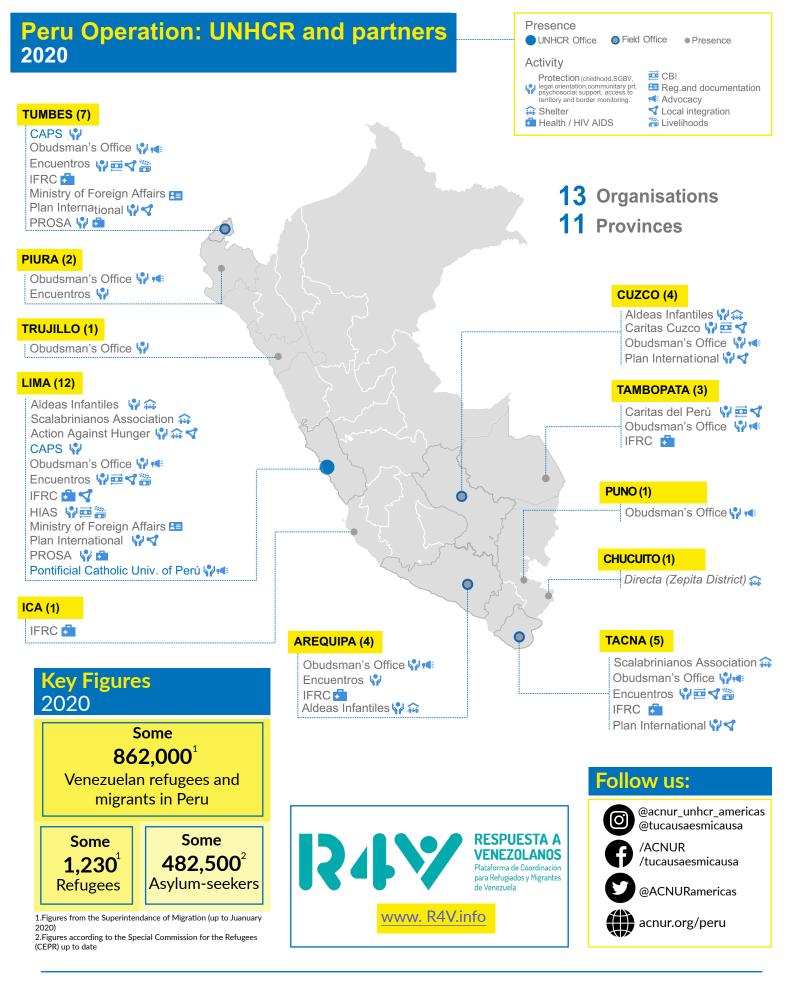
UNHCR is co-leading the emergency coordination response for refugees and migrants through the **Working Group for Refugees and Migrants** (GTRM for its Spanish acronym) composed by 70 partners including donors, together with IOM. The GTRM is coordinating with the recently activated Humanitarian Network and has been holding daily emergency coordination meetings on Cash Based Interventions (CBI), protection, health, information management and communications, as well as with all sector leads to operationalize and channel assistance.

The **#TuCausaEsMiCausa** solidarity campaign has launched eight live online workshops during the quarantine dictated by Peruvian and Venezuelan volunteers who offer their time to share activities such as yoga, music, arts, handcraft, etc. to provide new online meeting points for integration purposes weekly. So far, these workshops over 7,500 have participated. See more

For more information please download R4V Materials on the Emergency State see

To read previous updates please access here

To read GTRM COVID's response until 14 April access here



UNHCR is thankful to the donors who provide funds to the Venezuela Situation:

Private donors Australia I Canada I Denmark I European Union I Germany I Japan I Private donors Republic of Korea I Norway I Netherlands I Private donors Spain I Sweden I Switzerland I United Kingdom I UN Programme On HIV/AIDS I United States