

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
PERU
RAPID RESPONSE
DISPLACEMENT/MIGRATION
2018**

RESIDENT/HUMANITARIAN COORDINATOR	Maria del Carmen Sacasa
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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The After Action Review¹ was conducted on 26 April 2019, in CEBAF Tumbes. The activity was chaired by the UN Resident Coordinator, with 42 participants from 22 national and international organizations: National Superintendence of Migrations, Regional Health Directorate of Tumbes, Regional Mental Health Office of Tumbes, Center for Community Mental Health "Campo Amor", National Superintendence of Tax and Customs Administration, National Integral Program for Family Welfare, National Program against Family and Sexual Violence of the Ministry of Women and Vulnerable Populations, Deconcentrated Office of the Ministry of Foreign Affairs in Tumbes, General Directorate of Strategic Interventions in Public Health of the Ministry of Health, Cooperazione Internazionale – COOPI, Adventist Development and Assistance Resources Agency- ADRA Peru, "Encuentros" Jesuit NGO, Plan International, "Prisma" NGO, RET International Peru, IFRC, OHCHR, IOM, PAHO/WHO, UNHCR, UNICEF, UNFPA, and OCHA.

The project summaries and timelines were previously circulated with the invitation to the meeting, and the report was shared with all stakeholders who assisted and who could not participate. During the meeting, short presentations by responsible agencies were made focusing on qualitative aspects as the quantitative information was already shared and printed for the meeting. The feedback and recommendations were gathered in an individual exercise with post its, and then organized and shared for the group including comments. The final part of the meeting was to analyse the tendencies and perspectives to face the coming challenges.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☒ NO ☐

The report draft was circulated with the UNCT on 24 June 2019. It was shared with the Representatives of: UNHCR, FAO, IFAD, ICAO, IOM, ILO, UNODC, UNAIDS, PAH/WHO, WFP, UNDP, UNESCO, UNFPA, UNICEF, UNLIREC, World Bank.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The report was shared with implementing partners: COOPI, ADRA, Plan International, and Prisma.

¹ Report : https://drive.google.com/open?id=1VvsdIv6gAU6SQNdQDV_8J344hrRRe_Iq

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The response funded by the CERF was focused on the arrival phase through the northern border of Peru, covering critical humanitarian needs of vulnerable Venezuelan migrants and asylum seekers during the first days of arrival, after a hazardous travel made generally in precarious conditions. The joint strategy brought together UN and non-UN entities complementing state efforts, actively participating in the sub-national coordination mechanism facilitated by IOM and UNHCR. The work that UNHCR, IOM and their partners IFRC and Encuentros, had been implementing five months before, was amplified and deepened with the expertise of UNICEF, UNFPA and PAHO/WHO and the NGO partners COOPI, ADRA, Plan International and Prisma. The assistance provided addressing health, including sexual reproductive health and mental health, food, nutrition, water, sanitation, hygiene, transit shelter, humanitarian transport, child protection and gender-based violence protection reached more than 80,000 people. The intervention helped Venezuelan people of concern to continue their route in better conditions and, if staying in the country, to have better conditions for their integration. The organization and effectiveness of the services provided in the northern border improved significantly and the work with the constant flow of Venezuelans still entering in Peru continues with additional resources.

1. OVERVIEW

18-RR-PER-32095 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	13,425,958
FUNDING RECEIVED BY SOURCE	
CERF	1,975,196
COUNTRY-BASED POOLED FUND (<i>if applicable</i>)	0
OTHER (bilateral/multilateral)	2,864,218
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	4,839,414

18-RR-PER-32095 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Allocation 1 – date of official submission: 09/10/2018			
Agency	Project code	Cluster/Sector	Amount
IOM	18-RR-IOM-030	Multi-Cluster - Multi-sector	558,709
UNFPA	18-RR-FPA-038	Health - Health	256,458
UNFPA	18-RR-FPA-039	Protection - Sexual and/or Gender-Based Violence	105,321
UNICEF	18-RR-CEF-093	Nutrition - Nutrition	121,750
UNICEF	18-RR-CEF-094	Protection - Child Protection	209,707
UNICEF	18-RR-CEF-095	Water Sanitation Hygiene - Water, Sanitation and Hygiene	560,108
WHO	18-RR-WHO-037	Health - Health	163,143
TOTAL			1,975,196

18-RR-PER-32095 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	799,120
- Funds transferred to Government partners*	0
- Funds transferred to International NGOs partners*	1,090,303
- Funds transferred to National NGOs partners*	85,773
- Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,176,076
TOTAL	1,975,196

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The ongoing deterioration of the political situation in Venezuela, as well as progressive restrictions on the exercise of basic rights and access to services, high levels of violence and a deterioration of socio-economic rights have led to significant movements of Venezuelans outside their country. As of 6 June 2019, it is estimated that approximately 4 million Venezuelans have left their country (Regional Platform for Interagency Coordination for Refugees and Migrants of Venezuela website: www.r4v.info). As of 5 June 2019, the migratory balance reported by the National Superintendency of Migrations is approximately 806,000 Venezuelans in Peru of which around 78% are in Lima (capital city). 78.8% Venezuelans have entered through the northern border, in Tumbes (IOM DTM round 3).

Peru has received approximately 290,000 asylum claims as reported by the Ministry of Foreign Affairs as of June 2019, which represents the highest number of asylum seekers in the region (47% of asylum seekers, www.r4v.info). The Temporary Permit of Permanence have been issued to 366,000 Venezuelans and 124,000 are pending to be issued, but this permit is no longer delivered since October 2018. A recent governmental decision implemented in 15 June 2019 was to require the passport with a humanitarian visa obtained at a consulate of Peru in Venezuela to be able to legally enter the country.

The Peruvian government is under an austerity law that seriously limits state sectors, and regional and local governments to provide an adequate support to the Venezuelan migrants, asylum seekers and refugees. Sector plans have been prepared mainly to face health and education needs but are hindered by insufficient resources to cover them.

During the implementation of projects funded by CERF (October 1st, 2018 and April 30th, 2019) approximately 417,000 Venezuelans entered to Peru, and 314,000 may have entered through the northern border in Tumbes. Arrivals through the northern border take place day and night and the profile of migrants is of increasing vulnerability.

According to IOM DTM Round 1 (September 2017) to Round 5 (March 2019), migrants entering the country with complete higher education have been decreasing from 68% to 20%, respectively. Likewise, migrants with regular basic education have a tendency to increase. DTM Round 5 indicates that half of the people indicated that they travelled with their family group, in many cases accompanied by minors, while a third of the people mentioned that they were traveling alone. A high percentage of the Venezuelan population that arrives in Peru through the northern border is in a situation of vulnerability and requires assistance to cover their basic needs in relation to food, health and hygiene, temporary accommodation and transportation to their destination cities.

It is important to point out that continuous monitoring activities have shown a change in public perception of Venezuelan refugees and migrants, with negative attitudes increasing and a high risk of a xenophobic reaction.

Observations gathered during an Interagency field mission (July 2018) which took place within the framework of the inter-agency working Group on Refugees and Migrants (GTRM), refers that PoC's general health status upon arrival was affected due to the conditions of travel, including pregnant women. Prevention of communicable diseases was also strongly needed. Temporary shelter and humanitarian transport is needed as well. It was observed insufficient food access and nutrition, hygiene, dehydration due to high temperatures, psychological effects such as anxiety, fear and uprooting, family separation and lack of economic resources. There are risks of trafficking and sexual

exploitation, sexual harassment, abuse and gender-based violence. The number of children staying in Tumbes is rising, but the education sector has not enough resources to cover them.

Since April 2018, coordination activities have been ongoing for humanitarian response, through the creation of an Inter-agency Working Group on Refugees and Migrants – GTRM, co-led by UNHCR and IOM and with the participation of UN System organisations and key civil society actors. A regional CERF proposal was implemented by UNHCR and IOM from May 2018 to November 2018, aimed at supporting safe, dignified and effective reception conditions by providing humanitarian assistance and access to protection services for persons with protection needs from Venezuela. A Regional Response Plan for Venezuelan Refugees and Migrants has been prepared for 2019 which presents the coordinated effort of the international community, which has been financed at 22%.

The present CERF proposal complemented humanitarian and lifesaving activities to address humanitarian needs of Venezuelan migrants and asylum seekers arriving at the northern border in Tumbes, and on movement to other destinies. The proposal also aims at bringing together additional UN agencies and additional partners, strengthening government efforts to respond to the needs of Venezuelan populations. CERF response was to provide humanitarian assistance on health, hygiene, protection, food, nutrition, temporary shelter and humanitarian transport to next destination to most vulnerable cases of Venezuelan migrants arriving in precarious conditions to Peru through the northern border.

3. PRIORITIZATION PROCESS

The Resident Coordinator has been permanently monitoring the situation of Venezuelan migrants and refugees, as well as advocating for an adequate policy in Peru in close coordination with UNHCR and IOM, to be consistent with the international commitments, recognizing the openness and solidarity offered by the country.

The Interagency field mission carried out in July was coordinated with GTRM and HCT. Coordination was made with regional authorities. The main objective was to gather information directly from the Venezuelan migrants, hearing their concerns to better understand their priorities. Gender experts participated and made specific interviews and visits to protection related entities in Tumbes. The response planning was coordinated with IOM and UNHCR to have a pertinent approach with what had already been implemented in CEBAF. Priorities and concerns of the Venezuelan migrants is at the top of the considerations, working with a strong rights-based approach.

The situation of arrival is critical in the migration process, moreover after having travelled in hazardous and negative conditions, arriving after long walks, without enough resources to feed themselves, travelling with children and babies, pregnant and lactating women. The main entry point of Venezuelans to Peru remains the northern border (Tumbes) with Lima as the destination for most of them.

There are risks associated to travelling by land, the lack of resources to complete the travel - having to stay in transit countries to gather resources for the travel to Peru -, discrimination and xenophobia, theft and scams, extortions, maltreatment, etc. (UNHCR Border Protection Monitoring). IOM's DTM Round 3 highlights that the majority of Venezuelans arriving in Peru through Tumbes self-identify the need for assistance to cover basic needs related to food, hygiene, shelter and transportation, information on migratory procedures, asylum-seeking process, and access to health, education and work.

Protection monitoring activities carried out by UNHCR and partners in the border showed that, international protection considerations have become increasingly evident for a growing proportion of the Venezuelan population: 31% of the respondents cited fear for the situation of physical insecurity as a reason to leave. Other reasons which have been mentioned include the lack of access to food (52%), to medical services (30%), to jobs (18%) or to means to handle the cost of living (48%). Furthermore, 98% of interviewees reported a fear of returning to their country and informed that if they were to return they would face risks of physical insecurity (27%), as well as risks of: lack of access to medical services and/or medication (91%); lack of employment (54%) which includes the fear of some of not being able to resume their activities in the public sector because of their departure.

PAHO indicates that lack of access to health services in Venezuela is an important reason to migrate. The present legal framework does not allow public health services to provide attention to PoC. Besides, the health state services

do not cover national needs because of lack of resources. Although, the Integrated Health System of MoH (SIS) is providing healthcare to pregnant women and children under 5 years old. Prevention of communicable diseases is needed due to the shortage of immunization and treatment in Venezuela. Some communicable diseases that were controlled in Peru have reappeared (measles and malaria) which is having national impact, raising urgent alert in the health sector. There are other communicable diseases such as whooping cough, influenza, and diphtheria, and population affected by chronic diseases (such as HIV) were not accessing treatment in Venezuela. Pregnant women (approximately 6% of the women as calculated by WFP's food security assessment) need pregnancy control and care after the difficult travel they made. Diseases related to poor hygiene due to the precarious travel conditions are also prevalent among women arriving to the northern border. People looking for treatment to sexually transmitted diseases that not have in their country are also a vulnerable group among PoC.

WFP's Emergency Food Security Assessment-EFSA (June 2018) highlighted that 14% Venezuelans refugees and migrants in Peru have food insecurity (20% at CEBAF), 78% are in a borderline situation, (population that is on the way to see its food security affected because it is applying stress or crisis strategies but are not yet significantly affected the food consumption).. The joint interagency mission observed populations facing food shortages during travel and cases of chronic and acute child malnutrition, without confirming the type due to lack of screening.

The Nutrition Assessment and Survey implemented by UNICEF indicated that the average acute malnutrition found in children under 5 years of age is 3.2%. Being 5% in the second year of life and 7.1% in the fourth year of life, which constitutes a public health problem. Chronic malnutrition found in children under 5 years was 16.5%. Anaemia was found in 49.2% of children under 2 years, and in 21.7% children between 2 and 5 years.

Shelter and transportation needs are urgent as the PoC arrive almost without resources, and many of them have to sleep in bus stations or streets, even in the CEBAF if they arrive during the night and do not know where to go, nor have the resources to rent a place to sleep. The Interagency mission and previous identification made by IOM and UNHCR found that a significant percentage need to earn money to follow their itinerary to destiny locations.

4. CERF RESULTS

CERF rapid response window allocated \$1.97 million to Peru to provide humanitarian assistance to Venezuelan migrants and asylum seekers entering Peru in vulnerable conditions through the northern border. This funding enabled UN agencies and partners to provide: health services to 15,033 people, sexual reproductive health information and feminine hygiene kits to 13,950 women and sexual reproductive assistance to 2,168 women, informative session on gender-based violence to 13,000 women, GBV material to 43,000 women, psychological support in safe and friendly spaces to 25,413 children, child protection information to 31,228 people, protection assistance to 1,147 unaccompanied and separated boys and girls, nutrition assessment of 9,482 children under 5 years, ready-to-use nutritional supplements to 3,111 children between 6 months and 5 years, information and complementary foods to 1,378 nursing mothers, nutritional advice to 6,971 families (15,000 people), reference of 1,341 children to health services and provision of Zinc tablets to 168 children with acute diarrhoeal disease, 7,837 hygiene kits that benefitted 23,294 people, communication materials on life-saving hygiene practices to 9,835 people, improved access to shower facilities for 5,008 people, food distribution to 53,696 people, temporary shelter to 4,582 people, and transport support to 5,186 people. In total more than 80,000 people were assisted by CERF funded projects with a further impact through better organized services and state strengthened capacities.

PAHO/WHO implemented the health project with a specific coverage in Zarumilla province and CEBAF-Tumbes and with a regional impact for Venezuelans and the rest of the population. PAHO/WHO monitored and advised Health authorities to comply with the scheme of the International Health Regulations – 2005 (IHR). Laboratory equipment, triage, insulation and protective gears were delivered, and human resources strengthened to improve health service capacity to control outbreaks in Tumbes. 15,033 Venezuelan patients were assisted. Six suspected cases of measles from Tumbes were identified. 500 copies of the technical standard guide for the National Vaccination Scheme were disseminated among health centres. The project succeeded to increase the control and timely management of the measles outbreak among the high-risk migrant population that enters through the northern border and had an additional impact in detecting and referring vector-borne diseases, including malaria, dengue, Zika and Chikungunya.

UNFPA implemented a project to provide sexual and reproductive health attention to 2,168 Venezuelan migrant women and has distributed 13,950 hygiene kits in coordination with the Ministry of Health and the Regional Health Directorate of Tumbes to women and girls above 10 years old. These services (pregnant test, pregnancy control, family planning, HIV and syphilis test, and sexual and reproductive health counselling sessions) were provided in CEBAF, where UNFPA installed a basic health establishment and safe space for women in a tent. The project had a significant impact in empowering women in the exercise of their sexual and reproductive rights by providing them with information about those services that the Peruvian government provides free of charge (prenatal check-ups, contraceptive methods and access to STI / HIV treatments) and the first service in these subjects that would allow them to enter the health system.

A second project implemented by UNFPA was to improve the access of Venezuelan migrant women in reproductive age to gender-based violence attention, 44,000 women and adolescents received playful information material with key messages about GBV prevention and the protection system in Peru. 13,950 women in reproductive age participated in awareness sessions on gender stereotypes, types of violence and protection mechanisms. Within the framework of the protection informative sessions, Venezuelan migrant women have achieved greater empowerment in the exercise of their right to a life free of violence; the participative / ludic dynamics has fulfilled a function of psychosocial support by providing them with information on the protection provided by the Peruvian state but also moments stress relief from situations of risk of gender violence to which they are exposed.

The Nutrition project was implemented by UNICEF and its partner Prisma. The nutritional status of 9,482 Venezuelan children under 5 years old was assessed in CEBAF installations, and results indicated that although the nutritional status of children under 5 years may not have deteriorated during the grant, continued intervention is essential. Infant and young child feeding counselling was provided to 6,971 families and 1,341 children were referred to health services. Preventive information material was distributed, along with ready-to-use supplementary food, reaching 3,111 children between 6 and 59 months. Zinc tablets were provided to 168 children under 5 years of age with ADD. Cereal bars were distributed to 1,378 lactating women with children under the age of 2. Timely identification and prevention of children's malnutrition and referral of cases to health services that would otherwise have gone unnoticed, thus preventing complications during the remainder of their journeys.

The Child Protection project, implemented by UNICEF and its partner Plan International, was focused on psychosocial and protection support. A child friendly space was installed with access to free play, socioemotional sessions, information on child protection, and kits with clean underwear, fruit and water, which assisted 25,413 children. Information on protective practices and routes of attention was provided to children and the adults in charge. Besides, in coordination with the Ministry of Health, psychological attention for 3,617 people (526 girls and 556 boys) was provided. UNICEF facilitated a tent for children to stay overnight with their caretakers, hosting a total of 1,873 children and adult caretakers. UNICEF delivered information on migration procedures to 14,734 women and 16,494 men. Capacity-building enabled the Ministry of Women and Vulnerable Populations' Special Protection Unit, to better attend 1,147 unaccompanied and separated girls and boys.

The WASH project was implemented by UNICEF and its partner COOPI. The delivery of 7,837 hygiene kits benefitted 23,294 people on the move, particularly families and family groups travelling with children, as well as communication materials to 9,835 people on life-saving hygiene practices. The access to shower facilities was improved to service 5,008 people. 100% of subjects declared in a survey that the messages they received were clearly understood, and 100% considered the information important and pertinent. A coordination space among local services and authorities was established to improve water and sanitation services a key issue, working to achieve the reconnection of CEBAF to the sewage system, carrying out a water quality assessment, rehabilitating a well, increasing the water supply number of hours, repairing leaks and piping, improving the waste recollection system, and had an impact to improve conditions of water supply and sanitation services for nearby towns in Tumbes.

The multisectoral project for food distribution, humanitarian transport and temporary shelter was implemented by IOM with its partners COOPI and ADRA. Food assistance was provided in a range of 1-3 food rations per person to 53,696 Venezuelan vulnerable migrants: 42,857 people in CEBAF and to 10,838 people in transit centres in Tumbes, of which 1,916 were pregnant and lactating women, 2,884 elderly persons over sixty years, 205 people refer by health institutions, and 188 people with special needs. Two transit centres were established for temporary

accommodation benefiting 4,582 people. Humanitarian transport to main destinations in Peru was provided to 5,186 people. Through all activities a total of 63,464 people were assisted.

5. PEOPLE REACHED

The projects were mainly implemented in CEBAF-Tumbes, and the projects' intervention had a coordinated approach where most vulnerable cases were prioritized based on agreed criteria. To estimate total beneficiaries, the highest number of boys, girls, adult women and adult men among cluster/sectors were considered in order to avoid any duplication. It would have been arbitrary to assign a percentage of non-overlapped numbers to the other projects in each group and add it to the highest number of each cluster/sector, so no additional numbers were considered. Thus, this is the most conservative estimation.

18-RR-PER-32095 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health - Health	1,000	12,950	13,950	1,614	4,400	6,014	2,614	17,350	19,964
Multi Sector - Multi-sector	9,033	14,667	23,700	8,752	10,405	19,157	17,785	25,072	42,857
Nutrition - Nutrition	4,787	7,201	11,988	4,695	3,666	8,361	9,482	10,867	20,349
Protection - Child Protection	12,538	14,734	27,272	12,875	16,494	29,369	25,413	31,228	56,641
Protection - Sexual and/or Gender-Based Violence	3,282	38,684	41,966	0	0	0	3,282	38,684	41,966
WASH - Water, Sanitation and Hygiene	6,139	8,173	14,312	6,381	2,601	8,982	12,520	10,774	23,294

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

18-RR-PER-32095 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	13,025	33,000	46,025	11,355	6,860	18,215	24,380	39,860	64,240
Reached	12,538	38,684	51,222	12,875	16,494	29,369	25,413	55,178	80,591

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

18-RR-PER-32095 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	64,240	80,591
Total (same as in table 5)	64,240	80,591

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒

PARTIALLY ☐

NO ☐

The strategy was to assist the Venezuelan migrants and asylum seekers arriving to the Peru in the arrival phase, which is one of the most critical in the process. The flow is constant, so the intervention covered the first hours and 2-3 days in an effective way of the more vulnerable cases based in agreed criteria to prioritize the attention.

b) Did CERF funds help respond to time-critical needs?

YES ☒

PARTIALLY ☐

NO ☐

The activities addressed time-critical needs as the intervention was delivered mainly in the CEBAF, and also covering transit critical needs after passing migrations and, if necessary, asylum request initial procedures.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

Agencies and partners initiating their intervention in CEBAF and in Tumbes actively participated in the coordination space facilitated by IOM and UNHCR on a weekly basis in CEBAF with the state, international and civil society organizations present, and on a monthly or more basis in Tumbes with the regional authorities and stakeholders. Binational coordination with Ecuador was also established to address protection issues.

d) Did CERF funds help improve resource mobilization from other sources?

YES ☒

PARTIALLY ☐

NO ☐

The presence in the northern border through projects funded by CERF, as well as the effective coordination mechanisms, allowed to build on the humanitarian assistance process to improve resource mobilization, both for UN agencies, NGOs and other organizations that could better focus their interventions.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF funded projects addressed humanitarian needs that were not sufficiently covered or not covered at all. The whole intervention had a leverage effect for the state response. Protection routes were established, state capacities strengthened, and Venezuelan migrants and asylum seekers were informed and oriented. Access to services on mental health and sexual and reproductive health was possible. Food was a major need and was not sufficiently covered until CERF multisector project was implemented. Food distribution, temporary shelter and humanitarian transport were amplified. Nutrition assessment and support would have not been prioritized at the arrival phase without CERF support. WASH issues were evidenced for the authorities and were addressed in a coordinated manner. Contention of measles outbreak was urgent, and CERF funded intervention helped to detect and refer this and other communicable diseases.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
It was important to consider national CERF proposals to attend humanitarian needs pending in the increasing migration and asylum seekers flux from Venezuela in the region, complementing the regional projects funded in May 2018 to IOM and UNHCR.	Timely financing could have improved if responding to each concept note as they were submitted, not waiting for all countries to complete this phase.
Sudden peaks of the migration flow generate too high demand of services and major gaps in coverage of humanitarian needs.	Consider additional support mechanisms if possible for this kind of emergencies based on Contingency Plans previously formulated.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Health and protection tracking of cases would be important to follow up vulnerable situations in the route of migration.	Improve tracking and follow up systems through specialized organizations and institutions	Responsible agencies in alliance with other organizations and state authorities
Despite there were good coordination efforts among agencies to provide support to different areas, there is still need better control to avoid duplication	Develop better information management systems of services. Consider it in the budget.	Responsible agencies
There were delays due to logistics, customs clearance and human resources limitations	There is room to improve fast-track administrative systems for purchases and contracts to set up a rapid response. Establish more effective agreements with sector authorities at early stages	Responsible agencies
There were delays due to MoUs that were not timely agreed with partners	Prepare previous alliances with partners related to main line of activities of the organization	Responsible agencies
Effective coordination among organization and with authorities had a very positive impact in synergies and improved humanitarian assistance	Support and participate actively in established coordination mechanisms. Identify opportunities to improve or create these mechanisms.	Responsible agencies

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-IOM-030 - IOM

1. Project information			
1. Agency:	IOM	2. Country:	Peru
3. Cluster/Sector:	Multi-Cluster - Multi-sector	4. Project code (CERF):	18-RR-IOM-030
5. Project title:	Life-saving assistance for vulnerable Venezuelans in Tumbes, Peru		
6.a Original Start date:	01/09/2018	6.b Original End date	28/02/2019
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/03/2019
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,750,000
	b. Total funding received for agency's sector response to current emergency:		US\$2,600,792
	c. Amount received from CERF:		US\$ 558,709
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 479,240
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		<div style="text-align: right;">US\$ 0</div> <div style="text-align: right;">US\$ 479,240</div> <div style="text-align: right;">US\$ 0</div> <div style="text-align: right;">US\$ 0</div>

2. Project Results Summary/Overall Performance

Through this CERF project, IOM and its partners provided life-saving assistance to at least 42,857 vulnerable Venezuelan migrants (14,667 women; 10,405 men; 17,785 children under 17) who received food distribution, humanitarian transport, and temporary shelter.

Food distribution was delivered in CEBAF to 42,857 persons and in Tumbes city to 10,838 persons who previously passed through CEBAF, including 1,916 pregnant and lactating women, 2,884 elderly persons over 60 years, 205 people referred by health institutions, and 188 people with special needs.

Humanitarian transportation target was exceeded since the project was designed to only cover the tickets of 55% of the people benefited with temporary accommodation, however, only 3% of the people who currently arrive have resources to cover their transport costs to continue their travel. Through these modifications the project has reached 5,186 vulnerable migrants identified at the northern border of Peru; 1,672 women; 1,433 men; and 2,081 children under 17yo.

Transit centre accommodation target was not reached since the main necessity of people was transportation from Tumbes to main destinations in Peru; however, the project has reached 4,582 vulnerable migrants; 1,512 women; 810 men; and 2,260 children under 17yo.

3. Changes and Amendments

A reduction of the target of temporary accommodation and an increase of the number of transportation support was required through the NCE sent in February 2018. The project was designed to only cover the tickets of 55% of the people benefited with temporary accommodation, however, only 3% of the people that arrived during the implementation period had resources to cover their transport costs to continue their travel. This explains the need to modify the targets, reducing the number of individuals targeted with temporary accommodation from 7,000 to 5,000 beneficiaries; and increasing for humanitarian transportation from 3,854 to 4,500 beneficiaries.

Originally, the project was expected to begin implementation of activities by 1 September considering the possibility of using funds while the proposal was drafted and under revision. Nevertheless, at the time of obtaining the approval of the project (3 October) implementation had not started since contracts with implementing partners were underway and not able to initiate implementation until disbursement of funds. In fact, implementation of activities by implementing partners (COOPI and ADRA) were initiated on 1 November. Despite the delay on initiating activities, IOM through its implementing partners was able to reach 42,857 beneficiaries through 63,463 assistance activities, above expected targets although with a slight difference between transportation and accommodation requirements. With an NCE approved by the end of March, all activities were fully implemented.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	2,518	7,691	10,209	2,577	6,734	9,311	5,095	14,425	19,520
Reached	9,033	14,667	23,700	8,752	10,405	19,157	17,785	25,072	42,857

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	19,520	42,857
Total (same as in 4a)	19,520	42,857

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

This increase refers to a higher number of food assistance provided by IP ADRA. With the variance of flows between November 2018 and March 2019, vulnerabilities increased, and modifications were identified by ADRA to provide assistance to a wider number of populations considering the original vulnerabilities identified. This increase also took into consideration the quality of assistance provided. In addition, the space for food delivery was provided by SUNAT free of charge and allowed the project to assist more beneficiaries with food rations. Since there was enough food rations the delivery of food continued during April 2019. The original project target was reached effectively in March.

5. CERF Result Framework

Project objective	Support the humanitarian needs of Venezuelan populations in Peru through food assistance, temporary accommodation and transportation.
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Output 1	Venezuelan migrants have increased access to food assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of beneficiaries with access to food assistance at the "Centro Binacional de Atención Fronteriza Tumbes" (CEBAF) and at transit centres	19,520	42,857	Registration list, and monitoring reports from IOM at the CEBAF.
Indicator 1.2	Number of beneficiaries accessing food assistance in IOM transit centres	7,000	10,838	Registration list
Explanation of output and indicators variance:		The food ration was delivered to the beneficiaries by IP ADRA. More beneficiaries were assisted than originally planned because the cost of rent of the space was provided free charge by SUNAT. In addition, the acquired food rations served to assist high number beneficiaries until end of March and remained some food to continue provision of food for one month more in April 2019.		
Activities	Description	Implemented by		
Activity 1.1	Procurement and distribution of food ready to eat at the CEBAF	IOM, ADRA		
Activity 1.2	Procurement and distribution of food ready to eat in the transit centres	IOM, ADRA		

Output 2	Venezuelan migrants have access to temporary accommodation in IOM transit centers in Tumbes			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of individuals benefitting from temporary accommodations in IOM transit centers	7,000	4,582	Registration list of the identified cases from IOM at the CEBAF. Registration list at the temporary accommodations.
Indicator 2.2	Number of transit centers established in Tumbes	2	2	Renting contracts between the implementing partner and the hotels in Tumbes.
Explanation of output and indicators variance:		The original planned number of beneficiaries for transport assistance was 55% of the people benefited with temporary accommodation estimated in 3,854. However, only 3% of the migrants have money to pay their transport costs and continue their travel. Therefore, it was requested at the NCE a revision of the project activity and increase the number of beneficiaries to a total of 4,500. Nevertheless, the target was overachieved by 1,332.		
Activities	Description	Implemented by		
Activity 2.1	Establishment of transit centers	IOM, COOPI		
Activity 2.2	Provision of assistance to beneficiaries in transit centers	IOM, COOPI		

Output 3	Venezuelan migrants are provided with transportation assistance to their final destination in Peru			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of beneficiaries provided with transportation assistance to their final destinations in Peru.	3,854	5,186	Registration list of the identified cases from IOM at the CEBAF. Financial supports of tickets for transportation.
Explanation of output and indicators variance:		The original planned number of beneficiaries for transport assistance was		

		55% of the people benefited with temporary accommodation estimated in 3,854. However, only 3% of the migrants have money to pay their transport costs and continue their travel. Therefore, it was requested at the NCE a revision of the project activity and increase the number of beneficiaries to a total of 4,500. Nevertheless, the target was overachieved by 1,332.
Activities	Description	Implemented by
Activity 3.1	Provide transportation to vulnerable people identified by IOM, from Tumbes to their destination locations in Peru.	IOM, COOPI

6. Accountability to Affected People

A) Project design and planning phase:

The selection and programming of priority life-saving and dignity-protection activities was largely informed by IOM's DTM operations that have been implemented throughout the year. DTM data collection mechanisms are built on direct interaction with Venezuelan migrants in the field by staff and implementing partners properly trained on its enumeration functions, and formally committed to Protection Against Sexually Exploitation and Abuse (PSEA) as per IOM Policy and Procedures. In addition, the necessities and priorities for this intervention were measured during the daily work that IOM and partners have been delivering in Tumbes operational assistance to Venezuelan people throughout 2018. IOM established an information centre at the CEBAF in Tumbes that allowed fluid communication with Venezuelan population and to provide information of the services available to them.

B) Project implementation phase:

This project had key emphasis on production and dissemination of gender and age appropriate information on: a) emergency assistance services, and b) steps for Venezuelan women, girls, boys and men to have effective access through IOM, UNHCR, other UN agencies, government agencies and partner NGOs. Furthermore, IOM staff and implementing partners in charge of providing this information directly to beneficiaries committed to PSEA principles and practices.

During implementation, IOM ensured that the corresponding operational protocols followed PSEA guidelines and included a feedback mechanism implemented through a physical or virtual comments and complaint box with provision for anonymity and which is under the direct responsibility of each chief of mission with oversight of the regional director. Complaint boxes were established at the transit centres and information modules at CEBAF. Feedback received by beneficiaries was reviewed to keep providing a better service for all beneficiaries and in all areas of intervention.

C) Project monitoring and evaluation:

A significant number of the indicators included in the above project results frameworks pointed at capturing the coverage assistance provided to Venezuelan women, girls, boys and men. Context, results and risk monitoring (see section on M&E) included variables related to migrant feedback, complaints and life-stories and tried to capture any indication of possible PSEA cases. No evaluation was planned for the project.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i> [Add text here]				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
This project has no evaluation planned. Nevertheless, a close monitoring of its implementation took place constantly. IOM monitored the number of beneficiaries disaggregated by age and sex, every two weeks based in current SitReps reported and drafted a joint final report on results achieved and beneficiaries reached together with other involved agencies in close coordination with OCHA and submitted by the Resident Coordinator to CERF. IOM Programme Coordinator and Chief of Mission conducted monitoring visits to Tumbes in order to supervise correct implementation of the project and to strengthen coordination with key partners and stakeholders. IOM requested bi-weekly information of beneficiaries from implementing partners in order to keep close track of activities and monthly reports. IOM also added this information to SitReps currently prepared by the organization aiming to develop a stronger response to the situation. Results from the project were presented to GTRM that is led by UNHCR and IOM at the national level in Lima and to the UNCT.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.2. Project Report 18-RR-FPA-038 - UNFPA

1. Project information			
1. Agency:	UNFPA	2. Country:	Peru
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-FPA-038
5. Project title:	To improve the access to Sexual and Reproductive Health (SRH) care for the Venezuelan migrant population, focused on women in reproductive age and adolescent women.		
6.a Original Start date:	03/10/2018	6.b Original End date	02/04/2019
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	02/05/2019
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,649,190
	b. Total funding received for agency's sector response to current emergency:		US\$ 276,458
	c. Amount received from CERF:		US\$ 256,458
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNFPA provided sexual and reproductive health attention to 2,168 Venezuelan migrant women and has distributed 13,950 hygiene kits in coordination with MoH and Regional's Health Directorate. These services (pregnant test, pregnancy control, family planning, HIV and syphilis test, and SRH counselling sessions) was provided in the CEBAF, in the north border, where UNFPA installed a basic health establishment and safe spaces for women in a tent.

The project had a significant impact in empowering women in the exercise of their sexual and reproductive rights by providing them with information about those services that the Peruvian government provides free of charge (prenatal check-ups, contraceptive methods and access to STI / HIV treatments) and the first service in these subjects that would allow them to enter the health system.

3. Changes and Amendments

UNFPA had a delay starting the implementation of the project due to difficulties in recruiting specialized local staff capable to work in CEBAF. It took a month to complete the recruitment process once funds were received. To overcome this difficulty in identifying qualified personnel willing to move to Tumbes, an alliance was made with UNV for a rapid call at national level.

It was proposed initially that services were going to be provided out of CEBAF as well, but the high demand in the border at the arrival moment of migrants, led to prioritize concentrating efforts in CEBAF. To perform this way, field transport costs decreased, and this amount was inverted in more Hygiene Kits

The targets increased this way:

- Dignity kits and information sessions: From 11,000 to 13,000 women
- Sexual and Reproductive health services: From 1,250 to 1,800 women

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,000	8,000	11,000	0	0	0	3,000	8,000	11,000
Reached	1,000	12,950	13,950	0	0	0	1,000	12,950	13,950
4b. Number of people directly assisted with cerf funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees		0				0			
IDPs		0				0			
Host population		0				0			
Affected people (none of the above)		11,000				13,950			
Total (same as in 4a)		11,000				13,950			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		During the implementation of the project, the profile of the migrant population varied and the percentage of women of fertile age with fewer resources increased and the trip was in worse conditions, so before the possibility of modifying the budget we decided to invest the difference in kits of hygiene to reach more women.							

5. CERF Result Framework	
Project objective	To contribute to improve the access to reproductive health care and hygiene measures of 11,000 Venezuelan migrant women of reproductive age that are arriving to Peru in transit through CEBAF and in Tumbes.

Output 1	To decrease the risk of urinary and vaginal infections, as a possible source of SRH complications, associated with unhealthy environment conditions during the trip, through enhancing Venezuelan women hygiene life conditions and access to key information			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of pregnant women and women in reproductive age receiving key timely life-saving information	11,000 Venezuelan women	13,950 Venezuelan women	List of beneficiaries
Indicator 1.2	Number of pregnant women and women in reproductive age receiving a Hygiene Kit	11,000 Venezuelan women	13,950 Venezuelan women	List of beneficiaries
Explanation of output and indicators variance:		The high demand of assistance in CEBAF led UNFPA to focus the assistance only in CEBAF as it was the most effective and timely way to deliver the information and services to Venezuelan migrant women, suspending activities in other points of concentration outside CEBAF. Due to this decision, it was not necessary to mobilize the team and the amounts assigned to hire transport, driver and gasoline were redistributed in the purchase of kits, leaving only what is necessary to mobilize the team to the CEBAF.		
Activities	Description		Implemented by	

Activity 1.1	Procurement of hygiene kits	UNFPA
Activity 1.2	To implement key information and awareness sessions on signs of alarm during pregnancy, partum and postpartum, and infections prevention for Venezuelan migrant women of reproductive age and pregnant women as well as intimate hygiene measures for the prevention of vaginal infections.	UNFPA
Activity 1.3	Distribution of hygiene kits	UNFPA

Output 2	Venezuelan Pregnant women and Venezuelan women of reproductive age receive obstetric attention by mobile services, ensuring equitable and timely access to Emergency Primary Health Care.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of pregnant women and women of reproductive age receiving obstetric attention from mobile services.	1,250 Venezuelan women	2,168	MoH information system registries
Explanation of output and indicators variance:		The number of beneficiaries who received attention in the area of reproductive and sexual health increased due to the change in strategy, since when the activities were concentrated in the CEBAF, the health service was more accessible to the women who entered the country.		
Activities	Description	Implemented by		
Activity 2.1	Delivery of mobile services to pregnant women and women of reproductive age providing life-saving emergency obstetric care to identified pregnant women at risk, by providing life-saving supplies. Control of pregnancy, identification of high-risk pregnancies, referral plan for safe delivery and care for obstetric and neonatal complications during pregnancy, delivery and postpartum period.	UNFPA		
Activity 2.2	To organize monitoring visits, as well as to conduct safety audits in coordination with other sectors and stakeholders.	UNFPA		

6. Accountability to Affected People

A) Project design and planning phase:

In the initial phase of needs assessment, Venezuelan women migrants were consulted on what type of services they most urgently required.

B) Project implementation phase:

UNFPA modified the intervention strategy and focus the assistance only in CEBAF in response as expressed by Venezuelan migrant women during the implementation process

C) Project monitoring and evaluation:

During the monitoring visits, the UNFPA central level team officers met with the users of the service and, based on their suggestions, they adjusted the implementation of the service.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to

the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional)				

8. Evaluation: Has this project been evaluated or is an evaluation pending?

	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3. Project Report 18-RR-FPA-039 - UNFPA

1. Project information			
1. Agency:	UNFPA	2. Country:	Peru
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project code (CERF):	18-RR-FPA-039
5. Project title:	To provide Life-saving protection and response to Gender Based Violence (GBV) for Venezuelan migrants, focused on women in reproductive age and adolescents		
6.a Original Start date:	03/10/2018	6.b Original End date	02/04/2019
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	02/05/19
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 755,118
	b. Total funding received for agency's sector response to current emergency:		US\$ 125,321
	c. Amount received from CERF:		US\$ 105,321
	d. Total CERF funds forwarded to implementing partners of which to: <ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, 44,000 women and adolescents have received playful information material with key messages about GBV prevention and the protection system Peruvian institution and 13,950 women in reproductive age participated in awareness sessions on gender stereotypes, types of violence and protection mechanisms.

Within the framework of the protection informative sessions, Venezuelan migrant women have achieved greater empowerment in the exercise of their right to a life free of violence; the participative / ludic dynamics has fulfilled a function of psychosocial support by providing them in an entertaining way with information on the protection provided by the Peruvian state but also moments of relaxation and stress relief from situations of risk of gender violence to which they are exposed.

3. Changes and Amendments

Tumbes is a small city, there were no available human resources, and the specialized nature of the protection activities (first support, psychosocial support, coordination with other agencies and with state protection institutions) made it difficult to identify suitable personnel for the positions and it became necessary to second more extensive call at national level with UNV support to achieve the adequate hiring. It was then changed by three field operators, eliminating the position of protection specialist.

On the other hand, the original strategy of the project included activities outside the CEBAF in the areas with the highest concentration of Venezuelan population in the city of Tumbes, but although the number of migrants remained constant (an average of 1,200 people per day) in the period of implementation of the project according to what was calculated when

planning the intervention, the profile was modified by increasing the percentage of women of reproductive age, which made it necessary to modify the intervention strategy, strengthening and prioritizing the attention in the tent installed in the CEBAF where informative and awareness sessions, as well as the delivery of useful materials (document holders, document bags, collapsible water bottles and fans) with key messages.

The target of the women and adolescents participating in informative sessions and receiving information material will increase because of the concentration of activities in CEBAF, as more staff time and support items will be at the service of more Venezuelan migrants from 11,000 to 13,000.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	9,000	33,000	42,000	0	0	0	9,000	33,000	42,000
Reached	3,282	38,684	41,966	0	0	0	3,282	38,684	41,966

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	42,000	41,966
Total (same as in 4a)	42,000	41,966

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

5. CERF Result Framework

Project objective	Improve the access of Venezuelan migrant women in reproductive age to the system of SGBV in Peru.
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Output 1	Facilitate access to life-saving GBV services and setup of protection mechanism for Venezuelan migrant women and adolescent girls.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Venezuelan migrant women and adolescents that have been timely assisted and referred to SGBV specialized services based on their needs and international standards.	150	72	Attention sheets
Indicator 1.2	Number of Venezuelan migrant women and adolescent women who participate in informative/sensitization sessions.	11,000	12,980	list beneficiaries of informative sessions
Indicator 1.3	Number of Venezuelan migrant women and adolescent women that receive playful informative material with key	42,000	41,966	photographic records of deliveries

	information.			
Explanation of output and indicators variance:		<p>The indicator 1.1. did not achieve its programmed goal because the women identified as survivors of GBV prioritized continuing the trip instead of agreeing to be referred to a specialized service, an option that the UNFPA team also considered the most appropriate because the woman retained her support networks, important for a migrant survivor, who in most cases were her traveling companions. In compensation, she was provided with all the necessary information she might need to access the specialized service at her destination place.</p> <p>Indicator 1.3: with the NCE modification, the number of play materials produced was increased to 44,000; in the period of implementation of this project, 41,966 were delivered; UNFPA has continued (with its own funds) the activities promoted by the CERF and at the date of this report (end of June) delivery to users who entered in May and June had been completed.</p>		
Activities	Description	Implemented by		
Activity 1.1	Setting up referral pathways for SGBV survivors in order to ensure they have timely and appropriate access to specialized services; UNFPA will also hire specialized personally to provide counselling and first psychological aid.	UNFPA		
Activity 1.2	Informative/sensitization sessions to provide information and awareness about services to Venezuelan migrant women and adolescent women and improve their access to Route of attention of SGBV	UNFPA		
Activity 1.3	Procurement playful material with key messages about prevention of SGBV and trafficking	UNFPA		
Activity 1.4	Distribution of playful information material.	UNFPA		
Activity 1.5	To organize monitoring visits, as well as to conduct quick sessions to reinforce the protection system coordination and to conduct safety audits in coordination with other sectors and stakeholders.	UNFPA		

6. Accountability to Affected People

A) Project design and planning phase:

Nothing to report

B) Project implementation phase:

The Venezuelan migrant women participated actively in the selection of the type of play materials to be delivered (collapsible bottles, Ziploc bags, passport holders) as well as in the elaboration of the messages that were registered in them.

C) Project monitoring and evaluation:

Nothing to report

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to

the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional)				
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8. Evaluation: Has this project been evaluated or is an evaluation pending?

	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4. Project Report 18-RR-CEF-093 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Peru
3. Cluster/Sector:	Nutrition - Nutrition	4. Project code (CERF):	18-RR-CEF-093
5. Project title:	Improving the nutrition response for Venezuelan migrant families with children under 5 years of age arriving at the Binational Frontier Attention Centre (CEBAF) in Tumbes		
6.a Original Start date:	12/09/2018	6.b Original End date	11/03/2019
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	11/05/2019
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 759,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 141,298
	c. Amount received from CERF:		US\$ 121,750
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 85,773
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0 US\$ 0 US\$ 85,773 US\$ 0

2. Project Results Summary/Overall Performance

The project to reduce the risk of morbidity and protect the nutrition status of Venezuelan children under 5 years of age was implemented by UNICEF and its partner Prisma. It was carried out at the CEBAF from September 2018 to May 2019. The nutritional status of 9,482 children (4,787 girls, 4,695 boys) was assessed, and results indicated that although the nutritional status of children under 5 years may not have deteriorated during the grant, continued intervention is essential. Infant and young child feeding counselling was provided to 6,971 families and referred 1,341 children to health services. Flyers on healthy eating, hand washing, and mental health were distributed, along with ready-to-use supplementary food, reaching 3,111 children between 6 and 59 months. Zinc tablets were provided to 168 children under 5 years of age with ADD. Cereal bars were distributed to 1,378 lactating women with children under the age of 2. Overall, CERF funds allowed a timely identification and prevention of children's malnutrition and referral of cases to health services that would otherwise have gone unnoticed, thus preventing complications during the remainder of their journeys.

3. Changes and Amendments

Data collected on the Venezuelan migrant population shows that their profile has changed. Migrants arriving between September 2017 and May 2018 (DTM 1, 2 and 3) had a higher education level and better health conditions, compared to those arriving between September 2018 and March 2019 (DTM 4 and 5), whom have lower levels of education and greater demands for health and humanitarian assistance. For example, data show that 2 out of every 10 migrant families include a member with health care needs related to chronic diseases such as diabetes, HIV, cancer, etc. This CERF grant included a no-cost extension to complete the delivery of Plumpy Doz™ to children aged 6 – 59 months

and Zinc supplements for acute diarrheal disease (ADD) cases. There was a significant delay in the release process of the supplies from customs due to an unexpected request from the Ministry of Health for an additional certificate of donation that had not been required from UNICEF before, and changes in the Ministry of Health authorities. Thus, although the supplies were received in country on 27 November 2018 (Zinc supplements) and 2nd December 2018 (Plumpy Doz™), the release from customs was not obtained until February 2019. The delivery of Plumpy Doz™ and Zinc supplements started on 19th February. UNICEF secured additional funds to continue the activities included in the CERF for an additional 3 months (from February to March 2019). Thus, the activities continued with the same operational conditions as originally planned, reaching an additional number of beneficiaries during the no-cost extension period.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,500	3,000	7,500	4,500	3,000	7,500	9,000	6,000	15,000
Reached	4,787	7,201	11,988	4,695	3,666	8,361	9,482	10,867	20,349

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	15,000	20,349
Total (same as in 4a)	15,000	20,349
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The variance between planned and reached beneficiaries is present mainly in the number of women attended, which may be due to a significant change in the migrant profile by which more women began to travel with their children for family unification. This meant that the Nutrition intervention attended more than twice the amount women who were planned to be attended.	

5. CERF Result Framework

Project objective	Improve the nutrition response for Venezuelan migrant families of children under 5 years of age arriving at the CEBAF in Tumbes, providing screening, counselling and referral services 24 hours a day and a food supplement to reduce the risk of nutritional deterioration
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Output 1	Children under 5 years of age who pass through the CEBAF have their nutrition situation assessed, evaluated and are referred to health or other services when necessary			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of children under 5 years of age who pass through the CEBAF whose nutrition status is assessed, and fully evaluated or referred accordingly.	4000 total 2000 girls 2000 boys	9,482 total 4,787 girls 4,695 boys	Implementing partner Prisma records for each child assessed
Indicator 1.2	# of children under 5 years of age who pass through the CEBAF that are referred to health or other services	400 total 200 girls 200 boys	1,341 total 606 girls 735 boys	Implementing partner Prisma records for each child assessed

Explanation of output and indicators variance:		When the original targets were set for the CERF grant, it was unclear whether the influx of migrants would continue at the same level and whether the planned activities would reach most of the children under 5 years of age arriving at the CEBAF. Furthermore, once the activities were set-up, strategies were implemented to ensure that most if not all the children were identified and invited to come to the nutritional assessment. For example, health technicians were hired to actively identify families with children under 5 years of age in the immigration queues, provide them with guidance, try to identify those children most at risk (visibly malnourished or sick) and encourage the families to bring them to be assessed.
Activities	Description	Implemented by
Activity 1.1	Assessment of anthropometry, vaccination or health status in children under 5 years of age	Implementing partner Prisma
Activity 1.2	Referral of children under 5 years of age to nutrition and health services when acute malnutrition, ADD, ARI, etc. are identified	Implementing partner Prisma
Activity 1.3	Coordination with State institutions for referral to health and other services	UNICEF

Output 2	Families with children under 5 years of age who pass through the CEBAF receive nutrition counselling			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of families that receive nutrition counselling	3,000 families 15,000 people	6,971 families 34,855 people	Implementing partner Prisma records for each child assessed
Explanation of output and indicators variance:		When the original targets were set for the CERF grant, it was unclear whether the influx of migrants would continue at the same level and whether the planned activities would reach most of the children under 5 years of age arriving at the CEBAF. Furthermore, once the activities were set-up, strategies were implemented to ensure that most if not all the children were identified and invited to come to the nutritional assessment. For example, health technicians were hired to actively identify families with children under 5 years of age in the immigration queues, provide them with guidance, try to identify those children most at risk (visibly malnourished or sick) and encourage the families to bring them to be assessed.		
Activities	Description	Implemented by		
Activity 2.1	Provision of nutrition counselling (especially breastfeeding, complementary feeding), as well as information on mechanisms to access health services	Implementing partner Prisma		

Output 3	Children aged 6 – 59 months who pass through the CEBAF are provided with 5 daily doses of Ready-to-Use Supplementary Food and Zinc supplements for ADD cases; lactating mothers are provided with 5 daily doses of a food supplement.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of children 6 to 59 months of age mothers who receive Ready-to-Use Supplementary Food	3600	1	Implementing partner Prisma records for each child assessed
Indicator 3.2	# of lactating mothers who receive a food supplement	800	8	Implementing partner Prisma records for each child assessed
Indicator 3.3	# of children 6 – 59 months of age who receive zinc supplement	1500	168	Red Cross records delivered to implementing partner Prisma, and Health Establishment

				records delivered to UNICEF
Explanation of output and indicators variance:		<p>As described in section 3, there was a significant delay in the release process of supplies from customs, so delivery of Plumpy Doz™ and Zinc supplements did not start until February. The delivery of the food supplement to lactating mothers with children under 2 years of age began in December 2018 and thus the target was met. In this case, the food supplement (granola bars) was procured locally and each mother was provided with a box of 6 granola bars.</p> <p>Zinc supplements are given to children that present with ADD. According to national guidelines, the supplements must be prescribed by a physician when available, thus the supplements have been delivered by the Red Cross in CEBAF and 6 government health establishments close to the CEBAF. The numbers are low because the delivery depends on children presenting with ADD and there have been less cases than initially estimated. Furthermore, delivery at health establishments had to be preceded by training for health personnel as they were not using Zinc supplements, despite the national guidelines. The training took time and follow-up and monitoring has been required to ensure that the health establishments have the systems in place to deliver the supplements.</p> <p>Ready-to-Use Supplementary Food will continue to be delivered until we reach 489 children from 6 to 59 months of age, as well as the Zinc supplements, accordingly with the incidence of ADD.</p>		
Activities	Description	Implemented by		
Activity 3.1	Purchase of RUSF and Zinc supplements	UNICEF		
Activity 3.2	Delivery of RUSF to children 6 – 59 months of age	Implementing partner Prisma		
Activity 3.3	Delivery of food supplement to lactating mothers	Implementing partner Prisma		
Activity 3.4	Delivery of Zinc supplements for children 6 – 59 months of age with ADD	Red Cross Health Establishments with technical assistance from UNICEF		
Activity 3.5	Coordination with the Ministry of Health and CunaMás to ensure adequate nutrition response	UNICEF		

6. Accountability to Affected People

A) Project design and planning phase:

When planning the project, Venezuelan migrants were not organized in a way that allowed consultation or feedback, but efforts were made get input from adults entering the CEBAF. However, the project was designed based on a nutritional assessment of Venezuelan children under 5 years of age who entered Peru through the CEBAF Tumbes in August 2018. The assessment included an anthropometric evaluation and haemoglobin test for girls and boys, and a brief survey of health status, socioeconomic aspects and migration. Results found 3.2% acute malnutrition, with two age groups (2 and 4 years) in which the rate exceeded 5%. Chronic malnutrition was present in 16.5% of children under 5 and anaemia in 34.8%, reaching 49.2% in children under 2. Caregivers were mostly young mothers (19-29 years old) with technical or university level education. Most children under one were breastfed, and most children from 1 to 5 years of age were not receiving the minimum meals a day as per international recommendations. 44% of girls and boys reported sickness (ADD, ARI or fever) in the 3 days before the assessment.

Additionally, when designing the C4D strategy, qualitative and quantitative tools were applied in December 2018: 160 surveys (154 women and 6 men) and three focus group sessions, with 9 parents, 10 mothers and 8 young mothers. This strategy was applied for all three CERF-funded projects: Nutrition, WASH and Protection, but content pertained to all three components.

B) Project implementation phase:

The intervention was delivered in a tent with the logos of UNICEF and its partner Prisma, a NUTRITION banner, and a number

that matched a map of the CEBAF used to guide migrants to the services. There was also a banner at the door with information on health and nutrition services offered to boys and girls.

UNICEF validated communication pieces and the results were applied in the design of materials. Informative brochures were distributed in the UNICEF/Prisma and Red Cross tents, and in 6 health establishments close to the CEBAF that provide services to Venezuelan children and parents.

C) Project monitoring and evaluation:

UNICEF carried out a follow-up nutritional assessment in March 2019 to assess whether the profile of the children under 5 arriving in Tumbes had changed significantly. The assessment included 620 Venezuelan children under 5, measuring anthropometry and haemoglobin in children and implementing a brief survey of health status, socioeconomic aspects and migration. Results were not markedly different from the previous assessment and indicate that although the situation may not have deteriorated, continued intervention is essential.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNICEF's Latin America and the Caribbean Regional Office will conduct an external evaluation during July 2019 that will include projects funded by CERF. The results of this evaluation will be shared with CERF Secretariat.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.5. Project Report 18-RR-CEF-094 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Peru
3. Cluster/Sector:	Protection - Child Protection	4. Project code (CERF):	18-RR-CEF-094
5. Project title:	Protection of Venezuelan migrant and refugee children arriving at the Binational Frontier Attention Centre (CEBAF) in Tumbes		
6.a Original Start date:	02/10/2018	6.b Original End date	01/04/2019
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 898,150
	b. Total funding received for agency's sector response to current emergency:		US\$ 366,794
	c. Amount received from CERF:		US\$ 209,707
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 178,233
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 0
▪ National NGOs		US\$ 178,233	
▪ Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

The Child Protection project implemented by UNICEF and its partner Plan International was focused on psychosocial and protection support. A child friendly space was installed with access to free play, socioemotional sessions, information on child protection, and kits with clean underwear, fruit and water, which assisted 25,413 children (12,538 girls and 12,875 boys). Information on protective practices and routes of attention was provided to children and the adults in charge. Besides, in coordination with the Ministry of Health, psychological attention for 3,617 people (526 girls and 556 boys) was provided. UNICEF facilitated a tent for children to stay overnight with their caretakers, hosting a total of 1,873 people (648 girls, 670 boys, 519 women and 36 men). UNICEF delivered information on migration procedures to 14,734 women and 16,494 men. Capacity-building enabled the Ministry of Women and Vulnerable Populations' Special Protection Unit, to better attend 1,147 unaccompanied and separated girls and boys. Thanks to CERF funds, attention provided at the child-friendly space was essential in relieving stress for both children and their caregivers, enabling them to continue their journey with a fresh start and in better conditions to face future hardships. Most importantly, CERF funds helped provide much-needed protection for separated, unaccompanied and undocumented children.

3. Changes and Amendments

A second play space was implemented so it could be activated in a contingency situation, as well as a team of ten people to strengthen attention and orientation within the CEBAF. Other changes include the deployment of emergency mental health counseling teams, the hiring of psychologists to provide psychological support coordinated by MINSA, both of which strengthened the mental health component of the intervention as well as the established referral routes for this type of cases. An overnight space was created, which functions as a contingency-friendly space next to the regular child-friendly space. This space has been designed to respond to the need for lactating and pregnant women to spend the night in a safe

space when they should stay in CEBAF to finish their immigration documentation processes.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	7,480	7,140	14,620	7,190	6,860	14,050	14,670	14,000	28,670
Reached	12,538	14,734	27,272	12,875	16,494	29,369	25,413	31,228	56,641

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	28,670	56,641
Total (same as in 4a)	28,670	56,641

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

The project assisted a total of 56,641 Venezuelan children, adolescents and caregivers on the move who crossed the Northern border into Peru between October 2018 and April 2019. The dynamic nature of the phenomenon gave way to an increased influx of mothers, children, and unaccompanied and separated children and adolescents in conditions of special vulnerability, in addition to the stress and anguish or uncertainty caused by uprooting, family separation and exposure to various situations of violence throughout their trip, as well as their parents' stress.

5. CERF Result Framework

Project objective	Ensure that migrant children who enter Peru through the CEBAF Tumbes received psychological support and have access to safe and child friendly temporary spaces
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Output 1	8,670 children have access to psychological support and to safe and child-friendly temporary space at the CEBAF Tumbes.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of agreements signed	1	1	Agreement document
Indicator 1.2	# of spaces for psycho-emotional support installed	1	1	Pictures of the space
Indicator 1.3	# of children receiving psychological support	8,670	25,413	Implementing Partner Foster Parents Plan International Inc sign-in list
Explanation of output and indicators variance:		Indicator 1.3 was greatly overachieved due to changes in migration flows and migrant profiles. Specifically, when the project was designed, the population entering consisted mostly of adult men coming to Peru looking for work, many with their families and children – thus warranting the need for child support mechanisms – but also many leaving their families behind. However, between December 2018 and April 2019, the migrant profile changed, and Peru began		

		to see more women with children coming to meet up with the husbands and fathers. This increased the number of children in need of protection spaces, of psycho-emotional support.
Activities	Description	Implemented by
Activity 1.1	Implementation of a temporary child friendly space that provides psycho-emotional support	Implementing partner Foster Parents Plan International Inc
Activity 1.2	acquisition of equipment to implement the child friendly space	Implementing Partner Foster Parents Plan International Inc
Activity 1.3	Deployment of emergency counselling mental health teams	Implementing Partner Foster Parents Plan International Inc in an agreement with the Ministry of Health

Output 2	20,000 children and caregivers on the move with access to mechanism to prevent and address cases of violence, exploitation and trafficking and accurate information on migration procedures and services at CEBAF			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of children and family members equipped with life-saving information on self-protection and referral mechanisms to address violence and on migration procedures.	20,000	41,521	Tent registries, material distributed
Explanation of output and indicators variance:		The change in the migrant profile and increase in parents with children generated a greater demand for information on self-protection and referral mechanisms to address violence, and on migration procedures. On the other hand, delays in communication material printing led UNICEF to apply alternative communication means to get the messages through to the population. In these, facilitators swept the CEBAF and found families with children, explaining procedures, migration documents, and giving them information on violence prevention and protection. This way, once the printed material was ready to be distributed, it only complemented the already shared information.		
Activities	Description	Implemented by		
Activity 2.1	Agreements with partners	UNICEF		
Activity 2.2	Dissemination of life-saving messages to children on self-protection from violence, and to family members on prevention and identification of violence, exploitation and trafficking and migration procedures and requirements	Implementing Partner Foster Parents Plan International Inc		

Output 3	Unaccompanied and separated children access protection mechanisms for reunification, interim care and family-based care			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of service providers from the Migration authorities, Refugee Commission, Ombudsperson's Office and Protection Unit equipped with information on international standards to protect migrant and refugee children.	25	36	Attendance Registry for workshop; plane tickets for Special Protection Unit mobilization to CEBAF
Indicator 3.2	# of UAC and separate Children and separated children targeted	At least 200 separate and UAC arriving to the CEBAF	1,147	Special Protection Unit records
Explanation of output and indicators variance:		The main variance in this output consists of the 1,147 unaccompanied and separated children who were attended by the Special Protection Unit, as		

		opposed to the 200 planned target. 2019 saw a significant increase in UACS children coming through the border, which meant more were attended by the Unit.
Activities	Description	Implemented by
Activity 3.1	Coordination and technical sessions with service providers from the Migration authorities, Refugee Commission, Ombudsperson's Office and Protection Unit to improve accurate implementation of international Standards to protect migrant, refugee and unaccompanied and separated children	UNICEF
Activity 3.2	Implementation of registry to track unaccompanied and separated children -family tracing.	Special Protection Unit – Ministry of Women and Vulnerable Populations

6. Accountability to Affected People

A) Project design and planning phase:

These visits and coordination with local and national authorities helped UNICEF identify the urgent needs to ensure protection for Venezuelan children of the move, mainly: psychological support and emergency counselling to cope with stress and uncertain future for children and caregivers, information on protection mechanisms and to prevent violence, and compliance with international standards and national legislation to protect separated and unaccompanied children.

When designing the C4D strategy, UNICEF consulted with Venezuelan adults entering through the CEBAF. Qualitative and quantitative tools were applied in December 2018: 160 surveys and three focus groups with 9 parents, 10 mothers and 8 young mothers.

B) Project implementation phase:

Communication pieces such as banners and printed materials were validated with the population, and results were used in the designs and contents of the pieces. For example, with the validation of the girls and boys, the wine color and the colors of the Venezuelan flag were used in the pencil cases given to the children. Likewise, as they expressed their interest in Peruvian food and their spatial disorientation, the guidebooks included a map of Peru and the most typical foods.

A suggestions box set up at the CFS was highly valued by parents and children, who expressed satisfaction with having their voice and opinion heard. This complemented the more informal feedback gathered by project facilitators through their daily conversations with beneficiaries and observation of the conditions in which children arrived. Therefore, a pack with underwear and socks was implemented when children and their parents expressed their need for them, as well as a tub with water and cleaning gel.

C) Project monitoring and evaluation:

During monitoring of the C4D strategy, 48 surveys were applied in February and March 2019 to obtain the comments and perceptions of the Venezuelan population regarding the information, guidance and attention provided by the implementing partner. They found that protection messages were highly valued, especially the preventive approach and the information on protection routes and mechanisms. The results were presented to the implementing partner to reinforce the attention to the Venezuelan population.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
		Choose an item.	Choose an item.	Choose an item.

		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?

UNICEF's Latin America and the Caribbean Regional Office will conduct an external evaluation during July 2019 that will include projects funded by CERF. The results of this evaluation will be shared with CERF secretariat.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

8.6. Project Report 18-RR-CEF-095 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Peru
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-CEF-095
5. Project title:	Improving hygiene conditions and services for migrant and refugee seekers arriving from Venezuela at the northern border of Tumbes		
6.a Original Start date:	02/10/2018	6.b Original End date	01/04/2019
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,614,500
	b. Total funding received for agency's sector response to current emergency:		US\$ 665,608
	c. Amount received from CERF:		US\$ 560,108
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 432,830
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 0 ▪ National NGOs US\$ 432,830 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance

The WASH project was implemented by UNICEF and its partner COOPI. The delivery of 7,837 hygiene kits benefitted 23,294 people on the move (6,139 girls, 6,381 boys, 8,173 women and 2,601 men), as well as communication materials to 9,835 people on life-saving hygiene practices. The access to shower facilities was improved to service 5,008 people (1,349 girls, 1,276 boys, 1,976 women and 407 men). 100% of subjects declared in a survey that the messages they received were clearly understood, and 100% considered the information important and pertinent. A coordination space among local services and authorities was established to improve water and sanitation services a key issue, achieving the reconnection of CEBAF it to the sewage system, carrying out a water quality assessment, rehabilitating a well, increasing the water supply number of hours, repairing leaks and piping, improving the waste recollection system, and had an impact to improve conditions of water supply and sanitation services for nearby towns in Tumbes.

3. Changes and Amendments

Due to the short permanence of migrants at the CEBAF during the time of intervention, UNICEF found that the distribution of hygiene materials and information could be complemented with a shower service in order to consolidate the hygiene practices that were being promoted. The showers had been inoperative at the CEBAF, so UNICEF decided to use a small amount of the funds (approximately \$4,000) to repair and enable their use. This made it possible for the population that received hygiene kits and orientation to put both in practice before they continued their travel.

Likewise, UNICEF also decided to reinforce the hygiene communications strategy with a solid waste campaign, based on the large amount of poorly disposed waste at the CEBAF and the contamination risks that it was generating. The short time

of permanence at the CEBAF also warranted a stronger approach to achieve behavioural changes in hygiene habits, therefore more waste baskets were installed to foster waste segregation at the source, while also serving as an infrastructural platform for the hygiene and sanitation messages that were being promoted. Finally, hand-washing was further promoted by offering disinfectant gel at the food point

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	13,025	4,280	17,305	11,355	4,340	15,695	24,380	8,620	33,000
Reached	6,139	8,173	14,312	6,381	2,601	8,982	12,520	10,774	23,294

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	33,000	23,294
Total (same as in 4a)	33,000	23,294

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

Based on an initial inter-agency evaluation, the target of 33,000 people reached was based on an estimate of 6,600 family groups composed of five members. However, throughout the implementation period UNICEF observed that family groups on the move were mostly composed of one parent or caretaker with one or two children. Due to this reduction in demand, UNICEF and partners decided to personalize the hygiene kits and make them more suited to the families' characteristics. Furthermore, personalization of the kits meant some items changed, which cut costs and thus allowed for more kits to be distributed, thus reaching more families than originally planned (7,837 families).

5. CERF Result Framework

Project objective	To decrease girls, boys, adolescents, their families and family groups risk of contracting diseases related to their journey.
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Output 1	Girls, boys, adolescents and their families have access to information about safe hygiene practices adequate to the journey and have access to hygiene items specific to the needs of population on the move.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	% of focus groups/ group interviews where messages were understood and received positively	70% (at least 42 persons of 60 interviewed)	100%	Focus group and survey documents
Indicator 1.2	# of vulnerable families in transit covered with hygiene kits	6,600 (each family or family group has 5 members)	7,837 families	Implementing Partner COOPI registration
Explanation of output and indicators variance:		The variance in target and achieved indicators was due changes in the hygiene kit elements, as explained before, which led to cut costs and thus the ability to serve more families. However, the change in family group composition also led to a smaller number of people reached than was originally expected, for families were estimated to consist of 5 members but,		

		in reality, were mostly constituted by two or three people.
Activities	Description	Implemented by
Activity 1.1	Information and communication material delivered using face to face, group and mass communication strategies.	Implementing Partner COOPI
Activity 1.2	Supply 1,650 hygiene kits monthly for four months, a total of 6,600 hygiene kits at different points of CEBAF	Implementing Partner COOPI
Activity 1.3	Distribution of hygiene kits to girls, boys below 10 years old and their families or family groups.	Implementing Partner COOPI

Output 2	Girls, boys, adolescents and their families have access to WASH facilities at CEBAF Tumbes that meets Sphere standards because Migration authorities receive technical assistance to improve WASH monitor, maintenance and management.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of focus groups declare had safe and equitable access to WASH resources and facilities, use the facilities provided and took action to reduce the public health risk at CEBAF	70% (at least 42 persons of 60 interviewed)	100%	Monitoring report
Indicator 2.2	% of focus groups declare had used the facilities provided by CEBAF authorities	70% (at least 42 persons of 60 interviewed)	5,008 persons	Hygiene facility registries
Indicator 2.3	% of focus groups declare took action to reduce his/hers and his/her family's public health risk in Tumbes	70% (at least 42 persons of 60 interviewed)	100%	Surveys
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 2.1	Monitoring of the status of WASH facilities at CEBAF and other relevant public transit areas at Tumbes.	UNICEF		
Activity 2.2	Technical assistance to CEBAF authorities and other relevant public transit areas at Tumbes on WASH monitoring, management and maintenance	UNICEF		

6. Accountability to Affected People

A) Project design and planning phase:

When designing the C4D strategy, qualitative and quantitative tools were applied in December 2018: 160 surveys (154 women and 6 men) and three focus group sessions, with 9 parents, 10 mothers and 8 young mothers. This strategy was applied for all three CERF-funded projects: Nutrition, WASH and Protection, but content pertained to all three components.

Communication pieces such as an informative banner about hygiene practices and a game-oriented one for children were validated with the migrant population; for example, the banner boy's name changed from Kitcito to Combito thanks to Venezuelan children's validation.

B) Project implementation phase:

Feedback from beneficiaries and observation from facilitators about utility and changes in the migrant profile led to constant changes in the composition of hygiene kits. UNICEF and COOPI conducted surveys with beneficiaries to evaluate the pertinence of the hygiene kits, which led to the kits now including water, deodorants, sanitary napkins, toothbrushes, and a more transit-adjusted first-aid kit, among others.

Those interviewed considered WASH messages pertinent, especially the focus on prevention through WASH information. Mothers expressed the need to include water safety in communication materials, which UNICEF is incorporating in the next printing of materials.

C) Project monitoring and evaluation:

When monitoring the C4D component of WASH strategy, 303 surveys were applied to obtain the comments and perceptions of the Venezuelan population regarding the information, guidance and attention provided by the implementing partner, as well as focus groups with 61 men and women. Adults express their concern about washing their hands before preparing and giving food, as well as after using the hygienic services. Thanks to these findings, UNICEF intervened in the food court during lunch, offering disinfectant gel for hand-washing.

Communication pieces of a visual nature, such as the pollution route used in the COOPI workspace, are effective for the dissemination of protective messages. The pertinence of the content, its didactic nature, playful and adequate delivery captured and interacted with the public, motivating and promoting their participation and reflection.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.
		Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

8. Evaluation: Has this project been evaluated or is an evaluation pending?

UNICEF's Latin America and the Caribbean Regional Office will conduct an external evaluation during July 2019 that will include projects funded by CERF. The results of this evaluation will be shared with CERF secretariat.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

8.7. Project Report 18-RR-WHO-037 - WHO

1. Project information			
1. Agency:	WHO	2. Country:	Peru
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-WHO-037
5. Project title:	Ensuring rapid detection and control of outbreaks and other health risks at border entry points		
6.a Original Start date:	10/10/2018	6.b Original End date	09/04/2019
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 663,143
	c. Amount received from CERF:		US\$ 163,143
	d. Total CERF funds forwarded to implementing partners of which to: <ul style="list-style-type: none"> Government Partners International NGOs National NGOs Red Cross/Crescent 		US\$ 0 U

2. Project Results Summary/Overall Performance
<p>Through the CERF RR grant, PAHO/WHO implemented the project between October 2018 and March 2019 with a specific coverage in Zarumilla province and CEBAF-Tumbes and a regional impact for Venezuelan migrants and asylum seekers. PAHO/WHO monitored and advised health authorities to comply with the scheme of the International Health Regulations-2005 (IHR-2005), Laboratory equipment, triage, insulation and protective gears were delivered to improve health service capacity to control outbreaks in Tumbes. Human resources in the Regional Hospital and health sector attending CEBAF were reinforced, assisting 15,033 Venezuelan patients, six suspected cases of measles from Tumbes were identified in this period. 500 copies health technical standard guide for the National Vaccination Scheme were disseminated in the health centers. The project succeeds to increase the control and timely management of the measles outbreak among the high-risk migrant population that enters through the border points in Tumbes. Its contribution was wider as it directly had a positive impact to detect and refer vector - borne diseases, including malaria, dengue, zika and chikungunya. Likewise, the project, strengthened capacities by hiring a Pediatrician and Nurse for patient triage and with equipment for the Emergency Department of the Regional Hospital of Tumbes (specially equipped beds and intensive care monitors) allowing specialized care of patients derived from the CEBAF-Tumbes.</p>

3. Changes and Amendments
N/A.

4. People Reached			
4a. Number of people directly assisted with cerf funding by age group and sex			
	Female	Male	Total

	Girls (18)	Women (≥ 18)	Total	Boys (18)	Men (≥ 18)	Total	Children (18)	Adults (≥ 18)	Total
Planned	2,415	4,485	6,900	2,430	5,670	8,100	4,845	10,155	15,000
Reached	1,838	7,201	9,020	1,614	4,400	6,014	3,452	11,601	15,053
4b. Number of people directly assisted with cerf funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees		0				0			
IDPs		0				0			
Host population		0				0			
Affected people (none of the above)		15,000				15,053			
Total (same as in 4a)		15,000				15,053			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		N/A.							

5. CERF Result Framework

Project objective	Increase control and timely management of measles outbreak among high-risk migrant population entering through the border points in Tumbes
--------------------------	--

Output 1	100% of Venezuelan migrants at high risk of measles contamination are rapidly diagnosed and timely referred to adequate healthcare services for treatment			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Percentage of measles cases opportunistically identified and isolated at the health network	100% or an estimated of 400 suspected	7,554 fever cases syndrome and 6 suspect Measles in Tumbes. 100%	Register of Dirección Regional de Salud de Tumbes/Epidemiology
Indicator 1.2	Percentage of health facilities in the border area and points of entry that have information for diagnosis and basic management of measles,	100% or 40 facilities	100% (40 facilities)	Dirección Regional de Salud de Tumbes /Ministerio de Salud
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Procurement of laboratory, triage, isolation equipment and protective gears	PAHO/WHO		
Activity 1.2	Distribution of laboratory, triage, isolation equipment and protective gears	PAHO/WHO		
Activity 1.3	Contracting of national health personnel to increase the timely detection and treatment of measles cases within the border health network	PAHO/WHO		
Activity 1.4	Printing of technical material (guides about measles, at least 5 guides for each of the 40 health facilities)	PAHO/WHO		

6. Accountability to Affected People

A) Project design and planning phase:

The project was designed to strengthen the local capabilities of epidemiological surveillance, laboratory diagnosis and emergency care of the Regional Hospital of Tumbes to contain diseases of high epidemic potential such as measles and malaria and to provide specialized care to citizens of Tumbes like migrants from Venezuela. To do this, a record of information on activities for each component was prepared

B) Project implementation phase:

The work developed by the project was in close coordination with the Regional Health Directorate of Tumbes, Epidemiology, Laboratory and People's Health Directorate, the health team made up of nurses were responsible for carrying out field activities in the settlement sites of the Venezuelan population.

The Ministry of Health of Peru, through the Comprehensive Health System, issued an addendum where it guaranteed free care to pregnant women and children under 5 years of age from Venezuela through their affiliation to the Comprehensive Health Insurance of the Ministry of Health.

The epidemiological surveillance field team supported the active search and detection of febrile cases in Zarumilla and took blood samples for analysis in the reference laboratory of the Regional Health Directorate of Tumbes. It was also supplied with serological tests for measles.

The Ministry of Health has a 24-hour vaccination center in the CEBAF-Tumbes for migrants and a tent for mental health care of migrants to Peru. The Regional Health Directorate of Tumbes made available one ambulance of the SAMU (Specialized ambulatory medical unit) Program 24 hours a day to transfer to the Zarumilla Health Center or Regional Hospital those migrants who required specialized health care.

C) Project monitoring and evaluation:

All the activities developed with patients, migrants from Venezuela are informed consent for care in health facilities of the Ministry of Health of Peru.

The Regional Directorate of Health of Tumbes, through its Epidemiology division collected the information of the attentions in the CEBAF -Tumbes for vaccination to children and adults from Venezuela. It also coordinated with the International Red Cross of the CEBAF -Tumbes for the entry of patient care in the national registry of health care of the Ministry of Health of Peru (HIS). Likewise, the area of Epidemiology of the Regional Health Directorate of Tumbes monitored collection and detection of febrile cases in the field and in the health facilities of the Tumbes Region, including emergency health care in the Hospital Regional of Tumbes

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
		Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

8. Evaluation: Has this project been evaluated or is an evaluation pending?

	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-CEF-094	Child Protection	UNICEF	INGO	\$178,233
18-RR-CEF-095	Water, Sanitation and Hygiene	UNICEF	INGO	\$432,830
18-RR-IOM-030	Multi-sector refugee assistance	IOM	INGO	\$234,240
18-RR-IOM-030	Multi-sector refugee assistance	IOM	INGO	\$245,000

ANNEX 2: Success Stories

Project title: Improving the nutrition response for Venezuelan migrant families with children under 5 years of age arriving at the Binational Frontier Attention Centre (CEBAF) in Tumbes

Project duration: 7 months (12/09/2018 – 11/05/2018)

Implementing partner: Prisma

Brief description of the context and project: The scale of needs resulting from the influx of Venezuelans to Peru (between 1500 and 2200 per day) has surpassed the capacities of authorities at the Binational Border Attention Centre (CEBAF) in Tumbes, at the northern border with Ecuador, and has further strained already vulnerable host communities in the area. CERF funds allowed UNICEF to establish a nutrition module within the CEBAF providing nutritional assessments, information, infant and young child feeding counselling, and food supplementation to children under 5, lactating mothers, and family members, as well as orienting guides who identified children at risk and referred them to the module.

Number of people reached and/or relief items/assistance provided: 20,349 children under 5 and their family groups benefitted from nutritional assessments, ready-to-use supplementary food, and infant and young child feeding counseling.

Name of location and region/province: Binational Border Attention Centre (CEBAF) in Zarumilla district, Tumbes region

Basic information of individual (name, age and background): Aleuzenev, 1 year old, Venezuelan child named after her home country when her 14-member family migrated to Peru. They have been on the road for 5 days in the heat of the north and just arrived at CEBAF.

Quotes from affected persons receiving assistance:

"That we can access a service like this, where they care for her, check her height and weight... it makes me feel calm so I can continue on my way to Lima. Thank you very much for all this."

Contact person from agency for follow-up: Carlos Calderón Bonilla – UNICEF Perú Emergency Officer – ccalderonbonilla@unicef.org and Michele Jimenez – UNICEF Perú Senior Programme Associate – mjimenez@unicef.org

Links to photos and/or video clips:

N/A

Website link if story has been previously published:

N/A

Aleuzenev, the girl who carries Venezuela in her name and in her heart

A new day begins at the Peru-Ecuador border, and, in the middle of a sunny morning, the first buses with Venezuelan migrants arrived at the CEBAF (Binational Border Service Center) in Tumbes, Peru. And in one of those buses arrives Ale, a girl who just over a month ago celebrated her first birthday. It was during this long journey that Ale has taken her first steps.

Ale has been traveling by road for 5 days since she left Bolívar, in Venezuela, where she was born. She is the smallest in a group of 14 relatives: siblings, cousins and uncles who are taking care of her every need.

Undoubtedly, Ale is a very special girl who embodies a message of love and hope for her country. Ale is what they call her but her full name is Aleuzenev, which reads backwards as Venezuela. "We gave her that name to bring Venezuela always with us" says her mother quite touched.

Ale is alert and very active, yet before starting the trip she was a little sick. One of the things that worried her mom, Joselin, the most during the trip was the possibility of Ale losing weight, for she did not have the means to feed her daughter well. Therefore, as soon as she arrived at the CEBAF, Joselin took her to Tent #7 to be checked by specialized Health and Nutrition professionals for children under 5. After Ale's nutritional assessment, Joselin could breathe in peace: doctors told her that Ale's weight and height are appropriate for her age.

This tent has been implemented by UNICEF and the Ministry of Health with the support of the NGO Prisma to offer a service of triage (weight and height) to girls and boys under 5 years of age, as well as providing nutritional counseling and psychological support to girls and children and their mothers and fathers.

In the same tent, other children were underweight, exhausted and weak, so their mothers received a ready-to-use food supplement called "Plumpy Doz" to prevent malnutrition, counseling on malnutrition prevention and treatment, and instructions on treatment follow-up at health centers in Peru. "This reassures me so much," Joselin says, as she cradles the beautiful Ale. "That we can access a service like this, where they care for her, check her height and weight... it makes me feel calm so I can continue on my way to Lima. Thank you very much for all this."

Arriving in Tumbes, Ale has also had to endure the high temperatures of northern Peru. So as soon as her mom learned that there were priority hygiene services for girls and boys, she did not hesitate to go to Health and Hygiene Tent #9, where she received a kit with liquid soap, shampoo, insect repellent, sunscreen, diapers, and access to toilets and showers.

"She's happy with her bath; she feels fresh and happy," says Ale's mom. While Ale is being dried and dressed, she does not stop smiling, enjoying every minute it. Traveling for several days through different climates and geographies does not allow easy access to services like this. Therefore, this bathroom has been for Ale a moment of great happiness protected by the love of his mother.

UNICEF with the support of the Cooperazione Internazionale (Coopi) has implemented 3 spaces with showers so that families with girls or boys under 5 and pregnant and lactating women have access to drinking water and a toilet space that allows them to have healthy practices. hygiene, and with it, can prevent diseases.

This is a very special trip for Ale, as she not only goes in search of a better present and future, but also because it will be the first time she meets her father. "I found out I was pregnant after my husband had traveled to Peru. That's why he's just going to meet her now," says his mother.

Just like Ale, over 105,000 Venezuelan migrant girls and boys had entered the country by December 31, 2018*, in the hope that things will be different and that one day - not very far - they will fulfill their dreams.

Along with her mother and her entire family, Ale continues her journey to Lima. Her eyes tell us that soon this journey will end and that she looks forward to that moment of pure happiness in which she will meet and embrace her father.

** UNICEF estimate based on data from the Office of Migration, Ministry of the Interior of Ecuador, National Institute of Statistics of Venezuela and DTM of IOM.*



Project title: Improving hygiene conditions and services for migrant and refugee seekers arriving from Venezuela at the northern border of Tumbes

Project duration: 5 months (02/10/2018 – 01/04/2018)

Implementing partner: COOPI

Brief description of the context and project: The scale of needs resulting from the influx of Venezuelans to Peru (between 1500 and 2200 per day) has surpassed the capacities of authorities at the Binational Border Attention Centre (CEBAF) in Tumbes, at the northern border with Ecuador, and has further strained already vulnerable host communities in the area. CERF funds allowed UNICEF to provide a timely humanitarian response in water, sanitation and hygiene at the CEBAF delivering lightweight and travel-oriented hygiene kits, providing information on life-saving practices through printed material and games with children, and providing access to shower services. CERF funds also served to rehabilitate shower services at the CEBAF and, through advocacy and technical assistance, accompany relevant authorities and refocus their attention on water, sanitation and hygiene.

Number of people reached and/or relief items/assistance provided: 23,294 people benefitted from hygiene kits and received information on life-saving practices on hygiene

Name of location and region/province: Binational Border Attention Centre (CEBAF) in Zarumilla district, Tumbes region

Basic information of individual (name, age and background): Dayana (age not specified) and her daughters Fiorella (age not specified) and Camila (7) are Venezuelans who have left everything behind and traveled by bus to Peru.

Quotes from affected persons receiving assistance:

"We have each other. Now we have also realized the solidarity that exists between human beings. When we have arrived here, we have felt so supported. That greatly alleviates the pain of leaving our country. Thank you for welcoming us like that."

Contact person from agency for follow-up: Marilú Wiegold – UNICEF Perú Communications Officer – mwiegold@unicef.org and Carlos Calderón Bonilla – UNICEF Perú Emergency Officer – ccalderonbonilla@unicef.org

Links to photos and/or video clips:

<https://www.unicef.org/peru/historias/todo-cambia-cuando-te-reciben-con-carino>

Website link if story has been previously published:

<https://www.unicef.org/peru/historias/todo-cambia-cuando-te-reciben-con-carino>

Fiorella, Camila and her mother set out on a journey that they would never have wanted. Like many Venezuelans, entire families prepare their suitcases, bags, briefcases and backpacks carrying everything they can. "But our family that stays, our friends, my school... we cannot bring all that with us. Leaving is very sad. As soon as we got on the first bus, I covered my eyes so as not to see, so as not to feel that I was already leaving," Fiorella recalls.

Her mother Dayana tells that she would never have imagined having to leave everything behind to look for a better life for her family. "We were losing what we had, because I needed my daughters to eat. The minimum wage is 1,800 *soberanos* and the kilo of meat costs 2 thousand *soberanos*. Look at what we were facing. I did everything I could to not leave my country. I didn't want to leave my mother. I didn't want to take my daughters away from school. They're very intelligent, they were doing well, they were happy. But when you no longer have anything to feed them, you think about those who left and you realize that this moment is coming for you. You don't become a migrant because you want to. We were forced to leave our country."

They overcame many obstacles to reach Peru. "I cannot believe that the first thing they gave us when we arrived here was an apple," says Dayana. "That is a luxury for us. Over there, one kilo costs 30 thousand *soberanos*. We haven't bought apples for a long time." And she says it with a smile, seeing how her daughters can finally eat a fruit. Feeling that they have an opportunity to live better.

"I really liked to get to the tent where they distributed the hygiene supplies," says Camila, the youngest of the family. In this space, UNICEF together with its implementing partner Coopi, give advice on water, sanitation and hygiene for travelers. The three found a space to rest, to get advice for the remainder of their trip, and were given a backpack with soap, repellent, toothbrushes and other hygiene elements. "What you do here with us when you receive us the way you do... we thank you very much. They make us feel that we care, that we are loved. They talk to us, they listen to us and they help us. Thank you for receiving us like this. Everything changes when they receive you with affection," says Dayana.

People do not always become migrants because they want to. Dayana and her daughters had to do it, but they are facing this new challenge with courage and confidence. "We have each other. Now we have also realized the solidarity that exists between human beings. When we have arrived here, we have felt so supported. That greatly alleviates the pain of leaving our country. Thank you for receiving us like that." Dayana finishes her last words and gets on the bus that will take her to the terminal. She still has a great way

to get to Lima. But this stop has served to recharge their energies, and, above all, find hope that something better is to come.



UNICEF Perú

- *Project title, duration and implementing partners.*

To improve the access to Sexual and Reproductive Health (SRH) care for the Venezuelan migrant population, focused on women in reproductive age and adolescent women.

October 2018 – April 2019

Implemented by UNFPA

- *Brief description of the context and project.*

Based on the OIM information, approximately 314,000 Venezuelan migrants entered to Peru through the northern border during the 6 months of the project implementation. Using the IAWG calculator for SRH in emergencies, we can estimate that 75,000 would be women of reproductive age (between 15 and 49 years old), and of these, estimate that 6% of Venezuelan migrant women could be pregnant.

In the Mission that the Humanitarian Network made to Tumbes, UNFPA raised first-hand information through interviews with Venezuelan women in the Binational Border Service Center (CEBAF) who were using the service, as well as the staff of the agencies, IFRC and NGOs that are working directly with the Venezuelan population that crosses the border.

The main findings in this field information gathering were:

- According to statements made by the Venezuelan migrant pregnant women who were interviewed in the CEBAF, in their country it is very difficult to have access to prenatal check-ups and many of them declare that they have not had any.

- According to the report of the person in charge of the health care point maintained by IFRC in the CEBAF, an important point to take into account regarding sexual and reproductive health is that 6 out of 10 women have vaginal and urinary tract infections due to the precarious hygiene conditions of the journey, either by bus or on foot.

The objective of the CERF project is: To contribute to improve the access to reproductive health care and hygiene measures of 11,000 Venezuelan women in reproductive age that transit in CEBAF and other concentration points of Venezuelan populations.

To achieve this goal, the project will carry out the following action lines:

1. Decrease the risk of obstetric emergencies through put in operation mobile reproductive health services, integrated by a team formed by obstetricians, who will provide essential health care to pregnant women and identify cases of obstetric risk

2. Decrease the risk of urinary and vaginal infections, as a possible source of SRH complications, associated with unhealthy environment conditions during the trip, through enhancing Venezuelan women hygiene life conditions, through the delivery of Life Saving Hygiene kits and implement key information and awareness sessions on signs of alarm during pregnancy, partum and postpartum, and infections.

- *Name of location and region/province.*

Tumbes, north border of Peru

- *Basic information on individual (name, age and background).*

Mariana (30 years old) - give birth to a healthy and happy baby

- *Contact person from agency for follow up.*

Juan Pablo Casapia, Communications Officer, UNFPA. casapia@unfpa.org

- *Links to photos and/or video clips.*

Series #SueñosSinFronteras.

- Mariana: <https://youtu.be/vMvYbOx8NFw>

- *Website link if story has previously been published.*

<https://www.facebook.com/UNFPAPERU>

- *Quotes from affected persons receiving assistance.*

Mariana - Give birth to a healthy and happy baby

Mariana: "I am five months pregnant. We decided to leave Venezuela because of the economic situation, looking for an improvement for that baby that is coming. It is a sacrifice, but I know it will be worth it."

"The situation is too extreme (in Venezuela). You cannot get medicines, you cannot get food, it's too difficult. There are no supplies, hospitals do not work well. Everything is horrible, It is not possible."

"We have not eaten. we have not bathed. We are since Tuesday; we do not sleep well. horrible, horrible We are tired. They sent us to make another queue, the refuge, to be able to enter Peru. We ask for refuge because of the crisis in the country and looking for improvement for our children and our family."

Mariana's husband: "I feel that (the obstetric care his wife received) has changed my life completely because we had so much bustle, after seven days of traveling without knowing how my son was doing, I feel super happy with the good news that everything is fine, it is in perfect condition . I am very happy and grateful."

Mariana: "This makes me feel stronger, eager to get ahead. I'm going to Lima happy, calm, knowing that my baby is fine. We look forward to it, soon. We are going to have a Peruvian. The boy is going to be a warrior like his dad. Like his dad and like me obviously. This is a sacrifice that will really be worth it."

- *Project title, duration and implementing partners.*

To provide Life-saving protection and response to Gender Based Violence (GBV) for Venezuelan migrants, focused on women in reproductive age and adolescents.

October 2018 – April 2019

Implemented by UNFPA

- *Brief description of the context and project.*

Concerning gender-based violence, it is necessary to take into account the high level of vulnerability of Venezuelan women migrants to sexual harassment, other types of violence and the risk of trafficking, either labour or sexual, due to uprooting situation, their precarious economic condition and the lack of support networks.

Through this CERF RR grant, 44,000 women and adolescents have received playful information material with key messages about GBV prevention and the protection system Peruvian institution and 13,950 women in reproductive age participated in awareness sessions on gender stereotypes, types of violence and protection mechanisms.

Within the framework of the protection informative sessions, Venezuelan migrant women have achieved greater empowerment in the exercise of their right to a life free of violence; the participative / ludic dynamics has fulfilled a function of psychosocial support by providing them in an entertaining way with information on the protection provided by the Peruvian state but also moments of relaxation and stress relief from situations of risk of gender violence to which they are exposed.

- *Name of location and region/province.*

Tumbes, north border of Peru

- *Basic information on individual (name, age and background).*

María (15 years old) - live a safe adolescence free from violence

- *Contact person from agency for follow up.*

Juan Pablo Casapia, Communications Officer, UNFPA. casapia@unfpa.org

- *Links to photos and/or video clips.*

Series #SueñosSinFronteras.

- María: <https://youtu.be/jepalPpdajM>

- *Website link if story has previously been published.*
<https://www.facebook.com/UNFPAPeru>

- *Quotes from affected persons receiving assistance.*

Maria - Live a safe adolescence free from violence

"I've been traveling for nine days. Sometimes we walked, sometimes people helped us to go by taxi or bus. I do not leave my brother and when I go out, I go accompanied by a person who walks with me. When I go to the bathroom, to bathe or to look for anything, I go with my older brother because I am afraid that they may steal me or they may kidnap me."

"I am 15 years old and when I grow up I would like to be a soccer player or a military. I left Venezuela because the situation is very bad. You cannot buy food or anything because the salary is not enough."

"Since I am a minor, I need many papers to cross the border. I would have been afraid that something had happened to me on the way. I must wait for permission (travel authorization for minors) because my mother could not get this paper in Venezuela. She had to go to work a week before they gave me the permit and could not sign anything. We had to leave like this, without any permission."

"We had to sleep on the floor and they could not give us mats because they are give them to pregnant women and children and seniors, and that is understandable. There was no cold there, there was heat. Too many mosquitoes. But I slept well anyway, I did not even feel it. The last time I slept like that was under a bridge in Medellin."

"We spent two days waiting for permission, authorization, they called my mother, they asked me questions, I do not know ... Yes, they made me wait too long. It is as if he had waited an eternity to get that permission. I'm finally leaving and that's why I'm happy. Eager to get there. It is not long before we reach the goal."

- *Project title, duration and implementing partners.*

To provide Life-saving protection and response to Gender Based Violence (GBV) for Venezuelan migrants, focused on women in reproductive age and adolescents.

October 2018 – April 2019

Implemented by UNFPA

- *Brief description of the context and project.*

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- *Name of location and region/province.*

Tumbes, north border of Peru

- *Basic information on individual (name, age and background).*

Britney (18 years old) - study for a better future

- *Contact person from agency for follow up.*

Juan Pablo Casapia, Communications Officer, UNFPA. casapia@unfpa.org

- *Links to photos and/or video clips.*
Series #SueñosSinFronteras.
- Britney: <https://youtu.be/Ciq0t7gvPqM>
- *Website link if story has previously been published.*
<https://www.facebook.com/UNFPAPeru>

- *Quotes from affected persons receiving assistance.*

Britney - Study for a better future

"I've been traveling for eight days. I had been told that it was very dangerous to travel alone but I do it for a better future and well-being for me and my family."

"It motivated me to leave because I said, how long? How long? I am 18 years old, I am not studying, I am not working and I want to fulfill my dream of studying, I want to be a dentist."

"Young people who stay in Venezuela have no chance to fulfill their dreams because there are no possibilities. The studies are very expensive and there is no money."

"I leave the country to fulfill my dream. Work to fulfill my dream Work to be able to study in order to help my family and to be someone in the future."

"I have felt fear on the road because sometimes you do not know what kind of person you are dealing with or what are they approaching you. They could kidnap you as had happened in many cases or take you to prostitution, in many borders you see that ... A woman travelling alone is vulnerable to all risks in this world!"

"I received the help of an institution that gave me advice, they told me what I had to do, they helped me to know where I had to look as a woman traveling alone. They oriented me about the risks I was running."

"If I made this trip alone, I can do anything, really!"

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADD	Acute diarrheal disease
ADRA	Adventist Development and Relief Agency
CEBAF	Bi-national Border Service Centre
COOPI	Cooperazione Internazionale
DTM	Displacement Tracking Matrix
GBV	Gender-based violence
GTRM	Refugees and Migrants Working Group
HCT	Humanitarian Country Team
HIV	Human immunodeficiency virus
IFRC	International Federation of the Red Cross and Red Crescent Societies
IHR	International Health Regulations
MoH	Ministry of Health
NGO	Non-governmental organization
PoC	People of concern
RC/HC	Resident Coordinator/Humanitarian Coordinator
SIS	Integrated Health System of the Ministry of Health
STI	Sexually transmitted infections