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Assessment of structural barriers for Venezuelan LGBTQI+ migrants to access services and exercise rights in Peru

USAID's Local Health System Sustainability Project
June 2023

USAID's Local Health System Sustainability Project (LHSS)

The Local Health System Sustainability (LHSS) Project under USAID's Integrated Health Systems IDIQ government contracting provides assistance to low- and middle-income countries in their transition to sustainable, self-financing health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Under the leadership of Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their path to self-reliance and prosperity.

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Acronyms

CEM	Centros Emergencia Mujer / Women's Emergency Centers - Peru
CPP	Carnet de Permiso Temporal de Permanencia / Temporary Permit to Stay Card
CSMC	Centro de Salud Mental Comunitaria / Community Mental Health Center
ENPOVE	Encuesta Dirigida a la Población Venezolana que Reside en el País / Survey Directed at the Venezuelan Population Residing in the Country
GTRM	Grupo de Trabajo para Refugiados y Migrantes / Working Group on Refugees and Migrants
IOM	Organización Internacional para la Migración / International Organization for Migration
KI	Key informant
LGBTQI+	Lesbianas, gais, bisexuales, transgénero, queer, intersex / Lesbian, gay, bisexual, transgender, queer, intersex,
MCC	Mecanismo de coordinación comunitario / Community coordination mechanism
MIDIS	Ministerio de Desarrollo e Inclusión Social / Ministry of Development and Social Inclusion
MIMP	Ministerio de la Mujer y Poblaciones Vulnerables / Ministry of Women and Vulnerable Populations
MINJUS	Ministerio de Justicia / Ministry of Justice
MINSA	Ministerio de Salud / Ministry of Health
MTIGM	Mesa de Trabajo Intersectorial para la Gestión Migratoria / Intersectoral Working Group for Migration Management
NGO	Non-Governmental Organization
OSB	Organización social de base / Grassroots social organization
R4V	Plataforma de Coordinación Interagencial para Refugiados y Migrantes de Venezuela / Interagency Coordination Platform for Venezuelan Refugees and Migrants
SIS	Seguro Integral de Salud / Comprehensive Health Insurance
SISFOH	Sistema de Focalización de Hogares / Household Targeting System
SNM	Superintendencia Nacional de Migraciones / National Superintendence of Migration

UFPM	Unidad Funcional de Salud de Poblaciones Migrante y Fronterizas / Migrant and Border Populations Health Functional Unit
UNHCR	United Nations High Commissioner for Refugees

Executive Summary

The Interagency Coordination Platform for Refugees and Migrants from Venezuela (R4V) estimates that, as of January 2023, about 7.2 million people have left Venezuela.[1] Of this group, about 6 million migrants and refugees are in Latin America. By the end of 2023, it is estimated that Peru will have received 1.6 million people from Venezuela.

This research seeks to gain a deeper understanding of how the social protection system and civil society interventions support the Venezuelan LGBTQI+ migrant and refugee population in the country, and of barriers to accessing those services.

METHODOLOGY

The research team conducted a qualitative study that included 16 interviews with key informants (KI) from the Government, international cooperation organizations, and civil society, as well as 26 interviews with migrants and refugees from the LGBTQI+ community. In addition, the team reviewed secondary sources (academic articles, reports, reports of organizations, etc.). The information was then analyzed through the triangulation method, that is, the synthesis and integration of data from multiple sources for the elaboration of the findings and their interpretation.

FINDINGS

DOCUMENTATION

The main barrier to inclusion of migrants and refugees is access to documentation to regularize their residence in Peru. Data from the Survey of the Venezuelan Population Residing in the Country (ENPOVE 2022) show that 35% of the population have no documentation, 22% have an alien registration card, 18% have a temporary permit to stay card (CPP), 14% have requested refuge, and 9% have a Peruvian ID card.

The variability of documents to regularize the residency of migrants and refugees constitutes a barrier to access for many migrants and refugees who do not have the information or resources. Some people drop out of the process and remain irregular. Most participants reported that, in practice, the alien registration card is the only valid document for migrants and refugees to access most public services (e.g., to obtain comprehensive health insurance), to rent housing or to access formal employment. In the case of transgender persons, the non-recognition of their gender identity in their migratory regularization documents generates an extra barrier to inclusion.

[1] The Interagency Coordination Platform for Refugees and Migrants from Venezuela (R4V) https://www.r4v.info/es/refugiadosymigrantes

Peru is the country with the highest number of refugee applications from Venezuelan citizens in the world. The R4V platform reports 531,000 applications.[2] Sexual orientation and gender identity are not usually considered by Peruvian authorities in granting international protection.

PROTECTION SYSTEM DESIGNS

Not all public and civil society registration systems consider the identification of LGBTQI+ persons, which makes it difficult to identify needs or monitor coverage or access to services. Those public systems that register nationality and identify the LGBTQI+ population do not usually report both variables together.

On the other hand, other elements of the protection system, such as public health insurance (Comprehensive Health Insurance — SIS) and social programs for people living in poverty through the Household Targeting System, require an alien registration card to prove residence in the country. This leaves out most of the Venezuelan migrant and refugee population in Peru.

STIGMATIZATION AND DISCRIMINATION

There is a tendency to increase restrictive legislation with the migrant and refugee population, based on the stigma that associates Venezuelan nationality with crime. Limitations on entry, as well as initiatives to facilitate deportations or situations of abuse of authority in identity control processes, encourage the irregular entry of migrants and contribute to exclusion.

Stigmatization and prejudice against migrants and refugees from Venezuela limit their interaction with public institutions. This prejudice is transferred to public officials and mediates the relationship between migrants and refugees and institutions. Stigmatization can occur at the level of discourse, but it can also translate into denial of services or abuse of authority. There are multiple cases recognized by participants and officials of situations of verbal abuse or even hindrance or denial of services due to prejudice against nationality.

Women experience additional stigma such as hypersexualization, and in the LGBTQI+ population, homophobia and transphobia. In civil society organizations, there is still discrimination because of sexual orientation or gender identity of LGBTQI+ migrants and refugees. For example, in some shelters for homeless people, only hetero-parental families are considered, discarding same-sex couples or a single person. Prejudice related to myths about the promiscuity of homosexual people contribute to denied access. These experiences generate distrust towards institutions in the population and perpetuate exclusion.

The research shows that there are no adequate mechanisms to address these problems in the institutions, such as accountability mechanisms and/or training of personnel to avoid these issues.

[2] Data as of June 31, 2022 https://www.r4v.info/es/solicitudes-refugiados

HEALTH

The Migration Law states that the Ministry of Health (MINSA) must regulate and guarantee access to public and private health services for migrants and refugees. However, this regulation has not been carried out and each subsystem has its own organization.

According to ENPOVE 2022, 73% of the migrant population does not have health insurance. The different regulations according to the type of service, health strategy or level of care mean that services are provided in a heterogeneous manner for the migrant population. This heterogeneity in care affects users, who have difficulty understanding and navigating the health system.

> "We have tried to find out why there are such unequal responses among health facilities to the same situation of irregularity of the migrant population (...) The fact that some establish so many barriers has to do with the lack of knowledge of norms..." (KI Government).

Likewise, participants and key informants report multiple experiences of discrimination in health services based on nationality and also in relation to sexual orientation or gender identity, which limits access to services.

There is no unit in MINSA that leads or coordinates health interventions for the LGBTQI+ population. The only interventions identified are specific mental health strategies for the control of substance abuse and HIV. The absence of protocols and regulations generates unmet health needs of the LGBTQI+ population, such as hormonal therapies in the transgender male population or the need for sexual and reproductive health care.

GENDER BASED VIOLENCE

As in the health sector, within the Ministry of Women and Vulnerable Populations there is a lack of a unit or directorate responsible for the protection of the LGBTQI+ population. The AURORA program against gender-based violence was designed to respond to this problem in cisgender women, but does not consider some aspects of violence against LGBTQI+ persons, such as violence based on prejudice against sexual orientation or gender identity in public spaces. Likewise, there are no specific strategies or interventions for this population.

Challenges exist to reporting complaints of violence against the LGBTQI+ population, especially in police stations.

> "We have been able to see real and material obstacles to the exercise of the right. That is to say that they refuse to file a complaint, that they tell you that you are not a victim." (Key Informant International Cooperation)

Currently, there is a context of violence against transgender women from organized crime, which is a constant threat for their lives.

BEST PRACTICES, CHALLENGES, AND OPPORTUNITIES

There is a challenge for international cooperation and civil society in the conceptualization of work with the LGBTQI+ population, to define the type of approach (for example, differentiated

strategies, open systems or a combination). In addition, it is necessary to generate information systems and indicators to identify the population and monitor the impact of activities.

RECOMMENDATIONS

FOR THE GOVERNMENT

MINSA, Ministry of Women and Vulnerable Populations (MIMP)

- Design and implement training process plans for officials focused on reducing prejudice and discrimination in the public service and in the services they provide.
- Design institutional mechanisms for monitoring, evaluation and accountability on the exercise of its functions, including information on the services provided to the LGBTQI+ population, free of discrimination.
- Generate inter- and intra-sectoral mechanisms to socialize existing directives on services for migrant and refugee populations among officials.
- Generate registration systems in those public sector institutions that do not have them, which allow identifying the LGBTQI+ population as a group of special protection.
- Process and publish information from those public systems that currently record the variables of nationality and belonging to the LGBTQI+ population, considering both variables.
- Define stewardship and/or leadership instances in key government sectors such as MINSA or MIMP to address the work with the LGBTQI+ population.
- Generate a unit in MINSA that addresses the health needs of the LGBTQI+ population at the DIGIESP level, which can articulate with other existing strategies.
- Design a strategy or program against gender violence, specifically for LGBTQI+ people in the MIMP.

MINISTRY OF THE INTERIOR

- Design protocols for the application of the Human Rights Manual Applied to the Police Function in police stations, in order to avoid situations of discrimination against people of the LGBTQI+ community and increase access to services for reporting and intervention in cases of gender violence.

INTERSECTORAL

- Promote transnational coordination to ensure safe routes for vulnerable migrants and refugees leaving Venezuela for Peru.
- Reconsider the visa policy for Venezuelan citizens.
- Make existing systems more flexible and/or design protection systems that consider the validity of other migratory documentation in addition to the alien registration card.
- Consider “task shifting,” or transferring functions to community staff in the provision of health services, social programs and/or gender-based violence interventions, to expand coverage and access for the LGBTQI+ migrant population.

FOR INTERNATIONAL COOPERATION AND CIVIL SOCIETY:

- Strengthen advocacy work with the Ministry of Foreign Affairs, in order to consider the vulnerability that LGBTQI+ community may be subject to, in relation to their need for international protection.
- Review and adjust interventions to work with the LGBTQI+ migrant population, in order to improve access and coverage of this population (differentiated, integrated approach, hybrid).
- Generate guidelines and indicators to guide civil society organizations working with migrants and refugees, to know and consider the vulnerability of the LGBTQI+ population in their interventions.
- Standardize registration systems across the various subgroups of the Working Group on Refugee and Migrant Working Group (GTRM) to identify the LGBTQI+ population accessing the various existing programs.
- Design training programs for the work of civil society agencies and organizations with LGBTQI+ population.
- Promote the recognition and validation of LGBTQI+ migrant and refugee grassroots organizations with local authorities and in civil society coordination spaces.

1. INTRODUCTION

Millions of Venezuelan citizens are migrating in search of better living conditions, as a result of the political, economic, and social crisis the country is experiencing. By the end of 2021, the United Nations estimated that around 6 million people had left Venezuela as migrants or refugees, with 80% concentrated in Latin America (R4V 2021).

Peru is the second largest recipient of Venezuelan migration in the region, after Colombia. The population growth in the country has been exponential, with 60 thousand migrants coming from Venezuela in 2017 to 1.5 million migrants from Venezuela in 2022.

The situation of Venezuelan migrants in Peru is extremely precarious, as shown by the continuous monitoring carried out by the Interagency Coordination Platform for Refugees and Migrants from Venezuela (R4V) Platform (R4V 2021), as well as surveys conducted by the National Institute of Statistics and Informatics (INEI 2022).

In recent years, migration policy has tended to increase the requirements for Venezuelan immigrants to enter the country. In addition, some surveys report attitudes among the Peruvian population that are increasingly opposed to the Venezuelan migrant population, associating them with criminal activities, for example, often exacerbated by the media and political authorities (IDEHPUCP 2021a).

Many initiatives of response and support have been generated from various sectors of society in response to the situations of urgency and precariousness described for a large part of the migrant population. The United Nations agencies have established the Working Group on Refugees and Migrants (GTRM), which also brings together international cooperation agencies and local non-governmental organizations (NGOs). The government has established the Working Group for the Intersectoral Management of Migrants, which brings together government sectors such as the Ministries of Foreign Affairs, Health, Labor, Interior, Education, Development and Social Inclusion, Women and Vulnerable Populations.

The existing information in the country regarding the LGBTQI+ population is scarce. A research carried out by the NGO Presente together with the International Organization for Migration (IOM) with migrant LGBTQI+ population shows the limitations to access employment, housing and public services in this population (Bravo 2020). On the other hand, Peru does not have adequate protective frameworks that, for example, recognize the gender identity of transgender persons or same-sex couples or families, which increases the vulnerability of the migrant population of sexual and gender diversity.

This research seeks to gain a deeper understanding of how the social protection system and civil society interventions support the Venezuelan LGBTQI+ migrant and refugee population in the country, and of barriers to accessing those services. In this way, it seeks to contribute to the identification of specific needs and vulnerabilities, as well as barriers to the guarantee of rights or access to services (e.g., mental health, sexual and reproductive health, GBV services, among others), in order to strengthen existing interventions or identify the need for new interventions.

2. OBJECTIVE AND METHODOLOGY

The objective of this research was to describe and analyze the main structural barriers to the exercise of rights and to access to services and social protection programs in health and against gender-based violence of Venezuelan LGBTQI+ migrants in Peru.

The research methodology was qualitative, consisting of interviews complemented with the review of secondary sources of information. Field work was carried out in the cities of Lima, Piura, and Trujillo.

The primary sources were:

- Sixteen interviews with key informants from the public sector, international cooperation agencies, civil society organizations, and grassroots organizations. The following institutions participated: Office of the United Nations High Commissioner for Refugees (UNHCR), IOM, Ministry of Women and Vulnerable Populations (MIMP), Ministry of Health (MINSA), Ombudsman's Office, Veneactiva, Asociación Lo Natural es Ser Diverso, grassroots social organization Arcoiris (Trujillo), Asociación de Venezolanos in Trujillo (ASOVENTRU) (Trujillo), Asociación VEO (Trujillo), Mecanismo de Coordinación Comunitaria[3] (MCC) Centro de atención multidisciplinario para personas Vulnerables (CAMPV) (Lima), MCC Unidos por la Igualdad (Trujillo), MCC Resistencia Norteña (Piura).
- Twenty-six interviews with LGBTQI+ migrants and refugees from Venezuela. Priority was given to groups of gay and bisexual men, transgender people, and lesbian and bisexual women. The identification of participants was carried out through the snowball method. Interviews lasted between one and one and a half hours. Table 1 shows a description of the participants based on sociodemographic aspects, sexual orientation, and gender identity.

[3] Community Coordinating Mechanisms (CCMs) are grassroots organizations of gay or bisexual men, transgender women and people living with HIV that participate in the national HIV response. These spaces often provide HIV and STI testing, counseling, and health promotion activities. Some MCCs have agreements with local health departments and coordinate activities with health facilities in their areas.

Table 1: Description of participants in the in-depth interviews

Number	Gender Identity	Sexual Orientation	Age	Migratory status
1	cisgender man	gay	28	alien registration card
2	cisgender man	gay	32	refugee card
3	cisgender man	gay	37	alien registration card
4	transgender woman	heterosexual	41	alien registration card
5	cisgender man	gay	23	alien registration card
6	cisgender man	gay	19	CPP
7	cisgender man	bisexual	41	alien registration card
8	transgender man	heterosexual	40	alien registration card
9	cisgender man	gay	27	CPP
10	transgender man	heterosexual	30	CPP
11	cisgender man	gay	33	CPP
12	transgender woman	heterosexual	ND	undocumented
13	cisgender man	gay	36	alien registration card
14	cisgender man	gay	25	undocumented
15	transgender woman	heterosexual	32	CPP
16	transgender woman	heterosexual	36	CPP
17	transgender woman	heterosexual	30	CPP
18	cisgender woman	lesbian	28	alien registration card
19	transgender woman	heterosexual	27	alien registration card
20	cisgender woman	lesbian	53	CPP
21	transgender man	heterosexual	29	alien registration card
22	transgender woman	heterosexual	26	CPP
23	cisgender man	gay	41	alien registration card
24	cisgender woman	bisexual	33	undocumented
25	cisgender woman	bisexual	24	undocumented
26	transgender woman	heterosexual	22	undocumented

Information from secondary sources came from the review of the migration legal framework, public policies, directives, or reports related to the migrant population including protection programs or interventions; programmatic data on LGBTQI+ migrants; studies and reports from civil society (cooperation, academia, NGOs and grassroots social organizations (OSBs) on the situation of LGBTQI+ migrants in Peru. In addition, a search was conducted in Google Scholar and Pubmed for academic articles and related reports. This search was complemented by documents or reports provided by key informants.

The analysis of the information was carried out considering the action framework of the Working Group on Refugees and Migrants (GTRM): i) direct emergency response, ii) protection, iii) socioeconomic and cultural integration, and iv) capacity building of the host government (R4V 2019). The concept of intersectional stigma was also used, i.e., the multiple and interdependent forms of stigma (symbolic, internalized, enacted) operating at micro, meso, and macro levels on individuals (Turan et al. 2019).

The triangulation method was used for the synthesis and integration of data from multiple sources and for the elaboration and interpretation of the findings (WHO 2009). Due to the scarce existing information on LGBTQI+ migrant and refugee population and the overlapping barriers between this population and the general migrant and refugee population, barriers that are common to both groups are presented, and particularities concerning the LGBTQI+ population are emphasized.

The research protocol and data collection instruments were approved by the Abt Associates Institutional Review Board.

3. FINDINGS

A. Current Context

The main reason reported for leaving Venezuela was economic, i.e., the inability of covering basic needs, either at a personal level or as a means to support family members who remained in the place of origin. This has been widely described in other research (Blouin 2021; Bravo 2020).

Some people migrated for health reasons, to access treatment for chronic illnesses (for example, to continue treatment for HIV), since the crisis in Venezuela has generated frequent episodes of medicine shortages. Other participants left for political reasons such as problems with employers in public institutions where they were threatened or because of situations of violence based on prejudice because of their sexual orientation or gender identity.

> "I left Venezuela about seven years ago. There I worked in a government-owned company, but since I am a single mother, with a fifteen-year-old son, my salary was not enough to cover my needs. So, I had to migrate." (Bisexual woman, 33 years old)

> "I made the mistake of suing the Government before the Supreme Court of Justice of my country, in order to be able to change my name and what I received were threats, uh... I had to flee to Peru, with what I had in my hand." (Transgender man, 41 years old)

> "In December they give me the first bottle (of HIV medication). In January I go to get the second bottle and they say, the medication is going to run out, they are not going to give me any more. I go in February to get my next bottle and they tell me, it's official, there is no more medication. Maybe we get lucky and they give us next month. I talked to a friend in Ecuador. My partner told me, you have to go because you are starting, and you are sick. That was the trigger. On March first, I went in the morning, picked up my last bottle of medication and in the evening I was leaving." (Gay man, 37 years old)

Migratory route

Data from the ENPOVE 2022 show that 92% of the migrant and refugee population that participated in the survey entered Peru through the Tumbes border (93%). Seven percent of the population entered through Lima and Callao (INEI 2022).

All interview participants entered Peru through the border with Ecuador by land from Venezuela. Some people arrived with no delays in transit through Colombia and Ecuador, especially those who had family or friends in Peru with whom they had made previous contact. Others took weeks or even months, seeking livelihoods in the various cities where they arrived, continuing their journey south.

Vulnerable situations may arise along the route. For example: having just enough money for fares and food during the trip; exposure to harassment because of their nationality, sexual orientation or gender identity/expression, or as women traveling alone; and crossing long stretches on foot due to lack of money. This was also documented in research with LGBTQI+ migrants from Venezuela in the country (Bravo 2020).

> "The route itself amplifies the risk in terms of trafficking or abuse, in transit through a complex geography." (KI International Cooperation)

Vulnerability is higher for people entering through irregular routes, which increased during the border closures in the region due to the COVID-19 pandemic (R4V 2021).

B. Documentation

It is a consensus among key informants and LGBTQI+ community members interviewed that the main barrier to access to public services, employment and adequate insertion continues to be the lack of documentation to regularize the status of thousands of migrants and refugees in the country.

Documentation status and barriers to access

According to ENPOVE 2022, 65% of the people surveyed had some type of immigration permit to stay in the country, while 35% did not. Of those surveyed, 22% had an Alien Registration Card, 18% had a CPP, 14% had applied for refugee status and 9% had a Peruvian ID. This data underscores that there are hundreds of thousands of migrants from Venezuela who are in a situation of irregular residence, with the social vulnerabilities that this entails.

One of the barriers found in this research is that the diversity of immigration documents and the different processes needed to obtain them demand a level of information that is not easy to manage for most migrants. Both key informants and interview participants report that misinformation about how and where to carry out the procedures is common among the LGBTQI+ migrant community.

> "One of the difficulties for many people in the community is that it is not explained to them what the processes are, or when their residency expires, how long, what rights they have, what duties they have." (KI Civil Society)

Migration policies in Peru and other countries in the region have shown low institutionalization because these measures have sought circumstantial solutions to the migratory flow but do not constitute a comprehensive response (Blouin 2021). In addition, they may generate a feeling of uncertainty in the Venezuelan population (Blouin and Frerier 2019). Legislative Decree No. 1350 regulates the entry and exit of foreigners from the territory, as well as the procedures to regularize their residence (El Peruano DL 1350).

Currently, the following types of documents for migrants regularize their status: the temporary permit to stay card (CPP), the humanitarian migratory status, the Alien Registration Card and the Alien Vulnerability Card.[4]

[4] The UNHCR website details the requirements to obtain the different documents, as well as their scope: https://help.unhcr.org/peru/

For example, although a document such as the CPP allows access to employment contracts, in practice, many employers request the Alien Registration Card. Likewise, access to the Comprehensive Health Insurance (SIS) is also conditioned by this document for foreigners.[5]

Not understanding the processes, some people resort to unauthorized intermediaries to obtain the necessary documents, who charge for facilitating the process. This creates an additional financial burden for migrants.

> "Well, um, I went online. And well, I filled out the form and applied for it. Obviously I paid to have it done because I didn't know how that was handled here in the Peruvian system... Look, I paid about 40 soles to get the appointment and stuff." (Transgender woman, 30)

Other groups describe turning to civil society organizations that offer advice and support in migration regularization processes (see below).

Another barrier identified for access to documentation is the lengthy time that some procedures can take. Given the enormous flow of migrants in the country, the systems are faced with a demand that exceeds their capacity, which can generate long waiting times and cause some people to abandon the processes.

> "I would mainly ask (the Superintendence of Migration) to respond to the requests made to them. Not immediately, because I know it takes a process, but a much faster response. There are users who spend months without having a job. Because many jobs ask them for an alien registration card. As long as they do not have an alien registration card, they cannot access certain health and labor services. I would ask for more speed, that there would be more information and that there would be more outreach to disseminate information so that all these gaps can be closed." (KI Civil Society)

For transgender persons, the non-recognition of gender identity in the legal document is a barrier to the guarantee of rights, as it limits access to both public and private institutions. This is a reality that also affects Peruvian transgender persons, as has been recognized by the National Commission Against Discrimination (MINJUS 2019).

> "Even though Peru has a law or approval for name change for the transgender community, it is not made for foreigners and also, uh... not even people from the community in Peru have much access. Besides there is no gender change. They change their name, but you still have a girl's identity, and you know, obviously that will generate discrimination." (Transgender man, 40 years old)

On the other hand, there are people who entered the country without any documentation to identify them. In this situation, they must go to the Venezuelan consulate to obtain a copy of their identity card or birth certificate. The procedure costs $60, according to members of migrant

[5] https://www.gob.pe/132-afiliarte-al-sis-gratuito-requisitos

organizations. One problem, according to key informants, is that people without any documentation are often in a more precarious economic situation, making them unable to pay the fees. For people outside of Lima, travel expenses become an additional obstacle. Some people raise the money and complete the process, but others do not manage to raise the money or prefers not to do so, seeking temporary jobs and with the limitations on access to services that come with not having documentation.

Currently, a person with Venezuelan nationality needs a passport and visa to enter Peru, unless he/she has a permanent residence in Chile, Colombia or Mexico. The visa can be requested at the Peruvian consulates in Ecuador, Colombia and Venezuela.

> "There are young people who do not have access to a cédula, who do not have access to a birth certificate because the (Venezuelan) government does not give them. They are not issuing them. Let alone get a passport that costs up to $300. So, they enter Peru irregularly." (KI Org. Migrant Civil Society)

> "The visa is actually accessible to very few people, because you need a passport obviously. During the pandemic they stopped issuing them." (KI Cooperation)

The migratory flow from Venezuela has not diminished and many migrants and refugees enter through the northern border by irregular means, having previously entered Colombia and Ecuador under the same conditions.

Fines for migrants

Peruvian law establishes fines for foreigners who do not renew their residency documents or who overstay upon entry. During the COVID-19 pandemic the application of these fines was suspended (El Peruano 2020). However, in 2021 Migrations resumed the collection of daily fines for an amount of S/ 49.50, equivalent to 1% of the Taxable Tax Unit (UIT).

The norm shows a punitive nature in the application of the law, which ends up generating conditions of irregularity, since indebted persons are prevented from signing work contracts or carrying out bank procedures, among other procedures, until the debt is paid off (Ombudsman's Office 2022).

> "There is a decree that says that every day that you do not renew your residency you have to pay 44 soles. I had about eight months without paying, because I had thought that what I had paid was the residency, it was cool for me, but it wasn't. I was able to solve it, yes, but that's why it added up to such a large amount. Not everybody has enough to pay 44 soles because not even a day's work covers that. You would have to, I don't know, ask for a loan that the bank won't give you either, it's crazy, it's crazy. It's like, we're going to give you a fine that's impossible for you to pay, there's no way you're going to pay." (Transgender man, 29 years old)

In March of this year, Congress approved a six-month amnesty from immigration fines (Congress 2023). Previously, in November 2022, legislators had rejected this initiative.

Application for refugee status

Currently, Peru is the country in the world with the highest number of pending refugee applications from Venezuelan nationals (531,000) (R4V 2022). The country does not recognize the right to refugee status based on gender identity or sexual orientation. However, in the National Migration Policy 2017–2025 (El Peruano 2017), the terms gender, sexual identity and sexual orientation are mentioned in its glossary on discrimination and vulnerable population: **"**Vulnerable Population or Vulnerable Groups - are those groups of people who due to different circumstances (crisis, conflicts, natural or environmental disasters, among others) or personal conditions (gender, age, sexual orientation, sexual identity, etc.) are at risk of being subjected to discriminatory practices, violence or others that require special protection" (Supreme Decree N◦ 015-2017-RE).

> "In the case of LGBTQI+ people in general and in the survivor population of gender-based violence, our view is that they are people in need of international protection. However, it is always important to make an assessment of the situation in the country of origin. That is, the reasons why they had to leave their country of origin, if they fit the definition of persecution, some kind of human rights violations or situations of repeated discrimination" (KI International Cooperation).

In a study on the refugee situation of the LGBTQI+ population in Argentina, Brazil, Chile, Ecuador and Peru, the author points out that, on one hand, there is an overflow of refugee applications in the country; on the other hand, officials do not recognize persecution based on gender identity or sexual orientation due to a conservative bias (Scuzarello 2020). Likewise, transgender refugee applicants whose process is approved do not have their social name recognized and only their sex and legal name are used. It also reports that in the Peruvian case, intrusive questions are asked to LGBTIQ+ applicants, which results in applicants applying discretion about their sexuality or gender identity as a mechanism to obtain refugee status (Scuzarello 2020).

In this sense, international cooperation partners recognize that there are opportunities for improvement to carry out a legal analysis that considers that a person may also need refugee status due to issues related to their gender identity or sexual orientation.

> "It has to be, it has to be specific in Peru's refugee policy. And the staff has to be trained. They have to ensure that continuously the staff is trained to be able to analyze the cases of these populations (LGBTQI+ people) that are presented in the asylum system" (KI International Cooperation).

C. Protection Systems Design

There are some barriers in the design and implementation of protection systems and programs that hinder the coverage and access of the beneficiary population.

Invisibility of the LGBTQI+ Population

Few public systems incorporate variables such as sexual orientation or gender identity to identify people from the LGBTQI+ community. For example, the AURORA program against gender violence in the MIMP allows this identification, as do some MINSA programs (e.g., HIV).

Likewise, most public systems allow the identification of users by nationality. However, those systems that identify nationality and LGBTQI+ population do not usually process the information considering both variables. For example, the AURORA program reports data on the total LGBTQI+ population served without separating it by nationality, as it does with cisgender women.

The lack of information on the LGBTQI+ population, both migrant and refugee, as well as national, prevents the identification of gaps in access to public services, monitoring the progress of interventions or informing decisions.

It is important to point out that this information gap exists both at the level of the Government and in cooperation and civil society organizations.

> "The big gap is the lack of data. There is very little reporting on the situation of LGBTQ+ refugees and migrants. Not only in that we don't have statistics to analyze the challenges they face, but also already on a more case-by-case level, in that it is difficult to be able to identify all the gender sexual diversities we are assisting. That challenge is even internal. How our registration systems adapt to ensure that we are identifying these populations, as well as our care techniques" (KI International Cooperation).

NEED TO STANDARDIZE INSTRUMENTS

The need to generate instruments that identify the LGBTQI+ population also poses a challenge in defining the prioritization of sexual orientation or gender identity when identifying an individual. Some cooperation organizations have adapted their registration instruments to identify LGBTQI+ individuals by incorporating boxes to record sexual orientation or gender identity.

Usually, sexual orientation is used to identify cisgender men and women identified as gay, lesbian or bisexual respectively, and gender identity is used to identify transgender people. However, as one key informant mentions, everyone has sexual orientation and gender identity.

> "We are asked, I want to know how many are homosexuals, transgender, lesbians. It is not understood from the cooperation and from the agencies, what is sexual orientation, what is gender, what is sex. Everything mixed together. There is no understanding, for example, that a transgender woman can be a lesbian. There I have two things to mark, not just one" (KI Civil Society).

In this sense, there should be a consensus and standardization on the objective of the instruments that record sexual orientation and gender identity. This entails differentiating the goal of identifying individuals belonging to a vulnerable population group from the goal of tracking individuals' sexual identity in documentation and registries. Thus, developing an adequate understanding of the identification of vulnerable groups in interventions and the steps to implement it properly requires a conceptual definition as well as training of personnel in charge of identification and registration.

> "I could not say that in the set of GTRM administrations and that in the set of grassroots organizations in which we work, all have had the level of preparation and sensitization that would allow them to really gather this information (identification of LGBTQI+ population). We know that there is a lot of invisible population." (KI International Cooperation)

ABSENCE OF A STEWARDSHIP FOR WORKING WITH THE LGBTQI+ POPULATION.

At the government level, there is no governing body that looks at the issue of the LGBTQI+ population. The National Human Rights Plan 2018-2021 of MINJUS recognizes this population as a "group of special protection" (MINJUS 2018). This recognition continues in the National Human Rights Policy that is currently under development.

However, it is not very clear how this recognition of vulnerability is put into practice in public policy. For example, as described below, MINSA does not have a health authority or strategy aimed at meeting the needs of this population. This is also the case at the MIMP, despite the existence of some coordination working groups with community organizations, and at the MIDIS, to point out key actors in the social protection systems. This situation generates some gaps in existing interventions and services for the LGBTQI+ population that affect both the national population and the migrant and refugee population.

> "There is still no understanding of why people are vulnerable. Why they are considered in that situation. It's become like a catchphrase. LGBTQI+ vulnerable (...) It is not enough to say it. It also requires an analysis from a different perspective, from a gender perspective, from a diversity perspective. With the right approaches, so that government interventions meet specific needs" (KI Government).

At the same time, international cooperation agencies are willing to work with the LGBTQI+ migrant and refugee population, although there is still no cross-cutting design of specific interventions or working groups to address this population.

> "We need the Peruvian Government and institutions to recognize that, within the Venezuelan flow, there is an LGBTQI+ population. It is not a small volume and that they require specific procedures, it requires a differentiated approach." (KI International Cooperation)

PROGRAM DESIGN AND DOCUMENTATION

Different key informants from the public sector agree that a major barrier to access to public services is in the design of the public protection system, which only considers the alien registration card as a valid accreditation document. This affects the entire migrant population, including the LGBTQI+ population.

> "The registries still maintain the idea that the only way a foreigner can be found (in the country) is either as a tourist or as a resident, but with an alien registration card. What is needed is this change in the registries, in the computer systems that also allow people who have other types of regularization documents, such as the CPP or a refugee applicant card, to have access to these benefits (talking about social programs)" (KI Government).

For example, insurance through the SIS considers nationals and foreign residents with an alien registration card. Similarly, the Household Targeting System (SISFOH),[6] which identifies people or population groups living in poverty and extreme poverty through a socioeconomic classification, only considers the alien registration card as an accreditation document. People who are registered and classified as poor or extremely poor can then access different social programs. The registration and registry allow the optimization of program resources, trying to ensure that the beneficiaries are the most vulnerable people.

As mentioned, according to the ENPOVE 2022, only 22% of the migrant population has an alien registration card and 9% has a Peruvian ID card.[7] The rest of the population either remains undocumented or has another type of document such as the CPP or refugee applicant card.

Some services or programs provided by municipalities are annexed to the SISFOH. For example, soup kitchens. In this sense, programs that are essential within the protection system (which also includes the health sector), are not adequate to reach the majority of migrants and refugees living in the country, especially the most vulnerable people, such as those who do not have their migratory status regularized.

> "If another person has another type of document and needs to accredit their situation of poverty or extreme poverty, the directive and the law tell you, no, I'm sorry, I can't do it from the municipality, because my registry does not allow me to do it." (KI Government)

Thus, at present, health and social development programs end up **excluding by design the majority of the migrant and refugee population.**

COVERAGE LIMITATIONS

There are limitations in the interventions of the cooperation and civil society protection system to ensure adequate coverage of the LGBTQI+ migrant and refugee population. One of these has to do with the distrust that can be generated in the population in relation to their interactions with institutions, as explained above, or the fear of being identified as a member of sexual and gender diversity in broader spaces with the general population.

[6] Sistema de Focalización de Hogares (SIFOH): https://www.gob.pe/437-sistema-de-focalizacion-de-hogares-sisfoh%20q

[7] Although the report does not explain how they acquired Peruvian nationality, it is inferred that the population with ID is composed of people born in the country, plus those who have been nationalized.

> "We haven't really generated safe spaces, because you have this series of days, but it doesn't reach LGBTQI+ people. Even when we invite them, unless they know that there is going to be something very concrete for them. Because they don't feel safe, they feel that they are going to be discriminated against, that the staff there is not going to serve them well, they are not going to call them by their name, so many things, right, that they are going to look at them in a different way, so it is just not a safe space." (KI International Cooperation)

Limitations in coverage may also be due to a lack of information within the target population. Although there are communication channels such as WhatsApp groups or social networks for migrants and refugees, there is a portion of the population that does not have access to these channels. Often this is the most vulnerable population, reflected in lower support networks. In this sense, working with grassroots organizations can allow a greater reach to the population by being closer to them.

Community organizing of LGBTQI+ migrants and refugees is still limited, although there are examples of organizations of transgender people in Lima and of the community in general in Trujillo. One challenge is for these organizations to have greater visibility within the cooperation system and to be able to access resources or administer projects directly. Since they do not have their own spaces, some organizations make alliances with municipalities or religious organizations, and there is also the fear of experiencing discrimination.

D. Stigmatization and Prejudice

Stigmatization and prejudice against Venezuelan migrants and refugees limit their interaction with public institutions. This is present both at the level of public policies and in the provision of services, which limits access. In addition to prejudice against nationality, there is prejudice against sexual orientation and gender identity among LGBTQI+ migrants.

ASSOCIATION OF MIGRATION TO CRIMINALITY

There is an established prejudice in society that associates Venezuelan nationality with criminality (IOM 2022; MINJUS 2022),[8] which can lead to situations of discrimination, both at the level of public policy design and service provision.

> "The way in which legislation has been passed in recent years has given priority to the security approach. And there is a tendency to stigmatize the population and associate it to criminal situations, to the increase of citizen insecurity" (KI Government).

[8] The IOM research consisted of a survey of 2,000 Peruvian citizens in Lima. Thirty-nine percent considered the presence of Venezuelans in their neighborhood to be a serious problem. Forty-two percent reported avoiding the Venezuelan population in the places they frequent for fear of crime. In the same research, it was found that those who have close relationships with the Venezuelan population express a lower perception of insecurity around this population.

The following are some examples of how the stigma of migrants as criminals translates into public policies that seek to criminalize migrants and refugees, without much empirical basis.

In January 2020, the government in power created a “special brigade against criminal migration” in response to a wave of assaults and murders perpetrated by migrants from Venezuela, according to the police (BBC World 2020).

In August 2022 the government presented Draft Law No. 2811/2022-PE, which sought to expand the grounds for expulsion of foreigners (La Ley 2022). Among these causes were: not carrying an identity document, possession of psychoactive substances, being on board a delivery motorcycle without accrediting a permit, or driving a vehicle without accrediting possession or transfer of the same.

Likewise, the “contravention of sanitary provisions” was also one of the causes added. At the press conference where the project was presented, the then president of the Council of Ministers declared that those migrants who did not have full vaccination with COVID-19 would be expelled from the country. In this example, there is also the addition of the stigma of the migrant as a health threat, which has been described previously in relation to migrants from Venezuela with HIV (Silva Santisteban 2019). The aforementioned draft law as submitted to Congress and has not yet been debated.

This year, a congressman introduced a draft law to expel foreigners who work as motorized delivery drivers without authorization (La República 2023a).

However, the available information on migration and crime does not support these policies. In 2022 MINJUS published a report that analyzed the relationship between Venezuelan immigration and crime (MINJUS 2022b). The document notes that since 2011 there has been a slow increase in homicides, preceding the increase in Venezuelan immigration. Likewise, the rate of persons deprived of liberty per 100 thousand is higher in the Peruvian population than in the Venezuelan population in the territory (264 vs. 121). On the other hand, of the total number of Venezuelan detainees, 77% were being prosecuted and 23% had been sentenced. This figure is the inverse of that observed for the national population and shows a greater vulnerability of the migrant population to being deprived of liberty without a sentence.

The report also shows that, although the rate of persons deprived of liberty of migrants and refugees from Venezuela is lower than that of the Peruvian population, the proportion of persons from Venezuela prosecuted or sentenced for aggravated robbery, attempted or illegal possession of weapons is higher compared to the Peruvian population or other nationalities. Perhaps this data contributes to the perception or stigma that associates Venezuelan nationality with criminality. However, the existing information does not support that the Venezuelan migrant and refugee population commits more crimes than the Peruvian population.

STIGMATIZATION IN PUBLIC SERVICES

On the other hand, this stigma is also reflected in the interactions between the migrant and refugee population and the institutions. From what was reported by key informants and participants in the interviews, it is possible to assert that prejudice towards Venezuelan nationality

on the part of officials and workers mediates the relationship between the migrant and refugee population and the public and civil society institutions with which they interact.

> "The stigma that we are all criminals, that we all say, we're drug addicts or that women, the vast majority of women do prostitution work. So, I think that's the biggest stigma." (KI OSB)

> "There is a lot of prejudice regarding the Venezuelan population, from the services, because it is considered to have a halo of delinquency" (IC Estado).

This stigmatization is put into practice mainly in discourse, but it can also lead to reluctance on the part of public service providers to carry out any procedure or delay it, or even to the denial of services.

> "I have seen cases, for example, out of place comments from many people. Or health services maybe have been able to say establish certain parameters for migrants. All of a sudden they are given... more requirements or whatever. A national person comes to a service and is treated in a more pleasant way and perhaps some migrants are treated in a more derogatory way" (KI OSB).

> "If you are a foreigner, they are already raising some objections, and if you don't have documentation or you don't have SIS, even from the door they are already telling you that you can't access." (KI Government)

According to key informants, there are no mechanisms in public institutions to address cases of discrimination or mistreatment of the migrant population and the LGBTQI+ population that would allow for adequate accountability. There is also a lack of training of public servants to prevent these cases from continuing, and of indicators to evaluate and promote discrimination-free care.

HYPERSEXUALIZATION, HOMOPHOBIA AND TRANSPHOBIA

Discrimination and stigmatization can be intensified when gender-related characteristics are discussed (Gauna 2021). The intersection of gender, hypersexualization, nationality, age and migrant status contribute to the devaluation of Venezuelan migrant women, impacting their integration into society (Perez and Freier 2022).

There are many reported situations where the discordance between the gender expression and the legal name of the transgender person translates into mistreatment on the part of the official who attends in public institutions and in some cases of the civil society. Sometimes this is due to ignorance and sometimes due to prejudice or open transphobia. For transgender persons there is a discriminatory pattern where the official may make transphobic comments or mockery when seeing the difference between the sex that appears in the document and the gender expression of the person.

> "I go to Migrations and the person who attends me at the window sees my documents and sees me, sees my documents and sees me. Then he began to ask me for more documents as if to certify that it was me (...) Then when I went to get it (the alien registration card), he told me that I could be usurping the identity of another person. He sent it to the reception desk. He threw the card back in my face. And he told everyone about it. And people stopped working to laugh and to make fun of me." (Transgender woman 27 years old)

Situations of discrimination based on sexual orientation and gender identity were reported in civil society organizations working with migrants and refugees. For example, in some shelters for homeless people, only hetero-parental families were considered, discarding same-sex couples or singles. Prejudice related to myths about the promiscuity of homosexuals is also used to deny access. These situations, added to the limited supply of this type of spaces, increase the vulnerability of the LGBTQI+ population in urgent need of housing.

> "with the LGTBI population it was a combination of being a religious entity of carrying a very strong stigma and they had this idea that they were going to generate problems, promiscuity and all this stigma." (KI International Cooperation)

Other informants from grassroots organizations reported that prejudice in relation to sexual orientation or gender identity is also sometimes present within migrant-serving organizations, which alienates the community from these organizations.

The different forms of stigmatization add up and affect the well-being of those who suffer them. For example, some people do not want to show their nationality in certain spaces, anticipating situations of discrimination.

> "So, I prefer not to talk, because only when they listen to me, they already know that I am a 'veneco', because they don't call us Venezuelans, that shocks me a lot, I am Venezuelan, but here I have to accept that they call me a 'veneco'." (Gay man, 41 years old)

In the case of the LGBTQI+ population, interviewees also described the concealment of gender expression or identity, or sexual orientation, to avoid situations of discrimination in work or friendship spaces. This has been previously defined as the "return to the closet," and this impediment to living sexual identity fully is correlated with increased stress (Bravo 2020).

> "Here in Peru, it is handled with much more discretion, it's like well, we accept that you are homosexual, bisexual, but keep it to yourself, don't communicate it or keep it closed..." (KI OSB).

E. Health

The main barrier to access to the health system continues to be financial, since a lack of health insurance results in increased out of pocket expenses, which is a problem for the migrant and refugee population in general. For the LGBTQI+ population, there are also limitations of health interventions to meet their needs, as well as experiences of discrimination.

ACCESS TO SERVICES

ENPOVE 2022 data show that 73% of the population does not have health insurance. Of the 27% that have insurance, 74% reported having Comprehensive Health Insurance (SIS), 19% ESSALUD and 7% have some type of private insurance. The insurance coverage of 27% is nonetheless an improvement from the ENPOVE 2018, where coverage was 8% (INEI 2022).

The low level of insurance leads to an increase in out-of-pocket spending, which is an established problem of the health sector in the country (Montañez 2018). In 2013, SIS coverage was extended to the pregnant population and children under five years of age, even without an identity

document, enabling the incorporation of the migrant and refugee population belonging to these groups. However, the universal insurance norm, which guarantees the SIS for all persons residing in Peru who do not have other insurance, is conditioned by the alien registration card for migrants, excluding most of the Venezuelan population in the country (MINSA 2019).

Article 7 of the regulations of the Migration Law states that the Ministry of Health must establish norms and measures to guarantee access to public health services for foreigners, even in an irregular migratory situation (EL Peruano DL 1350). However, there is no norm regulating how migrants should have access to public and private health services. This means that, in practice, access to the health system depends on the requirements of each subsystem (Arroyo 2022).

HEALTH CARE FOR THE LGBTQI+ POPULATION

From the programmatic point of view, the limitations of access to the health system for the migrant LGBTQI+ population are similar to limitations for the national LGBTQI+ community. These consist of the lack of programs, services and regulations that consider the health needs of this population in a comprehensive manner.

There is no unit in MINSA that leads or coordinates health interventions for the LGBTQI+ population. The only interventions identified are specific strategies in mental health and HIV, which implies that other aspects of the population's health are left aside.

> "From experience I consider that it should be assigned, I don't know if it should generate a unit, but at least assign a strategy[9] to lead the issue at the MINSA level. There has to be a head that leads, that standardizes, that convenes the strategies and follows up on the actions that can be done to improve access (of the LGBTIQ+ population)." (KI Government)

The main actions aimed at this population are in the area of mental health (see below). On the other hand, HIV prevention and treatment strategies include interventions aimed at gay/bisexual men and transgender women, both considered key populations in the control of the epidemic. These consist mainly of periodic care for HIV and screening for other STIs, the provision of condoms and work with peer promoters to link detected cases of HIV. The epidemic control approach limits the possibility of designing and implementing comprehensive health interventions, focusing solely on the issue of sexually transmitted infections.

For example, there is a technical norm of care for HIV prevention and treatment for transgender women (MINSA 2016). This includes the provision of hormones as part of the services given in the HIV program. The provision of hormones regulated in this norm recognizes a health need of transgender women, but it is implemented as a stimulus to enhance HIV control. Further, it has not been implemented in all care centers. As mentioned by a transgender woman interviewed, this standard does not recognize other health needs of the population and does not include the

[9] "Strategy" in this context, refers to a health program.

transgender male population. Although the technical norm is an improvement in health care for transgender women, it does not fill the existing gap in comprehensive care.

> "It is a program based on the HIV strategy, with the idea that many women go into prostitution. They come to do the test, they link them to the necessary health system, and as a gift the box for you (hormones). They should have real attention based on the issue of the human right (to health) and not on the HIV strategy. With the issue of transgender people, transgender men and transgender women, because for transgender men there are no health policies here" (Transgender woman, 41 years old)

To date, there are no sexual and reproductive health services, interventions or protocols that consider the health needs of lesbian or bisexual women and transgender masculinities in public services.

> For example, hormone replacement therapies for transgender men are non-existent in the public system. The only access is through private care, where the cost of hormones is also higher than in other countries in the region. A 2017 study reported an average expenditure of 300 soles for hormone replacement therapy in transgender men in Lima (Reisner et al. 2021). "'Here too, you go and get it at the pharmacy (a specific brand). But here it costs 150 dollars, a single dose, which in Venezuela cost me 10 dollars. Here I have to use the cheapest one or bring them from other countries, even from Ecuador, where it is 90% cheaper than here in Peru. Here a hormone costs you, the cheap one, costs you 30 dollars and in Ecuador it costs you 4 dollars'" (Transgender man, 41 years old)

Some transgender men have turned to international organizations for support in accessing hormone treatment or, in other cases, simply do not access the therapy.

The absence of sexual and reproductive health protocols for the LGBTQI+ population limits gynecological care for transgender men and also lesbian women, as many of their health needs are not considered by health personnel (Reisner et al. 2021).

Similarly, to date there is no epidemiological or programmatic information on the access of the LGBTQI+ migrant and refugee population to MINSA services. Some programs, such as the HIV program, for example, allow the identification of transgender women or gay men in their care forms. However, the information is not reported, both for the national and foreign population.

MENTAL HEALTH

> "People migrate in search of decent jobs, with the expectation of improving their quality of life and when this does not happen, there is an economic shock that generates stress, in addition to the need to pay rents, services, and send remittances" (KI Civil Society)

There are no official epidemiological data on the mental health of the LGBTQI+ migrant and refugee population, nor of the general population. Some research, although not representative, can give an account of the level of mental illness among the migrant and refugee population in the country.

Research with 300 migrants and refugees from Venezuela residing in Lima and Tumbes found that 47% of participants had symptoms reflecting some anxiety or depression syndrome (CAPS 2022).

The interviews corroborate that the main stressor for participants is uncertainty based on financial instability and the need to generate income in a context of instability and/or labor exploitation. Factors such as discrimination and stigmatization based on nationality also influence their state of mind (see section on discrimination).

Added to this is the daily discrimination on the basis of their sexual orientation or gender identity, which leads to disproportionate mood disorders, anxiety or suicide in people from the LGBTQI+ community (Botswick 2014, Meyer 2003).

Likewise, situations such as the concealment of gender expression, or of aspects of people's identity such as their sexual orientation, constitute what has been referred to as the "return to the closet" in the migrant and refugee LGBTQI+ population (Bravo 2020).

MENTAL HEALTH CARE FOR LGBTQI+ PEOPLE AT MINSA

The sectoral policy guidelines on mental health specifically address the LGBTQI+ population as one of the groups in conditions of greater vulnerability (MINSA 2018).

In practice, MINSA's mental health care for this population has been through the SOGI (*sexual orientation* and *gender identity*) Program, which is a program aimed at the LGBTQI+ population, but focused on substance abuse screening and management (Care 2021). The intervention takes place primarily in Community Mental Health Centers (CSMCs). The program, although limited to the issue of substance abuse, supports the training of health personnel in CSMCs on some LGBTQI+ sexuality and gender issues. However, it is not a comprehensive sectoral policy, analogous to what was mentioned with the HIV standard of care for transgender women.

Currently, there are 248 CSMCs nationwide, 42 of which are located in Lima. A referral from the district health facility where the user lives is necessary to access services in one of these centers. Civil society organizations working on mental health issues with migrant and refugee populations report that they rely on the CSMCs to continue with the care of individuals who go through their own brief counseling programs. However, corroborating the aforementioned barriers to access, the staff at some centers require an alien registration card to provide care.

> "The problem with the CSMCs is that the care policies are not clear. Some ask you for an alien registration card, others don't, when the norm says that you only need a report from the health facility." (KI Civil Society)

Civil society organizations point out the need to socialize the norm of care in the CSMCs. In addition, it is also necessary to socialize it among civil society organizations so that they can refer people in need of mental health care.

There are also civil society organizations that provide counseling services for the LGBTQI+ refugee and migrant population. For example, one organization provides a service exclusively for the LGBTQI+ population. Another provides a service for the entire population, including people of sexual diversity.

Regarding the clinical aspect, one of the organizations describes that the most common pathologies are mood disorders (e.g., anxiety, depression), and financial instability is usually the main stressor.

EXPERIENCES OF DISCRIMINATION IN HEALTH SERVICES

Several of the interviewees reported that at times the treatment is rude and lacking in empathy on the part of health personnel, which they perceive to be mainly due to their nationality, followed by sexual orientation or gender identity.

> "And there is always a dose of discrimination present in some health facilities. That is undeniable. If you are a foreigner, they are already putting some objections, and if you don't have documentation or you don't have SIS, even from the door they are already telling you that you can't access." (KI Estado)

Previous research has reported situations of discrimination towards migrants and refugees in the country in health facilities (PAHO 2022; Silva Santisteban 2019). These experiences generate distrust in the population. Some of the participants reported delaying visiting the health facility as much as possible, considering aspects such as financial barriers, the complexity of the processes, and possible experiences of mistreatment over the need to attend to their health needs.

DISCRIMINATION IN THE VACCINATION PROCESS FOR COVID-19

The situations of discrimination reported during the COVID-19 vaccination, although referring to the migrant population in general, can serve as an example to show how prejudice can be immersed in the public service and become a barrier to access to services. This risk of discrimination is heightened in a context of limited resources.

In the year 2021, when vaccination began at the national level, vaccine provision for the entire population was not yet assured, and the incidence of infection and death were high due to a strong second wave. Vaccination in the country was staggered, prioritizing groups of greater vulnerability and risk for infection. From the beginning vaccination was universal, and every person in the territory could be vaccinated following the guidelines by age or higher risk groups, per epidemiological criteria.

However, as reported by MINSA, there were cases in some regions where personnel refused to vaccinate migrants, even when they were among the prioritized groups. Some of these barriers were due to lack of knowledge of the regulations, such as requesting an alien registration card as a requirement, but there were also refusals based on prejudice.

> "In some regions it was very evident. To be told, 'first I vaccinate my population and then the migrants' was very hard." (CI Health Sector)

There is no known number of cases of discrimination identified. MINSA reports that some of the discriminatory directives came from the political authority of the regional government.

MINSA's Functional Health Unit for Migrant and Border Populations addressed these cases in coordination with the Ombudsman's Office and the humanitarian organizations that identified them in the field. They contacted the local and regional authorities where the situations of

discrimination occurred, seeking to reinforce the need to vaccinate the entire population in the territory. Situations of discrimination decreased as the number of available vaccines increased.

In a nationwide survey conducted by IDEHPUCP, at the end of March 2021, 52.8% considered that the Peruvian Government should not guarantee that Venezuelan individuals have access to the COVID-19 vaccine under the same conditions as the national population (IDEHPUCP 2021b). Along these lines, existing prejudices in society are transferred to the provision of services, but personnel should have the obligation to perform their public function despite individual value judgments.

The ENPOVE 22 reports that 23% of the participating population did not receive any vaccine against COVID-19. Of those who were vaccinated, 61% received two doses of vaccine, 25% received three doses and 14% received only one dose. One study analyzed the factors associated with not having been vaccinated or not having completed the schedule, using ENPOVE data. They found an association with age less than 24 years, lower educational level, not having insurance and irregular migratory status (Al-Kassab-Cordova, et al. 2023).

HETEROGENEITY IN THE PROVISION OF SERVICES

> "We have tried to find out why there are such unequal responses among health facilities to the same situation of irregularity of the migrant population (...) The fact that some of them put up so many barriers has to do with the lack of knowledge of norms that facilitate access to services, especially health strategies. Of some inputs that are strategic and do not require reimbursement and can be delivered to the general population." (KI Government)

The multiplicity of migratory documentation, as well as the regulations for services with different requirements, causes public health services to provide heterogeneous care to those who access the facilities.

The Government considers the barriers to accessing the health system related to the lack of an alien registration card as a key bottleneck. In a health facility, a care code can be generated for any person, even if they do not have documents. However, not all health personnel know or apply the regulations. Discretion depends on the providers in each facility, as there is a lack of standardized procedures, and they are not fully disseminated among health personnel.

In addition, as previously described, there may be other factors in these circumstances that affect care, such as bias by health personnel or administrative staff towards, for example, the nationality, sexual orientation or gender identity of the user.

A person with HIV can obtain the alien registration card due to vulnerability. However, to obtain the document, they must first receive a report from a national health center certifying their medical condition. The costs of care to generate this documentation are borne by the user, since the person will not be able to enroll in the SIS until they have the alien registration card. In this sense, the cost of care depends on the speed or delay of the documentation process.

This heterogeneity of care affects users, who have difficulty understanding and navigating the health system. Previous studies have identified the bureaucracy of health care administrative procedures as a barrier to access for the migrant and refugee population. This generates in users

the perception of insensitivity of the health system, which conditions care to requirements such as regularized documentation or payments prior to consultations or analysis, even in emergency situations (PAHO 2022).

The people interviewed who accessed the SIS value the possibility of having health insurance that does not depend on a situation of employment stability, such as ESSALUD. On the other hand, some participants are not very clear about their rights as migrants to access the health system.

> "My fellow Venezuelans have told me not to go (to the health center), because they won't understand me. I have not gone. I don't know if it's true, or if it's a lie, but they tell me that they only attend those who have an alien registration card, and I don't have an alien registration card, I have a CPP." (Gay man, 23 years old)

Interviewees lacking health insurance reported seeking medical care in private clinics or in public facilities that charge fees such as the municipal health services. However, if they do not have the resources to finance care, they turn to pharmacies near where they live, ask friends or acquaintances for advice, or self-medicate.

Migrant and Border Populations Health Functional Unit

Currently, there is a functional unit in MINSA in charge of the health of the migrant population. The Migrant and Border Population Health Functional Unit (UFPM) was created in October 2020, in the context of the COVID-19 pandemic. At the beginning, it reported to the Vice-Ministerial Office of Public Health (MINSA 2020). Then, like most of the interventions related to health strategies, it was attached to the Directorate of Strategic Interventions in Public Health (DIGIESP) seeking to incorporate a cross-cutting approach to migrant and refugee health in the various existing directorates. In each directorate there is a UFPM focal point as part of the technical teams (e.g., Directorate for Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis).

A functional unit, unlike an organic unit such as the directorates that make up the DIGIESP, is not incorporated in the Regulation of Organization and Functions. This limits its allocation of budget and permanent human resources. Functional units are temporary and respond to specific needs, although they may eventually become organic units.

> "Resources are not allocated to functional units. They take human resources from other offices. Then they see where the financial resources for the interventions are obtained, or they coordinate so that other organizational units support the interventions." (KI MINSA)

UFPM recognizes that it was not originally prepared to address the issue of health and migration at the scale that has occurred. Collaboration with other government sectors and cooperation and civil society organizations (such as the Intersectoral Roundtable for Migration Management or the GTRM) has been useful in the learning process for working with this population.

F. Gender Violence

The MIMP's program against gender-based violence was designed to respond to this problem in cisgender women and does not consider some aspects of violence against LGBTQI+ people, for example, violence based on prejudice against sexual orientation or gender identity in public spaces. Likewise, there are no specific strategies or interventions for this population and there are still limitations for the police to take complaints.

ATTENTION TO GENDER VIOLENCE FROM THE MINISTRY OF WOMEN AND VULNERABLE POPULATIONS -MIMP

The MIMP is the lead agency for addressing gender-based violence. However, it does not have stewardship over interventions for the LGBTQI+ population. The Aurora National Program is the unit within the MIMP in charge of prevention and attention to gender violence in the family, within the framework of Law 30264. The MIMP website explains the scope of Law No. 30364: "it is the norm promoted by the Peruvian Government in order to prevent, eradicate and punish all forms of violence against women because of their condition as such, and against the members of the family group, produced in the public or private sphere. Especially when they are in a situation of vulnerability, due to their age or physical situation, such as children, adolescents, elderly people and people with disabilities."[10] It is important to point out that sexual orientation or gender identity is not specified in the law as a situation of vulnerability.

The program carries out prevention and care strategies and services through the Women's Emergency Centers (CEM), which seek a multidisciplinary approach (legal, psychological, police, among others). It considers psychological, sexual, physical and economic violence. The program was designed to address the problem of gender violence in cisgender women, particularly in the couple's environment. However, those who are part of the household are considered within the care and prevention strategies.

There are guidelines for care in the services of the Aurora National Program for LGBTQI+ persons affected by violence in the framework of Law No. 30364 (MIMP 2022). These are care guidelines for program officials, which provide information on concepts related to gender identity and sexual orientation, the rights approach, among others.

However, the guidelines are not protocols for care, which may limit their scope to ensure that services are tailored to this population in a standardized manner. In addition, there are no guidelines for the area of prevention. There are also no differentiated strategies for the LGBTQI+ population. This population could be included within existing strategies. For example, the Men for Equality strategy may include gay men; or the Women Accompanying Women strategy, aimed at survivors of violence, may include lesbian women. However, inclusion is not standardized.

[10] https://www.mimp.gob.pe/webs/mimp/ley30364/sobre-ley-30364.php

The AURORA program reports data on nationality for cisgender women. In the case of the LGBTQI+ population, reporting by nationality is not done. However, information is generated and could be published.

There is a design barrier to address gender-based violence in the LGBTQI+ population, both national and migrant and refugee. The program was designed with the issue of domestic violence against cisgender women in mind and later sought to include the LGBTQI+ population. In this sense, one limitation of the AURORA program is that it does not consider situations of violence and discrimination that occur in public spaces due to prejudice related to gender expression or identity, and sexual orientation. Situations of psychological, physical violence, abuse of authority or even murder, as described below. This risk of violence is intrinsic to the LGBTQI+ population and is left aside.

In addition, as a key informant explains, since there are no specific strategies for the LGBTQI+ population, the approach to the issue depends in part on the willingness or sensitivity of those who provide services. That is to say, the discretion of the attention falls on the official.

> "To begin with, there is nothing that mandates doing anything about LGBT issues. It is not in the law and if the population is mentioned it is as part of the intersectionality of women and their family circle. So, if I am not sensitive to the issue, we are not obliged to do it." (KI Government)

As mentioned above, prejudice towards the population may generate resistance in some officials to work with this population, in addition to discrimination based on nationality.

LIMITATIONS FOR REPORTING GENDER VIOLENCE IN SAME-SEX PARTNERSHIPS

There are service centers for victims of gender violence committed by family members located in police stations. The National Police has a Human Rights Manual applied to the Police Function which proposes a rights approach and a gender approach (El Peruano 2018). The manual defines the vulnerability of LGBTQI+ persons as a group "prone to suffer aggressions and attacks against their life and integrity, discrimination, insults, exclusion and denial of rights, not only from authorities or third parties but even from their own family and environment."

However, one limitation is the lack of protocols for the implementation of the manual by providers at police stations or during policing activities. There are also no accountability mechanisms to ensure its application. This has led to the maintenance of existing gaps in addressing gender-based violence, where there is basically no application of a gender and diversity approach to address violence.

> "The lack of knowledge and training of the police on how to properly deal with victims of harassment and discrimination has led to ridicule and lack of proper attention to the complaints filed." (KI Government)

Among the LGBTQI+ population there is an established distrust of the police, anticipating that their complaints will not be considered. This is illustrated by the experience of a lesbian woman at a police station in Lima, when trying to file a complaint of harassment by her ex-partner:

> "The point where I felt like I was in a movie, was because the policeman, just out of the blue, without any problem, (asks me): -is it true that you use those things, those sex toys? I said, "Yes, and why? -No, no, what happens is that forgive me for asking, what happens is that one asks to know, because one has no knowledge of that. And so, he kept me asking for about an hour (...) In the end they told me that a restraining order could not be placed on a person of the same sex, because it did not exist (...) And when another one arrived he said, (...) very strange because she is very pretty, she should only meet with men. That's when the conversation ended because I said, yes thank you for the information and I left. I said I wasn't going to go through the same thing, I wasn't going to go to another place to do the same thing, and I didn't do anything." (Lesbian woman, 28 years old)

CONTEXT OF VIOLENCE AGAINST TRANSGENDER WOMEN

> "Right now, there is a big problem with the issue of the **right to life**. There are extortion and kidnapping groups in Ecuador, Peru and Chile that are killing transgender women in all three places at the same time. They record the killing and upload the murders, because they are dedicated to collect quotas in exchange for life. And they have no scruples (...) And now they add to that those who may have a small business. They have also begun to contact them through social networks and threaten them. Because they know that no one is going to stick their hand in for a transgender woman." (KI OSB)

Stories and information in widely available news sources demonstrate the urgency in preventing violence against cisgender women and transgender women, both migrant and Peruvian, who work as sex workers. For example, there are reports of murders and of women shot and wounded in urban areas of Lima and other Peruvian cities by mafias that extort sex workers (El Comercio 2022).

Different activists of the transgender community have reported that these extortion actions have increased in recent months. They also mention that extortion is no longer only against transgender women in sex work, but against all those who may have a visible business. The mafias identify them and contact them either by telephone or in person and threaten to rape or kill them, asking for a monthly payment in order not to do so.

> "They reach people through their social networks and get to the number and call them. Or if they have a hair salon for example, they get there and threaten her. They show them videos of other transgender women they have killed. Some transgender women start paying so they don't get killed." (KI OSB)

According to leaders of grassroots organizations, some people have fled the country, and others have opted to close their social networks, resulting in financial losses.

> "I moved, I changed my number and I no longer publish anything about my enterprise, which has brought me great economic damage, because that way I was selling." (Transgender woman, 41 years old)

So far in 2023, the LGBT Rights Observatory has reported the murder of five transgender women. At least two of these are associated with organized crime around sex work (Observatorio LGBT 2023).

> "There is a degree of articulation between gangs, criminal organizations and local criminal groups that is enhancing that capacity at the local level, let's say to apply, to exercise violence, control and mechanisms to subject people to exploitation, pimping and such. And when people do not accept, the overkill is terrible. In cases of trafficking, we have even seen people marked with the gang's seal, with a title that was previously understood as slavery." (KI International Cooperation)

Information on the situation of trafficking and organized crime related to gender violence is very scarce. A UNODC document refers to information from the Ministry of the Interior and reports 88 victims of trafficking attended in 2019 and 2020 of Venezuelan nationality. They are not disaggregated by sex. According to the report there is no record of any LGBTQI+ person attended for trafficking, which does not imply that the phenomenon does not occur in the population (UNODC 2021).

INADEQUATE PROTECTION SYSTEMS

The lack of employment opportunities means that hundreds of Venezuelan and Peruvian cisgender and transgender women engage in prostitution in urban areas. Although sex work is not illegal, local authorities often harass those who engage in it as a deterrent (La República 2023b).

> "An additional component that is a big challenge is the treatment that local authorities have with this population (sex workers), isn't it? The level of stigmatization of discrimination often comes from authorities and that has a much greater impact." (KI International Cooperation)

The actions of municipal and police authorities show a lack of knowledge of the underlying issue, an absence of a gender approach, and the constant re-victimization of people who in some cases find themselves in situations of sexual exploitation, such as minors.

At the same time, there is a lack of protection mechanisms for survivors. Often it is the police, together with the municipal police, who criminalize sex workers. Then, those who are victims of extortion would have to turn to the same police for protection, which is unfeasible for many people.

The international cooperation agencies acknowledge that they have not yet been able to work in depth on this issue, and that most of the actions are of support and emergency assistance in specific cases. In addition, they mention that the prejudice of local authorities and police are also barriers to address the issue.

> "What we have been able to see are real and material obstacles to the exercise of the right. That is to say, they refuse to file a complaint, they tell you that you are not a victim, you are not a victim of trafficking, you are involved in prostitution and pimping... right? Or even, there may be acts of violence exercised by government actors, in migratory operations or inspections for example, which may even lead to abuses of sexual violence or other situations." (KI International Cooperation)

In recent cases of murders of transgender women, it has been activist organizations that have pressured authorities to prosecute and capture those who abuse sex workers, following up on the prosecution files of the cases, meeting with authorities and holding public demonstrations (Ramirez 2023).

G. Employment and Education

Education was not reported as a priority for the study participants, due to the need to generate income to cover basic needs. Some people who interrupted their studies in Venezuela reported the desire to be able to resume them once their economic situation was stable.

Further, some participants did express the desire for training that would allow them to develop skills. A key informant from a grassroots LGBTQI+ organization reported that they had a program with an international NGO to fund an online educational platform. Through this program, participants were able to choose topics of their interest to acquire skills that would allow them to engage in entrepreneurship opportunities. The training topics were diverse, including, for example, dog training, cell phone repair and cosmetology. People have been able to apply the knowledge acquired to generate sources of income.

In relation to employment, previous research shows that Venezuelan migrants have been integrated into the informal labor market, with temporary jobs in the service sector or street vending, for example. These jobs entail risks due to precarious working conditions such as lack of contracts, lower pay, work overload, among others. In addition, people have few possibilities to report them due to the conditions of vulnerability in which they find themselves (Berganza and Solórzano 2019).

ENPOVE 2022 figures show that 81% of those employed do not have a formal contract (INEI 2022).

The situational diagnosis of the migrant LGBTQI+ population in Peru reports that all the people interviewed had difficulties in finding a job mainly because of their nationality and, in some cases, because they are part of the LGBTQI+ community. In addition, they recognize that the remuneration they receive is not enough to cover their expenses and that they feel exploited. Most of the participants are in the process of regularizing their immigration status, so employers do not offer a formal contract or stable working conditions (Bravo, 2020). However, the informal conditions of the Peruvian labor market generate various options for self-employment or casual employment for the population (Blouin and Freirer 2019).

The participants in the study reported situations of labor exploitation, such as demanding longer working hours without pay. In some cases, employers are aware of the needs of the migrant and refugee population, and set unfavorable conditions for the employee. On the other hand, some participants reported that despite not having a contract, they were required to have some kind of document proving their migratory status in order to work, which restricted their access to employment.

Limitations in obtaining stable employment, lack of documents, and lack of information result in exposure to jobs of greater vulnerability.

The case of a 24-year-old bisexual woman who entered Peru illegally and settled in Piura, in the province of Morropón, is one example. Since her arrival, she has worked in bars and has not regularized her immigration status due to lack of knowledge of the process. She has two children

under the age of ten in Venezuela and must send money monthly, in addition to paying rent for her room on a weekly basis.

> "My aunt spoke to me clearly from the beginning, she told me we are going to work in a bar because we can't look anywhere else. If you want to look in a restaurant they even ask you for your birth certificate, or a criminal record, or they always think we are going to steal or something. You know that one pays for all. And since I arrived I've worked in a bar because I couldn't get anything else. In quarantine I went out on the street to sell chewing gum, jelly, chicha morada, all that." (Bisexual woman, 24 years old)

In bars, the owners usually hire young women, where they are expected to serve customers, talk to them at their tables, and may receive a commission for the customer's consumption. The work exposes them to situations of violence, such as the expectation on the part of some customers to have sex in exchange for money or touching, especially from those customers who are intoxicated.

On the other hand, they also suffer harassment and immigration enforcement from local authorities including police. As part of these actions, authorities may take undocumented women to police stations and in some cases transfer them to Piura, releasing them far away from where they live.

> "Yes, they (the police) ask you for documents, I think most of them were Venezuelan, they took them to the police station to book them. They take your picture (...) They took me to the police station and from the police station they took me to... to the ombudsman's office, something like that? in Piura. There they take your picture, your document, and they give you a sheet that you have to regularize your papers and that's it. And they let you go. Well, that day they took five of us girls and they released us at three in the morning in Piura without a penny. The week before last they took some friends of mine and sent them to Piura too." (Bisexual woman, 24 years old)

This case exemplifies the multiple vulnerabilities to which the LGBTQI+ population is exposed in a context of limited employment, machismo, stigmatization, and abuse of authority.

H. Best Practices, Challenges and Opportunities

COORDINATION MECHANISMS

There are currently two working groups related to the issue of Venezuelan migrants. From the Government there is the Intersectoral Working Group for the Management of Migrants, which is a multisectoral commission attached to the Ministry of Foreign Affairs, with the presence of ministries such as Health, Labor, Interior, Education, Social Development, Women and Vulnerable Populations. In addition, institutions such as the Public Prosecutor's Office, the Superintendency of Migration, among others, are also present. Civil society institutions may attend as listeners.

On the side of international cooperation and civil society, there is the Working Group for Refugees and Migrants (GTRM), which is led by IOM and UNHCR and brings together around one hundred

organizations. In this coordination space there are organizations working in the field that complement or in some cases replace services of the public protection system.

In general, key informants perceive openness in public sector decision-makers to work on migration issues, especially in areas where the Government has not generated interventions or does not have the resources to carry them out.

> "In the case of the GTRM, the coordination and work with our partners who are civil society, I think there is a very good coordination with the government, right? The doors are open to United Nations organizations and also to international organizations that are our partners, and that has allowed the authorities to get involved in different programs that we have. We have inter-institutional cooperation agreements with these authorities, we can refer cases to them so that they receive attention" (KI International Cooperation).

DIVERSITY OF INTERVENTIONS

There are several initiatives of joint actions between the Government and civil society. For example, the "Entregatones" are campaigns carried out by the National Superintendence of Migration in coordination with civil society organizations to facilitate the delivery of documents such as the alien registration card or the CPP. These are carried out in public spaces in order to bring services closer to the population. There are similar campaigns for the health sector, for example, so that people who meet the requirements can enroll in the SIS.

Some migrant and refugee civil society organizations carry out advocacy work with local migration authorities to strengthen their relationship and be able to attend to urgent cases or speed up processes such as obtaining an alien registration card for individuals in vulnerable situations or SIS enrollment. The success or failure of advocacy actions often depends on the willingness of officials. For example, in Trujillo, one organization reports achievements with the current authority.

> "We have had good outreach with the new head of migration. He has been a very empathetic person and has managed to get his team to be empathetic as well. We have had very good results, we have obtained many alien registration cards, we have had cases and we have gotten the card in 24 hours." (KI Civil Society)

There are many organizations, including NGOs and grassroots organizations, that accompany and guide people through the processes within public institutions to make them more accessible, for example, to regularize their immigration status or to access health services.

> "We explain how to do the paperwork, how it is done, it is done directly there on the computer. The immigration appointment is made. When people do not even have a registration, a registration is made. They are told how the process is going, how much they have to pay at the Banco de la Nación, how they are going to pay, that they pay,... they inform us. That he waits the necessary time to make the appointment so that he just goes and receives it. And so there is more Venezuelan population and the LGBTQI+ community that have the regulatory migration status." (KI OSB)

Practically all civil society and government organizations can deal with emergency situations or cases. There are examples from different sectors where coordination channels are activated

between different institutions to address cases of extreme vulnerability that may require obtaining documents in a very short time, access to health services, food or shelter, among others. These mechanisms show the possibility of having a continuous coordination system that allows complementing resources between the Government and civil society to benefit the population.

There are programs aimed at providing financial support for the payment of fees required for procedures in public institutions, for example, to obtain the CPP, to change immigration status, validation of professional qualifications, health examinations or procedures, direct transfers, etc. Usually, civil society or international cooperation organizations work with local partners who implement the programs. However, the availability of resources is limited compared to the existing demand.

DIFFERENTIATED STRATEGIES VS. OPEN INTERVENTIONS

There is a focus from the international cooperation community to work with LGBTQI+ migrant and refugee populations. However, interventions have often been developed on the fly in a dynamic context, with successes and mistakes generating lessons learned among the institutions involved. Yet there is still a lack of consensus on whether to prioritize differentiated strategies for LGBTQI+ migrants or to include the population in existing programs.

> "There was no conceptualization of this group (LGBTQI+) as a risk group for which we must develop strategies, differentiated initiatives. And this in key protection because there was no capacity to identify the population to give them services, there were no mechanisms or routes to be able to refer people who have lived situations of violence, people who are in extreme vulnerability." (KI International Cooperation)

> "We have divided the centralization of services into two types, one that are general, which we will maintain, which we have been doing since 2021. And others are going to be specialized services. We are going to start them this year. They are intended to be carried out only in safe spaces, either in the headquarters of a grassroots or civil society organization that provides trust, where there is already familiarity with the population. Also, because they are going to provide services that are not included in general diseases and that LGBTQI+ organizations have already told us are needed (such as hormone therapy for example)". (KI International Cooperation)

> "The cooperation has all the intentions; it encourages programs to be that way (address LGBT). What I think is that the approach is wrong. Because if you focus only on the LGBT population, with the levels of stigmatization, no one attends (...) It is more interesting to make it open, showing a safe space. That's what has worked for us. Now it is a matter of time" (KI Civil Society).

It is important to note that approaches may vary across sectors and the types of services required. As described above, there is a need for governance and coordination spaces aimed at working with the LGBTQI+ population. Likewise, it was suggested that the issue of gender-based violence should be addressed in a differentiated manner within existing services. A balance or a hybrid approach can be considered to generate safe spaces for the LGBTQI+ population within existing programs, where some specific strategies can be implemented if necessary.

The participation of LGBTQI+ organizations or stakeholders in coordination spaces and implementation can strengthen the identification of priorities, transfer knowledge to and from the communities, and enable the design of appropriate interventions for the population.

Another challenge for the implementation of interventions is the need for human resources in public and civil society organizations that are trained and sensitized to exercise their functions free of prejudice and discrimination, both in relation to nationality and sexual orientation or gender identity. For these to be efficient and have an impact that is reflected in improved care, it is necessary to create a system to evaluate and monitor the adoption of new concepts and learning.

> "We can't just put the recommendation; we need to train. Because with only five training sessions the goal is already achieved. There should be an evaluation of the quality of the training and it should be constant, how do you measure that this training was really internalized" (KI Government).

4. CONCLUSIONS

- One of the main barriers to integration and access to public services for the majority of migrants and refugees is the lack of documentation to regularize their residence. In addition, most of the public systems are designed to use the alien registration card as the only valid document to confirm residency and access services.
- There is a tendency to increase restrictive legislation regarding the migrant and refugee population, based on the stigma that associates Venezuelan nationality with crime. Limitations to entry, as well as initiatives to facilitate deportations or situations of abuse of authority in identity control processes, encourage the irregular entry of migrants and contribute to exclusion from services.
- Stigmatization and prejudice against Venezuelan migrants and refugees limit their interaction with public institutions. There are multiple cases recognized by participants and officials of verbal abuse or even hindrance or denial of services due to prejudice against migrants. In civil society organizations, discrimination may also arise from prejudice towards the sexual orientation or gender identity of LGBTQI+ migrants and refugees.
- The multiple types of migratory documentation and administrative procedures in public services result in heterogeneous provision and access to services, since not all personnel are familiar with the regulations governing access to services. This situation generates bureaucratic barriers to access services.
- In a portion of the LGBTQI+ migrant and refugee population, the lack of information about migration regularization processes and about access to public services or available resources limits their access to social health protection services and limits their integration.
- There are no stewardship bodies within the different sectors dedicated to working with the LGBTQI+ population, which limits the design of public policies, the incorporation of strategies or interventions in operational plans, and sustained work with public officials and personnel in charge of public services.
- At MINSA, there is no entity that supervises or directs health interventions focused on the needs of the LGBTQI+ population and coordinates with existing health strategies. Existing interventions for this population relate to HIV control and substance abuse in the area of mental health. Other aspects such as sexual and reproductive health or access to hormone replacement therapies are not considered as part of care in the public system.
- The AURORA program against gender-based violence was designed to respond to this problem in cisgender women and does not consider some aspects of violence against LGBTQI+ people, such as violence based on prejudice against sexual orientation or gender identity in public spaces. Likewise, there are no specific strategies or interventions for this population, and there are still limitations for the police to take complaints.
- There is a lack of consensus among international cooperation and civil society actors on how to approach the work with the LGBTQI+ migrant and refugee population, particularly in relation to the implementation of differentiated strategies, integrated strategies, or mixed models for the implementation of interventions. There is also a lack of consensus on how to identify and register the population in order to monitor aspects related to access and coverage of services and interventions.

- There is a variety of support programs aimed at the migrant population: case-specific accompaniment, cash transfers, support to cover out-of-pocket health expenses, mental health interventions, among others. A challenge described above is to ensure adequate coverage for the LGBTQI+ population, especially those with greater social vulnerability.

5. RECOMMENDATIONS

FOR THE GOVERNMENT

In the short term (one year)

MINSA, MIMP

- Define stewardship and/or leadership instances in key sectors of the Government such as MINSA or MIMP to address the work with the LGBTQI+ population in order to cover gaps in access to services and/or guarantee of rights through public policies, operational plans, and intervention strategies.
- Design and implement training processes for public officials focused on reducing prejudice and discrimination in the public sector and public sector services.
- Design institutional mechanisms for monitoring, evaluation, and accountability to prevent situations of discrimination based on nationality, sexual orientation or gender identity, among others.
- Generate inter- and intra-sectoral mechanisms to socialize existing directives on services for migrant and refugee populations and to standardize care processes in the public sector to reduce the heterogeneity of services and improve the quality of care.
- Generate registration systems which allow identifying the LGBTQI+ population as a special protection group in public sector institutions that do not have them in order to monitor coverage and access in this population.
- Process and publish information from those public systems that currently record the variables of nationality and belonging to the LGBTQI+ population in order to generate information on access and coverage of services in the LGBTQI+ migrant and refugee population.

MINISTRY OF THE INTERIOR

- Design protocols for the application of the Human Rights Manual Applied to the Police Function in police stations, together with a system of monitoring indicators, in order to avoid situations of discrimination against the LGBTQI+ community and improve access and coverage for cases of gender-based violence and violence based on prejudice.

In the medium term (two to three years)

MINSA

- Generate a unit in MINSA that addresses the health needs of the LGBTQI+ population at the DIGIESP level that can articulate with other existing strategies and supervise or recommend the development of technical guidelines, inclusion of activities in the results-based budget, and generation of indicators to evaluate coverage and impact.

MIMP

- Design a program against gender-based violence, specifically for LGBTQI+ persons in the MIMP. This program should consider violence based on prejudice against sexual orientation

and gender identity, as well as care and prevention strategies, which should be included in the operational plans and may have guidelines and protocols for the services designed.

INTERSECTORAL

- Promote transnational coordination to ensure safe routes for vulnerable migrants and refugees leaving Venezuela for Peru.
- Reconsider the visa requirement policy for Venezuelan citizens, which in practice is unfeasible and encourages the irregular entry of most migrants and refugees arriving in the country.
- Make existing systems more flexible and design protection systems that consider the validity of other migratory documentation, in addition to the alien registration card, in order to include the majority of migrants and refugees in vulnerable situations.
- Consider task shifting (or transferring functions to community staff in the provision of health services, social programs and/or gender-based violence interventions) to expand coverage and access to public services for the LGBTQI+ migrant population.

FOR INTERNATIONAL COOPERATION AND CIVIL SOCIETY

In the short term

- Review and adjust interventions to work with the LGBTQI+ migrant population in order to improve access and coverage of this population, taking into account the kinds of services and the approach to sexual diversity and gender identity. These can be differentiated interventions, integrated approaches, and/or hybrids.
- Standardize registration systems across the different working groups of the GTRM to identify the LGBTQI+ population accessing the different existing programs and to monitor and evaluate the work with vulnerable groups.
- Design training programs for the staff of agencies and civil society organizations working with LGBTQI+ population that consider the diversity approach and have indicators that allow evaluating progress in the incorporation of knowledge and in quality improvement of the provision of services free of discrimination.
- Promote the recognition and validation of LGBTQI+ migrant and refugee grassroots organizations with local authorities and in civil society coordination spaces, so that they can participate as program implementers and transcend the intermediation of other organizations in the development of their work agendas.

In the medium term

- Generate guidelines and indicators to guide civil society organizations working with migrants and refugees so that they are aware of and consider the vulnerability and social needs of the LGBTQI+ population in their interventions.
- Strengthen advocacy work with the Ministry of Foreign Affairs such that they consider the vulnerability that LGBTQI+ persons may be subject to in relation to their need for international protection, and this may be considered in refugee applications.

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