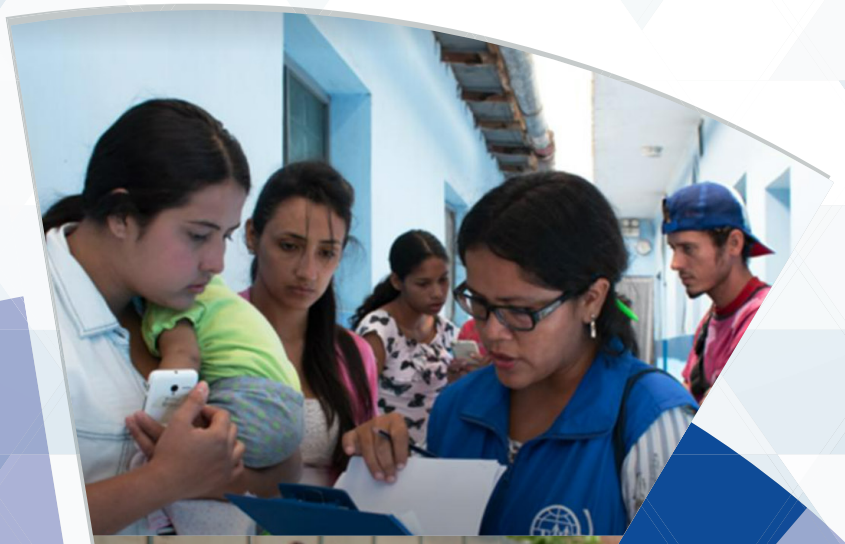

2023

BIOBEHAVIORAL SURVEY

Biobehavioral Survey (BBS) among Venezuelan migrants living in Lima/Callao and Trujillo

IOM UN MIGRATION

Socios En Salud
Partners In Health

This publication was made possible through support provided by National Center for Epidemiology, Disease Prevention and Control (CDC). The opinions expressed herein are those of the author and do not necessarily reflect the views of National Center for Epidemiology, Disease Prevention and Control (CDC).

Publisher: Office country , OIM Perú
International Organization for Migration (OIM),
Misión Perú
Lima, Perú
Sitio web: peru.iom.int
C. Miguel G. Seminario 320, San Isidro.

This publication was issued without formal editing by IOM.
This publication was issued without IOM Publications Unit (PUB) approval for adherence to IOM's brand and style standards.
This publication was issued without IOM Research Unit (RES) endorsement.
This publication was issued without official translation by TRS Unit.
Unofficial translation of the original version in Spanish, entitled Encuesta Bioconductual (BBS) en Migrantes Venezolanos que viven en Lima/Callao y Trujillo.

Cover photo: Humanitarian assitence / Organización Internacional para las Migraciones 2023.

ISBN XXX-XX-XXXX-XX-X (PDF)
ISBN XXX-XX-XXXX-XX-X (print)
ISSN XXXX-XXXX

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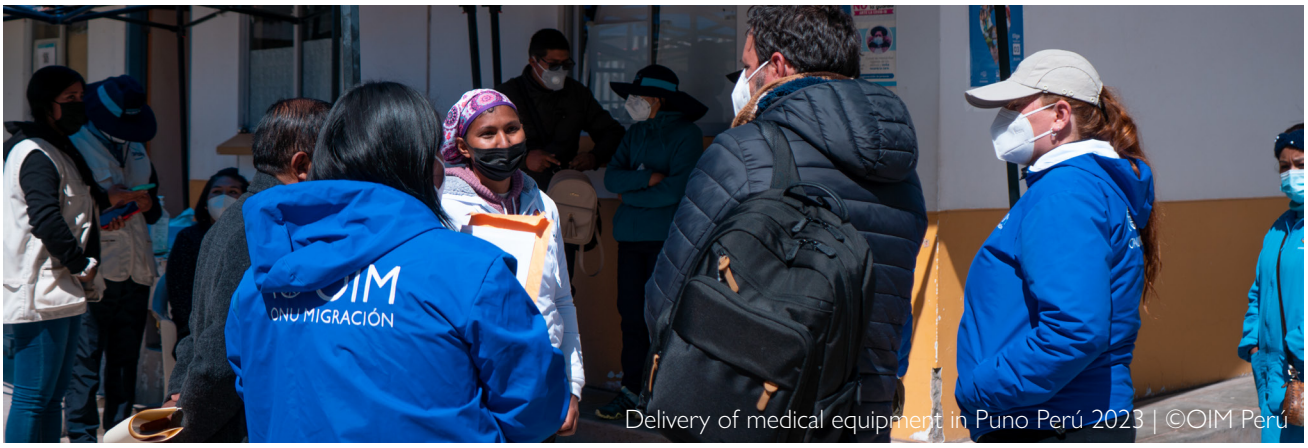
FORMATIVE ASSESSMENT



Delivery of medical equipment in Puno Perú 2023 | ©OIM Perú

Summary:

The political and economic turmoil in Venezuela has resulted in one of the most acute humanitarian crises in the world, displacing millions of people from the country. About 80% of Venezuelan migration has been concentrated in Latin American countries, with Peru standing out as the second largest host country (7). As of April 2022, Latin American and Caribbean countries have taken in 5.08 million refugees and migrants from Venezuela (82 percent of the global total). Peru hosted 1.29 million (10). Most are young people of working age (aged 18-34) and choose Lima as their city of residence (61.4 percent of the total) (12).

In Venezuela, the National HIV Program was a pioneer in the region providing Antiretroviral Treatment (ART) to all people living with HIV/AIDS (PLWHA) until 2015. By 2019, approximately 8000 PLWHA had migrated (4) and a significant proportion of PLWHA were being treated with third-line antiretroviral regimens due to therapeutic failure associated with low availability of antiretrovirals (5). By 2021, according to the UNAIDS report, there were 98000 PLWHA with a prevalence of 0.5 (0.4-0.6) in adults aged 15-49 years (6).

The arrival of Venezuelan migrants to Peru was initially concentrated in Tumbes (8); subsequently, the area of Metropolitan Lima (Lima and Callao) is considered to account for 84% of Venezuelans. Other cities in the country with significant Venezuelan populations are located on the northern coast (Trujillo, Piura, Chiclayo, and Chimbote) (12).

Recognizing that one of the motivations of an important group of Venezuelan migrants living with HIV is access to care and ART, the Office for the Prevention of HIV/AIDS, Sexually Transmitted Infections and Hepatitis - Ministry of Health (DPVIH acronym in Spanish) has been developing and implementing some concrete actions since 2018 approximately to document and guarantee access to all preventive and care interventions to Venezuelan migrants in the same conditions offered to Peruvians.

Updated data on Venezuelan migrants are needed to implement a public health response to the HIV epidemic in this population. Hence, the "Biobehavioral Survey (BBS) among Venezuelan migrants living in Lima/Callao, and Trujillo" was then conducted, which improved design and implementation included a formative assessment among Venezuelan migrants, established in Peru, especially residents in Lima/Callao, and Trujillo.

The objective was to collect information on barriers to their participation in the study, adequate compensation, identification of seeds, their willingness to participate, availability and referral pathways to local health services for those migrants in need of clinical care, opinions, experiences in relation to HIV, under the framework of the "Biobehavioral Survey (BBS) among Venezuelan migrants living in Lima/Callao, and Trujillo" study.

A formative assessment was conducted using qualitative techniques, as follows:

In-depth interviews:

This type of interview was conducted with authorities of the Ministry of Health (MOH), both from the central level and from the participating Regional Health Offices (La Libertad and Callao); service providers related to the area of HIV/AIDS from DIRIS Lima Sur, DIRESA Callao and GERESA La Libertad. A total of 10 in-depth interviews were conducted.

Focus groups:

5 focus groups were conducted with 8 participants each, for a total of 40 participants. In Trujillo, 2 focus groups were conducted, one with men and one with women; in Lima/Callao, 3 focus groups were conducted, one with women, one with men, and the third with participants from vulnerable populations (PLWHA, sex workers, transgender women, and gay men).

This formative assessment has revealed the needs and suggestions of the target population regarding the design, recruitment method, and information to be collected by the instruments and techniques designed. The great majority agreed to participate in the "Biobehavioral Survey (BBS) among Venezuelan migrants living in Lima/Callao, and Trujillo" study, because it had to do with healthcare. There was evidence of openness and willingness to share information both from the officials and workers of the Ministry of Health, as well as from the Venezuelan migrant population (VM) contacted.

Being PLWHA was one of the reasons why many VM, especially from vulnerable populations, have migrated to other countries in search of ART since they could not receive it in their country. Stigma, discrimination, and confidentiality of the Venezuelan migrant population in relation to HIV are not problems in the country's health services. One of the reasons is that the health professionals working in the NHS's STI/HIV/AIDS program are accustomed to working with a vulnerable population that has historically faced stigma and discrimination from a segment of society. As a result, they have not experienced any difficulties when interacting with this migrant population; rather, all of their gestures are ones of solidarity and support. Confidentiality has been a very important issue since the end of the 1990s and is something that has been incorporated into the work of the health care teams (27).

The direct economic compensation, as opposed to a voucher option for consumption or transportation, was found to be the advantage of participating in the study because it gave participants the opportunity to use the money anyway, they saw suitable.

The use of the coupon was accepted by the vast majority. They found it helpful, it built trust, and it gave the study a more formal, serious appearance. Its validity should be an average of two weeks since that would allow the people who would be the study's "seeds" those who would invite the other three participants to follow up on their involvement as soon as possible.

Conclusions:

• After the explanation about the RDS methodology that would be used in this study, the participants expressed interest and a strong desire to take part because they would have the chance to learn more about this subject and their own health. They only needed a few days to plan their schedules and activities, especially to get permission from their employers to be able to attend the appointments. Since they are connected as Venezuelans, especially those who are involved in associations, many of them aspired to be "seeds".

• The results of this formative assessment have suggested changes, which have been considered in the update of the study protocol:

The proposal to receive monetary compensation and no other form of compensation for their participation in the study, which was ratified in the FGs.

Coupon characteristics: size, shape, and content.

✓ Use of the virtual coupon via WhatsApp, as an alternative for sending contacts for the survey.

✓ Coupon valid for 2 weeks.

✓ Coordination with the Ministry of Foreign Affairs to speed up the issuance of the alien registration card to those VM who did not have it, especially to PLWHA for them to be able to access to the pre-ART tests.

✓ The respondent-driven sampling (RDS) method was able to get beyond the lack of a sample framework and the difficulty in identifying the population to analyze. These flaws were overcome by this methodology's dual system of structured incentives, which also improved the representation and outcomes of ethnographic research.

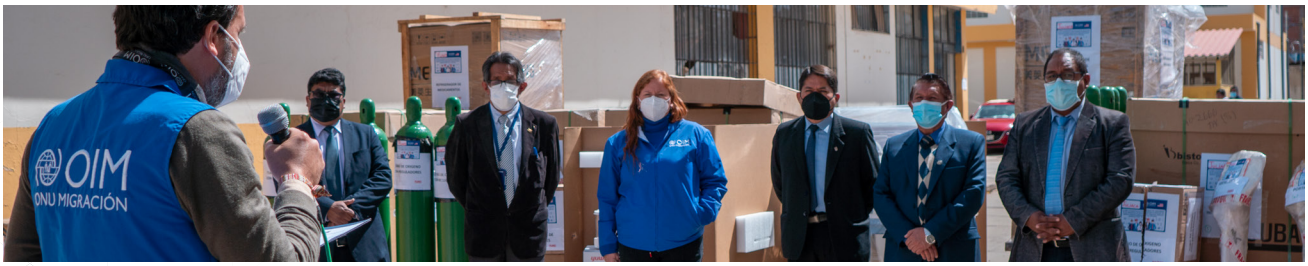
The use of virtual platform presented challenges, particularly in the FGs, as it was impossible to capture face-to-face interaction and direct observation of the dynamics generated between the participants and the facilitator. It was also difficult to record attitudes, behaviors, body language, and gestures that can be captured face-to-face, which are crucial components of the techniques used, to enhance the discussion process during interviews, particularly in FGs.

In terms of recruitment, coordination with Venezuelan migrant associations and their leaders has been crucial because it enabled to successfully and confidently approach potential participants, the majority of whom agreed to participate in the study despite the challenges brought on by the COVID-19 pandemic.

Funding acknowledgements

This survey has been supported they the President's Emergency Plan for AIDS relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) under the terms of Cooperative Agreement number NU2GGH002000-03-01.

The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the US Centers for Disease Control and Prevention or the Department of Health and Human Services.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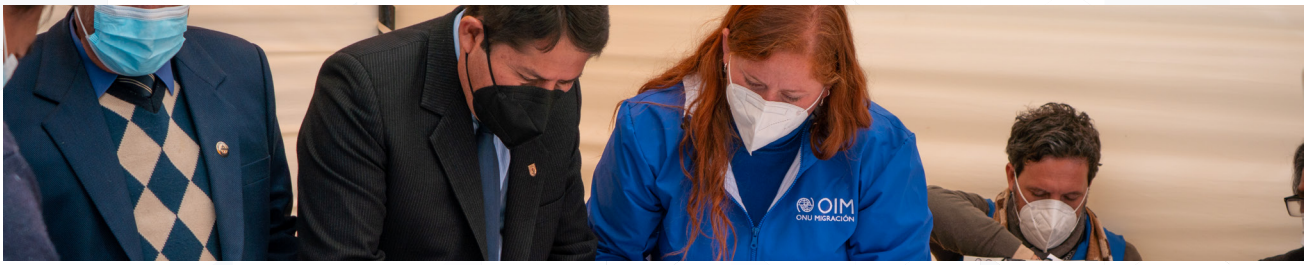
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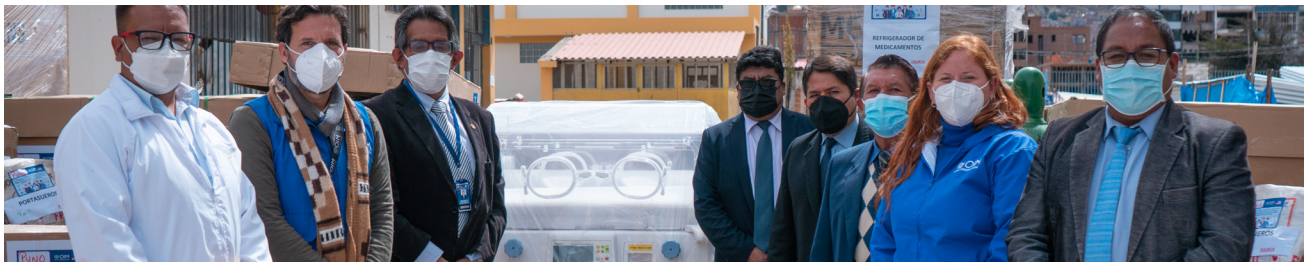
CONTENT

LIST OF TABLES

LIST OF ABBREVIATIONS

AHF	AIDS Healthcare Foundation
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral treatment
ARV	Antiretrovirals
BBS	Biobehavioral Survey
CCM	Community coordination mechanism
CE	Alien Registration Card
DGIESP	General Directorate of Strategic Public Health Interventions - Ministry of Health
DIRIS	Office of Integrated Health Networks
DPVIH	Office for the Prevention of HIV/AIDS, Sexually Transmitted Infections and Hepatitis - Ministry of Health
FA	Formative assessment
NHS	National Health Strategy
FG	Focus group
GFML	Women's focus group in Lima/Callao
GFMT	Women's focus group in Trujillo
GFPV	Vulnerable Populations' Focus Group
GFVL	Men's focus group in Lima/Callao
GFVT	Men's focus group in Trujillo
HIV	Human Immunodeficiency Virus
HS	Health Service
IDI	In-depth interview
NIH	National Institute of Health
MOH	Ministry of Health
NGO	Non-governmental organization
PLWHA	People living with HIV/AIDS
RDS	Respondent-driven sampling
SIS	Comprehensive Health Insurance
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VM	Venezuelan migrant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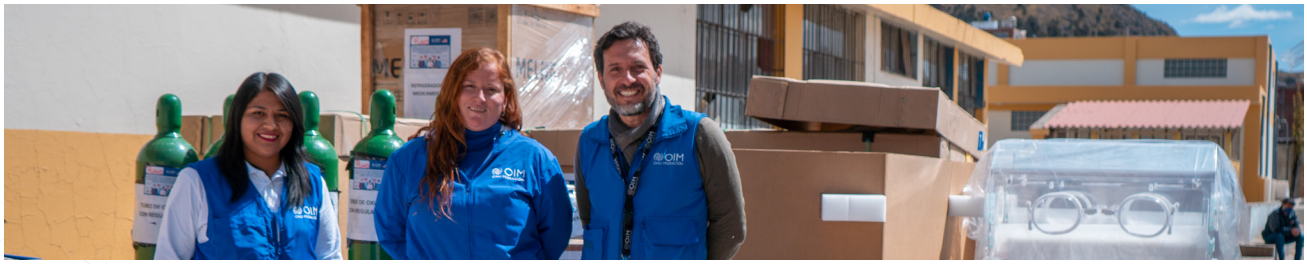
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1. INTRODUCTION

Globally, 4,000 people are infected with HIV every day and one person per minute dies of AIDS-related causes. In 2021, the number of people receiving HIV treatment increased by only 1,47 million; in previous years, net increases were more than 2 million people. In 2021, 650,000 [500,000-860,000] people died of AIDS-related causes (1).

In Latin America in 2021, 1.8 (1.5-2.3) million people were estimated to be living with HIV and of these only 61% (43-79%) are receiving antiretroviral treatment (ART) (2). The HIV epidemic in Latin America remains concentrated in vulnerable populations, with men who have sex with men (MSM) and transgender women (TW) bearing the greatest burden, with HIV prevalence exceeding 10 % in these populations (3).

In Venezuela, the National HIV Program was a pioneer in the region providing ART to every person living with HIV (PLWHA) until 2015; by 2016, UNAIDS estimated that there were 120,000 PLWHA in Venezuela, of which only 59% had initiated ART and 7% had achieved viral suppression; and that there was a 24% increase in new HIV infections compared to previous years. The reason for this increase was determined by shortages of diagnostic tests, laboratory supplies, ART drugs and health professionals. In the same year, of the 59% of PLWHA who had access to ART, only 7% were virally suppressed. By 2019, approximately 8,000 PLWHA had migrated (4) and a significant proportion of PLWHA were being treated with third-line antiretroviral regimens due to therapeutic failure associated with low availability of antiretrovirals (5). By 2021, according to the UNAIDS report, there are 98,000 PLWHA with a prevalence in adults aged 15-49 years of 0.5(0.4-0.6) (6).

Around 80% of Venezuelan migration has been concentrated in Latin American countries, where Peru stands out as the second host country (7). This increase in the flow of Venezuelan refugees and migrants has dramatically changed the social situation of this population in Peru, revealing situations of discrimination, inequality, and reduced access to social services, with repercussions on their health conditions (8).

From 2017 to August 2019 around 871 thousand Venezuelans would have arrived in Peru (9); by 31 July 2022, the Coordination Platform for Refugees and Migrants from Venezuela (R4V) records a total of 1,490,673 Venezuelan migrants. By September 2022, Latin American and Caribbean countries have taken in 5.96 million of the 7.10 million worldwide refugees and migrants from Venezuela (83. 90% of the global total). (10)

The arrival of Venezuelan migrants to Peru was initially concentrated in Tumbes (8); subsequently, the area of Metropolitan Lima (Lima and Callao) is considered to account for 84% of Venezuelans. Other cities in the country with significant Venezuelan populations are located on the northern coast (Trujillo, Piura, Chiclayo, and Chimbote); the Amazon region (Puerto Maldonado, Moyobamba, and Iquitos); the central highlands (Huánuco and Huancayo); and the southern part of the country (Arequipa, Tacna, and Ica). However, they have also begun to live in other provincial capitals such as Trujillo (8 %), Piura (3 %) and Arequipa (3 %), according to a recent report by the International Organization for Migration (IOM) (12).

The majority are young people of working age (aged 18 and 34 years) and choose Lima as their city of residence (61.4% of the total). Of these, 25.6% are aged 18-24 years, 19.9%, 25-29 years, and 15.9% are between 30 and 34 years old. People over 60 years of age are the group with the smallest presence, representing 3.4% of the people passing through the complex (12). The working-age population is not only young, but also highly qualified. Fifty-seven percent of Venezuelan working-age people in Peru have some form of higher education, of which approximately half have completed university studies. This

figure contrasts with the 36% of Peruvians with higher education in comparable departments. It has been estimated that the investment in education of this Venezuelan population would have cost Peru about US$ 3.3 billion, equivalent to one third of the country's annual education budget (8).

The Office for the Prevention of HIV (DPVIH) has identified the concentration of migrants in North Lima and San Juan de Lurigancho. At some health facilities, the DPVIH reports that the cost of testing to facilitate Pre-HAART has been incorporated into the PpR (budget by results). In the IOM DTM Round 3 survey, 34% of migrants reached lived in these two areas. Therefore, the health sector is planning comprehensive health campaigns, along with information campaigns to facilitate access to services (11).

MOH, through the General Directorate of Strategic Public Health Interventions (DGIESP) and the DPVIH, has established that its priority is to ensure the right to health of migrants. At the same time, it recognizes that there are limitations in the provision of services at health facilities and in the implementation of actions that integrate the different sectors of the state (11).

After 39 years, Peru still has an epidemic concentrated in MSM and TW who have sex with men. According to the DGIESP, there are 91,000 PLWHA in Peru, of which a total of 78,936 are receiving ART. The estimated HIV prevalence in the general adult population is 0.3% (3 out of every 1,000 people); 10% in MSM; 31.8% in TW; 1.8% in the Awajún indigenous population, and 0.6% - 0.7% in the Venezuelan migrant population (13).

The National Center for Epidemiology, Prevention and Disease Control-Ministry of Health of Peru (CDC-Peru) reports that as of August 17, 2022, 3,829 HIV cases have been reported, of which 46% refers to adults aged 30-59 years of age, and 40% are reported in Metropolitan Lima. The estimated male to female ratio of people with HIV infection for 2022 is 3.9 (14).

Recent published reports show that a significant percentage of migrants who have been diagnosed with HIV infection for the first time in Peru had advanced infection at the time of diagnosis. In 2018, between January and June, 622 Venezuelan migrants living with HIV started receiving ART in Peru. By the end of May 2019, the total number of migrants living with HIV in Peru was estimated at 1,600; of which 1,300 are in the country's capital city (15).

Multiple strategies have contributed to improve the knowledge about the HIV infection, one of them is the determination of the most frequent risk factors in the populations with the highest HIV infection rate, which are now known as key population, formerly population at risk of HIV infection. The recognition of these factors dates back many decades and is reported in multiple reviews (16). In this evolution, better data on personal history of sexually transmitted diseases, recognition of HIV-related risks (number of partners, partners with HIV infection), sexual orientation and role, adequate condom use, frequency of HIV testing, alcohol or drug use, have been incorporated into classic sentinel surveillance and case tracking, which are coincidentally the factors most commonly associated with HIV infection. These determinants should be incorporated into any sentinel surveillance of HIV infection in key populations.

Another improvement in the methods of approaching key populations was the reduction of selection biases due to the lack of sample size and the fact that the target population is difficult to recognize or is hidden. Classically, non-probability convenience sampling has been used to ascertain HIV infection status and the factors contributing to its growth; these methods have improved with the inclusion of respondent-driven sampling (RDS). This method shows that methods based on network analysis can be combined with the statistical validity of standard probability sampling methods. Therefore, it

mathematically improves the opportunity of the classical snowball sampling method, oriented to the study of hidden populations (17). This methodology, since its development, has been gaining validity with populations that are not within a sampling frame but, nevertheless, can be contacted without difficulty; or also in the absence of a sampling frame and when public recognition of belonging to the analysis population is difficult because standard probability sampling methods produce low response rates and responses that lack precision (18).

Despite state and civil society provisions to respond to the needs of the migrant population living with HIV in Peru, difficulties in accessing HIV care and services are reported. According to a survey conducted by the UNAIDS Regional Office for Latin America and the Caribbean in April 2020, 61% of people who identified themselves as refugees/migrants living with HIV indicated that they do not know of organizations or institutions to which they can turn for help or information. Likewise, 69% of these people do not know where to turn in case of an emergency, including any type of violence or discrimination based on their status as people living with HIV (24).

2. JUSTIFICATION

Considering the Venezuelan migratory situation, it is necessary to seek and estimate the HIV disease burden in the VM population living in Peru, as well as to understand their current situation in accessing health services. In this sense, the study entitled "Biobehavioral Survey (BBS) among Venezuelan migrants living in Lima/Callao and Trujillo" cities that concentrate the largest population of Venezuelan migrants, was carried out.

To improve its design and implementation, this formative assessment was conducted among Venezuelan migrants, settled in Peru, especially residents in Lima/Callao, and Trujillo with the objective of revealing facts related to the field study setting, barriers to participation in the study, adequate compensation, number of Venezuelan migrants living in the city, identification of seeds, whether they would agree to participate in a survey, and availability and referral pathways to health services at the local level for those migrants in need of clinical care. The results of this formative assessment should suggest changes to the protocol and research tools if needed.

Conducting a FA is a necessary first step before initiating any study implementation effort. Without it, intervention studies may not translate into meaningful patient care or public health outcomes.

The results of this FA have been shared with the team implementing the survey phase of the study to adapt and improve the implementation process prior to the start of the survey.

3. THEORETICAL REFERENCE

Formative assessment (FA) is an activity that is conducted early in the process of designing social and behavior change communication (SBCC) projects to understand the health problem or behavior to be addressed and the relevant characteristics of the primary and secondary audiences, as well as access to communication, habits, preferences, and key drivers of behavior. The FA is instrumental in selecting materials and tools that are culturally and geographically appropriate for development programs. It usually uses the techniques of in-depth interviews (IDI) and focus groups (FG) (19).

A FA generally consists of qualitative methods but may involve quantitative or mixed methods. Within the FA, it is important that a theory or conceptual model or framework guide the selection of the various individual, organizational, or contextual factors to be assessed. Data from these theory-based constructs can be translated into the development and specification of implementation strategies to support the acceptability of the intervention (25).

These techniques are effective in obtaining information about what motivates individuals and communities to behave in certain ways and how they view the world or community around them. They reveal vital information that can help shape future quantitative research or can be used to deepen or reveal additional information about existing quantitative data, such as survey results (20).

The IDI, which could be first defined as a face-to-face verbal interaction consisting of questions and answers geared towards a specific topic or objectives, is a technique for approaching the object of study widely used in social research (21). The objective of this type of interview is to obtain the opinion and knowledge of the population under study regarding HIV, risk behaviors, prevention strategies, treatment, benefits provided by the Peruvian health system and how to access them. It also aims at collecting the perceptions, assessments and attitudes of the beneficiaries and their organizations, who will explain in-depth their situation as migrants in relation to various issues: health with emphasis on HIV, housing, education, violence, among others. They also assist in identifying key cultural aspects and social practices and based on the findings formulate recommendations to improve behavioral change strategies and the development of intervention strategies to contribute to the achievement of the objectives set by the country in relation to the migrant population.

In the same way, FGs has been used in market research since the 1950s and, from the 1980s, they began to arouse the interest of researchers in other areas of knowledge, such as public health (22). The FG is a dynamic process where participants share ideas and opinions, which may or may not be validated by other participants. During the discussion, a negotiation around collectively constructed issues is perceived. However, it should be noted that the focus group technique does not seek consensus, so that participants may maintain their initial opinions, change them, or adopt new ideas based on the reflections introduced by the group (23).

4. OBJECTIVES

4.1 GENERAL OBJECTIVE

To identify information on barriers to participation in the study; adequate compensation; number of Venezuelan migrants living in the city; identification of seeds; their willingness to participate; availability and referral pathways to local health services for those migrants in need of clinical care; opinions; experiences in relation to HIV; under the framework of the "Biobehavioral Survey (BBS) among Venezuelan migrants living in Lima/Callao and Trujillo" study.

4.2 SPECIFIC OBJECTIVES

• To explore about the intention to participate in the study among migrant men, women and people living with HIV, what benefits they perceive and what would be the barriers to their participation.

• To explore the perception, value and attitudes of service providers and officials of the Ministry of Health regarding the Venezuelan migrant population and access to health care in the country.

• To explore whether the recruitment methodology is not affected by stigma, discrimination, and confidentiality of the Venezuelan migrant population in relation to HIV.

• To explore the opinion and knowledge of the Venezuelan migrant population about HIV and about migration in Peru.

• To explore their knowledge about the benefits provided by the Peruvian health system, especially in terms of prevention, care, treatment, and follow-up of STI/HIV and how to access them.

5. METHODOLOGICAL DETAILS

5.1. RESEARCH DESIGN

For this formative assessment, the techniques of In-Depth Interviews and Focus Groups were proposed.

5.1.1. Techniques used

IN-DEPTH INTERVIEWS (IDI)

Through this technique, the aim is to collect the perceptions, value and attitudes of service providers and officials of the Ministry of Health with respect to the VM population and its relationship with HIV, risk behaviors, prevention strategies, treatment, benefits provided by the Peruvian health system and how to access them.

Coordination:

For the IDI, authorities of the Ministry of Health, both from the central level and from the participating Regional Health Directorates (La Libertad and Callao) were considered, as well as service providers related to the HIV/AIDS area from DIRIS Lima Sur, DIRESA Callao and GERESA La Libertad. These professionals are key in the health system, they have information that is often not easily accessible; and, according to the role they play in the structure of the health care system, they can identify the strengths and weaknesses of the system. This information is very useful to be able to propose actions to narrow the gaps in care for the migrant population.

Coordination was made by telephone with both management personnel and health service providers in Lima, Callao, and Trujillo, to explain about the study and the importance of their participation. All the professionals contacted agreed to the interview, which was conducted according to the availability of each one.

The topics addressed in the IDI were related to the situation of the VM population in the country; access to health services, especially prevention, care, treatment and follow-up of STI/HIV and the offer from the Ministry of Health in all these aspects. We also inquired about the challenges and successes in providing these services, especially in the context of the HIV/AIDS pandemic, a situation

that in itself is a major challenge for the health system not only in Peru but worldwide. Another important issue discussed was related to stigma, discrimination, and confidentiality.

Execution:

These IDIs were conducted online via the Zoom platform, with the respondents in excellent spirits, but with all the constraints that come with not being present in person. We had no major issues with "internet failures," which caused any of the interviews to be canceled. The respondents received the link before the scheduled interview time and date.

Semi-structured guides were used and applied in each interview according to the role of the respondent (Annex 11.3, Annex 11.4). All respondents agreed to participate voluntarily through an Informed Consent (Annex 11.1), which was sent in advance for their reading and review. This document was read by the interviewer and approved by the participant at the beginning of the interview. Likewise, before starting the focus groups or in-depth interviews, the participants gave their authorization to record the session.

A total of 10 IDIs were conducted (according to the respondent's day and time availability - See Table 1), which were recorded and transcribed for analysis.

Participants: 03 physicians (P) and 07 nurses (N), with the following positions:

Authorities: 2 in Lima and 1 in Trujillo

- Director of the DPVIH/STI and Hepatitis of the Ministry of Health
- STI/HIV Regional Strategy Coordinator, La Libertad Regional Directorate
- STI/HIV Regional Strategy Coordinator, Regional Directorate of Callao

Health service providers: 5 in Lima, 2 in Trujillo

- Providers of services to people with HIV, especially Venezuelan migrants in Lima, Callao, and Trujillo.

Table 1. Number of in-depth interviews carried out, by city and by participants

IN-DEPTH INTERVIEWS			
Population	**Lima/Callao**	**Trujillo**	**Total**
Service Provider	*1 physician, Hosp. San José, Callao.*	*1 nurse, Hosp. Regional, Trujillo*	*7*
	1 nurse, Hosp. San José, Callao	*1 nurse, Hosp. Belén, Trujillo*	
	1 nurse, Hosp. Dos de Mayo, Lima		
	2 nurses, Hosp. Villa El Salvador, Lima		
Authorities	*1 director, DPVIH/ITS/Hepatitis*	*1 HIV/STI coordinator, La Libertad*	*3*
	1 HIV/STI coordinator, Callao		
Total	*7*	*3*	*10*

FOCUS GROUPS (FG)

Through this methodology, we aimed at ensuring that the answers obtained in the FGs reflected the habits, perceptions, and attitudes that the participants have in their daily lives, thus eliminating the possibility of socially accepted or "make-good" answers. In addition, it was important to give space to the participants' expression of their affectivity and subjectivity through group interaction; to seek the development of mutual respect in relation to opinions; to learn to respect differences and the recognition of similar interests and to improve the ability to listen to others.

The FGs were designed considering Lima/Callao, and Trujillo (La Libertad), which are the cities considered in this research and which have the largest number of VMs in Peru. There were 5 FGs with 8 participants each, leading to 40 participants in total from the 3 cities, which were carried out as follows (Table 2):

Number of focus groups conducted by city: Lima/Callao, and Trujillo

FOCUS GROUPS CONDUCTED		
Lima/Callao	**Trujillo**	**Total**
1 with male Venezuelan migrants	*1 with male Venezuelan migrants*	*2*
1 with female Venezuelan migrants	*1 with female Venezuelan migrants*	*2*
1 with vulnerable populations		*1*
3	*2*	*5*

Participant requirements:

- Venezuelan migrant >18 years old
- Residing in Peru from 2015 onwards

Recruitment:

For the selection and organization of the FG, the inclusion and exclusion criteria of the research participants were considered. Coordination was made with the research team, an extended research team, which included the participation of representatives of the Ministry of Health (Office for the Prevention of HIV/AIDS, Sexually Transmitted Infections and Hepatitis-DPVIH, the National Institute of Health-NIH), UNAIDS and civil society (Association of PLWHA, Association of Venezuelan doctors). To convene the participants of the FGs, support was obtained from: IOM who provided the list of VM leaders, PROSA which made the contacts and referral of the PLWHA who should be contacted and invited, Sister Elizabeth Mereu from the Pastoral Center of Human Mobility of the Archdiocese of Trujillo, who works in support of health cases to Venezuelan migrant population, the Venezuelan Association of Trujillo (ASOVENTRU), the District Council of Venezuelan residents and host population (Jesús María), the President of the Venezuelan organization in Huachipa, the President of Un Mundo Sin Límites, the Venezuelan Association of entrepreneurs of Ate, the "Unidos en Peru por los venezolanos" association.

Execution:

The respective link was sent by WhatsApp to each focus group participant. Alerts were sent out from the same day of the event so that they would not forget to connect, six hours, two hours, one hour, and minutes before the scheduled time. In some cases, those participants who arrived on time were even requested some extra time to coordinate with those who had not yet logged in, inquiring the latter about their difficulties, and helping them as much as possible to establish a connection. Fifteen minutes after the scheduled time, the virtual meeting began in all cases. Fortunately, participants were understanding and patient enough to wait. In no case did the participants log out because of this situation. What did happen very often was that someone who was already logged in began to have connectivity issues that affected communication, but fortunately, after a moment of worry, they were back online again. In those cases, they were asked to complete their ideas and opinions by writing in the chat box.

Others, because of some personal difficulty, spoke to the assistant of the activity to apologize and leave. Such is the case of the women in Lima's FG, who at the end, with minutes to go before the end of the focus group, began to leave and only three people were left to coordinate compensation matters.

The average duration of the FGs was one hour and fifty-three minutes (01:53:01), almost twice as long as expected, with the conversations with women being the longest (01:56:35; 01:56:29), followed closely by men in Lima (01:54:54), all above average. The time it took us to read and obtain informed consent from participants in each focus group averaged 12 minutes.

In accordance with the methodological guide, which was adjusted after the first focus group, consent was first requested to record the virtual meeting and, after presenting the purpose of the meeting, the informed consent that each person accepted was read. The questions were then asked in accordance with the order established in the guide.

In the context of the COVID-19 pandemic, both the IDI and the FGs were conducted virtually, with good results. We know that much of the dynamics during FGs has to do with non-verbal language, i.e., behavior, attitudes, expressions, gestures or looks, with the effective participation of the group members (verbal language itself). Online, there was an important limitation for the group leader who is used to carrying out in-person FGs and observes the group dynamics in real time and intervenes when it is necessary to go deeper into a topic; however, there were situations online where many participants did not turn on their cameras because the "internet was unstable", and some went online from their workplace taking advantage of snack time. The challenge was great, but the participation of the members of each FG was achieved.

5.1.2. Instruments to collect information

The instruments were developed by CDC and IOM, and are:

- Guidance for IDIs for authorities (Annex 11.3).
- Guidance for IDIs for service providers (Annex 11.4).
- Guides for conducting FGs (Annex 11.5).

5.1.3. Ethics Committee Approval

The investigation protocol, the informed consent forms for the IDIs and FGs, and the question guides for the interviews with Ministry of Health officials, health care providers, and focus groups were revised and approved by the Institutional Bioethics Committee of Asociación Vía Libre.

5.1.4. Transcription and analysis

IN-DEPTH INTERVIEWS

The 10 people who participated in the IDIs gave their consent to have them recorded. They then followed the transcription process.

The analysis was carried out using tables (7 rows x 5 columns), preparing 3 tables for each group of respondents (officials and service providers). Participants are depicted in the rows with the respective questions or variables in the columns. The answers were placed in each corresponding box and for each participant, to identify common ideas or individual contributions (Annex 11.6, Annex 11.7).

In-depth interview. Service providers (format)

	About Migrants	Healthcare at health centers, HIV diagnosis & treatment	SIS affiliation & difficulties	ARV treatment follow-up	Venezuelan migrant organizations (Coord.)
Service provider 1 C					
Service provider 2 C					
Service provider 3 L					
Service provider 4L					
Service provider 5L					
Service provider 6 T					
Service provider 7 T					

In-depth interview. Officials (format)

	About Migrants	Healthcare at health centers, HIV diagnosis & treatment	SIS affiliation & difficulties	ARV treatment follow-up	Venezuelan migrant organizations (Coord.)
Director 1 C					
Director 2T					
Director 3 L					

FOCUS GROUP

Five FGs were conducted, three FGs with Venezuelan residents in Lima/Callao and two FGs with Venezuelans living in Trujillo. Each of the groups used a question guide (Annex 11.5). All participants were asked for their approval of the recording of the event, as well as their acceptance to participate through the informed consent form, which was sent to each participant beforehand for their knowledge and approval. This document was read by the facilitator at the beginning of the activity (Annex 11.2). All FGs were recorded and transcribed for later analysis.

Analysis:

The analysis was carried out based on the transcribed recordings of the FGs, which are the body of the research. The data were ordered depending on the theme modality, that is, according to the answers given for each of the main questions. Hence, the organization of all the collected material was carried out, making text clippings in comparable units of categorization of the transcribed material of each FG.

As there was a great diversity of data extracted from each FG, only those that were close to the study theme would be considered. These data were reorganized in new tables, which considered participants in the rows and questions in the columns. The necessary tables were prepared for each FG. The answers were placed in each corresponding box. In this way, we had all the answers for each question from all the participants for each FG with the possibility of identifying the common ideas or contributions for each group (Annex 11.8).

Once the data were organized, all the material collected in each FG was read, with a preliminary analysis being carried out between what was obtained and the previously obtained information. Also, the recordings were reviewed again to make sure that all important information had been considered; to have the universe duly represented by the sample; to ensure the data referred to the right topic and that everything analyzed responded to the objective of this study. In this process, key words and important fragments suggested by the FG assistant and the moderator were also included, which guided the information requested for each motivating question.

With all this information, the results were treated, meaning that the interpretations related to the research objectives were proposed. The frequency with which the ideas or comments were expressed was considered, but presence of words, themes, ideas, and their meanings were taken into consideration for the analysis, and not necessarily their frequency of appearance. All the themes found were considered and the relationship between them was sought for their grouping according to similarity.

Analysis was carried out on the FGs of Lima/Callao, and Trujillo, made up of men and women, as well as the FG of VP.

6. PARTICIPANTS/INFORMATION SOURCES

IN-DEPTH INTERVIEWS (IDI)

The 10 in-depth interviews were conducted according to the date and time agreed upon with the respondent (see Table 3).

Table 3. Timeline of in-depth interviews conducted

Respondent	City	Day	Time
1	*Callao-Hospital San José*	*September 27, 2021*	*10:00 am*
2	*Callao-coordinator Callao*	*September 27, 2021*	*11:30 am*
3	*Callao-Hospital San José*	*September 27, 2021*	*03:00 pm*
4	*Lima-Hospital Villa El Salvador*	*October 1, 2021*	*09:00 am*
5	*Lima-Hospital Villa El Salvador*	*October 1, 2021*	*11:00 am*
6	*Trujillo-Coordinator La Libertad Region*	*October 7, 2021*	*08:00 am*
7	*Trujillo-Regional Hospital*	*October 9, 2021*	*10:00 am*
8	*Trujillo - Belén Hospital*	*October 11, 2021*	*04:00 pm*
9	*Lima - Hospital Dos de Mayo*	*October 13, 2021*	*05:30 pm*
10	*Director DPVIH/ITS and Hepatitis*	*October 14, 2021*	*09:00 am*

FOCUS GROUPS

The 5 FGs were executed, 3 of them had 7 participants, since 3 people were unable to participate due to connectivity problems (see Table 4).

Table 4: Number of participants for each of the focus groups held

FOCUS GROUPS		
Lima/Callao	Trujillo	TOTAL
8 Venezuelan migrant men	*7 Venezuelan migrant men*	*2*
7 Venezuelan migrant women	*7 Venezuelan migrant women*	*2*
*9 vulnerable population participants**		*1*
3	*2*	*5*

The focus groups were held on the following days and at the following times (see Table 5):

Table 5: Timetable for the Focus Groups, according to participants and location

Participants	City	Day	Time
Women's FG	*Trujillo*	*September 27th*	*3:00 p.m.*
Men's FG	*Trujillo*	*September 28*	*3:00 p.m.*
Vulnerable Populations' FG	*Lima*	*September 29*	*11:00 a.m.*
Women 's FG	*Lima*	*September 30*	*10:00 a.m.*
Men's FG	*Lima*	*September 30*	*3:00 p.m.*

GF - VENEZUELAN MIGRANTS IN TRUJILLO

The respective telephone consultations were made with each of them, both those referred by the aforementioned institutions and by the participants themselves who, once recruited, also collaborated with contacts of their acquaintances. A total of ten people were contacted for each FG held in that city, of whom, coincidentally, seven were present at each virtual meeting. (See Table 6 and Table 7).

Table 6. Focus Group. Trujillo Women. September 27, 2021, 3.00 p.m.

N°	Names	Comments	Reference	City	Age
1	*YB*	*Venezuelan Leader*	*Sister Elizabeth*	*Trujillo*	*38*
2	*AS*		*ASOVENTRU*	*Trujillo*	*30*
3	*AB*		*ASOVENTRU*	*Trujillo*	*28*
4	*AR*		*ASOVENTRU*	*Trujillo*	*22*
5	*KM*		*ASOVENTRU*	*Trujillo*	*43*
6	*YL*		*A Venezuelan person*	*Trujillo*	*24*
7	*VB*		*A Venezuelan person*	*Trujillo*	*32*

Selection: aged 22-43 years old Nationality: Venezuelan Resident in Peru: From 2015 onwards

Table 7. Focus Group. Trujillo Men. September 28, 2021, 3.00 p.m.

N°	Names	Comments	Reference	city	Age
1	*GC*	*Son of Yuneida*	*ASOVENTRU*	*Trujillo*	*28*
2	*BT*		*ASOVENTRU*	*Trujillo*	*26*
3	*VG*		*ASOVENTRU*	*Trujillo*	*36*
4	*JC*		*His wife*	*Trujillo*	*21*
5	*LS*		*ASOVENTRU*	*Trujillo*	*42*
6	*AL*		*Venezuelan Resident*	*Trujillo*	*32*
7	*GH*		*Venezuelan Resident*	*Trujillo*	*33*

Selection: aged 21-42 years old Nationality: Venezuelan Resident in Peru: From 2015 onwards

FG - VENEZUELAN MIGRANTS IN LIMA

Eleven people were contacted to participate in the women's FG; seven of them arrived; ten people confirmed their participation in the men's FG and eight of them arrived; while for the vulnerable population group, nine people confirmed and all of them participated (see Table 8, Table 9 and Table 10).

Table 8. Focus Group. Lima Women. September 30, 2021, 3.00 p.m.

N°	Names	Comments	Reference	City	Age
1	*NL*	*Son of Yuneida*	*District Council of Venezuelan residents and host population - Jesús María*	*Lima*	*49*
2	*KR*		*District Council of Venezuelan residents and host population - Jesús María*	*Lima*	*38*
3	*RR*	*Asociacion Fraterna*		*Lima*	*38*
4	*DP*		*President Organization of Venezuelans in Huachipa*	*Lima*	*25*
5	*YG*	*Belongs to World vision*	*President of Un mundo sin limites*	*Lima*	*27*
6	*YT*	*Belongs to Comas group*	*President of Un mundo sin limites*	*Lima*	*29*
7	*IT*	*Reference by Maria Theis*	*Venezuelan Association of Entrepreneurs of Ate*	*Lima*	*19*

Selection: aged 19-49 years old Nationality: Venezuelan Resident in Peru: From 2015 onwards

Table 9. Focus Group. Lima Men. September 30, 2021, 10.00 a.m.

N°	Names	Comments	Reference	City	Age
1	FL		Data provided by Mrs. Days	Lima	40
2	JC		District Council of Venezuelan Residents and Host Population - Jesús María	Lima	36
3	GT		Un mundo sin limites	Lima	36
4	EC	San Miguel Leader	Asociación unidos en Perú por los venezolanos	Lima	40
5	ND		President of Un mundo sin límites	Lima	30
6	LY		President of Un mundo sin límites	Lima	32
7	JCM		President of Un mundo sin límites	Lima	30
8	JB		President of Un mundo sin límites	Lima	29

Selection: aged 29-40 years old Nationality: Venezuelan Resident in Peru: From 2015 onwards

The FG with vulnerable population consisted of 9 people with the following characteristics (See Table 10):

Table 10. Focus Group. Vulnerable population Lima/Callao. September 29, 2021, 11.00 a.m.

N°	Participant characteristic	City	Reference	Age
1	Trans woman	Lima	PROSA	39
2	Gay man living with HIV	Lima	PROSA	31
3	Gay/Bisexual Man Living with HIV, Sex Worker	Lima	PROSA	40
4	Straight woman living with HIV	Lima	PROSA	39
5	PLWHA (person living with HIV/AIDS)	Lima	PROSA	32
6	PLWHA (person living with HIV/AIDS)	Lima	PROSA	33
7	PLWHA (person living with HIV/AIDS)	Lima	PROSA	48
8	PLWHA (person living with HIV/AIDS)	Lima	PROSA	22
9	PLWHA (person living with HIV/AIDS)	Lima	PROSA	23

Selection: aged 22- 48 years old Nationality: Venezuelan Resident in Peru: From 2015 onward

7. RESULTS

7.1. IN-DEPTH INTERVIEWS

The responses obtained have been interpreted according to the context and have no quantitative representation. One of the difficulties considered in the planning of these IDIs was related to connectivity, which happened with one participant only, but did not in itself make it difficult to conduct the interview.

It is important to note that, despite the pandemic, the National Health Strategy (NHS) for HIV has continued to provide face-to-face care in health facilities, with a reduced professional team, but enough to provide ART to those who were on treatment, as well as to initiate it with those who needed it.

1. With respect to the Venezuelan migrant population

Both health providers and officials agree that Peru is a country that welcomes people of many nationalities and in this case the National Health Strategy (NHS) had a significant influx of VM population from 2018, to date (2022). This had social and economic repercussions in our country which was not prepare-; and did not have the necessary conditions ready for such a large influx of people who were going through many difficulties.

> *"...Obviously this had social and economic repercussions in our country, but it's already done." 2c service provider*

> *"It happened without Peru being prepared, (...) generally people migrate to a country that is in a good economic situation, or a developing country, etc. This did not happen with our Peru..." 3L service provider*

The main issue at that time was to be able to guarantee health care in terms of prevention and control of STIs, particularly HIV, to all migrant populations in the country, which in this case, is the migrating Venezuelans. According to them, at MOH, the DPVIH is the one that has been most concerned with the issue of migration.

2. Health care provided to VM at health centers

La población de MV es tratada de la misma manera que los demás pacientes peruanos, sin ninguna diferencia. Una persona con VIH no tiene problema en recibir TAR, sin importar si es peruano o MV.

> *"They received all the possible support, (....). In the specific case of health situations, they are assisted, sometimes with temporary ID cards when they do not yet have official documents..." 1C Director*

The problem is their legal and economic situation and the Peruvian health system with its own administrative procedures. To start ART, according to the National Technical Standard, a set of pre-ART tests is needed, which in this case is taken over by the Seguro Integral de Salud - Comprehensive Health Insurance (SIS). However, if the VM does not have an alien registration card, he/she does not enter the SIS and the pre-ART test cannot be performed; hence, he/she cannot start ART. In other words, there is a delay in starting ART due to administrative problems that the providers try to solve in some way or another in favor of the patient, often contacting NGOs that provide support in these situations.

The provision of antiretroviral and STI drugs is not covered by the SIS budget, but rather by the NHS's STI/HIV budget line; therefore, these drugs are delivered to them, regardless of the ID document they carry (passport, TPP, Andean card, etc.).

The support provided by some NGOs such as AHF, Sidavida, which have established contact with STI/HIV service providers and assume the cost of the pre-ART tests, is very important, given that it allows VMs to be evaluated and start their ART as soon as possible. This support is provided only in the project intervention areas. For example, Lima and Callao do have this support, but Trujillo hasn't.

3. Affiliation to the Comprehensive Health Insurance (SIS)

Through the SIS, the population has access to health services, procedures, and medicines; but to qualify to receive these benefits, the person must be affiliated to the system, a procedure that demands certain conditions, such as having a National Identity Card (DNI) in the case of Peruvians and an alien registration card (CE) in the case of foreigners. Both the officials and the service providers assert that they have been trying to find solutions for the VM population, such as emergency decrees due to the pandemic.

Likewise, the Office of Integrated Health Networks (DIRIS) Lima Sur has a support program for getting anyone diagnosed with HIV affiliated to the SIS, which has greatly facilitated this process.

4. Antiretroviral Treatment Follow-up

Tele-guidance, tele-consultation, and tele-monitoring have been implemented for ART follow-up. But this implies a whole learning process for its appropriation and mastery, which is not easy for all people. The delivery of ART and the initiation of treatment for new people have continued even during the pandemic, only that many times they have spaced out the interval of delivery of ARV drugs. The officials interviewed stated that ART services were never closed, only that there was a reduction in the number of members of the multidisciplinary team, because some professionals went onboard the COVID teams at the hospitals. Face-to-face care for PLWHA is still in the process of being reactivated.

Providers confirm that follow-up is done by the hospital nurse. Some NGOs, such as PROSA or the CCM in the areas of their project scope, provide support. Peer counselors, who also helped in follow-up, were no longer hired when the epidemic started. Currently, when people test positive for HIV, they are contacted by telephone.

The VM population have all the rights to receiving ART; the problem is that sometimes they come for 2 or 3 appointments and do not come back, or come back after months, because they migrate to other cities in search of work, given that finding a job in the country is complicated for them.

5. Coordination with organizations of the VM population

At the level of the National Directorate and MOH's Regional Strategies, there is no formal and direct coordination with the VM organizations. However, in some hospitals there is already a relationship and some degree of coordination with the organizations that work with these VM associations.

Another form of articulation has been through peer counseling, as in the case of Trujillo, where a representative of this population was hired as a peer counselor. But unfortunately, due to the pandemic, his contract was not renewed, not only for him but for all the peer counselors of these hospitals.

> *(....) we have community movements with peer counselors who keep in touch with us, (...) and they always let us know that a patient is coming from Venezuela, so we have an important open communication channel with them". 1C service provider*

6. Role of their institution in relation to the VM and HIV population

Peru is a country where access to preventive and curative ART services is guaranteed, which is universal and free of charge, both for the country's population and for the VM population. All the respondents agree and do their best to comply with it.

Service providers believe that the pandemic has created great challenges for them in continuing to work with PLWHA and especially with some members of the VM population who, in addition to health problems, have social and even psychological problems.

7. Services offered by MOH to the VM population

MOH offers the whole preventive package and the whole recovery package. But there are migrants who still do not have access to the services, which is a great challenge for MOH's officials, who urgently need to find a solution.

These services offered by MOH's health facilities should be considered before and during the pandemic. In the past, a consultation with the infectious disease physician was provided; after counseling, screening for HIV, syphilis and hepatitis B was performed and post-test counseling followed. Condoms were given if possible and they were invited to come back if they had any risk behavior. Currently, during the pandemic, there is no face-to-face care, only medication delivery.

8. Challenges in providing health services to VMs

The challenges considered by the respondents are as follows:

Information systems were not and are not prepared to adequately document the migration phenomenon in terms of health and particularly in terms of STIs. For the officials interviewed, a first challenge is to continue observing the behavior of the HIV epidemic in the VM population, for which they support the initiative of this study that will provide updated information in this regard.

Start ART quicker, so that the people health state does not worsen. In Trujillo case, when the necessary health personnel was not available, it took 2 to 3 months. Currently, this problem no longer exists, the health personnel is already in the region.

Solving the shortage of some ARVs is very important; if the country does not have enough ARV drugs to cover the needs of Peruvians on ART, it will also have an impact on the VM population on ART, i.e., they will not receive these drugs either.

Attend to issues related to the documentation of the VM, especially the alien registration card, as the respondents have already stated, many VM are illegal in the country. Therefore, it is very necessary to provide more information, in a more precise manner, to the migrant population.

Increase care and have multidisciplinary teams, but also provide quality care and carry out prevention and dissemination campaigns. To this end, they consider it important to comply with budgetary programming, since expenses have been directed to other priorities, as is the case of COVID. Due to the pandemic, the clinics in the health facilities did not cover 100% of the patients.

The respondents emphasize the need to consider that migrants with HIV do not arrive in the best conditions. Added to this are their economic needs and deficiencies. All of this is not part of their health situation but are real problems that affect access to health services. Therefore, it is important to pay attention to VM with co-infections (TB), or with kidney problems that may require dialysis.

9. Some successes in the provision of health services to the VM population

Both providers and officials agree that the most important achievement is the access of the VM population to ART. There are more than 3,500 Venezuelans in the country receiving comprehensive care and ART free of charge from the Program. They also consider it important to recognize the early admission to ART, covering the highest percentage of care demands. In addition to a good outreach, in the places where they have peers, their presence and work has greatly facilitated this whole process. For some, the success is that all the patients who have come to the hospital for the first time have been assisted and are receiving treatment.

10. Stigma, Discrimination (S&D) and Confidentiality

The health staff of the NHS's STI/HIV/AIDS team know what it entails to work with vulnerable population, which is traditionally discriminated against and stigmatized by a sector of society, as is the case of the LGTBIQ+ population, sex workers, which is why they had no inconvenience in dealing with this migrant population; on the contrary, all their expressions are of solidarity and support. There have been isolated cases of S&D, which had the NHS's STI/HIV staff intervening and even reporting this situation. In addition, they declared not identifying many transgender people in the VM population.

In terms of confidentiality, the respondents did not identify any problems because since the end of the 1990s, they have been working very hard and it is something that is embedded into the work of the health care teams. The patient's data file is only managed by the NHS. At some hospitals, they even manage 2 medical charts, one chart from the hospital's general file and one chart specific to the program, which is basically managed internally.

7.2. FOCUS GROUPS

7.2.1. Focus group with general population of Lima/Callao, and Trujillo

Motivations for leaving your country

For all the participants in the focus groups, the situation in Venezuela is very difficult. There is too much insecurity to let them grow and develop. The economy is in decline, social benefits such as health care that used to be provided free of charge have dwindled and even disappeared. In the midst of all this situation, there is also the motivation to give a better quality of life to their children. All this prompted them to leave their country and venture to new and better destinations.

> *"Medicines and everything were very expensive and even unavailable. When I came here, basic foodstuffs were not available either; that's no quality life.*
> *One of the main reasons why I decided to leave my country was to give my daughters a better quality of life" GFMT*

The general situation of the VM population is complex, difficult, and hard. Because this migration is large and massive, it causes negative reactions from Peruvian nationals. Many of them do not have legal documents, which makes it difficult for them to obtain some benefits in the country.

Occupation

There were professionals and non-professionals in the focus groups. Most have different informal, temporary activities. Some professionals are unemployed and are looking for a job; other professionals are doing work that has nothing to do with their profession. In the case of women, some are housewives and others are working in informal jobs.

> *"...I am an industrial engineer, I work in construction, as an occupational health and safety supervisor..." GFVL*
> *"...I work in the evenings at a poultry store and in my spare time I work helping an organization on children's issues..." GFMT*
> *"...I am an early childhood educator (...) Currently I also work in hairdressing, beauty and health care...." GFML*

Challenges

Not having a legal status, i.e., not having an alien registration card (CE), makes it very difficult for them to face the deficiencies of Peruvian health services, even more than discrimination or xenophobia. Health is a very sensitive issue for them, which sometimes becomes more complicated in the country if they do not have the CE.

> *"The main obstacle, in my case, has been the issue of identity documents, of being legal here, in Peru...." GFVT*

For Venezuelan migrant women, their greatest challenges are the day-to-day activities, many of them are housewives and live first-hand the hell of rents, which is a primary need that they cannot avoid and sometimes they must pay the abuse of tenants.

Health and social services

In relation to these issues, the participants stated that they face many obstacles and barriers. If they do not have an Alien Registration Card, it is very difficult to receive care at a health facility. Some believe that, to access this type of services, having this type of card should not be required. Others believe that, by denying it to a Venezuelan, they are exercising xenophobia.

For women participating in the assessment, the SIS is basic and apparently only covers pregnancy. Venezuelan migrant organizations are working to get SIS without requiring an alien registration card and extending care to other health needs.

> *"When we are pregnant, we have SIS and we can have our tests and everything, but after I gave birth to my baby girl, I obviously lost the SIS(...)" GFMT*

> *" ...One of the main problems is the economic situation; without money, you die here, you arrive at a health care center, but you don´t have money, there is xenophobia, and they will tell you that the medicines are for Peruvians and not for Venezuelans. ... "GFVL*

Why they choose Peru over other countries

For many Venezuelans, the Peruvian economy is the most stable, with a solid currency, despite the time and politicians. In addition, they consider Peruvians to be very supportive. They consider Peru as the country with more possibilities to reach their expectations of life and development. One group has come directly to Trujillo on the recommendation of a relative or acquaintance and another directly to Lima. Most of them do not plan to return to Venezuela. They usually come to Peru for a limited time, but then they stabilize, time goes by, and they choose to stay.

> *"...Peru has a very solid currency..." GFVT*
> *"We saw Peru as the country where we had the most opportunities to develop in economic terms..." GFML*

Places where the VM population gathers

The VMs do not usually meet in a specific place, as is the case with other migrant populations, especially Peruvians, who in many countries appropriate public spaces and make them their meeting and gathering space. In many cases, they are places where the VMs go for work, paperwork or get benefits. In Trujillo, for example, the VMs have several places where they can be found more or less altogether: in the Plazuela del Recreo, where there is always a large concentration of Venezuelans; in wholesalers where many Venezuelans also work; in Buenos Aires Norte there is the Parish of the Sisters of the Redemption; in Huanchaco on the dock side, on the beach side. While in Lima, there is no particular place.

> *"Here in Buenos Aires Norte is the Parish of the Sisters of the Redemption, most of the Venezuelans when they arrive in Peru pass through here..." GFMT*
> *"Work and family don't give a chance to meet anywhere..." GFML*

Participation in the Bio-behavioral Survey

The vast majority of the participants consider that Venezuelans would be willing to participate because they are cooperative people and also, the study has to do with health care, which they consider something neglected in their case. The wide communication of the survey could guarantee its success, as well as the support of the Venezuelan migrants' own organizations.

> *"...I think that we Venezuelans are always open to those opportunities that we are given (...) Most of us are always interested..." GFMT*
> *"... there are many people who don't have much time and maybe they do have to go, but they have to organize their time first, things at home and all of their chores..." GFVT*

Motivations for participating in the survey

For most of participants, the best way to motivate Venezuelan migrants is to let them know about the study and all that it implies, that is, by informing and disseminating information. And if possible, hand in hand with the organizations of the Venezuelans themselves as a guarantee of reliability.

For another group, the most important motivation would be to focus the dissemination of the study as a benefit for the VMs, as there is no fear of participating. For another group of participants, a motivation for Venezuelan migrants to participate is the cash compensation.

> *"If there is good outreach of the campaign they plan to run for those studies, not the 8,000, but at least hopefully we'll get to half or a bit less..." GFMT*

> *"I think the most effective thing to attract people to get the study done is cash because that's what they mainly want ....." GFVT*

Compensation for participation in the study

Precisely, with respect to economic compensation, the vast majority prefer cash to the consumption voucher. The possibility of having the cash to spend on whatever they need or want is the main reason for their preference, in addition to the fact that the suggested amount is more than what they receive in a working day.

Only the group of women from Lima disagreed with the idea of giving cash, because many times the money is not used in the most appropriate way.

> *"A voucher, money is sometimes used for booze... "GFML*

> *"A voucher would be nice, money runs out on the road..." GFML*

In addition, they believe that making personal responsibility conditional on financial compensation is bad practice, and it also reminded them of the welfare actions of their country's government. One of them suggested giving out condoms instead of money.

About the coupon

For the vast majority, the coupon is useful, builds trust, makes the study look more formal and serious. Its validity should be on average two weeks, because that way the seeds or the people who would be inviting the other 3 people could be following up on their participation in the study as soon as possible.

> *"..... I think so, because (the coupon) builds trust...." GFMT*

The ideal size would be that of a bank, metro, or business card, which can be carried in a purse or wallet. While some suggest a little more color, others believe that white is fine. Also, that it should be resistant and/or laminated and that it should not be forgeable. Several said they agreed with the information on the front and back of the coupon and considered that the map is a good help, because not everyone knows the places.

> *"...I think the size of a bank card would be perfect, because it's neither too small to be easily misplaced, nor too big to get in the way of your hand in your wallet so you can keep it..." GFMT*

> *"...think if it would be plasticized, it would be super cool because it would already be something very safe.... "GFVT*

They also pointed out that it would be necessary that, in addition to the coupon, the participants identify themselves with any identity document (identity card, passport or alien registration card). This is a way to avoid that for the economic compensation, some people may want to pass the survey more than once.

Women participants asked not to require full names and surnames, because in Venezuela some only

have one name and one surname. They also pointed out that it is necessary to specify how many people the coupon is valid for. Something they mentioned is that they think the previous appointment should guarantee healthcare is provided to make the participant feel more confident.

The use of the virtual coupon is almost unanimously accepted since it facilitates its delivery to people who are not nearby, and it could be circulated through WhatsApp, which is the most used virtual means of communication among Venezuelan migrants in Peru. While some believe that both versions of the coupon could be used, others consider that it should only be a virtual coupon.

> *"It would be ideal because everything would be done through the cell phone, without the need to move or go to see the person..." GFML*

> *"Both, there are people who don't have phones or WhatsApp, handing them something physical..." GFVL*

7.2.2. Focus group with vulnerable population

Motivations for leaving your country

One of the reasons mentioned by PLWHA participants is related to health issues, especially access to ART.

> *"Well, I left my country because of my health. I hadn't taken treatment for a year and that's why I came here, for my health...".*

Many have come with family members, their partner, children and even one of them has come with her granddaughter; but they have come at different times, first one family member and then the rest of the family members arrived.

Occupation

Some are unemployed. All this became much more complicated with the pandemic, especially for those who had independent, informal work, or were selling Venezuelan food. They are currently unemployed, looking for a job in some form or another.

> *"...I say that the first challenge is work because if you don't have a job, you can't get around, you can't pay rent, you can't buy food."*

"The jobs they give here to Venezuelan migrants are exploitative jobs with very long hours and very low pay."

Legality

The participants consider that the alien registration card is important to control the number of Venezuelans entering the country. Some do not have it, as it will depend on the mode of entry into the country. The biggest problem for them is the procedures for acquiring it and above all, their cost.

"...the alien registration card is a method which the Peruvian State has used to take economic advantage of us because all the documents here are very expensive (...); in the case of a family with several members, this amount gets multiplied. (...)."

"We come here, we generate income to this country because we pay rent, we pay services, we buy food and to get all the documents, to be legal, we also need to spend (...)"

Access to health and social services

The neediest population in our country receive health benefits through the SIS, which has limitations suffered by both Peruvians and VMs who access this service and do not have an alien registration card. The VMs mention that even with the SIS, the coverage of benefits is very basic, as it does not cover all health needs.

Venezuelan participants report that the Peruvian health system and health personnel treat not only foreigners but also Peruvians badly.

"Here, the health system treats even its own people badly, so tell me how can you give us something better if you treat each other like that?

Why they choose Peru over other countries

The participants in this focus group stated that they chose Peru because of the type of economy, the more stable currency, the cheaper things. However, most of them plan to leave the country in the short term, except for one participant who said that here she received treatment and that was the most important thing for her. She will return to Venezuela when the situation stabilizes.

"...Well, previously they chose Peru a lot because of the economy, and well, what I understood before coming here, is that it was cheaper (...) I came here and things are really more affordable (...) I think they choose it because of its economy."

"...No, I am not thinking of going to another country, if I leave, I am going to my Venezuela (...) thank God I have my treatment here. With good health I can do other things (...)"

Places where VMs meet

The participants of this focus group do not know a place where Venezuelans meet, only one of them mentioned that in San Martin de Porres where he lives, he meets with about 20 friends in the activity of selling food on Sundays. Rather, the organization of this focus group has stimulated the participants to coordinate to form a group so that they can meet, and this was one of the motivations to participate of one of the members of this FG.

> *"At least here on Sundays I have about 20 friends, I always do activities to sell food to help me, (....) I do anything I can think of to survive. So, yes, on Sundays I have a lot of Venezuelan friends here...".*

> *"I don't know of any place, I wish there was a place where one could meet, I'm not aware... "*

Challenges

The main challenge they face is to have a job, otherwise they have no money for rent, food, or transportation. They need to have the opportunity to have access to a job that is not so demanding, without such long working hours and one that pays better. In addition, many times the work schedule does not allow them to go to their health appointments, where they usually receive their medications. This whole difficult situation worsened due to the pandemic.

> *"I say the first challenge is work and unfortunately because of the pandemic, that brought down a lot of things, (...) it brought down the sales and I had to close..."*

> *" I am unemployed right now. Because of the pandemic I am unemployed. I am a social worker, but am not working at the moment..."*

Participation in the Biobehavioral Survey

The participation of VMs in the Biobehavioral Survey will depend on the location of the healthcare site, and days and hours of operation. For the vast majority, it is not easy to ask for permission at work. They suggest that the care should be mainly on Sundays, because most of them rest that day.

> *"... the vast majority of Venezuelans are free only on Sundays. Could that be on a Sunday?" GFPV*
> *"...because it's a hassle to ask permission if it's face-to-face, asking for permission at work..." GFPV*

Difficulties to participate

The participants of this focus group believe that the VMs do feel fearful of knowing if they have HIV, which is why many times they do not go for testing, fearing "what people will say" or the result itself, that they may test positive.

"...I sell Venezuelan food and I meet too many people, too many people and even people from the gay community (...). I tell them that it's better for them to be screened... but they don't want to, and I don't know why, they say "what if they see me, what if I go out and what if I don't go out"

Identification of the person in the study

In the case of PLWHIV, some of them are afraid of being recognized as such and that this will spread. They are not afraid of knowing the presence of other pathologies, because some of them say that they do not believe that there is another disease more aggressive than the one they are suffering from. They do not consider this as a barrier, rather they would like to know, to be able to control it, if there is another pathology. The health problem they suffer from should be confidential.

"Sure, like having other names because there are times when people are bad (...) and then they are going to be spreading, "oh, look, he has this, or that." So, it's fear ..."

Participation of PLWHA in the survey

PLWHA were doubting as to whether they could participate in the survey despite knowing their HIV diagnosis. It was important to explain to them that they would also be tested for syphilis. They were interested in knowing if there were other diagnostic tests for other pathologies such as diabetes and hypertension.

".... Of course, what they are looking for is to add, in other words, to have more control because there are many people (...) who live with the infection for a year, three years and don't even know it, because of bad information or because they don't get informed..."

"Are they only going to test for HIV? Are they not going to test for other venereal diseases to rule them out? Because at least you already know you have HIV, the idea is that there will be others to rule out, for one to go..."

Compensation for participation in the study

Regarding the compensation they will receive for their time and transport, everyone prefers it to be in cash, because that way everyone can decide how to spend it according to their needs and priorities.

All participants agree to the amount proposed by the study ($10) to compensate for the time dedicated to their participation in the study and transport. In addition, they are going to receive three coupons to refer three other people; somehow, they need to get those three people to attend so that they receive their benefits, which consists of referring three other people and go through the whole process and thus receive 75 nuevos soles for these effective referrals plus their transportation payment of 10 nuevos soles.

"... I would say it should be cash because everyone has their own needs and maybe you give them a product and they already have it or something like that..."

"... one encourages them, and they get tested, and for getting the test they will get ten dollars. They will go faster because you know that sometimes, as the saying goes, monkey talks..."

About the coupon

The information presented is adequate. It is not necessary to add more information. The ideal size would be like that of the Metropolitano, like an ID card.

Most believe that the coupon would go a long way in attracting VMs to participate, as they would see it as a more serious study. It has all the necessary information. But they refer that they would have to give more explanation so that their referrals or peers could participate in the survey.

One of the concerns they mentioned was related to the fact that there is a text on the coupon that warns that they might not be assisted and will only be reimbursed for the ticket. To this end, they propose that those who have a coupon better make an appointment in advance and thus guarantee their participation in the survey. This appointment issue has become so important that they prefer to make an appointment before going to the center for care.

"It seems to me that it is an invitation, but here at the end it says that you may not be assisted, and you will be reimbursed your transportation ticket (...) that may be difficult, because remember that it is going to be on the day off, but I find the rest to be well."

"With an appointment I imagine it would be better, that they will attend for sure, that day they will help you..."

For the VMs, WhatsApp is one of the most used applications among them and it is a very good alternative to send a virtual coupon to the person who wants to participate in the survey. Several believe that both options would work.

"Yes, it would work better because then I don't have to go to pick it up, look for it. I think WhatsApp is better because it is virtual, because you send it via WhatsApp...".

Coupon expiration

Most prefer the coupon to be valid for two weeks, because the "seed" must also receive payment for the referrals that have sent to the study. That way the seed goes after the people it is sure will participate.

"...About one to two weeks, I think. I don't know what the others say...".

"...I'd say two more weeks for sure...."

8. DISCUSSION

Since the questions are open-ended and the answers are not predetermined, they have reflected the needs and suggestions of the target population regarding the design, recruitment method, information to be collected by the instruments and techniques designed, which have been considered in the final version of the study protocol. These proposed changes have most likely improved the capacity to reach these populations and have had an impact on a better achievement of the goals within the defined deadlines.

In this FA, 2 different populations have been evaluated, officials of the Ministry of Health and health service providers; as well as the VM population that included groups of men, women, and VP. The openness and willingness to share information was found both from the officials and workers of the Ministry of Health, as well as from the population of VM who were contacted. The recruitment for the IDIs was managed directly with the authorities committed to the subject and with the decision-making capacity as an authority; while, for the FGs, contact has been made with the different associations of Venezuelan migrants in the country, both professionals and non-professionals.

The reason why the Venezuelan population has left their country is because the situation in Venezuela is very difficult, there is a lot of insecurity to let them grow and develop. The economy is in decline, social benefits such as health care, which used to be provided free of charge, have dwindled and even disappeared. In the midst of all this situation, there is also the motivation to give a better quality of life to their children. Many of the VMs are professionals, but here in the country they carry out activities that have nothing to do with their profession; many VM women are housewives or work in informal jobs.

It should be noted that the officials and health personnel who see PLWHA at the health facilities and who have been interviewed have shown us that they are aware of the difficulties that Venezuelan migrant PLWHA are experiencing, especially for their access to ART, and, despite they try as much as possible to ensure that this population benefits from the services provided by the Ministry of Health in relation to HIV prevention and treatment, just like any other Peruvian.

Stigma, discrimination, and confidentiality of the Venezuelan migrant population in relation to HIV are not problems in the health services, because since the late 1990s health personnel have been trained in these aspects and it is something that is embedded in the work of the health care teams. The patient's data sheet is only handled by the NHS.

The vast majority of the VMs contacted agreed to participate in the "Biobehavioral Survey (BBS) among Venezuelan migrants living in Lima/Callao and Trujillo" study because it had to do with health care. One of the important issues for them was to know the place where the site would be installed, the days and hours of service. They were contacted through the associations of Venezuelans in Peru; but the vulnerable population was recruited through the PROSA organization in Peru, which has a lot of work with them, and which facilitated recruitment. In general, the FG participants were very cooperative and proactive.

The focus group participants believe that VMs do fear knowing if they have HIV, which is why they often do not go for testing, fearing "what people will say" or the result itself, they very fact of testing positive. PLWHA stated that they were afraid of being recognized as such and that this would be made public when they participated in the study, since the health problem they suffer from should be confidential. They are not afraid of knowing the presence of other pathologies, because some of them say that they do not believe that there is another disease more aggressive than the one they

are suffering from. They do not consider this as a barrier, rather they would like to know to be able to control any another pathology.

Being PLWHA, above all, worsened their situation, which is why they had to migrate to other countries in search of ART since they could not receive it in their country. Many of them first arrived in Tumbes, in the north of the country, undocumented, which did not allow them to access pre-ART tests and then ART in the country. Once this bureaucratic hurdle was overcome, they said that they will stay in Peru, because it is a country with a very stable economy, with a solid currency, despite the time and politicians; above all, they have their TAR guaranteed, which is the most important thing for now.

An important issue for the VMs is related to the SIS. For them, it is important to belong to this system, especially when they are PLWHA, but it should expand its coverage, as they feel it is very limited, since there are pathologies that are not treated through the SIS and they also need other types of health care. According to the interview with the director of the DPVIH (2021), there is a population of about 3,500 Venezuelan migrants living with HIV in the country who have access to ART, in addition to migrants who have not been diagnosed, who do not yet know because they have not had access to testing or who have already been diagnosed but do not have access to treatment due to lack of information or some other situation that prevents access.

Although they consider Peru as the country with more possibilities to reach their expectations of life and development, they referred that one of the main challenges they face is to have a job, because if not, they do not have money for rent, food or transportation; although many times the work schedule does not allow them to go to their health appointments, which are usually where they get their medicines, a situation that has worsened during the pandemic.

One of the benefits considered in the implementation of this study is related to the economic compensation for participation in the study. The vast majority preferred cash to consumption vouchers, because in that way they have the possibility of having cash to spend on what they most need or want. More importantly, the main reason for preference was that the suggested amount was more than they receive in a working day. Although only the group of women from Lima disagreed with giving cash, because many times the destination of the money is not the most appropriate.

Another element of the study was the coupon, which was accepted by the vast majority. They found it useful, it generated trust, it made the study look more formal and serious. It should be valid for an average of two weeks, because that way the seeds or the people who would be inviting the other 3 people could be following up on their participation in the study as soon as possible. The ideal size would be that of a bank, metro, or business card, which can be carried in a purse or wallet. In addition, it should be resistant and/or plasticized and not forgeable, the front and back of the coupon and the inclusion of the map would be helpful, because not everyone knew Lima or Trujillo very well. They also proposed a virtual coupon that could be used via WhatsApp, which is the virtual platform most used by them. They also suggested that the participants identify themselves with any identity document, especially so that they could receive the compensation.

The RDS methodology used facilitated recruitment because most of them are still part of networks, whether of associations of VM, friends or family members, and they could invite the people assigned to them and even insist on their participation. PLWHA did show some hesitation to participate and then be discriminated against.

9. CONCLUSIONS

• The results of this formative assessment suggested changes, which have been considered in the update of the study protocol:

The proposal to receive monetary compensation for study participants were ratified in the FGs.
Coupon characteristics: size, shape, and content were determined.
Use of the virtual coupon via WhatsApp, as an alternative for sending contacts for the study.
Coupon validity period for 2 weeks was proposed.
Coordination with the Ministry of Foreign Affairs to expedite the issuance of the alien registration card to those VMs who did not have it was proposed.

• In relation to the need to have an alien registration card to have access to the pre-ART tests, this has led to the respective coordination with other organizations, in addition to the Peruvian Ministry of Foreign Affairs, so that the VMs who test positive for HIV can have these pre-ART tests done and can have immediate access to ART.

• The lack of a sampling frame and the difficult recognition of the target analysis population was overcome by respondent-driven sampling (RDS), which, by using its dual system of structured incentives overcame these shortcomings and improving the representation and results of ethnographic research.

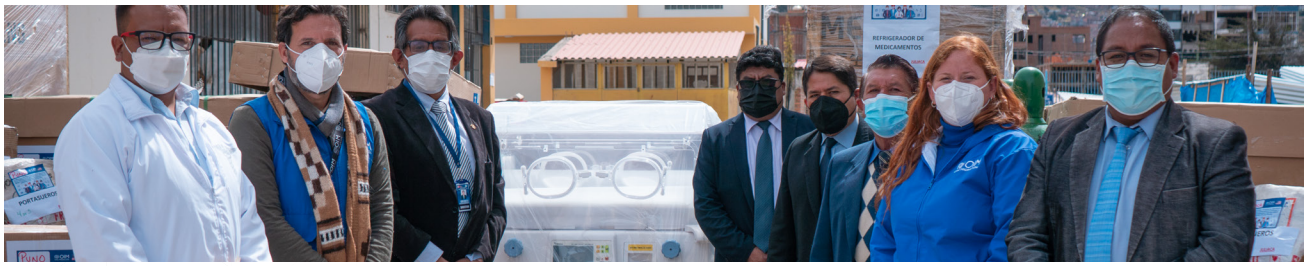
• The FG was a space where the ideas and opinions of the participants were constructed and reconstructed and helped to understand much more about the situation of VM in the country and the problems they face every day.

• The use virtual platform was a challenge for the realization of the FGs because it was not possible to exploit the face-to-face interaction and the direct observation of the dynamics generated among the participants and with the facilitator; as well as to capture the attitudes, behaviors, body expressions, gestures that can be collected in a face-to-face form, which are important elements for the techniques used and to enrich the discussion process of the interviews and especially in the FGs.

• Coordination with Venezuelan migrant associations and their leaders has been very relevant with respect to recruitment, because it allowed us to effectively and confidently reach potential participants, most of whom accepted to be part of this research, despite the difficult times of the pandemic.

• The questions of the instruments used in both the IDIs and the FGs should have been a bit more structured, since they were very repetitive. The context questions were the most commented on, especially those referring to the challenges of migration itself and access to social and health services.

• The results of this "Biobehavioral Survey (BBS) among Venezuelan migrants living in Lima/Callao and Trujillo" study will help support the existing efforts of the Government of Peru to establish public health policies and strategies for STI, HIV/AIDS care in the VM population, within the framework of the new global AIDS strategy (2021-2026) that aims to reduce the inequalities fostered by the AIDS epidemic and put people at the center to engage the world to end AIDS as a public health threat by 2030. This strategy aims at addressing the specific factors that have slowed progress and caused the response to fail people who are most vulnerable to HIV, especially those who are experiencing social, economic, racial, and/or gender inequality (26).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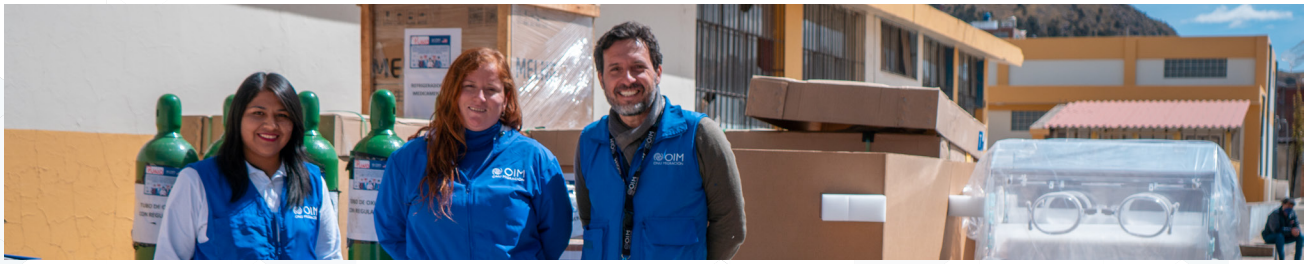

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27. Resultados del análisis de las entrevistas realizadas en este estudio

11. ACKNOWLEDGEMENTS

To the health providers and MOH officials who have agreed to be interviewed, despite the multiple activities they must carry out, given that the pandemic has generated great challenges for them to continue working with PLWHA and especially with the VM population, which, in addition to health problems, also have social problems.

To the Venezuelan migrant organizations for their receptiveness and participation in the focus groups, whose contributions have been very valuable in this study. In addition, the cooperation in recruiting members of the FGs, a task that has been accomplished in a very short time thanks to the networks that have been woven among the VMs, both in Lima/Callao and in Trujillo.

To the team conducting this study, for their contributions and support.

12. ANNEXES

11.1 Informed consent form for IDIs.

11.2 Informed consent form for FG participants.

11.3 Guide for IDIs addressed to officials.

11.4 Guidance for IDIs addressed to service providers.

11.5 Guidance for conducting FGs.

11.6 In-depth interviews – Officials of the Ministry of Health.

11.7 In-depth interviews – Healthcare providers

11.8 Focus groups

Annex 11.1. Consent Form for Adults In-depth Interviews

Venezuelan Migrants living in Peru
Consent Form for Adults In-depth Interviews

INTRODUCTION AND OVERVIEW

Hello, my name is XXXXXXX. I am working with the of Venezuelan Migrants living in Peru with [institutions affiliated with the project.] We are doing a survey with Venezuelan migrants to better understand their HIV related health needs. This information will help improve HIV and other health services.

This document is a consent form. It says what we do in this survey. That way you can make an informed decision about joining the survey. You are free to ask questions at any time. If you do not understand any words, please ask.

YOUR ROLE IN THIS STUDY

We ask you to take part in this survey because you are a:

- Venezuelan migrant
- Aged 18 and older
- Who has lived in Peru as of 2015 or later
- Currently residing in Peru
- Able to communicate in Spanish
- And because you can provide verbal informed consent

JUST READ TO SERVICE PROVIDERS: worked at least six months providing HIV services

About 6000 Venezuelan migrants will take part in this survey.

Interview:

Our staff will seat down with you and read you some questions. You will be able to have an open conversation about issues that are relevant to questions that are being asked by the interviewer. There might be an additional member of the staff taking notes or recording your conversation so this information can be analyzed for the survey. To participate in the interview you will need to agree for the interview to be recorded and for notes to be taken.

After the Interview

We will look at all the answers of all the people in the survey. We may share the interview records with other researchers. We make sure that no one will know who was in the interview.

POSSIBLE RISKS AND BENEFITS

Risks

Some questions that will be asked during the interview may include sensitive issues that might make you uncomfortable. You can refuse to answer any question or stop the interview at any moment. This has not penalty.

Benefits

Taking part in the survey is free. For your time [and transport] we will give you [money value]. You can help make HIV services better for Venezuelan migrants by joining this survey. We will also give you condoms, lubricants, and information on HIV and STIs if you want them.

CONFIDENTIALITY

We do not record your name or anything else that shows who you are. We do not collect your name. Instead you will be given a survey participant number. As the study sponsor, CDC may monitor or audit study activities. The reason for this would be to make sure that the study is being done the way it is supposed to be done. It would also make sure that your rights and health are protected. Your personal information will be kept confidential.

PARTICIPATION

You are free to join or not join. There is no problem if you do not join. You can leave the interview at any time. You can refuse to answer any question. The interview will have a duration of 45 minutes to one hour. After the interview, you will be provided with a monetary compensation of 20 soles.

YOUR RIGHTS

This study has been approved by the local Ethical Review Board and the Centers for Disease Control in Atlanta, USA. .

If you have a question about this survey, you may contact the survey's investigator:

Karin Sosa tel: +51 991344238 (ksosa@iom.int)

PARTICIPANT AGREEMENT

I understand what it means to join the interview. I understand my rights and risks. I had time to ask questions. I understand that I can join the survey at my free will. I understand that I can leave the interview at any time.

Have all your questions been answered? YES NO (Circle answer)

Do you agree to do an interview? YES NO (Circle answer)

Name of survey staff	Signature of survey staff	Date

Annex 11.2. Consent Form for Adults Focus Group Discussions

Venezuelan Migrants living in Peru
Consent Form for Adults Focus Group Discussions

INTRODUCTION AND OVERVIEW

Hello, my name is XXXXXXX. I am working with the of Venezuelan Migrants living in Peru with [institutions affiliated with the project.] We are doing a survey with Venezuelan migrants to better understand their HIV related health needs. This information will help improve HIV and other health services.

This document is a consent form. It says what we do in this survey. That way you can make an informed decision about joining the survey. You are free to ask questions at any time. If you do not understand any words, please ask.

YOUR ROLE IN THIS STUDY

We ask you to take part in this survey because you are a:

- Venezuelan migrant
- Aged 18 and older
- Who has lived in Peru as of 2015 or later
- Currently residing in Peru
- Able to communicate in Spanish
- And because you can provide verbal informed consent

About 6000 Venezuelan migrants will take part in this survey.

Interview:

Our staff will seat down with you and other members of your community to have a group discussion. You will be able to have an open conversation about issues that are relevant to questions that are being asked by the interviewer. There might be an additional member of the staff taking notes or recording your conversation so this information can be analyzed for the survey. To participate in the interview you will need to agree for the interview to be recorded and for notes to be taken.

After the Interview

We will look at all the answers of all the people in the survey. We may share the interview records with other researchers. We make sure that no one will know who was in the interview.

POSSIBLE RISKS AND BENEFITS

Risks

Some questions that will be asked during the interview may include sensitive issues that might make you uncomfortable. You can refuse to answer any question or stop the interview at any moment. This has not penalty.

Benefits

Taking part in the survey is free. For your time [and transport] we will give you [money value]. You can help make HIV services better for Venezuelan migrants by joining this survey. We will also give you condoms, lubricants, and information on HIV and STIs if you want them.

CONFIDENTIALITY

We do not record your name or anything else that shows who you are. We do not collect your name. Instead you will be given a survey participant number. As the study sponsor, CDC may monitor or audit study activities. The reason for this would be to make sure that the study is being done the way it is supposed to be done. It would also make sure that your rights and health are protected. Your personal medical information will be kept confidential.

PARTICIPATION

You are free to join or not join. There is no problem if you do not join. You can leave the interview at any time. You can refuse to answer any question. The interview will have a duration of 45 minutes to one hour. After the interview, you will be provided with a monetary compensation 20 soles.

YOUR RIGHTS

[Name and contact information of RECs]
If you have a question about this survey, you may contact the survey's investigator:

Karin Sosa tel: +51 991344238 (ksosa@iom.int)

PARTICIPANT AGREEMENT

I understand what it means to join the interview. I understand my rights and risks. I had time to ask questions. I understand that I can join the survey at my free will. I understand that I can leave the interview at any time.

Have all your questions been answered? YES NO (Circle answer)

Do you agree to do an interview? YES NO (Circle answer)

Name of survey staff	Signature of survey staff	Date

Annex 11.3. Guide for IDIs Addressed to Officials

Venezuelan Migrants Living in Peru
Formative Assessment Interviews for Officials

The purpose of these interviews is to help with the implementation of the study "Biobehavioral Survey among Venezuelan Migrants Living in Peru", selection of the study sites (which, in this case, are Lima/Callao and Trujillo), appropriate design of the study, including use of RDS method (respondent-driven sampling) for recruitment, barriers to study participation, adequate compensation for survey participation, and barriers to health care access.

You have been selected for the interview because you are key person who develops healthcare policies, especially HIV-related, as well as guidelines to be applied at a national and regional level.

Interviewers should stress that participants are the experts and interviewers are there to learn.

Before starting the interview, I will proceed to read the Informed Consent form so that you can tell me if you agree to participate in this interview.

Ok, now let us proceed with the interview.

Date	☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)
Interviewer's name	
Start time	☐☐:☐☐ (HOUR/MIN)
End time	☐☐:☐☐ (HOUR/MIN)
Workplace	
Position	
Occupation	
Time in this position	
Name of electronic audio file	

INTRODUCTION (To be read by interviewer to participant)

Let me inform you that this interview will be recorded. Please, tell me if you agree to this.

Before I start the interview, please turn off your cell phone and other mobile devices. I will not ask you questions about yourself or your friends. Please, do not use your name or anyone else's.

We plan to conduct the study "Biobehavioral Survey among Venezuelan Migrants living in Peru" among Venezuelan migrants in Peru. The study is coordinated by the UN migration agency (OIM), the United States Centers for Disease Control and Prevention, and the Ministry of Health in Peru. It is focused on assessing the rate of HIV infection among Venezuelan migrants living in Peru. The study will help Venezuelan migrants by facilitating access to treatment and care. The findings of this study will help improve services for Venezuelan migrants currently living in Peru and will also aid health authorities in ensuring better understanding of HIV in order to develop programs and policies.

We will ask you questions about Venezuelan migrants. We are specifically interested in how these migrants congregate and spend time with one another. If you have any information about this, it would be important that you tell us. We are also interested in your suggestions on some tactics we can use to increase participation in our study and what you believe people will accept or reject. Finally, we would also like to know about the use of healthcare or other services and what policy measures you believe would provide migrants greater access to these services.

During the interview, we ask that you not use real names or anything that would identify others. Please, feel comfortable to share your views and experiences. This will help us plan the survey better and inform health services. It is okay if you do not want to answer certain questions. Also, when I say "friends", "colleagues", "peers" or "people like you", I mean people you know who are migrants from Venezuela.

Do you have any questions before we start? (Please, take time to address all questions and concerns.)

¿Tienes alguna pregunta antes de que empecemos? (Por favor, tómese el tiempo para abordar todas las preguntas e inquietudes).

1.1. What is your opinion about Venezuelan migration in Peru? What is health care like for Venezuelan migrants (VM) in health facilities? Can they get HIV diagnosed and treated at health facilities?

1.2. What difficulties do Venezuelan migrants face to get affiliated to the SIS? Is it easy for them to get affiliated to the SIS? Do you know how many Venezuelan migrants are affiliated to the SIS? What is the level of compliance with **Supreme Decree N° 002-2020-SA (Supreme Decree that regulates the First Final Complementary Provision of Legislative Decree N° 1346, which sets forth provisions to optimize the services financed through the Comprehensive Health Insurance (SIS)?**

1.3. If they start ARV treatment, how is follow-up done?

1.4. Which are the mechanisms to coordinate with OIM, ONUSIDA, and Venezuelan migrant organizations? How often do these coordinations take place?

1.5. Without telling us names, do you know any Venezuelan migrants who are influential among their peers? These would be people who know a lot of other Venezuelan migrants and are well liked in this community. Would they be willing to talk to us?

(If the answer is "yes", ask the interviewee to give you that person's name and phone number.)

1.6. Have you noticed any changes or trends over the past year regarding Venezuelan migrants? (e.g. new populations/groups, new hangouts, new or changing risky behaviors (e.g. drinking habits, sex work, injecting drug use)

The following questions relate to your organization and its relationship with Venezuelan migrants.

1.7. What is your role regarding the issue of Venezuelan migrants and HIV?

1.8. What HIV/STI-related services does the Ministry of Health offer Venezuelan migrants?

1.9. What have been some of the challenges when providing these services or interacting with Venezuelan migrants?

1.10. What have been some of the successes? What has worked well?

1.11. Do you know what the main health service needs among Venezuelan migrants are, especially when it comes to HIV?

1.12. What kind of issues do migrants face when seeking this type of services?

a. Are they related to stigma or discrimination? Confidentiality issues?

1.13. Among the people who attend to the Venezuelan migrant population, do you know what proportion feels comfortable working with Venezuelan migrants?

a. Most, some, few? Probe to ascertain why certain healthcare practitioners might not be comfortable treating Venezuelan migrants.

b. How do health care providers ensure confidentiality?

c. Can you give us an example where confidentiality was breached?

ADDITIONAL INFORMATION (FOR THE INTERVIEWER)

Before you start the interview, I am going to explain to you very quickly:

The purpose of the study:

The current economic crisis in Venezuela has eroded and caused significant stress on HIV care and treatment services, which has resulted in the migration of over 500,000 Venezuelans to Peru. Of that number, approximately 15.4% is believed or estimated to live with HIV. Updated data on Venezuelan migrants is needed to inform a response to HIV specific for this key population. Such information will also provide referential data to inform the public health response to the HIV epidemic within this population.

Procedures to collect data: (It starts with the selection of seeds.)

Las personas que participarán son

- Migrantes venezolanos.
- 18 años o más.
- migrantes que llegaron a Perú en 2015 o después.
- Actualmente viviendo en Perú.
- capaz de comunicarse en español.
- capaz de dar su consentimiento informado verbal para la encuesta biológica o de comportamiento.

Por qué ha sido seleccionado para la entrevista:

Porque eres una persona clave que desarrolla las políticas de salud, especialmente las relacionadas con el VIH, así como las pautas a aplicar a nivel nacional y regional.

Annex 11.4. Guide for IDIs Addressed to Service Providers

Venezuelan Migrants Living in Peru
Formative Assessment Interviews for Service Providers

The purpose of these interviews is to help with the implementation of the study "Biobehavioral Survey among Venezuelan Migrants Living in Peru", selection of the study sites (which, in this case, are Lima/Callao and Trujillo), appropriate design of the study, including use of RDS method (respondent-driven sampling) for recruitment, barriers to study participation, adequate compensation for survey participation, and barriers to health care access.

You have been selected for the interview because you are a health service provider, especially HIV-related, who attends to Venezuelan population living in Peru.

Interviewers should stress that participants are the experts and interviewers are there to learn.

Before starting the interview, I will proceed to read the Informed Consent form so that you can tell me if you agree to participate in this interview.

Ok, now let us proceed with the interview.

Date	☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)
Interviewer's name	
Start time	☐☐ : ☐☐ (HOUR/MIN)
End time	☐☐ : ☐☐ (HOUR/MIN)
Workplace	
Position	
Occupation	
Time in this position	
Name of electronic audio file	

INTRODUCTION (To be read by interviewer to participant)

Let me inform you that this interview will be recorded. Please, tell me if you agree to this.

Before I start the interview, please turn off your cell phone and other mobile devices. I will not ask you questions about yourself or your friends. Please, do not use your name or anyone else's.

We plan to conduct the study "Biobehavioral Survey among Venezuelan Migrants living in Peru" among Venezuelan migrants in Peru. The study is coordinated by the UN migration agency (OIM), the United States Centers for Disease Control and Prevention, and the Ministry of Health in Peru. It is focused on assessing the rate of HIV infection among Venezuelan migrants living in Peru. The study will help Venezuelan migrants by facilitating access to treatment and care. The findings of this study will help improve services for Venezuelan migrants currently living in Peru and will also aid health authorities in ensuring better understanding of HIV in order to develop programs and policies.

We will ask you questions about Venezuelan migrants. We are specifically interested in how these migrants congregate and spend time with one another. We are also interested in what tactics we can use to increase participation in our study and what you believe people will accept or reject. Finally, we would also like to know about your experiences using healthcare or other services and what policy measures you believe would provide migrants greater access to these services.

During the interview, we ask that you not use real names or anything that would identify others. Please feel comfortable to share your view and experiences. This will help us plan the survey better and inform health services. It is okay if you do not want to answer certain questions. Also, when I say "friends", "colleagues", "peers" or "people like you", I mean people you know who are migrants from Venezuela.

Do you have any questions before we start? (Please, take time to address all questions and concerns.)

Service Providers:

1.1. What do you think about Venezuelan migrants in Peru? How would you describe health care offered to Venezuelan migrants (VM) in health facilities? Can they get HIV diagnosed and treated in health facilities?

1.2. What is the situation of Venezuelans and their SIS affiliation? What difficulties do they face to get affiliated to the SIS?

1.3. If they are HIV positive and start ARV treatment, how is follow-up done?

1.4. Which are the mechanisms to coordinate with organizations of Venezuelan migrants? How often do these coordinations take place?

1.5. Without telling us names, do you know any Venezuelan migrants who are influential among their peers? These would be people who know a lot of other Venezuelan migrants and are well liked in this community. Would they be willing to talk to us?

(If the answer is "yes", ask the interviewee to give you that person's name and phone number.)

1.6. Have you noticed any changes or trends over the past year regarding Venezuelan migrants? (e.g. new populations/groups, new hangouts, new or changing risky behaviors (e.g. drinking habits, sex work, injecting drug use)

The following questions relate to your organization and its relationship with Venezuelan migrants.

1.7. What is your role regarding the issue of Venezuelan migrants and HIV?

1.8. What HIV/STI-related services does the Ministry of Health offer Venezuelan migrants?

1.9. What have been some of the challenges when providing these services or interacting with Venezuelan migrants?

1.10. What have been some of the successes? What has worked well?

1.11. Do you know what the main health service needs among Venezuelan migrants are, especially when it comes to HIV?

1.12. What kind of issues do migrants face when seeking this type of services?

a. Are they related to stigma or discrimination? Confidentiality issues?

1.13. Among the people who attend to the Venezuelan migrant population, do you know what proportion feels comfortable working with Venezuelan migrants?

a.Most, some, few? Probe to ascertain why certain healthcare practitioners might not be comfortable treating Venezuelan migrants.

b.How do health care providers ensure confidentiality?

c.Can you give us an example where confidentiality was breached?

ADDITIONAL INFORMATION (FOR THE INTERVIEWER)

Before you start the interview, I am going to explain to you very quickly:

The purpose of the study:

The current economic crisis in Venezuela has eroded and caused significant stress on HIV care and treatment services, which has resulted in the migration of over 500,000 Venezuelans to Peru. Of that number, approximately 15.4% is believed or estimated to live with HIV. Updated data on Venezuelan migrants is needed to inform a response to HIV specific for this key population. Such information will also provide referential data to inform the public health response to the HIV epidemic within this population.

The purpose of the study: (It starts with the selection of seeds.)

People who will participate are

- Venezuelan migrants.
- aged 18 or older.
- migrants who arrived in Peru in 2015 or later.
- currently living in Peru.
- able to communicate in Spanish.
- able to give their verbal informed consent for the biological or behavioral survey.

Why you have been selected for the interview:

Because you are a key person who develops healthcare policies, especially HIV-related, as well as guidelines to be applied at a national and regional level.

Annex 11.5 Driving Guide for FG

Venezuelan migrants living in Peru
Formative Assessment Focus Group Discussion Venezuelan migrants

The purpose of these interviews is to help with the implementation of the survey, selection of the study sites, appropriate design of the study including use of RDS method for recruitment, barriers to study participation, appropriate compensation for survey participation and the barriers to health care access.

Ok, now let us proceed with the interview.

Date	☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)
Interviewer's name	
Site	
Start time	☐☐ : ☐☐ (HOUR/MIN)
End time	☐☐ : ☐☐ (HOUR/MIN)
Participant's association with the target population	
How was this participant referred to be interviewed?	
Name of electronic audio file	

Before starting the interview, the interviewer should describe the purpose and procedures of the data collection activity, and then explain why the participant has been selected for the interview. Interviewers should stress that participants are the experts and interviewers are there to learn.

INTRODUCTION (To be read by interviewer to participant)

If the interviews are to be recorded, please let the participant know that and obtain the appropriate consent.

Before I start the interview, please turn off your cell phone and other mobile devices. I will not ask you questions about yourself and your friends. Please do not use your name or anyone else's.

We plan to conduct a survey among Venezuelan migrants in Peru. The study is coordinated by the UN migration agency (IOM), the United States Centers for Disease Control and Prevention, and the Ministry of Health in Peru. It is focused on assessing the rate of HIV infection among Venezuelan migrants living in Peru. The study will help Venezuelan migrants by facilitating access to treatment and care. The findings of this study will help improve services for Venezuelan migrants currently living in Peru. These results will also aid health authorities in ensuring better understanding of HIV in order to develop programs and policies.

We will ask you questions about the Venezuelan migrants. We are specifically interested in how these migrants congregate and spend time with one another. We are also interested in what tactics we can use to increase participation in our study and what you believe people will accept or reject. Finally, we would also like to know about your experiences using healthcare or other services and what policy measures you believe would provide you greater access to these services.

During the interview, we ask that you not use real names or anything that would identify others. Please feel comfortable to share your view and experiences. This will help us plan the survey better and inform health services. It is okay if you do not want to answer certain questions. Also, when I say "friends", "colleagues", "peers" or "people like you", I mean people you know who are migrants from Venezuela.

Do you have any questions before we start? (Take time to address all questions and concerns)

Venezuelan Migrants:
Focus Groups Interviews among Venezuelan Migrants

As you may know, we are planning a survey of migrants from Venezuela currently living in <name of the city>. In the survey we will interview Venezuelan migrants about HIV and what they do to prevent it. We also will give free HIV testing and counselling. People who choose to be tested for HIV will learn their test results. If they test positive for HIV, we will refer them for care and treatment. The survey will take at about one to two hours.

There are several topics we would like to discuss. Each of you are able to provide valuable insight into the behavior, practices, and experiences of the Venezuelan migrant community.

Network:

1. What are the challenges/barriers to participation in this survey? What can we do to minimize these perceived challenges/barriers?

Probe:

a. Do they have to do with time, location, compensations or something else?

b. Are there any other challenges/barriers such as legal status?

b. What kind of compensation would be most appropriate? Cash or store coupons or something else? How much would be considered most appropriate compensation so that everyone would be willing to participate?

2. How many Venezuelan migrants do you know that live in this city?

Probe:

a. How many total Venezuelan migrants there are in this city?

b. Do you think many of them would be willing to participate in the survey? If yes, why? If not, why? What can we do to motivate them to participate?

3. What are the major challenges to accessing social and health care services among Venezuelan migrants? What can be done to address these challenges?

4. Could you talk why people choose Peru over other countries?

5. Can you tell me why (name of the city)?

6. Are there any special places where migrants congregate or places where they hang out in the (city)?

Coupon Design:

During the focus group with migrants, state: "Let me describe one method we want to use to find people to join the survey. We would give participants three coupons to give out to peers who are also Venezuelan migrants. For each friend who shows up to the study location with the coupon and participates, the person who referred them will get a small amount of money. Your friend would also be interviewed, get free HIV testing and STI screening and treatment, be told about HIV and how to prevent it, and get coupons to give out to his friends so they can also participate. Now we would like to know:

How would you feel about giving this Referral coupon to your peers and asking them to do the survey?

1. Do you think these people would agree to join in the study?

2. Do you think these people would be willing to refer others to participate?

3. Do you know of any especially influential who may be good at referring people?

4. This would be someone who knows a lot of other migrants and is well liked by peers.

5. Would they be willing to talk to us?

6. Can you tell us a little bit about them? [Ask participants to ask identified peer leaders to contact survey coordinator.

7. Give them referral card with contact information for survey coordinator.

8. What color should the coupon be?

9. What information should on the coupon? Survey hours, contact phone number, survey location, survey name?

10. Can you think of any information that really needs to be there to make it easy for participants to come see us?

11. Can you think of anything that if on the coupon would make you not want to join?

12. How could we adapt the coupon for those who can't read?

13. Do you think a map on the coupon is helpful for finding the survey site?

Annex 11.6 Formative Research in-depth interviews - MOH officials table of answers (Complete)

In-depth Interviews	About Venezuelan Migrants	Healthcare at health centers, HIV diagnosis & treatment	SIS affiliation & difficulties	ARV treatment follow-up	Venezuelan migrant organizations (Coord.)
IDI 1 C Director	*It is an understandable social situation, given the reality that Venezuela is going through and that motivates many people to see too much risk in staying there and therefore are forced to leave their country.*	*They have all the possible support, (...) In the specific case of health situations, they are assisted, sometimes with temporary ID cards when they do not yet have official documents, with the appropriate support so that they can obtain them. In the specific case of the HIV Strategy, they are assisted in the most prompt and direct way, helping them through some NGOs.*	*Not having an identity document. Sometimes they come without one, and we must identify them because if not, we have no facilities (...) There is a general directive that states that every person with HIV must be assisted as soon as possible.*	*The follow-up is done through the linkage to care. The nurse of the corresponding hospital can notify us if a person stops coming, whether Venezuelan or not, so that we can find him/her and see what is happening. We are also supported by some NGOs, such as PROSA, or the work CARE is doing with the CCM.*	*No direct work has been registered.*
IDI – 2T Director	*I have no objection to the fact that they are in the country, just as we were in a difficult situation and we went to other countries.*	*In the HIV area where I work, we don't have problems in providing treatment. The problem is their situation (...) The health system for them asks for an alien registration card, and they do not come with ID documents. This is why they are not being admitted quickly for treatment, but the health services definitely do not fail to assist them.*	*SIS's regulations demand affiliation with an alien registration card. With the emergency decree, for example, in cases of emergency, pregnant women or children under 5 years of age have been affiliated only for the emergency, the rest of the population has not (...) they have been collecting money to have their IDs in order and to be able to have the documentation for the SIS.*	*The nurse makes weekly appointments to see if they are being adherent; then every 15 days, every month and then every 3 months. Their treatment is supervised, what we have seen is that the Venezuelan men are very responsible with their treatment (...) There is a telephone number and generally what they are asked for is a telephone number so that they can be monitored, many do not agree to home visits and prefer phone calls.*	*No, we only work with the Ombudsman's Office and with grassroots, social and LGTBI organizations, because there are a lot of people who call us, that is how we meet when there is a case. Not with Immigration, not so far, particularly not. We have not met with IOM or UNAIDS as an HIV strategy.*
IDI - 3 L Director	*As the HIV department, we are committed to guaranteeing the health in terms of prevention and care of the Venezuelan migrant population, in general of all migrant populations in the country, in terms of prevention and control of sexually transmitted infections, particularly in the case of HIV/AIDS.*	*To access the SIS, they need IDs, and this is something that is not always available. There is migration that is not formal and having an alien registration card, a TPP, becomes a totally necessary step prior to affiliation to the SIS. So, the step of having a valid ID, the step for the SIS affiliation are barriers that we have been identifying in the course of this process for Venezuelans in relation to access to services.*	*It is difficult to evaluate the real impact, but we continue in the effort to work with the immigration office, to facilitate the process with the insurance office of each DIRIS and through the SIS, to train and raise awareness so that they facilitate the affiliation to the SIS, and this is a process that is in full implementation.*	*There are remote care processes such as tele-guidance, tele-consultation, and tele-monitoring, which is the follow-up step. But obviously, and this is a learning process, it is not something that can work for everyone (...) right now we are in the process of reopening the outpatient clinic for face-to-face care for PLWHAs. Something important to mention is that ART services were never really closed. I believe that the HIV and TB programs, despite all the difficulties, have continued providing care.*	*The organizations were telling us, especially those that have worked more on the issue, such as UNHCR, PROSA, AHF, about the actions they were also taking on their side. This roundtable was interrupted due to the pandemic and next week we have the first meeting to reactivate the migrants' roundtable.*

In-depth Interviews	Influential migrants	VM habits, behaviors, and customs	Function in the health facility	Health services in HIV/STI for VM	Challenges for Health Services
IDI - 1 C Director	*No, directly someone from the Venezuelan community who has come here to DIRESA, or who has come here to carry out any procedure, it has never happened.*	*In reality, there has not been any dramatic situation like that, we have not had any information of any kind, not criminal or any other problem of that nature.*	*Facilitating access to all our care, be it prevention, diagnosis, or treatment (...) we serve people and the care provided to everyone is the same. The only difference is the external support, which is not provided by us, for those who do not have ID documents, and through CARE with the CCM.*	*The same as they are for everyone; prevention, diagnosis, and treatment; and monitoring, follow-up, as appropriate, there is no distinction.*	*The ID issue. We need to handle legal documents, with medical charts, etc. and the person must be fully identified, so that this information cannot be misused (...) Then there are problems like "if there are no antivirals, there are none for Peruvians or Venezuelans", so if CENARES does not send me a certain medicine, there is none for anyone: Venezuelan, Argentinean, whatever.*
IDI - 2 T Director	*We have the civil society of people living with HIV; just a week ago there was a meeting of CONAMUSA. This group was specifically created for people living with HIV and there we have some friends of mine. One of them calls me when he knows of a case of a Venezuelan and asks me for support.*	*Yes, it has grown, we started 2, 3 years ago with 20, 30 patients and suddenly I have 163 cases that we have been able to identify; they are people living with HIV.*	*The preventive part, facilitating ways of preventing STIs, giving out condoms, doing screening campaigns. If there is someone who has STIs, we give them treatment to cut the chain of transmission. That is our role as an HIV strategy.*	*We offer STI screening services such as syphilis, HIV, hepatitis B, and condoms. If they have STIs, they are treated, if they have HIV, they are given ART. Counseling, periodical medical care if the person is gay, sex worker, etc., is also provided.*	*For us it has been a great challenge to start treatment faster, before it took 2, 3 months. A challenge has been having in the region viral load tests and start the treatment as soon as possible. Having the equipment has been difficult, but now we have it, and it is an advantage.*
IDI - 3 L Director	*As I was just telling you, we had conversations and now contact with the stakeholders to relaunch the space called Mesa de Migrantes (migrants' roundtable), where we will continue with advocacy work or generating initiatives or proposals or monitoring the implementation of activities. So yes, we have a fluent communication with the organizations and key actors who are very concerned about the issue of migration.*		*I believe that the Venezuelan population must receive the same treatment and quality of care as the country's nationals. There should be absolutely no distinction. Peru is a country where ART is universal and free (...) Our role is first to guarantee access to preventive and recovery services for this population just like the people of the country.*	*We offer the entire prevention package and the entire recovery package. According to the sources of information that we have, which are not easy to obtain, for the migrant population we are estimating that we still have a gap of migrants who still do not have access to services (...) So we hope that all migrants with HIV in Peru can access the same care services as nationals. And that migrants in general can access preventive information and HIV screening free of charge like any other person in the country.*	*Regarding the issue of information, our information systems were not prepared. I think they are still not ready to be able to adequately document the migratory phenomenon in terms of health and particularly in terms of sexually transmitted infections (...) We still need to make better estimates or better document how the HIV epidemic behaves among Venezuelan migrants. This is why the work they are doing is important and better numbers are needed to identify gaps.*

In-depth Interviews	Health service successes	Health service on HIV needs for VM	VM barriers to accessing health services on HIV	Satisfaction with VM healthcare	Confidentiality in medical healthcare
IDI - 1 C Director	*Early admission has been important, we have been able to cover the highest percentage of demands for healthcare (...) there are many Venezuelan migrants who are receiving treatment (...).*	*In the first place, the opening of the offices, which was not 100% due to the pandemic, was the main problem. The second problem is the lack of medicines in terms of antiretrovirals as scheduled and thirdly, compliance with budget programming, since expenses are directed to other priorities with COVID at the head, these are the three most important ones.*	*I have no complaints from anyone who has suffered stigma and discrimination because of their nationality.*	*I have not had any negative experience with it and have had no complaints either.*	*Well, there are regulations on the privacy and confidentiality in treating people with HIV/ STIs, according to the norm and according to the law. This is guaranteed and now that there are restrictions, there are more facilities to have spaces to assist them privately.*
IDI - 2 T Director	*Having their peers, the peer-to-peer strategy, the fact of being able to reach out and the dissemination, that they know where treatment is provided, definitely helps a lot. The community, the civil society is so organized that they find their peers and they have allowed us to identify them as well. Having these leaders is actually some strength.*	*The follow-up, the prevention part… What we are lacking right now is outreach, continue with campaigns, go out to places of sex trade to hand out condoms.*	*The problem with trans girls is the stigma of looking at them from head to toe or making fun of them. Basically, because we have had treatment since 2005, we have been able to raise awareness from the safety standpoint.*	*I have had some comments like "there are so many Venezuelans who have come and increase our statistics…".* *There have been some comments like gossip; but they have not been mistreated when it comes to dealing with them. There have been comments but it has not gone beyond that.*	*Yes, there are only 2 hospitals giving ART. Belen and the Regional hospitals. A patient goes to a health facility, they are diagnosed and referred to these hospitals. When they arrive, people there already know, their charts remain in the service. If this user goes to another service, they go without that code, it's like any other person.*
IDI - 3 L Director	*The most important achievement is access. While it is true that there are more operational difficulties, having documentation to be able to join the insurance, but the services are there, perhaps we need to be able to reach the migrant population with a little more information, in a more precise way (...) we have more than 3500 Venezuelans receiving comprehensive care and ART free of charge by the program (...).*	*Migrants with HIV who come to the country do not arrive in the best conditions (...) Obviously, in addition to this, there are the economic and food needs and shortages that they have, the money for transportation. It is not a health issue, but these are real problems that also affect access to health services.*	*I don't have evidence of this, it's a generalized issue. Fortunately, HIV teams are somewhat used to dealing with the issue of stigma and discrimination, I think. Historically, we work with populations that have these problems and this helps us to be more empathetic.*	*We are one of the technical areas of MOH that has been most concerned about the issue of migration. Knowing that the health problems of this population are many and HIV is one of them. But understanding the vulnerability this population has in social and economic terms and the need to be able to access a diagnosis and timely treatment that saves their lives.*	*Regarding confidentiality, we have not had any problem that I remember. Since the end of the 90s we have been working very hard and it is something that is embedded in the work of the health care teams.*

Annex 11.7. Formative research in depth interviews - Healthcare providers table of answers (Complete)

In-depth Interviews	About Venezuelan migrants	Healthcare at health centers, HIV diagnosis & treatment	SIS affiliation & difficulties	ARV treatment follow-up	Venezuelan migrant organizations (Coord.)
IDI - 1 C service provider	*My opinion is that we all have the right to migrate at some point and seek economic and social improvements; people should be free to take care of themselves and live where they feel good. Peru is a country that welcomes people of many nationalities and in this case the Health Strategy had a significant influx of this population from 2018, to date.*	*In the case of San José Hospital, we have continued to receive these people, if they come from outside Lima, provinces or Venezuela, they have access to care.* *If new people come and they only have a passport, and while they process the alien registration card (...) the assistance (is) private, only paying S/ 10.00 soles.* *There are some NGOs in Callao which have supported us in (...) the assistance of the Pre-HAART tests.* *There is good access to treatment.*	*According to the situation in which they find themselves, there is a code of assistance in the Comprehensive Health System (SIS) that they can access (...) the important thing is that they have their alien registration card and have access to health care.* *The SIS does not yet provide 100% coverage to Venezuelans, perhaps because there is a lack of resources (...) In the case of Venezuelans, it seems to me that it is a little more difficult, because there are some policies that do not make it possible for the entire Venezuelan population to have access.*	*Venezuelans here have all the rights to antiretroviral treatment guaranteed (...) we do the interview, some come with a diagnosis, or suspect they may have the infection, some come to continue treatment (...) If it is a patient who has been abandoned, they are retested to see how their viral load and CD4 are, and we also do the interview to find out why they have abandoned treatment.*	*At the moment we have community movements with peer counselors who keep in touch with us, they have greater access to the population and they always let us know that a patient is coming from Venezuela, so we have an important open communication channel with them.*
IDI - 2 C service provider	*It is a social and political problem for them, and if they have decided to leave because it was unsustainable to stay in their country, obviously this has had social and economic repercussions in our country, but it's already done.*	*By 2018, we received the bulk of patients, 3 or 4 new Venezuelans per day. By 2019, it started to decrease, maybe due to the restrictions that our country started to implement. Last year during the pandemic, we no longer had new Venezuelan patients and this year we have no new Venezuelan patients entering the program (....) most of those who come to my hospital come with a diagnosis, which has been made in a health center or in an outpatient clinic (...) I understand that it is easy to access because it is free of charge throughout the country.*	*I understand that the regulation requires them to have an alien registration card and many of them do not have it. In special cases, some have a refugee card, others have their ID card, passport or expired TPP, and some have no IDs at all (...) accessing the SIS is a problem, because not everyone has SIS, those who have an alien card are quickly affiliated via web.* *The official document required is the alien registration card, and getting this document requires a series of steps: payments (...) in migration, appointments are not so easy to obtain and most of them work all day; and that is why I see that the most difficult thing for them is accessing the SIS.*	*We have even assisted Venezuelans with a sheet of paper that they call the Andean Card, which is used to open their medical chart number. We had conversations with the management regarding certain flexibilities for this people. They are given some facilities to have their medical chart, make their appointment and access the system. Once in the consultation the services of the program are free: medication, CD4, viral load tests (...) The problem is that many of them, because of their economic condition, which it is not stable, sometimes come for two or three appointments and then they do not come back or do so after months, when it turns out that they went on a trip to the interior of the country because of work.*	*They are a community coordination mechanism. They have been visiting us for years and now they support us with the cost of the tests for new or abandoned patients (...) They are an organization, we call them GAM-Grupo de Ayuda Mutua (Mutual Assistance Group), they have been here for years.*
IDI - 3 L service provider	*It happened without Peru being prepared (...) there are quite good aspects and terrible aspects. They came because of a need and the country was just trying to get out of its problems and had to assume their problems as well.*	*Several difficulties obviously for them: (1) the fact that they did not have money for the pre-Haart tests that are necessary for the beginning of the treatment; (2) They did not have SIS; (3) Some did not have ID documents. This series of administrative problems were a setback for them, but we tried to find some ways to solve them.*	*As for the treatment, there is no problem, because with or without the SIS they still receive the medicine, so there is no problem. The problem is for the rest of the tests that would have to be covered by the SIS, it is difficult for them to obtain them.* *The fact that they are foreigners exempts them from having SIS, they are not covered by SIS.*	*Just like all the patients of the strategy, they are registered in our records, in the databases we manage, so we have the dates when they must pick up their medications (...) When they enter the strategy they must have a backup, which is the person they choose so that we can contact them in case of an emergency, abandonment, etc.*	*Our facility does not maintain any contact with this type of associations. We only relate to some NGOs for patient assistance, which provide us with support for tests and whatever we need at the time.*

IDI - 4 L service provider	*If Peru has been able to provide them with shelter, I think it is good because there is a market for everyone; although Peru already has enough problems, we must find a way to help our brothers and sisters.*	*They have been assisted like any other national. The problem is that many of them are illegal and enter as private individuals, therefore they do not have the economic support needed.* *Once diagnosed, continuity is the problem they face to be able to start HAART as soon as possible. And many of them do not have insurance to be able to enter and that is where we as a service have been helped a lot by NGOs.*	*Many of them are illegal, and cannot be affiliated, since they are asked for an alien ID card, so most of them do not have access. They have been assisted in our facility, to show support, but they have not been able to enter the system, since they do not have an ID document helping them to enter the health system.* *The DIRIS Lima Sur has a support program for affiliation to the SIS for anyone diagnosed with HIV.*	*When they are positive, we call them, we try not to lose the patient. If it is a patient who does not have the money, we communicate with the NGO to see what options there are (...) treatment is started and followed up through telephone calls, we have not been assisting in person, the patient comes every so often.*	*We do not have those links. We communicate with DIRIS Lima Sur, with NGOs.*
IDI - 5 L service provider	*I understand the situation they are going through as a country (...) we understand the need that the Venezuelans had to migrate, not only in search of a job, but also to grow, to improve; but above all, most of them are in search of their health, in search of treatment.*	*Our hospital, for example, has not put many obstacles to access treatment for these patients. We have tried to provide them with the best care, we have given them access to their health, treatment, we have supported them (...) there have been NGOs that have supported them, the peer counselors here at the Dos de Mayo hospital have helped them a lot (...).* *At our hospital it has been difficult, the patients who have migrated illegally without documentation, to be able to have their tests.*	*Many of them have, but not all Venezuelan migrants have access to the SIS. The strategy delivers the treatment, it does not distinguish whether they have insurance or not.*	*If our patient is diagnosed here, referred to or transferred from another hospital, starts HAART here, and the treatment and follow-up is carried out by the nursing staff. We are the ones who have the control of their treatment card, every month, for 2 or 3 months. The treatment is given quarterly, and we manage the patients' control cards and constantly report that if they no longer come, it is because something has happened.* *Many of them no longer come, they have retired or have migrated to another place. We communicate with them again by telephone.*	*PROSA approached us to indicate that there will be a group. If we identify migrants who do not have economic means, we will contact them with the navigator so that she can support them economically. But we do not have any type of coordination with other NGOs.*
IDI - 6 T service provider	*What is happening to them is regrettable, a very painful situation for them and also for us, because we are not a country that has all the conditions to take care of people who are going through these difficulties; however, they are already here, and I think we have to do something for them.*	*Here at the teaching Hospital in Trujillo, all Venezuelans who arrive are being assisted. We have no problem in helping them.* *The treatment is free, we have no problems, they have access, the MOH gives us the treatment for them, the CD4 and the viral load. Only with their ID card, they have access to treatment.*	*They are affiliating minors and pregnant women simply with their ID card and adults who have their alien card. The problem is that not all of them have their alien card, not all the adults. In the case of children, there is no problem, but if they are adults and do not have their alien card, they have problems in acquiring the SIS.*	*At the beginning they are given a exam battery and then they receive treatment. They come and we give them treatment for the month, they pass their medical control and from there we give them their monthly treatment (...) But generally the delivery is every two months or monthly.*	*Yes, we have contact with COREMUSA. DIRESA also has personnel that is in charge of them, there is a psychologist, and it is through her that we connect, and, in turn, she connects with the patients, or she finds a way or a mechanism to bring them here.*

IDI - 7 T service provider	*Migration is due to the needs they have, because of problems in their country and to look for other expectations for the future. Mostly they migrate to different countries and, well, it seems to me that a greater percentage of them are in Peru.*	*They receive the same healthcare as a Peruvian, with all the benefits because we have a regulation in force which establishes an adequate assistance to all. Something difficult is for them to get their alien registration card. We must guide them and they, because of their economic conditions, take a long time to get their documents ready. They can receive treatment without an alien card. We work with the management at CCM for the diagnosis, sometimes many come from private laboratories and well, they do their rapid test in the health facility close to where they live, and others are confirmed in the same hospital through their ELISA test.*	*We work in the program together with the social worker who is in charge of helping and supporting those who are not yet in the SIS system. We support them until they regularize their documentation until they are in the SIS.*	*The patient who enters the program -maximum time 10 days-. In 10 days, the patient is already diagnosed, with a rapid test or ELISA, once he/she enters the program we start with the interview and medical evaluation. We comply with all the HIV protocol, with the regulations (...). We provide treatment for one month, comply with the nursing interview protocol so that the patient does not abandon the program.*	*Not lately, we haven't had any. Before the pandemic we did. We also have peers, but we haven't since the pandemic started.*

In-depth Interviews	Influential migrants	VM habits, behaviors, and customs	Function at the health facility	Health services in HIV/STI for VM	Challenges for Health Services
IDI–1 C service provider	*Now I cannot think of anyone (...) I have seen that they are very communicative, willing to help, so I am sure that if we start looking, we will find them.*	*Maybe there is some change being in another country, I don't think it means that they change their habits when they move to another place, and they still have the same behaviors.*	*My role as a nurse is to provide adequate treatment so that these patients have access to antiretroviral treatment, the timely diagnosis of this infection will make this patient to be 100% adherent to treatment.*	*The service offered is a consultation at that time, with the infectious disease physician. We do the HIV, syphilis, and hepatitis B screening tests free of charge; we do counseling, which are initial interviews to explain what the screening is about: pretest and posttest, we give them their result. If the result is negative, we will teach them about HIV and syphilis transmission, provide them with condoms as far as possible and invite them to come back if they have any risky behavior.*	*People who have come alone, not only with HIV but also with other co-morbidities (...) in addition to having HIV, they had renal failure, which needed prompt attention to be dialyzed. Other patients who had no resources came with only a small suitcase, with their clothes and had nothing else to survive on, or they came without health, since during the trip they had acquired other diseases, such as tuberculosis, which is one of the infections that are added due to lack of food.*
IDI–2 C service provider	*I personally do not know (...) about any Venezuelans who are activists or who belong to any organization or who organize others, I do not know. They are all patients who come independently.*	*In terms of risk behaviors, we have observed from the beginning that many of them, at least those who are LGBT PLWHA, are engaged in sex work, there are multiple risk behaviors, for example, unprotected sex, and sometimes in exchange for money, that has been maintained from the beginning until now. It is a characteristic that we have observed in them.*	*I am an infectious disease physician; we do the consultations and, in my case, I am also the medical coordinator of the area. As part of my function, and I always remind the staff, no one must be denied healthcare; in general, assistance to new patients is a priority.*	*We do rapid tests for HIV, syphilis, and hepatitis B (...) if it comes out positive, we do the medical consultation, the evaluation by the multidisciplinary team, but for now we are reduced to psychology, nursing, and the doctor.*	*On our end, sometimes it has been the lack of personnel; for example, we do not have a social worker assigned to the program, only the one from the hospital who takes a little time to evaluate the patients in the program (...) From the Venezuelan side, patients have limited time available, since most of them live in rented housing and their economic needs are more pressing, I think, and the little time they have to ask for permission or escape, they make the most of it to get their medicines, which is the most important thing.*
IDI–3 L service provider	*No, none that is influential.*	*The pandemic brought confinement, restrictions, those things for a long time (...) it was not them changing their habits, it was the whole situation.*	*I am responsible for the prevention of mother-to-child transmission of HIV, syphilis and hepatitis B and I am also a counselor for the strategy. My first function is to screen all pregnant women for HIV, including Venezuelan pregnant women.*	*We have the strategy without pandemic, we do the tests, the diagnosis, the pre-ART tests, CD4, viral load (...) going through the psychology consultations, social services, and some referrals with other specialties if necessary.*	*The challenge is to be able to locate the patient, as they do not have a fixed residence, they do not have the necessary support, which is essential.*
IDI–4 L service provider	*We do not have a leader, or we have not located him in any case, but we do have peers of people who are not foreigners, but who do have contact with foreigners who know each other.*	*No, the truth is that the population we serve here is quite calm, you can see that they are people who have come to continue growing with the little they have achieved in our country, I have not identified people with risky behaviors.*	*I am the nurse responsible for HAART at this hospital. We provide ARV treatment, we see if the patient is adherent or not, if he/she has his/her controls according to regulations.*	*Now we have no consults, we do not have face-to-face consults (...) not even the annual check-up that patients need to undergo (...), we continue taking CD4 and viral load we have not stopped HAART either, we continue giving treatment according to the patients' appointments, we see them every 3 months at the most.*	*At this hospital, it has been quite difficult. We had to deal with a lot of "buts". We have been helped a lot not only by the people who not only come to work, but who have a great vocation for service and a desire to help. Social services have played a very important role, helping us to obtain exemption from the payment of appointments, by giving an additional appointment or sometimes without an appointment, they have evaluated the patient.*

IDI 5 L service provider	*If you know someone, let me know, send me. Yes, I'll send you.*		*I think that the role of the hospital is to guarantee adequate access to their treatment, to timely diagnosis, to treatment. That is the role of the hospital because it is their health right as well. The pandemic has altered this. This should be improved to guarantee that the patient who comes for a consultation with a diagnosis complies with the whole process and leaves with his treatment.*	*Everything that corresponds to the area of psychology, counseling. There is an exclusive psychologist of the strategy, we had an exclusive assistant.*	*Many of them had no ID card, they had their IDs from their own country, the country they came from, and it was very difficult for us to try to open a medical chart. Because the system asked us for their passport number, their TPP, but they came with their countries' IDs, because they were illegal, but they were looking for access to treatment.*
IDI 6 T service provider	*He has been our educator, peer counselor, who has been paid by the municipality. Because of the pandemic, this support was stopped, and the municipality has no longer provided a budget.*	*I would say that there has always been, it is a population somewhat different from ours, they are a little more liberal, a little more aggressive than us. I think that this level has always been maintained.*	*I am the PPR Coordinator of the Strategy. I am the one who tries to manage the budget for the whole population. We do not have a separate or defined budget for them; they are within our total population.*	*Regarding HIV, the treatment, screening, diagnosis and full treatment, everything is included. And we also have a CERITS that stopped during the pandemic, because the girls had problems and now they have been reinstated a month and a half ago, providing all the CERITS services.*	*For us, this was somewhat difficult, and the first challenge faced, having contact with them. We have a group of people who are well prepared, but we have another group that I don't know if it is because of the context in which they have come, they are very defiant, very aggressive. That was our big barrier, they came to defy, to insult, to demand that right away (...) at the beginning they had a lot of difficulties, because as foreigners they came with their identity card, there was no possibility for them to have a SIS or any other benefit and we are also trying to improve this situation.*
IDI–7 T service provider	*If they are Venezuelan... we would try to see who has the most time available.*	*Of course it has changed because last year we noticed more people. Now it has changed, even at the hospital's entrance there were a lot of Venezuelans selling food but now it seems to have gone down a bit. Although we see new people, it seems that they are still arriving, they are in the streets with their children begging for alms.*	*I am in charge of care, coordination, the records system, typing the monitoring report and register, and sometimes we do not have a computer (...). We don't have a secretary or a typist, we don't have a nursing technician, we do everything. It's a lot of work.*	*Very delicate patients are hospitalized and monitored in the same way as other patients. Those who are very ill are admitted by emergency, they are placed in the infectious disease ward (...) We've been coordinating with nephrology and urology without problems, from doctor to doctor. Also, problems are handled through referrals with the infectious disease doctors.*	*At the beginning it was a bit difficult because many of them come with very violent and demanding attitudes (...) We tried in every other way to have them interviewed by the psychologist first to be able to see what their problems were, their objective, needs to address and help them.*

In-depth Interviews	Health service successes	Health service on HIV needs for VM	VM barriers to accessing health services on HIV	Satisfaction with VM care	Confidentiality in medical healthcare
IDI - 1 C service provider	*The greatest success of our work is when the patient adheres 100% to the treatment.*	*We have the SIS, which is more extensive for them, which makes it easier for them to receive care in other specialties.*	*I suppose that at some point this population may have felt rejected. But we try not to let these things happen.*	*Here in the service, there is no such problem with anyone, we do the interviews virtually and -if possible- in person, the social worker also does her interviews by phone.*	*We have confidential files that are only handled at the Strategy by us. These confidential files are physically in our department (...) we have everything related to their diagnosis, and if we have to share any information with another department, we have to do it with the patient's prior knowledge.*
IDI - 2 C service provider	*All those who have arrived at the hospital for the first time have been assisted, they have received their treatment, which is the most important thing for us (...) the success is that we ensure their treatment.*	*What is needed is a greater offer and more extended schedules (...). Our health system does not meet the demand, because the patient goes in search of a consultation and does not get it the same day, if not after two or three days; and on the other hand, the schedules are during the morning, many of them work and come in the afternoon and there are no appointments.*	*Documentation problems, since other hospitals require documentation from them, do not accept their ID cards, do not accept their Andean Card, do not accept expired TPP.*	*The staff does not turn over so easily, they have been with us for a long time and are prepared to deal with this type of vulnerable people (...) Sometimes problems arise with external staff, security guards, other staff that are not part of our own.*	*At the hospital we have two charts, one chart that is the hospital's general file and one chart specific to the program, a private chart, as we call it, and we use it internally, we separate them because sometimes they put HIV positive charts in big font and that obviously violates their confidentiality.*
IDI - 3 L service provider	*The collaboration with AHF is what has worked quite well.*	*We need screening to continue at the other levels, -not only in the places where HAART is initiated, we are talking about the first level- (...) more flexible schedules are needed so that they can access their screening and access to treatment in some places.*	*In this case, added to the stigma and discrimination that all HIV patients have, because unfortunately there are still some facilities or some staff where they still see the presence of HIV patients as something unwelcome and then they say: "they still come here to the country, because of our resources".*	*With the strategy, 100% of them feel comfortable; outside of the strategy, I could say that there are 30% -maybe 40%- who feel uncomfortable.*	*We protect the diagnosis, the data we have. We work with a file with their data, only handled by the strategy, it is never registered. As I told you, everything is systematized, the medical charts can be seen in the computer, from the emergency to the management, there is a password where the health personnel can enter and see everything.*
IDI - 4 L service provider	*We did a lot to open the service to provide antiretroviral treatment in this facility, which we achieved in 2017, we got a managerial resolution to be recognized as a facility that provides HAART. This stopped because of the pandemic, everything has been put on hold and therefore we have not been able to keep on going, we had many plans.*	*We need them to open an outpatient clinic to continue admitting patients, we need to continue enrolling patients with new diagnoses (...) for our Venezuelan patients, we need a contact that will help us so that this population that has entered illegally can have their alien card and can be assisted at any health establishment.*	*We are a new hospital that was just starting to receive patients and we have not had these problems (...) in other large hospitals there was a concern about the fact that patients themselves might run out of medicines, due to the large number of foreign patients coming to the hospital.*	*Actually, the period they arrived was very short, before the pandemic started, we were just organizing our services, so we have not seen that situation.*	*We have the SISCALE system, the Electronic Medical Charts where all the personnel have access and could show it on the screen. We have discussed with the Chief Physician that this way confidentiality cannot be assured (...) For example, as a nurse, if I had HIV, I would not want this information to be available to the whole hospital, but unfortunately, since it is systematized, this is what will happen. Since anyone who has access to this system will be able to access my medical chart, simply by putting my ID number and that is what is going to happen.*

IDI 5 L service provider	*More Venezuelans are coming to continue entering, they say that the service is faster, we have helped them as much as we could, and they always say so. They are a very grateful population, very conscious, very affectionate even with their gestures, words, they are very friendly.*	*It has been a long time since they have had a complete examination and they always suggest that. It is very difficult for them to get a referral to the other clinics because it is not easy for them (...) there are patients diagnosed with hemorrhoids and need to be evaluated by a gastroenterologist, it is difficult for them because they are asked for a referral, some of them have SIS, others do not. We have helped the patient to have a faster service with our assistance, but we cannot coordinate with the other services.*	*There are still certain limitations in the hospital. Stigma persists. Patients who are admitted to the emergency room are sent to us for a strategy, even if they are not well. There are things that neither we nor the physician can handle. We have always fought against that because we continue to have those little stigmas. The stigma is more for being HIV positive than for being Venezuelan.*	*I think so, there has not been any problem, we have always tried to help them, as I said. It is a team of 3 nurses, 1 obstetrician and 2 peer counselors who have always tried to help the migrant as much as possible. I don't think any of my colleagues have shown any dissatisfaction.*	*It is more difficult to address the issue of counseling now because practically I talk to my patients and outside there are others who may be listening, which means that they do not always tell us things as they are, they do not have the confidentiality to tell me all the questions. My interviews are shorter, because currently there is no confidentiality, and the counseling we are doing is very limited.*
IDI 6 T service provider	*I believe that this has been a great achievement for us, that these people have full access to the entire health system, to everything they need (...) We meet every Monday, we see both Venezuelans and Peruvians, since the moment they start treatment; we discuss the approach so that they do not abandon work, do not abandon treatment....*	*My department has a great need to transport CD4 and viral load samples, we have a lot of problems in that sense, because the place where we need to leave them is not close to our hospital -CD4 and viral load, genotyping, PCR, we must take some transport and that is our main challenge.*	*Here we have no problems because we have nurses who are very accessible, and they assist more patients than those scheduled, if 20 patients arrive, 5 of which are Venezuelan, all 5 are assisted.*	*At least as a coordinator, they always come to me to give me complaints, I have not had any complaints of discrimination, so I could not say precisely.*	*No, we have no problem with confidentiality (...) The diagnosis remains in the patient's medical chart and the medical chart we have here is unique, it does not leave the service. If the patient needs another specialty, the general chart is used, but not the HIV chart, which stays here with us in our service.*
IDI - 7 T service provider	*We are very satisfied that we have never stopped assisting the population, even those patients who were stranded during quarantine last year (...) We have worked to facilitate their treatment because there was no way to mobilize them until they were able to travel to their places of origin where they were (...) Currently our satisfaction is when a patient is admitted with a high viral load and a CD4 of less than 200 and that after 3 months is no longer detectable, it is a huge achievement for us.*	*At the beginning we tell them their viral load and CD4 to see how they are doing and based on that we know. Because many have started treatment in their country and have stopped because they no longer have the medication. Many come in with a high CD4 and others come in at the AIDS stage because they did not have the medication and others are new patients who have just been diagnosed.*	*Because of their Venezuelan characteristics, they were marginalized, but lately everything has been closed due to the pandemic (...) In our own service, the treatment is the same, but outside, in other services, there were complaints that they were treated badly.*	*Yes, yes.*	*We have a new module especially for HIV and tropical diseases (...) It is a place where they do not cross paths with other patients, they go exclusively for treatment and are not in a public place where they can be looked at (...) they carry a card that we have given them, and that card identifies them so that they have a direct pass to the module.*

Annex 11.8. Formative research
Focus groups
Answer box

Focus groups	Participants	History	Occupation	Challenges	Perspectives
Women Trujillo		*Medicines -and everything- were very expensive and even unavailable.* *One of the main reasons why I decided to leave my country was to give my daughters a better quality of life. The situation was difficult every day and we decided to come to Peru, where she had a little daughter.* *I left Venezuela because of the insecurity.*	*I am a housewife* *I work in the evenings in a poultry store and in my spare time I work helping an organization on children´s issues, education, teaching classes.* *I am selling make-up products on my own and at the time I can.*	*The most important challenge is paying the rent.* *Landlord's abuse of utilities (electricity and water).*	
Men Trujillo		*Because of the situation... the things in the store and so many things, but there was no purchasing power to be able to buy it.* *The situation in Venezuela became very critical since Chavez died, since Maduro came in, it became more critical (...) I had to come with my sister and my mother to Peru, to Trujillo.* *We had stable jobs in Venezuela and unfortunately due to the situation in the country we had to emigrate, the salary was not enough, it was not enough for food and several things, medicine most of all. I have my father and my mother who are still alive, I have a 15-year-old daughter, who is still in Venezuela, and well, for that reason I migrated looking for a better quality of life.*	*I do drywall, painting, welding, and construction work.* *I am self-employed, I am currently working as a cab driver.* *I am a bartender.*	*El The main obstacle, in my case, has been the issue of identity documents, of being legal here in Peru.* *The paperwork issue is quite complicated for us. As a result of that, I consider that there is a situation in the health sector, everything is based on legality, if you do not have your documents in order, perhaps they do not assist you or they put obstacles in your way.*	

VP Lima		*Well, I left my country because of my health. I hadn't taken treatment for a year and that's why I came here, for my health, that was four years ago and one of the reasons I also left was because of my health, because of the crisis we are going through.* *I left because my husband had been here for two years, I was being treated in Caracas and I had a year and a half without receiving treatment. I have two children and they motivated me to come to receive treatment here, but I have been receiving treatment for about eight months now.* *I have asthma and the medicines for asthma are too expensive there, and that is why we had to migrate, sell all our things and as they say, "take a new direction".*	*I have a Venezuelan food cart; and here where I live, I live in San Martin de Porres, there are many Venezuelans who support me by buying.* *I am a social worker, but I am not currently working, I am looking for a job.* *I am now also unemployed because of the pandemic. Before I was selling donuts in the schools and then I was taking care of some grandparents, but now I am doing nothing.*	*say that the first challenge is work because if you don't have a job, you can't get around, you can't pay rent, you can't buy food.* *The jobs they give here to Venezuelan migrants are exploitative jobs with very long hours and very low pay.*	
Men Lima		*I left because of the economic situation in our country, the health care for my children, there are no doctors there, there is no medicine.* *I left Venezuela because of the economy, to help the family, my mother, my father, my brother, the family.* *I came here as a backpacker, thirteen days with my family and the mother of my two daughters, my daughters and I came as backpackers, we slept in the plazas for seven days.* *I came with my family, with my wife and my daughter and so on a stopover, that was my journey and we arrived here... I had to pawn my laptop we had to be able to rent a room and then little by little working on the street as a street vendor and we were able to rent something better... I came backpacking.*	*I work temporarily at SENARES, where DIRIS operates (...) DIRIS is the agency that delivers vaccines, medicine, pharmaceuticals to all the health hospitals, it is MOH.* *At the moment I work with a motorcar, a motorcycle cab.* *I am an industrial engineer, I work in construction, as an occupational health and safety supervisor, besides that I am in an organization, an NGO, that supports Venezuelan migrants with HIV-positive conditions.*	*The most important things are the IDs and health because I am living with a baby I have right now, a drug costs me about 20, 30 soles, so it is expensive, health, medicines are the most complicated.* *Rent prices are expensive.* *Documents, or the quality of being up to date with the migratory status, so this also affects the SIS, because if we do not have an alien card, we cannot enter the SIS.*	

Women Lima		*Many leave for a better life. As for our children, family, and ourselves. With the hope of returning someday.* *Economic issues, the salary there was basically no longer enough.* *First my husband came 4/5 years ago, a year later I came and after 8 months I went to look for my children, we already have 4 years here in Lima and about 8 months ago I sent the ticket to my mother and my nephews and they are here with me.* *I came with my 2 daughters because I had a brother in Peru, he already went to Chile, I stayed with my 2 daughters.*	*I sell screens at an importer's business.* *I do hairstyles, eyebrows, braids, beauty, but as an ambulant, in one place.* *I am an early childhood educator (...) Currently I also work in hairdressing, beauty and health care.*	*The day-to-day mood (...) the loss of a loved one in Venezuela while being here, is a situation impossible to overcome.* *Dealing with the issue of xenophobia, which has touched me or has touched me thank God, but I have heard many cases and it is a strong issue.* *The fear that we all have that Peru will become like Venezuela.*	

Focus groups	Acceptance of the study	Time and location	Legal status	Compensation	Proposals
Women Trujillo	*I think that we Venezuelans are always open to those opportunities that we are given, that is, all these programs they do. Most of us are always interested.*		*Many of the migrants did not even register for the CPP because they were afraid to do so, to think that if the date arrives and I do not have the document, I will be deported.*	*From our experience and what we have experienced in terms of the donations we have received from different NGOs for migrants, the cash.* *If they give me a food basket, I am very grateful to receive it, but suddenly there are products that one does not use, that one does not need (...) you have other needs to cover and not exactly food (...) it is much more beneficial for one to receive something in cash.* *I think it would be good because it is two hours and 40 soles (...) it would be more than good because in a job they pay 33 soles, 35 soles for 8 or 9 hours.*	*I think it is better to have them in different days; it could be one day on the weekend and one day during the week, and maybe you can use your free day for that.* *Experience tells us that cash is better.*
Men Trujillo	*There are many people who don't have much time and maybe they do have to go, but they have to organize their time first, things at home and all of that.*		*Maybe you can reach all those people telling them if they feel any symptom, explaining the symptoms, we can help you, you only need your ID card.*	*I think that (...) to attract people to take the study (...) it will be effective.* *Yes, cash, cash, it attracts more attention.* *I think it is enough (10 dollars), I think it is fine.* *Yes, yes, it would be fine, more than fine (10 dollars).*	*Yes, I think it should be a fairly flexible schedule during the whole week and also the times are important, because, as Victor commented, many of the people work almost all day.* *I think WhatsApp would be much better with a message, because a physical voucher can get damaged, it can get wet, it can get misplaced. Instead, if you send it through a WhatsApp message, it stays there. And it is cheaper.*
VP Lima	*I am in Chorrillos and even though it is far away I know what time I have to leave to be on time.* *It's a hassle to ask permission if it is face-to-face, asking for permission at work.*		*Well, I have my alien card and I would say that it is a way to control; there must be regulations in place.* *I believe that the alien card is a method which the Peruvian State has used to take economic advantage of us because all the documents here are very expensive.*	*I would say it would be in cash because everyone has their own needs and maybe you give them a product and they already have it or something like that. I think cash would be the best and everyone sees what they are going to do with that cash according to their needs.* *I would say cash anyway because everyone has their own priorities.* *For me (10 dollars) is fine.* *I think that way more people will go.*	*I believe that cash would be the best option, and each person sees what he/she is going to do with that cash according to his/her needs.*

Men Lima	*We are Venezuelan, we have to pay rent, service, food and if we have our children studying in a private school, we have the weekends, where we are more relaxed to do those types of studies.* *For me it would not be a barrier, for me it would be a contribution, any help that people receive will always be welcome, at any time a grain of sand is always needed, that's how I see it.*		*No, it is not an impediment. It depends, the police should do a background check. If it is just for the study, it does not prevent the person from having a legal status because irregular people are illegal.* *I really do not believe that this is the case, because up to now I believe that Peru has not deported anyone and I have not seen any raids or things that make people fear that they will be deported.*	*The economic compensation encourages to participate, it helps to cover our needs.* *The voucher, if it is like the one they gave last year, sends you to Plaza Vea, and there everything is expensive. With cash you can go to the market, it is cheaper there.* *Cash is better, it provides more for rent, food, for whatever you need.* *(10 dollars) helps not to lose a day's work, which is more or less 33 dollars.*	*With an appointment I imagine it would be better, that they are sure that they will assist you on that day.*
Women Lima	*I think so, because you have the knowledge of the health part, it is like an experience.* *I think that would be the main issue, as migrants we go through many situations and sometimes we want to be heard.* *I think that this is a great support that can be given to all migrants, because I include myself, in terms of health care.*		*If there is someone who is in an irregular situation, he is not going to be sharing his data everywhere. Those who have something to hide are not going to be sharing their data in this way. This would be a barrier.* *Recently, we were trying to collect some data with the NGO and the fact that the person had to give the data was all null and void, they did not say anything anymore.*	*It would be a way to motivate people to get involved in this type of campaign.* *A voucher, money is sometimes used for booze, but not to mention him, the main thing is the study.* *A voucher would be nice, money runs out on the road.* *I do not agree with conditioning a person to enter a health study and giving him an x incentive. I do not agree with it. I do not agree, that is how the Bolivarian government of Venezuela has accustomed its people. It should be done on a voluntary basis.* *The $10 could be used for condoms, brochures, etc.*	*People who wish to go could be summoned, and each person could choose their schedule in the free time they have to attend these consultations and campaigns.* *It would be ideal to have a mobile car and it could be a place where you could have a staff working there and in case the person does not want to have it done, they should give them a brochure or advertisement saying: Look, you can't have it done today, you can have it done another day or you can call us.*

Focus groups	Venezuelans in Peru	Motivation to participate	Health and social services	Why stay/leave	Meeting places
Women Trujillo	*We are carrying out a census (...) So far, we have registered some 8,837 people, including adults, women, men, girls, boys and pregnant women.*	*If there is good outreach of the campaign they plan to run for those studies, not the 8,000, but at least hopefully we'll get to half or a bit less.*	*You can't access if you don't have your documents in order, your alien card.* *When we are pregnant, we have SIS and we can have our tests and everything, but after I gave birth to my baby girl, I obviously lost the SIS (...).* *I am talking about having the right not only with an alien card because there are many who cannot or have not been able to get it, because of problems with their documents or because of their economic situation; it is something that needs to be solved in the future. Maybe not the alien card for free, but something subsidized.*	*I came directly to Trujillo, I did not arrive in Lima (...) Since I arrived, I have been here, I loved the city, it is very similar to my hometown which is Puerto Ordaz.* *So far, I plan to stay here.* *I have no plans right now to return to Venezuela since I am practically used to be here. I have my baby here, he is Peruvian. My children are studying, they are doing very well.*	*In the Plazuela del Recreo there is always a large concentration of Venezuelans.* *There are also many Venezuelans working in wholesalers.* *Here in Buenos Aires Norte is the Parish of the Sisters of the Redemption, most of the Venezuelans when they arrive in Peru pass through here.* *In Huanchaco, on the dock side, on the beach side, they gather there.*
Men Trujillo	*I think about 70 thousand people approximately.*	*There would be no fear or anything and they would accept to undergo the studies and all those types of evaluations that they want to perform.* *I really don't think there is any barrier because it is a benefit that we get.* *I think the most effective thing to attract people to get the study done is cash, because that's what they mainly want ..... cash, cash, it attracts more attention.*	*We have been talking and discussing here with the organization about the SIS for health care, so that people can obtain their health care without the need for an alien card, and this is still in process.*	*Since we have been here we have felt strong solidarity from the Peruvians (...) Peru has a very solid currency.* *Apart from the fact that it's great here, the currency is stable.* *My mother, who has been here for a while, in Trujillo, and she knew and told me that the people here are a little nicer, that the food here is much cheaper than in other parts of Peru, the rents are also cheap, and so that series of little things convinced me to come here to Trujillo.*	*I live in Orbegoso, in the center, a few blocks from the Plaza de Armas and there are many Venezuelan people there as well as in the Plazuela del Recreo.* *Those who live in Moche, have their center in Moche, I imagine that also the Plaza del Alma in Alto Salaverry, in Villa Marina.*
VP Lima	*They do not say.*		*There are many barriers in the health issue.* *There are too many restrictions to have an exam, to have this done; and then they put many "ifs" and "buts" and in the end one has a SIS just for the sake of it, because one goes and it is not worth it.* *the SIS does not cover me for that and there are exams that cost 200, 300, 400 and even 600 soles and how does one go about it?* *Here, the health system treats even its own people badly, so tell me how can you give us something better if you treat each other like that.*	*They chose Peru a lot because of the economy, well, what I understood before arriving here, that it was cheaper.* *The economy was better, it is more stable, its currency is solid, in spite of the time and the politicians (...) we are very different from Peruvians, it is very difficult for Venezuelans, with very little, to make plans to stay permanently.* *I am leaving in April. Depending on how I do in Venezuela, if it goes well or badly, I will go back. But I am planning to leave in April, I want to see my mother too.*	*I don't know of any place, I wish there was a place where one could meet, I'm not aware of it.* *On Sundays I have about 20 friends, I always do activities to sell food because in one way or another that helps me (..) in San Martin de Porras.*

Men Lima	*I have three thousand nine hundred people and eighty-four groups.* *I know about three hundred people here in San Martin de Porras Valdiviezo alone.*	*I would go for cash to buy food.* *Cash is better because that way you can have more for rent, food, things like that.*	*One of the main problems is the economic situation; without money, you die here, you arrive at a health care center, but you don't have the money, there is xenophobia and they will tell you that the medicines are for Peruvians and not for Venezuelans; I have experienced it in person.* *If you don't have an alien card it is very difficult to be assisted at a health center.*	*I came to Peru because I had a classmate, a childhood friend, a friend from college, so it was easier for me to come.* *One comes to Peru for a limited time.* *I, for example, am forty years old, I arrived at thirty-seven. So, I was more stabilized, with a half stable job. You then start investing, buying things, time goes by and you are in a more stable situation. Going back to Venezuela is like starting from scratch even though I have a family.*	*It can be a park, a shopping mall, you can get twenty or thirty, forty Venezuelans.*
Women Lima	*Well, I always see in the news that it's more than 5 million.*	*With flyers, advertising, you get attention. As I indicated, encouraging the people who go, with some kind of information and condoms.* *A whole advertising campaign should be carried out through social networks of IOM and MOH so that people are ready to take the screening test on that day.* *It could be by group of each association, or NGO and pass it through social networks. They can make the flyer and invite all the corresponding organizations.*	*The limitations that the migrant population has to access these types of programs have a lot to do with their day-to-day life.* *The money factor also has a great influence. It would be ideal to have a screening campaign, in a central location, in several districts so that people can go.*	*We saw Peru as the country where we had the most opportunities to develop in economic terms. It is closer, there were not many migrants in 2017 and we decided to come here.* *(...) The issue of returning to our country is a longing of all of us.* *Sometimes there is an emotional conflict, of thoughts, so many things that come to you that it is difficult to decide. In my case I am afraid to return because of the difficult situation and there is a little fear in thinking about returning, while we are still here.*	*Work and family don't give a chance to meet anywhere.*

Focus groups	About the coupon	Compensation	Characteristics of the coupon	Coupon information	The virtual coupon
Women Trujillo	*Venezuelans are always willing to (participate in) these opportunities they give us for information, that is, all these programs they do.* *I think so, because (the coupon) builds trust.* *If someone is going to invite three people, they have to be aware that those three people are going to comply.* *I think that one week (for all my guests to go) is more than enough because two weeks is a lot, I think.*	*From our experience and what we have experienced in terms of the donations we have received from different NGOs for migrants, it's the cash.* *If they give me a food basket, I am very grateful to receive it, but suddenly there are products that one does not use, that one does not need (...) you have other needs to cover and not exactly food (...) it is much more beneficial for one to receive something in cash.* *I think it would be good because it is two hours and 40 soles (...) it would be more than good because in a job they pay 33 soles, 35 soles for 8 or 9 hours.*	*I think the size of a bank card would be perfect, because it's neither too small to be easily misplaced, nor too big to be in the way of your hand in your wallet so you can keep it.* *I would put something that draws a little more attention to it, a little more color or maybe an edge, an edge might be a nice attention grabber to make it look nice.*	*I think that, in spite of being a (confidential) study, I think you need the person's identity document (...) In order to keep a record (...) put there that you must go with your identity document, whichever one you have.* *We have to be prepared for any audience (...) someone could do the process twice (...) just for having money.* *Do not be closed in terms of names and surnames (...) Here in Peru it is a requirement to have both surnames and many Venezuelans sometimes have only one surname.* *Specify back there that the coupon is valid for only one person.*	*Most of the information is sent through WhatsApp, and if you don't have WhatsApp you have a neighbor who always communicates everything to you.* *We have had cases of families that have only one phone with WhatsApp and there you call all three, you call them to the same number because there is only one.* *I think it's good (the virtual coupon) because it makes it easier, as you say, to give it to someone else. It would even make it easier to keep it, too, keeping the code and the whole coupon is also easier by phone.*
Men Trujillo	*Yes, (the coupon) builds trust and the person could attend without any problems.* *One person takes three people, those three take three others and (...) it is up to you to do your part to follow up so that the objective is achieved.* *For example, you have 15 days to go and it is up to us, as our friend said, to be aware of this process because if the other people do not comply, then we do not have the benefit and we have to do our part as well.* *I agree with my colleague, two weeks would be fine.*	*I think that (...) to attract people to take the study (...) it will be effective.* *Yes, cash, cash, it attracts more attention.* *I think it is enough (10 dollars), I think it is fine.* *Yes, yes, it would be fine, more than fine (10 dollars).*	*Yes, the size you propose is fine (credit card).* *The coupon in that size is very good. The color should be white, brown with gold to give a reliable image.* *Since the coupon cannot arrive there damaged, erased, or anything else, it should be a little resistant.* *I think that yes, if it would be plasticized, it would be super cool because it would already be something very safe*	*I consider that it would be necessary to specify that only with the identity card you can attend and be part of this.* *Yes, I think it is good that the documentation is included, that it specifies well, it can be with identity card, with passport, with everything, so that when people read it they can say, well I do not have a passport, I have an identity card, yes I can attend.* *(The map) helps a lot.*	*I think that WhatsApp would be much better with a message, because a physical coupon can get damaged, can get wet, can get lost. Instead, if you send it through a WhatsApp message it stays. They also reduce costs.* *They could use a QR code*

VP Lima	*If you want (the study) to have (...) enough attendance, they have to fit in with people's time. On Sundays, everybody takes a rest.* *It seems to me that they could go because it is a health reason and you talk to them, show them the coupon and explain why.* *The idea is to convince them to go because (...) what you do is (...) to help them, in the sense that if they have something, they should get screened and get treatment.* *And tell them (...) it's free, that's a hook too.* *I'd say two more weeks for sure (to use the coupon).*	*I would say that it would be in cash because everyone has their own needs and maybe you give them a product and they already have it or something like that. I think cash would be best and everyone sees what they are going to do with that cash according to their needs.* *I would say cash anyway because everyone has their own priorities.* *For me (10 dollars) is fine* *I think that way more people will go.*	*Like the Metropolitano card, not so big. I think something small because I think they don't even want it to be seen.* *They don't want people to be able to forge them, to put things because they want everything to be perfect.*	*It seems to me that it is an invitation, but here at the end it says that you may not be assisted and you will be reimbursed your transportation ticket (...) you are going to be annoyed and you are not going to go anymore.* *I think that we have to attract them and focus more on health and not so much on money; (...) not insist on "oh, you are going to earn money", but more than anything because there are tests that everyone needs to undergo. Better focus on that so as not to have problems.* *With an appointment I imagine it would be better, that they will attend for sure, that day they will help you...".*	*This (WhatsApp) is what is used the most because that is where you talk to your family back in Venezuela.* *Yes, it would work better because then I don't have to go to pick it up (the coupon), to look for it. I think WhatsApp is better because it is virtual.* *Both would work.* *Both would work.*
Men Lima	*(With the coupon, the study) looks more formal.* *This way we give people access to all kinds of knowledge, remuneration is one more thing.* *The best is through the confirmation of the appointment to attend the study.* *Two weeks would be good for the validity of the coupon.*	*The economic compensation is favorable to participate, it helps to cover our needs.* *The voucher, if it is like the one they gave last year, sends you to Plaza Vea and there everything is expensive. In cash you can go to the market, it is cheaper there.* *Cash is better, it gives more money for rent, food, for whatever you need.* *(10 dollars) helps not to lose a day's work, which is more or less 33 dollars.*	*Like a vaccination card (a little bit bigger than a credit card), like a small agenda.* *The important thing is that you can carry it in your pocket, that it fits in your wallet.* *The sample looks good.*	*(Several said they agreed with the information on the front and back).* *The reverse side is more specific and explains what the study is about.* *(The map) is a good help, because not everyone knows the place.*	*(Several agreed that WhatsApp is widely used among Venezuelan migrants).* *Both, there are people who don't have phones or WhatsApp, handing them something physical.*

Women Lima	*The coupon is useful.* *The validity time of the coupon should be at least one week in advance, in two weeks you can plan and attend.*	*It would be a way to motivate people to get involved in this type of campaign.* *A voucher, money sometimes is used for booze, but not to mention it, the main thing is the study.* *A voucher would be nice, the money runs out on the way.* *I do not agree with conditioning a person to be in a health study to give him an x incentive. I do not agree with it. I do not agree, that is how the Bolivarian government of Venezuela has accustomed its people. It should be done on a voluntary basis.* *The $10 could be used for condoms, brochures, etc.*	*OK to the size of a credit card.* *White for the coupon is fine.* *White is elegant.*	*It would be ideal, if they do other types of services such as psychology, general medicine, etc. it should be mentioned there.* *(The map) is fine, and then you can send the person a google map.*	*It is a good option because now everybody (Venezuelans) use WhatsApp.* *It would be ideal because everything would be done through the cell phone, without the need to move or go to see the person.* *Most people think that it could be only by WhatsApp.*

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