



Evaluation of UNHCR prevention of, and response to, SGBV in Brazil focusing on the Population of Concern from Venezuela (2017-2018)

EVALUATION REPORT
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List of abbreviations

AGD	Age, Gender and Diversity
BIA	Best Interest Assessment
CMR	Clinical Management of Rape
DIP	Division for Protection
DEAM	<i>Delegacias Especiais de Atendimento a Mulher</i>
DPU	<i>Defensoria Pública da União</i>
DTM	Displacement Tracking Matric
FFH	<i>Fraternidade- Federação Humanitária Internacional</i>
FHH	Female Head of Household
FGD	Focus Group Discussion
GBV	Gender Based Violence
GBVIMS	Gender Based Violence Information Management System
IASC	Inter-Agency Standing Committee
IMDH	<i>Instituto de Migração e Direitos Humanos</i>
IP	Implementing Partner
KII	Key Informant Interview
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MDS	<i>Ministério do Desenvolvimento Social</i>
MPF	<i>Ministério Público Federal</i>
NFI	Médecins Sans Frontières
MSF	Non Food Items
OP	Operational Partner
OV	Outreach Volunteer
PA	Participatory Assessments
PTRIG	<i>Posto de Triagem (Reception and Documentation Centre)</i>
POC	Person/People of Concern
PWD	People with Disabilities
PWSN	People with Special Needs
RSD	Refugees Status Determination
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender Based Violence
SOGI	Sexual Orientation and Gender Identity
UASC	Unaccompanied and Separated Children
VENSIT	Venezuela and Refugees Situation
WASH	Water, Sanitation and Hygiene

Executive Summary

This report presents the findings of an evaluation of UNHCR's Sexual and Gender Based Violence (SGBV) prevention and response activities for Venezuelan persons of concern in North Brazil from January 2017 to December 2018. The period includes UNHCR's SGBV response during the initial emergency phase, as well as the role of UNHCR after the federal government took charge of the response in North Brazil (the 'federalisation' of the response). The evaluation covers UNHCR's SGBV programmes and activities in the State of Roraima, the city of Manaus as well as São Paulo, a city that received Venezuelan refugees as part of the internal relocation programme by the federal government.

UNHCR has supported the Brazilian Government in providing protection to refugees for almost 2 decades; as a result, UNHCR established a close working relationship with the Brazilian authorities. UNHCR's lead role in the response was the natural outcome of the relationship and mutual trust built. UNHCR had a dual role in the response: a (continued) role in advocating at the national, regional and local levels for access by refugees to public facilities, as well as providing direct technical support such as to the Brazilian army in the establishment of shelter sites and Reception and Registration Centers.

UNHCR was the only UN agency represented at the border at the start of the emergency and, in collaboration with local authorities and partners, provided shelter and emergency assistance to the most vulnerable population. As part of the first response, UNHCR identified and assisted refugees (women, children, Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI) persons) with heightened SGBV risks. The office also responded to the needs of SGBV survivors, facilitating referral to local health and legal services. Prior to establishing offices in Boa Vista, Pacaraima and Manaus, UNHCR established partnerships with local organisations. UNHCR initiated coordination at local level between authorities, UN agencies and local organisations.

The evaluation found that UNHCR's actions during the initial phase of the emergency were crucial in reducing SGBV risks for vulnerable groups within the refugee population. Life-saving measures were taken with limited resources, and without the support of staff with expertise in SGBV response in emergencies. Good practices identified in the evaluation include the office's ability to foster a protective environment for LGBTI individuals through training of government staff, safe registration spaces and shelter allocation.

The evaluation found that humanitarian organisations, including UN agencies, were slow to respond to the emergency. Local organisations did not have the expertise, experience nor resources to put in place SGBV prevention and response programmes. UNHCR's limited resources available for SGBV programs and activities were not sufficient to increase partnerships, or capacity building of existing partners. UNHCR did not have the necessary staff expertise to effectively roll out prevention and response activities at a scale needed in an emergency.

As a result of the limited staff and resources, UNHCR was not able to establish an effective SGBV data and information management system, severely limiting the organisation's ability to assess SGBV risks and trends and develop targeted responses. The report will show that SGBV programs and activities were largely focused on the population in shelters. The office did not have the resources or capacity to effectively assess the needs of the population outside of the shelters.

Introduction

The evaluation of UNHCR’s interventions to prevent and respond to Sexual and Gender Based Violence (SGBV) affecting Venezuelan persons of concern in Brazil is part of a series of evaluations initiated in 2017 that focus on SGBV prevention and response in different regions and operational settings.

The response in Brazil is part of a Level 2 (L2) emergency unfolding as a result of the continuing displacement from Venezuela. The prevention and response to SGBV in emergencies is a priority for UNHCR, and this evaluation is intended to provide insights and recommendations on the SGBV response, including on the specific situation of indigenous people and LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersexual) individuals.

Purpose and objectives of the evaluation

The purpose of this evaluation is to assess to what extent UNHCR provided timely, efficient and appropriate SGBV prevention-, and response activities to the Venezuelan persons of concern in Brazil. The evaluation will document challenges, risks as well as good practices and lessons learned that will inform ongoing SGBV programming in Brazil, as well as programs in neighboring countries with comparable operational contexts.

The primary audience of this evaluation is the UNHCR Brazil country operation, including partners and government counterparts. The secondary audiences include other humanitarian and development actors in-country, donor offices, and the UNHCR Regional Bureau for the Americas, the Division of International Protection (DIP) and the Division of Programme Support and Management (DPSM).

Methodology

The evaluation is structured around five key evaluation questions:

1. RELEVANCE: How relevant were the UNHCR approaches to ensure SGBV prevention, mitigation and response in in the particular context of Brazil in 2017-18?

2. EFFECTIVENESS: How effectively have planned SGBV approaches and interventions been developed and implemented when preparing for and responding to the emergency influx, and with what effect?

3. COVERAGE: How extensive is UNHCR's coverage of SGBV issues in the context of the ongoing response to the assistance and protection needs of the Venezuelans in Brazil?

4. COHERENCE: How well does UNHCR’s role in SGBV prevention, mitigation and response link with the broader protection and operational efforts by UNHCR and partners in Brazil?

5. LESSONS: What lessons can be learned from preparing for, scaling up and maintaining adequate levels of SGBV prevention and response in a context like Brazil?

The key evaluation questions are derived from the evaluation terms of reference, the related sub questions were identified in discussions with UNHCR staff and counterparts during the inception phase.

The timeframe covered by the evaluation has been adapted from the period mentioned in the terms of reference to include the initial emergency response, from January 2017 to February 2018, as well as the period of the interventions by the Federal Government, from February 2018 to December 2018.

The geographical scope of the evaluation was extended from the State of Roraima, the city of Manaus to include São Paulo in order to assess the internal relocation programme, a part of the response by the Federal Government.

The evaluation will also focus on the specific SGBV risks and related response for LGBTI individuals, and the indigenous populations in Roraima and Manaus.

The full terms of reference, the key evaluation questions, sub questions and the evaluation matrix are annexed to this report.

Evaluation sources

Method	Focus and detail
Document review	Documents included UNHCR internal organisational and programme plans, UNHCR internal budget, mission reports, Partnerships Agreements (PPA) and reports from IPs, participatory assessments, SoPs and referral pathways.
Secondary quantitative analysis of data	Analysis of available UNHCR data, staffing lists and budgets, participatory assessments, minutes of TF and other relevant meetings, programme support tools.
Key Informant Interviews (KII) and Focus Group Discussions (FGD)	Interviews with key stakeholders (see below). Interviews and Focus Group Discussions were semi-structured guided by an interview checklist based on the evaluation matrix and adapted for individuals' areas of experience. (See Annex 5 for list of interviewees and Annex 4 for the interview guide used). 325 Participants in 82 Key Individuals Interviews and 26 Focus Group Discussions: <ul style="list-style-type: none"> ○ 37 participants from the government (federal and state levels) ○ 43 participants from Implementing Partners ○ 17 participants from Operating Partners ○ 40 participants from UNHCR ○ 12 participants from UN agencies ○ 176 POC
Survey	Shelters checklist survey sent on-line to the Protection FP or shelter managers of 13 shelters in Roraima with UNHCR supported activities (see Annex 6 with questionnaire).

6 regional visits	<p>6 regional visits: São Paulo, Rio, Brasília,, Boa Vista, Pacaraima, Manaus</p> <p>Discussions with UNCHR Branch Office management and staff from Protection, Programme and Durable Solutions units.</p> <p>Discussions with UNCHR FU management and staff in Sao Paulo, Boa Vista, Pacaraima and Manaus.</p> <p>Discussions with operational and implementing partners' front line staff in those 6 locations, and group discussion with Outreach Volunteers in Boa Vista.</p> <p>Discussions with government representatives at the federal, state (Sao Paulo, Amazonas and Roraima) and municipal levels, and with the Brazilian Armed Forces involved in the VENSIT.</p> <p>Visit to UNHCR supported activities and points on referral pathway – shelters, safe houses, hospital, reference centres, bus stations, community centres and police station.</p> <p>Discussions with 176 POC (KII and FGD) in all 6 locations participating in UNHCR supported activities (in shelters, in interiorization programme and post-support) and that have not benefitted from UNHCR supported activities (outside shelter, spontaneous arrivals, in street situation).</p>
Financial analysis	<p>Analysis considered annual allocations by: a) UNHCR and partners b) trends in SGBV budget over time in UNHCR and PPAs budgets c) relation to the UNHCR overall operational budget and d) objectives.</p>
Validation workshop	<p>A national level one-day workshop with a) UNHCR Protection team and management and b) UNFPA and UN Women representatives to present the evaluation's preliminary findings and prepare the recommendations.</p>

The inception phase identified key stakeholders for the evaluation. With the exception of donors (who are a target audience for the report), all were involved in key interviews, focus group discussions or workshops during data collection. Key stakeholders are:

- I. **Persons of Concern (POCs)** – Venezuelans migrants and refugees in shelters, in interiorization programme, outside shelters, in street situation or integrated, including SGBV survivors and persons at risk of SGBV.
- II. **POC with community roles**- Outreach Volunteers and community leaders.
- III. **Implementing Partners (UNHCR operation and SGBV responses)**- Implementing UNHCR programmes for POCs including SGBV prevention and response interventions.
- IV. **Other partners (including other UN Agencies)**– Partners in provision of the overall VENSIT humanitarian response and in SGBV programming.
- V. **UNHCR (Branch Office and FU staff- Brasilia, Boa Vista, Sao Paulo, Manaus)**– UNHCR management in Brasilia including heads of the three field units; protection team, sector coordinators; SGBV focal points.
- VI. **Federal Government Authorities, Federal Police and Army**- involved in the implementation of the federal response to the VENSIT through the *Operação Acolhida* in Roraima and in the interiorization programme.

- VII. **State and Municipal Authorities-** Implementing SGBV response interventions and involved in the support to Venezuelan migrants and refugees.
- VIII. **Brazilian civil society and rights-based movements-** including LGBTI groups and movements, indigenous people organisations and women’s rights and violence against women organisations.
- IX. **Outreach Volunteers:** recruited in Boa Vista from the Venezuelan and Haitian refugees community.
- X. **International Community** – UN agencies

The evaluation team gathered and analysed data to triangulate as far as possible for robust findings. The quality of the data varied in terms of its comprehensiveness, match to evaluation questions, scale, reliability and consistency. The team found all findings have a strong or medium evidence base so with this assessment we are confident the findings presented are robust. The evaluation report notes where findings are based on data that could not be triangulated and are able only to suggest a trend or outcome. Two sub-evaluation questions could not be addressed, as the indicators were weak and evidence could not be triangulated (see below).

Strength of the evidence supporting findings by evaluation question

Evidence related to the evaluation Question 1 on RELEVANCE: Strong – findings are based on substantial primary data, secondary data and survey and could be triangulated, with the exception of the evidence of the adaptation of SGBV interventions for persons with special needs (Female Head of Household (FHH), Persons with Disabilities (PWD) and children) for which the evidence was **medium**.

Evidence related to the evaluation Question 2 on EFFECTIVENESS. Evidence: Strong – findings related the quality and standards of SGBV interventions are based on data from multiple sources and could be triangulated. The indicators found in relation to reach, accessibility and POCs satisfaction of services were **weak** and insufficient to support findings, so these questions could not be addressed.

Evaluation Question 3 on COVERAGE. Evidence: Strong – findings are supported by primary data and secondary data and could be triangulated.

Evaluation Question 4 on COHERENCE. Evidence: Medium – findings are based on primary and secondary data and could be triangulated; with the exception of the evidence related to coordination that was based on very limited secondary data sources.

Evaluation Question 5 on LESSONS. Evidence: Strong – lessons all draw on evidence analysed in the four preceding questions and were based on robust primary data.

Constraints

The evaluation methodology faced a constraint in the scarcity and poor reliability of secondary data. This constraint was addressed by i) the extension of the data collection to an additional location ii) a larger set of KIIs and FGD that initially planned iii) a survey realised post data collection mission to gather additional data and iv) different categories of stakeholders interviews were used to triangulate data.

Ethical Considerations

The evaluation was guided by standard principles of ‘do no harm’. The team was committed to respecting the norms and values of all participants to the interviews and focus groups. Efforts were made to ensure participation by marginalised groups. Interviewees were

informed about the purpose of the interview, that participation was voluntary, and assured that the interviews were confidential¹. Interviewers were sensitive to respondent's reactions to questions and discussions, and interviews were stopped if needed, or requested.

Evaluation Team

A five-person team undertook the evaluation. The team was made up of:

- **Florence Tercier Holst-Roness** – team leader, SGBV expert; independent consultant. Role included overall responsibility for quality of evaluation data collection, analysis and final products.
- **Teresa Hanley** – evaluation methodology advisor. Responsibilities included building the methodology, quality control of the evaluation of the final products.
- **Paola Bolognesi** – evaluation team member/UNHCR Protection Officer (SGBV). Responsibilities included evaluation data collection, initial analysis and contribution to the recommendations.
- **Diana Catalina Buitrago** – evaluation team member, SGBV and Latin America expert; independent consultant. Responsibilities included evaluation data collection, qualitative and quantitative analysis and review of the evaluation report.
- **Caio Csermak** – evaluation team member, anthropologist and Brazil expert; independent consultant. Responsibilities included evaluation data collection, qualitative and quantitative analysis and review of the evaluation report.

Evaluation analysis, conclusions and recommendations were developed jointly.

¹ (Adapted from) DFID (2011). 'DFID Ethics and Principles for Research and Evaluation' [available via https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67483/dfid-ethics-prcpls-rsrch-eval.pdf]. Consent will be essential in any interviewee and all interviewees will be anonymised. Affected people will be included in community consultations but survivors will not be a target group of the evaluation. The approach will also be guided by sector standards of good practice such as WHO (2007) 'Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies' [available via http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf]

The Emergency

1. The exodus of Venezuelan nationals is already the largest in the modern history of Latin America and the Caribbean. Based on conservative government figures, it is estimated that the number of Venezuelans in countries across Latin America rose from 700,000 in 2015 to over three million in November 2018. Nevertheless, the total number of Venezuelans in the region is likely to be higher, as most data sources do not account for Venezuelans without regular status. Estimates indicate an average of 5,000 persons leave Venezuela daily at the end of 2018.
2. In Brazil, the border State of Roraima is the main entry point for refugees and migrants coming from Venezuela and the only accessible state by land. According to the Federal Police 176,259 Venezuelans entered Brazil through Pacaraima (Roraima) between 2017 and September 2018 with 85,268 still in the country. The State of Roraima has a population of over 522,600 inhabitants, with a per capita income of approximately USD 270, placing it among the poorest states in Brazil.
3. Towards the end of 2016, the first large influx into Roraima constituted (mostly) of the Venezuelan indigenous Warao population. The first arrivals did not find shelter and crowded the streets in Boa Vista. The Venezuelan exodus increased with up to 500-800 Venezuelans entering Brazil per day at the beginning of 2017. The crisis became visible with many of the new arrivals in urgent need of food-, shelter-, and health assistance. The local authorities struggled to provide the needed assistance; as a result, a warehouse was opened as a shelter, to receive both indigenous and non-indigenous. The two populations sharing the shelter was not successful, and Pintolandia, a shelter for the indigenous populations only was set up.
4. The increased rate of influx by Venezuelans throughout 2017, the lack of local public infrastructure and the initial absence of major humanitarian organisations in Roraima to respond to the large needs lead the national government to increase its involvement and take the lead in the response.
5. Assessments have shown that sexist attitudes and traditional views on gender roles are predominant within the Venezuelan population in Brazil. The situation of forced displacement with the related separation of families and the disruption of habitual protective structures increases the risks of SGBV.

UNHCR increases emergency level

6. Recognizing the need to enhance UNHCR's operational presence and capacities to respond to the international protection and other needs of refugees and others on the move from Venezuela, the UN High Commissioner for Refugees in May 2017 declared a Level 1 emergency for Venezuela, Brazil, Costa Rica and other countries in the region to enhance preparedness for a possible deterioration of the situation inside Venezuela and in view of an increasing outflow from the country.
7. The continued outflow of people from Venezuela required UNHCR to scale-up its operational response to help governments meet their protection responsibilities and to ensure that assistance is provided to those of concern. On 9 April 2018, UNHCR declared the elevation to Level 2 emergency for Aruba, Colombia, Curaçao, Peru and Trinidad and Tobago, in July 2018 for Brazil and in August 2018 for Ecuador.

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8. UNHCR has underlined the refugee dimension of the flow with the issuance of the Guidance Note on the Outflow of Venezuelans (the Guidance Note) in March 2018 noting the fact that a significant proportion is in need of international protection. The Guidance Note encourages States to build on current good practices and proposes a dual approach. It calls on States to extend protection to Venezuelans in need of international protection either by ensuring access to Refugee Status Determination (RSD) procedures and recommending the application of both the 1951 Convention Relating to the Status of Refugees and the 1984 Cartagena Declaration on Refugees, or by providing them access to other forms of protection oriented arrangements with appropriate safeguards including guarantees of non-refoulement.

Federalisation of the Response: Operação Acolhida

9. Following a visit to the border, President Temer on February 15th, 2018 issued a Provisional Executive Act establishing a Federal Emergency Assistance Committee bringing together representatives from 13 different ministries to address the humanitarian crisis in Roraima caused by the migratory influx. A USD 58 million budget was initially allocated by the federal government to provide emergency humanitarian assistance for all people coming to Brazil; the *Operação Acolhida* (Operation Welcome) was launched and implemented through three axes:
- A. **Enhancing the reception facilities at the border through the establishment of Screening Centres:** the first Screening Centre (*Posto de Triagem- Ptrig*) was open in Pacaraima in June 2018 and a second in Boa Vista in September. The army ensures orderly access to territory and documentation, the Federal Police is responsible for registration on its own database while IOM and UNHCR provide support to temporary residency applicants and asylum-seekers respectively with information, orientation and assistance to pursue legal pathways available. All persons passing through the Centre are biometrically registered by UNHCR. In coordination with the Ministry of Social Development, UNHCR, UNFPA and UNICEF and IOM support the identification, referral and follow up of protection cases.
 - B. **Providing Shelter:** tented shelter sites are set up by the Brazilian army for refugees identified as highly vulnerable in Roraima state. By November 2018, 13 shelters hosting around 5'800 persons were completed. The army is in charge of the management and security of shelters/sites, with UNHCR support on the implementation of protection interventions, including SGBV prevention and response.
 - C. **Offering voluntary relocation, or 'interiorization',** to other Brazilian municipalities. The relocation is aimed at reducing the burden on public services provided in Roraima, the process includes offering opportunities for social and economic integration to participating refugees. Priority is given to refugees living in public sites/shelters in Roraima, and eligible people need to have regulated their migration status, be immunized and be fit for travel. The Federal Subcommittee for Interiorization is supported by UNHCR, UNFPA and IOM and the vulnerabilities considered include individuals at risk of, or survivors of, SGBV. The army is responsible for the transfers by plane.

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10. The concentration of Venezuelans in Roraima has severely impacted the local public infrastructure (water, waste, shelter), and xenophobic reactions by the local population have increased. Isolated delinquency incidents at the border resulted in violent demonstrations against Venezuelans in August 2018. It is estimated that approximately 1,200 people fled back across the border as a result of the violence. These events prompted the scaling up of the interiorization process as of September 2018.

UNHCR operation in Brazil

11. UNHCR has had an office in Brazil since 2002 and has since provided support to the Government in its responsibility to provide protection to refugees. UNHCR has established a solid partnership and base of trust with the government, which has been conducive in the joint response to the current emergency. UNHCR has been advocating for the application of the expanded regional refugee definition of the 1984 Cartagena Declaration on Refugees to all Venezuelan refugees. UNHCR drove the development of SGBV interventions² using advocacy and technical support as forms of engagement with the government
12. In the period covered by the evaluation, Brazil offered high standards of refugee law and protection³ to Venezuelans; Venezuelans have access to two legal options: the asylum application and the request for a temporary residence permit. Both the status of asylum seeker and temporary resident includes a national work permit, as well as access to education, health system, and other public services.
13. UNHCR has been part⁴ of the National Committee for Refugees (CONARE)⁵ since its inception. Brazil is considered internationally and by UNHCR standards to have high standards of refugees' protection. CONARE has also recognized sexual minorities (LGBTI) as a social group that is provided asylum under Brazil's Refugee Law; a position that supported targeted assistance to LGBTI individuals during the current Venezuelan emergency.

UNHCR Response: Two Phases

14. The first phase started in 2017 with the first large influx of Venezuelans; the response during this phase included the emergency assistance provided to POCs and support to the government's response. The initial phase was also marked by the absence of other key humanitarian actors and partners in the North of Brazil, particularly with regards to SGBV programming.

² SGBV is one of UNHCR's Global Strategic Priorities: see the 2017 Report on Global Strategic Priorities: <https://www.unhcr.org/5b2b75e37.pdf>

³ Brazil has a solid framework for the protection of vulnerable groups, namely: children, SGBV survivors, and indigenous populations. The country is a signatory of the main international legal instruments and has a strong national law on these issues, the main one on violence against women being the law Maria da Penha

⁴ With no voting power.

⁵ National Committee for Refugees (CONARE) was created to deal with eligibility for refugee status and to implement normative instructions related to the law. CONARE is also responsible for advising and coordinating the necessary actions to ensure the effectiveness of protection, assistance, and legal counselling for refugees.

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15. The second phase started with the federal government intervention in February 2018 in the state of Roraima and covers the period until the evaluation inception mission in December 2018. SGBV programming and scale varied considerably between the two phases.

UNHCR Response: First Phase

16. UNHCR has played a very active role from the onset in the response to the large influx of Venezuelans in Roraima. The office warned the government of the increasing humanitarian needs of the arriving population and offered its support to the local and national authorities. UNHCR worked closely with the Casa Civil, a Ministry directly connected to the President's office, with the authority to coordinate the other Ministries. UNHCR played a dual role, providing advocacy at all levels (municipal, state and federal), as well as technical support to ministries and departments in the development of response plans and interventions to address the humanitarian crisis. The priority was life-saving interventions, which included SGBV responses and mitigation of risks for Venezuelans living in the streets, and later for those staying in shelters.
17. UNHCR was the only UN agency represented at the border until September 2017. Until the establishment of an UNHCR office in Boa Vista in June 2017, UNHCR assessed the needs⁶, planned and developed SGBV interventions through field missions in Roraima. The field activities were firstly focused on providing safe accommodation to vulnerable POCs staying in the streets, support registration and documentation and respond to basic needs, with the Branch Office in Brasilia supporting advocacy at the national level.
18. UNHCR, in collaboration with the state the municipality and partners, identified the most vulnerable POC on the streets; at the end of 2017 three public shelters were established in Roraima state where 1,200 vulnerable refugees were accommodated, including women, children and LGBTI persons with heightened SGBV risks.
19. Simultaneously to mapping the public services available for SGBV survivors in Roraima and Manaus, and establishing referral pathways, UNHCR had to respond to the urgent needs of the growing number of SGBV cases identified in Boa Vista. UNHCR Protection staff started to provide follow-up to SGBV survivors individually through direct referral to health- and legal services, as well as provisions for their safety.
20. To address the needs of a rapidly growing Venezuelan population, UNHCR established partnerships with local civil society organizations already present in Roraima: *Fraternidade- Federação Humanitária Internacional (FFHI)* and *Instituto de Migração e Direitos Humanos (IMDH)*. FFHI supported the emergency needs (food, shelter, hygiene, protection) of Venezuelans. IMDH facilitated pre-documentation processes and provided delivery of cash grants to SGBV survivors and to individuals at risk living on the street (i.e. persons with specific needs; vulnerable LGBTI persons). In Manaus, Caritas supported the new arrivals in the city, including the Warao population, offering social assistance services, referral to public services, shelter and CBI.

⁶ At UNHCR, the Specific Needs Codes (SNC) provide a standardized and exhaustive list of an individual's particular characteristics, background, or risks that may provoke protection exigencies. The SNCs are relevant to all types of UNHCR operations, whether related to asylum-seeker, refugee, IDP, stateless or returnee populations.

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21. The indigenous Warao population were the first to arrive from Venezuela in 2014 with a considerable increase in their numbers in 2016. To respond to the specific needs of the indigenous population, two shelters were created in Roraima: Pintolândia, in Boa Vista; and Janokoida, in Pacaraima and one in Manaus, the Alfredo Nascimento shelter, that mixes indigenous and non-indigenous population and is managed by the Municipality. The management of the two Roraima's shelters has been ensured by UNHCR partner *Fraternidade* a NGO which was there before supporting the arrival of Waraos, and became a partner in 2017.
 22. The operational capacities of other UN agencies to respond to the crisis have increased in 2018. UNHCR continued in this phase together with UNFPA, UNICEF and partner organizations to support the planning, scaling up and implementation of the emergency response to SGBV.

UNHCR Response: Second Phase,

23. UNHCR's response further increased after the federal government took a lead role in the emergency response, the Federalisation, or Second Phase. The operation supported the establishment of shelter sites, and provided crucial support to the registration efforts by the federal authorities in the Reception and Documentation Centers (*Posto de Triagem-Ptrig*).
24. The structure of the UNHCR presence in Brazil changed significantly in 2017 and 2018 in order to respond adequately to the operation's needs. New positions were created with total staff going from 30 people in 2017 to 130 in 2018. As of June 2017, one Field Office (Boa Vista) and two Field Units (Pacaraima and Manaus) were created in Roraima and Amazonas States.

Shelter Sites

25. Since the start of the federal response in Roraima in February 2018, UNHCR has provided technical support to the Army in establishing shelter sites to respond to the needs of the large number of people still living in the streets of Boa Vista and Pacaraima. At the end of 2018 there were 13 sites in Roraima providing shelter to 5681 Venezuelans. In 9 sites UNHCR provided tents and refugee housing units, and UNHCR partners, AVSI, FFHI and NRC are responsible for the coordination (CCCM). The army manages 3 sites with the technical support of UNHCR. UNHCR retains a protection role in those shelters through a protection focal point. The last site is managed independently by the NGO *Fraternidade sem Fronteiras*.
26. UNHCR supported the mitigation of SGBV risks in the sites through a multi-sectoral approach (CCCM, Health, Water, Sanitation and Hygiene-WASH) including the actors involved in the construction, maintenance and management of the sites (the army, state departments, the UN agencies and IPs).
27. SGBV cases in the shelter sites have been managed by UNHCR Protection and SGBV Focal Points when no other actors were present, in some sites implementing partners managed the cases. Until the end of 2018, depending on the location, the response and prevention activities were carried out jointly or independently by UNHCR, partners, IOM, UNFPA, UNICEF and UN Women. After the increase in presence by UN Women and

UNFPA in Roraima in the second part of 2018, these agencies have gradually taken on more responsibilities in SGBV prevention and response activities.

28. UNHCR furthermore provided assistance in the form of Non Food Items and hygiene kits to POCs in shelters.

Cash Based Interventions

29. Assistance to survivors of SGBV, or to those at risk of sexual violence or exploitation was also included in the UNHCR Cash Based Interventions (CBI). Cash assistance was provided to cover different identified needs: for shelter, multi-purpose, and to cover health or transport costs. Cash is provided in 8 locations, through 4 partners. In 2018, 9491 Venezuelan refugees benefitted from cash assistance to cover diverse needs.

Partner	Location	Number of bolsas CBI for Shelter	Number of Beneficiaries CBI for Shelter	Number of bolsas Multi-Purpose	Number of Beneficiaries Bolsas Multi-Purpose	Number of Beneficiaries for other CBI (transport, health, etc)	Total of CBI Beneficiaries (all categories)	Period
Aldeias Infantis	Various cities	0	0	75	279	0	279	Jan-Dec 2018
ASAV	Porto Alegre and nearby cities	0	0	977	609	40	649	Jan-Dec 2018
Caritas Manaus	Manaus	642	755	388	755	4226	5736	Jan-Dec 2018
CARJ	Rio de Janeiro	0	0	333	171	165	336	Jan-Dec 2018
CASP	São Paulo	0	0	773	1017		1017	Jan-Dec 2018
Caritas Parana	Curitiba	0	0	219	382	0	382	Jan-Dec 2018
IMDH Brasília e Cuiaba	Brasília and Cuiaba	0	0	90	159		159	Jan-Dec 2018
IMDH Roraima	Boa Vista	0	0	428	744	189	933	Jan-Dec 2018
TOTAL		642	755	3283	4116	4620	9491	

Source: UNHCR Brazil Office

Registration

30. Registration upon arrival was a priority set by UNHCR to contribute to improving the security of Venezuelan POC, enable their documentation in order to access to essential services, benefits and employment. UNHCR took several initiatives to support the Federal Police in registering the large number of Venezuelans: the office deployed volunteers to assist the Venezuelans in filling out forms and, in April 2018, in Boa Vista set up a Reference Centre that offered a range of referral services to Venezuelans. In Manaus, UNHCR directly supported the processing of Asylum Seekers in Federal Police offices, and a Reference Centre partly supported by UNHCR was inaugurated in December 2018.
31. In June 2018, with the federalization of the response in Roraima, UNHCR provided technical assistance to the army in the establishment of a Reception and Documentation Centre (*Posto de Triagem- Ptrig*) in Pacaraima (a border city with Venezuela). In the Ptrig the arrivals were provided with health screening, registration and orientation to services; UNHCR and IOM provide support to asylum-seekers and temporary residency applicants respectively with information, orientation and assistance in initiating the formal process. A second Ptrig was opened in Boa Vista in September 2018 with UNHCR support.
32. In the Ptrigs, UNHCR carried out protection monitoring and population profiling to identify and refer Venezuelan refugees with specific needs. Protection cases were referred also by other actors working in the Ptrig (army, IOM, Federal Police). High risk protection cases were prioritised for a place in the shelters, and transported to Boa Vista if needed. As a result of the protection monitoring in the Ptrigs, in 2018, 765 protection referrals were made in in Boa Vista and 847 in Pacaraima.

Coordination and Partnerships

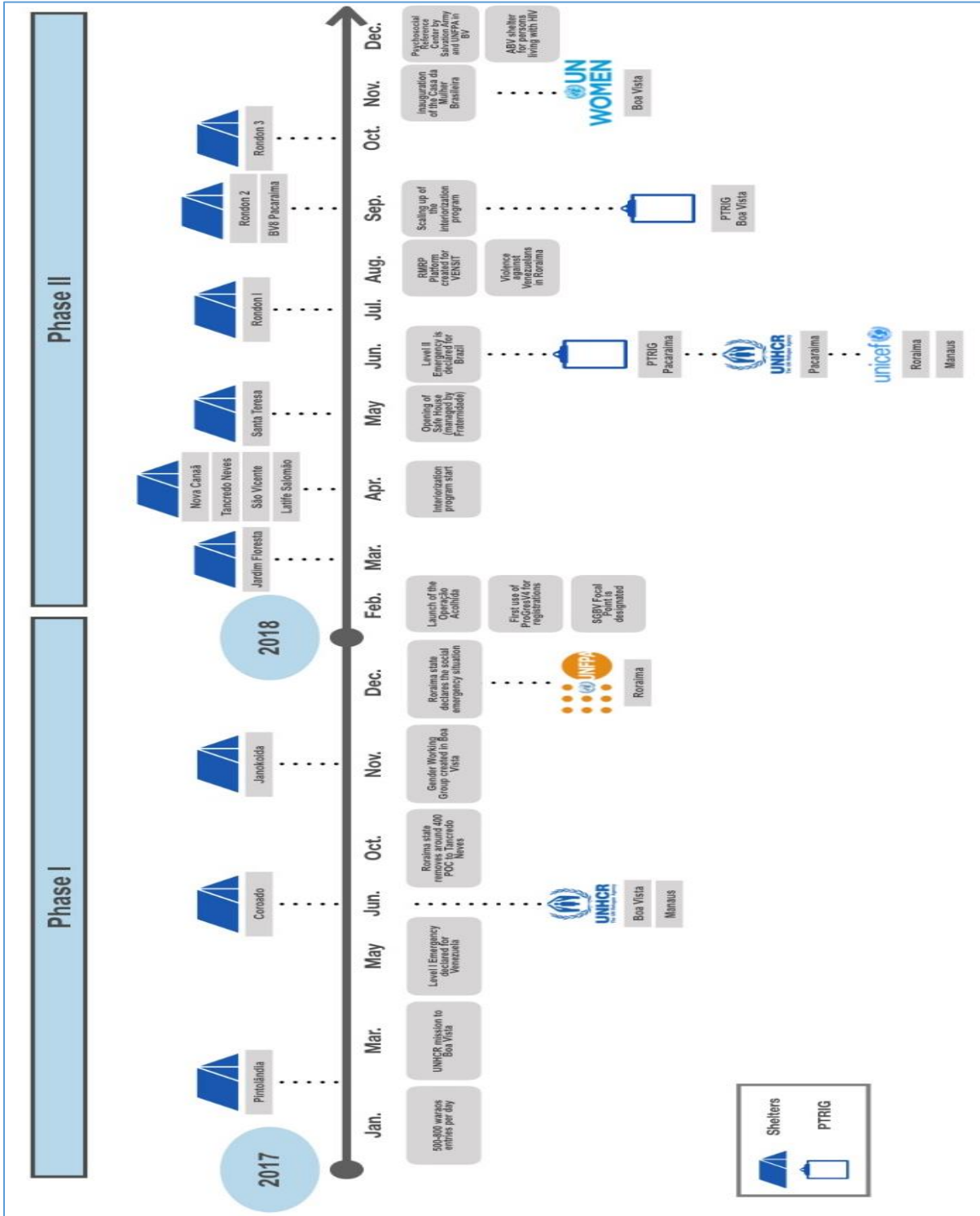
33. The United Nations Country Team (UNCT) has created a UN interagency group, which includes UNHCR, IOM, UNICEF, UNFPA, UNDP, WHO, OIT, and UN Women, and is led by UNHCR and IOM, to coordinate the response to the influx of Venezuelan refugees.
34. At the beginning of the Venezuelan influx in 2017 very few actors were available on the ground in Roraima. UNHCR initiated the first and major partnerships with Fraternidade, an organization present since 2016 in Roraima. It also turned to other traditional implementing partners (IPs)⁷ with experience working with refugees and migrants from other parts of the country, IMDH, Caritas Manaus at the end of 2017 and AVSI and NRC in 2018. With the start of the interiorization process and its expansion in the third quarter of 2018, UNHCR also reached out to other existing partners as CASP, IKMR, Caritas Parana, ASAV, CARJ and Instituto Mana in the cities of destination to accommodate the POC relocated and support their local integration.
35. At the local level in Roraima the UNHCR Field Unit has maintained periodic coordination meetings with the local government, UN agencies in the field, and relevant stakeholders in civil society. Four working groups were established to enhance the interventions. Among those the Gender WG in Roraima composed of UN agencies, government institutions and CS organizations was created in November 2017; this technical WG has been a very important and unique forum to stimulate and coordinate joint actions towards SGBV prevention, mapping of local services and developing a response to SGBV cases.
36. Due to budgetary constraints and strategic considerations, other forms of non-financial partnerships such as through in-kind support, joint advocacy or technical support have been developed with Operational Partners (OPs⁸) in Brazil, allowing UNHCR more flexibility and capacity to respond to the Venezuelan crisis. In 2018, new operational partnerships were established with specialized organizations working with SGBV and LGBT.
37. Given the limited resources available to respond to the influx of Venezuelans, and the initial reluctance of the Federal Government to engage in the refugee crisis, UNHCR has sought and worked on the engagement of other UN agencies, including UNFPA, WHO, UNICEF and UN Women. With the arrival of other humanitarian players and UN agencies, the Federalization of the government response in Roraima in February 2018 and the interiorization process, the structure and scale of the response required strong cooperation. A set of old and new coordination mechanisms have been developed not only at the federal and state level in Brazil but also at the regional level with the countries involved in the response to the Venezuela Situation. As a result, at the end of 2018, UNHCR and IOM launched a regional Refugee and Migrant Response Plan (RMRP) which included joint strategies and funding for four key areas: direct emergency assistance, protection (including SGBV programming), socio-economic and cultural integration and strengthening capacities in the receiving countries.

⁷ Implementing Partner-IP: Implementing Partners are funded by UNHCR.

⁸ Operational Partners-OP: Institutions who do not receive funding from UNHCR.

38. The weakness of the local institutions in Roraima was an important constraint to the development of response services for Venezuelan SGBV survivors. The challenges to providing support to SGBV survivors included: lack of qualified staff, lack of Spanish speaking staff, xenophobic reactions to Venezuelan survivors. These problems existed also within the Police Station that is specialized in attending to women's needs (Delegacias Especiais de Atendimento à Mulher, DEAM). The national helpline for assistance to SGBV survivors has been equally unable to provide the necessary support to survivors who called. Psychosocial services are primarily provided by the local assistance centers (Centro de Referência Especializado de Referência Social (CREAS); the centers are not prepared to deal with a larger, Spanish speaking caseload.

Timeline



Key Findings

RELEVANCE: How relevant were UNHCR's approaches to ensure SGBV prevention, mitigation and response in Brazil in 2017-18?

Finding 1

UNHCR advocacy and technical support to the government were crucial in ensuring SGBV needs of Venezuelan Persons of Concern were included in government interventions.

39. The evaluation found that the Brazil operation's response to the crisis in Roraima state was strategic in ensuring the responsible authorities and institutions were taking the necessary actions to protect the persons of concern at risk of SGBV, as well as the survivors of SGBV. UNHCR engaged continuously with the government coordination mechanisms at Federal level, providing accurate information on the situation in Roraima, including on the SGBV incidence and risks. Simultaneously, the operation was able to support, in a timely manner, the sectors involved; technical and material assistance was provided to the shelter, WASH sectors. Missions by UNHCR staff with SGBV expertise were instrumental in guiding the response plans and ensured the inclusion of SGBV prevention and response standards in the government plans.
40. The positive impact of UNHCR's long term advocacy activities with the Brazilian government was exemplified by the high responsiveness by authorities to UNHCR's guidance on SGBV during the emergency. The evaluation found that UNHCR was successful in leveraging its good relationship with the government to be able to ensure the centrality of protection considerations (including on SGBV) in the response activities by the different government entities.

Finding 2

UNHCR considerably reduced SGBV risks for the Venezuelan population in Roraima, including life-saving interventions for LGBTI individuals.

41. At the end of 2017, the security situation in Boa Vista particularly for women and LGBTI worsened, as a result of a combination of factors: continuing arrivals of up to 800 individuals a day, a lack of food-, and WASH assistance, increased tensions between the local population and the arrivals, and tensions between the indigenous and non-indigenous populations among the arrivals. UNHCR's support to the state response was instrumental in reducing the risks, and the tensions.
42. The operation recommended the authorities to establish separate shelters for indigenous and non-indigenous populations to prevent further tensions. The operation provided technical and material support for the shelters in Boa Vista (Pintolândia), and Pacaraima (Janokoida), where UNHCR's partner FFHI managed the shelter. UNHCR started individual registration in the three sites at the end of 2017, and set up the safe identification and referral services, for SGBV, child protection and high vulnerable cases.
43. UNHCR provided lifesaving security measures for LGBTI individuals who were survivors of SGBV or who were identified as being at high risk.

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44. The evaluation found that UNHCR protection staff have been very proactive in the case management of SGBV cases, resulting in a referral mechanism in the shelters. Before the arrival of other actors, UNHCR protection staff and SGBV focal points would spend up to 75% of their time in following up on individual cases. In 2018, case management was increasingly supported by UNFPA, UN Women and implementing partners. The UNHCR support to individual cases was well known, and appreciated, by refugees, the Brazilian army personnel in the shelters as well as partner organisations; UNHCR IPs managing the shelters requested additional presence of UNHCR staff in the shelters.
45. As of May 2018, UNHCR supported the establishment of a safe house in Boa Vista for SGBV survivors and LGBTI individuals at risk. The safe house is managed through the partner organisation Fraternidade and provides health, psychological and educational activities through Medecins Sans Frontieres (MSF) and the Salvation Army. The safe house has provided security and support to 71 individuals in the first 6 months of its operation. Challenges in the operation of the safe house included the initial lack of staff specialised in the care of SGBV survivors, the inclusion of POCs with non-SGBV related vulnerabilities, and the potential wide knowledge of the location of the house. Measures, including the recruitment of a protection case manager, were taken in 2018 to respond to the problems.

Box 1

Child protection capacities with UNHCR, partners and local institutions were limited: UNHCR measures were geared to maximize protection against SGBV.

The evaluation found positive measures have been implemented to improve Child Protection in the VENSIT interventions. UNHCR support consisted of biometric registration and identification of all children housed in shelters and on the streets, performing referral activities to the state authorities in charge in situations of separated and unaccompanied children⁹.

In Rodoviária, a safe space has been created for children and families. Child Friendly Spaces have been created in the Reception and Documentation Centres (Ptrigs) as well as in the shelters. In these protected areas children could play and recuperate. UNICEF and UNHCR protection staff would refer identified cases of abuse or violence to the local protection network.

An enabling factor was Brazil's alternative childcare system aimed at keeping vulnerable children out of institutional care by housing them with members of their extended families, known as "kinship carers". Assessments confirmed that the alternative care was safe, after which the judiciary formalizes the "kinship carers" relationship. UNHCR staff has advocated for similar kinship care arrangements to be available for Venezuelan children who were taken care of by members of their extended families.

⁹ Source: COP 2019

Finding 3

Partnering with feminist and LGBTI organizations and networks has proven to be a very effective strategy for UNHCR to address SGBV and LGBTI in the context of Brazil.

46. Brazil has a vibrant civil society rights-based movement that plays an important role in advancing and sustaining both feminist and LGBTI rights. The experience of partnering with those movements and organizations have been described by the partners and UNHCR staff as a triple win situation as they give more credibility and support the movements' agenda for Brazilians and refugees, provide adequate protection and assistance support to POCs and enable UNHCR to increase the coverage of its SGBV interventions. LGBTI movements partnering with UNHCR have indeed confirmed that it increased their reach to vulnerable LGBTI, their partnerships capacity to engage with municipal governments, their fundraising options, and their advocacy strength. LGBTI POCs in relocation cities interviewed declared that the connections with local LGBTI networks were essential for their protection and wellbeing, and in some instances, were even qualified as life-saving interventions.
47. To reach feminist and LGBTI organizations was a challenge for UNHCR in the context of the emergency response and relocation process, since those organizations were not part of UNHCR traditional partners in Brazil. Building on its advocacy work for LGBTI refugees with CONARE, the mapping of LGBTI local networks in Rio and Sao Paulo and the 2017 Free & Equal campaign in Brazil, UNHCR reached out in 2018 to LGBTI organizations in Manaus and Rio de Janeiro. UNHCR staff in Manaus also explored the possibility to expand its SGBV response capacity and looked for feminist organizations engaged in this work with Brazilians to support Venezuelan POCs.
48. This exploration of new operational partnerships showed very positive results with the collaboration with the association Manifesta LGBT that led to the opening of the Casa Miga shelter for LGBTI PoC in Manaus, the direct support to the integration of LGBTI in Rio de Janeiro and the SGBV response and prevention capacity developed in Manaus by Instituto Mana. The ability for UNHCR and for the organizations to conclude formal partnerships limited due to the poor technical and administrative capacities of the partners. One solution to this challenge was to establish the PPA with Instituto Mana in Manaus through partner Caritas in the form of a sub grant and project.

Box 2

Example of an innovative response: anthropology experts to guide interventions.

UNHCR staff expressed awareness of having insufficient knowledge of the traditions, habits, norms and social structures of the Warao population, and subsequently how forced displacement affects the traditional structures, and risks of SGBV. In order to bridge the knowledge gap, UNHCR has engaged an anthropologist to work as a field staff in the indigenous shelters. Additionally, the operation requested the support of a UNHCR staff with experience working with indigenous populations.

UNHCR have advocated with the government at various levels to find durable and culturally adapted solutions for the Warao situation; they engaged with FUNAI and with the Federal Public Ministry in Manaus as a lever to activate the state government. The

response to the situation of the indigenous populations is complicated by the reluctance of Brazilian experts to be involved, as the position of indigenous populations in society is perceived as a highly politicized issue. As a result, neither the indigenous branches of the local and state governments' public institutions, nor the civil society organizations or networks of indigenous populations are involved in the response on the Venezuelan indigenous populations.

EFFECTIVENESS: How effectively have SGBV approaches and interventions been developed and implemented?

Finding 4

UNHCR conducted important SGBV interventions in initial emergency phase, despite lacking the resources and capacities needed to respond to the emergency.

49. Although the size and composition of the staff was not adapted to large scale emergency operations, the evaluation found that the UNHCR Brazil Office reacted swiftly to the VENSIT and began to scale up its presence in Northern Brazil. Through its work since 2002 to support the Brazilian government in fulfilling its responsibilities in the protection of refugees, UNHCR Brazil had developed a very good expertise in refugees' protection, SGBV and LGBTI in Refugees Status Determination (RSD) process. A successful "Empowering Female Refugees" program had also been implemented with the Global Compact Network in Brazil to promote women economic empowerment, in particular of SGBV survivors.
50. Despite the constraints UNHCR made significant achievement at the onset of the emergency: sheltering of the most vulnerable POCs and provision of CRI, registration in shelters, protection profiling to assess Specific Needs, local services mapping, SGBV case management and SGBV coordination established. Moreover, those activities which were often life-saving for POCs were realised with little resources; they were only made possible through the dedication and commitment of the junior staff working under pressure and with urgent competing priorities.

Finding 5

UNHCR has demonstrated a good use of Cash Based Interventions (CBIs) as a protection tool in SGBV prevention and response.

51. UNHCR, and partner-, staff have a good appreciation of the use of cash as a protection tool to assist the integration of vulnerable Venezuelans, including survivors of, or at risk of, SGBV. The evaluation found that SGBV considerations have been mainstreamed into the selection criteria for CBI; SGBV survivors and LGBTI individuals at risk were target groups to benefit from CBI, single homeless women are also identified as potential beneficiaries of CBI. Cash assistance is provided to single homeless women, and certain categories of LGBTI individuals as a support to reduce the risks of SGBV, and the need to resort to survival sex.
52. The importance of CBI as a protection measure for SGBV survivors was recognized by other actors and lead to discussions with UN Women to complement the CBI delivery in Boa Vista, targeting women at risk of SGBV, and women survivors of SGBV.

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53. The evaluation could not assess how effective CBI has been as protection tool. UNHCR and partners have some reporting and monitoring mechanisms in place but these are limited and do not support qualitative data collection. Data gathered is not gender disaggregated, nor are specific protection indicators registered. Partners also report that the large number of beneficiaries and continuous, daily demands, do not permit close monitoring of the beneficiaries.

Finding 6

UNHCR support to army run shelters in Roraima significantly reduced the SGBV risks.

54. In addition to the emergency shelter intervention (see above), UNHCR provided crucial technical support to the government in the planning and design of the shelters that were set up in Roraima as part of the Federal intervention (*Operação Acolhida*). Missions by UNHCR shelter experts assisted in the development of a comprehensive shelter strategy jointly with the Brazilian army. The design and layout of the shelter sites agreed upon were in line with UNHCR CCCM best practices, as well as the IASC guidelines on the mitigation of SGBV risks in camps settings. Safety measures in the shelters include: lighting, cameras, intrusion resistant materials, provision of locks for individual houses and communal bathrooms; the shelters also provide child friendly spaces, and spaces for livelihoods activities, FGDs and counselling.
55. The efforts by UNHCR in ensuring protection standards were adhered to in the design and construction of the shelters has led to positive feedback on safety and security by Venezuelans residing in the shelters. In particular LGBTI individuals have expressed that they felt protected in the shelters, including by the army presence. There is no aggregated data to compare SGBV prevalence inside and outside the shelters, preliminary reports would indicate that among the SGBV incidents reported inside the shelters, Intimate Partner Violence was prevalent, while sexual violence perpetrated by non-partners occurred primarily outside the shelters (in transit, in the street, at work).

Finding 7

UNHCR successfully introduced SGBV prevention and response in the Reception Centres (Ptrigs).

56. In the two Reception Centres (Ptrigs) set up in Roraima as part of the Federal response UNHCR set up monitoring procedures, including registration, allowing for the early identification of Venezuelan arrivals at risk of SGBV. A protocol to identify and refer POCs with heightened SGBV risks during the registration process resulted in individuals at risk, and survivors being referred to shelters and appropriate services.
57. Individual SGBV case management procedures and referral pathways were established in Pacaraima. In close collaboration with UN Women and UNFPA, UNHCR provided training and guidance on the confidential referral of SGBV cases to the military personnel and others working in the Ptrigs. Army personnel involved in the Ptrigs also received training on the Prevention of Sexual Exploitation and Abuse (PSEA); the evaluation found that as a result the army established clear protocols on PSEA and SGBV in the Ptrigs.

58. UNHCR provided the Ptrigs with information material on SGBV, informing arrivals of Brazilian laws on SGBV, including information specific for LGBTI individuals, as well as available services. Interview rooms enabled protection staff to conduct interviews and child friendly spaces permitted UNICEF staff to identify children at risk.

Box 3

Good Practice: UNHCR creates a Protective Environment for LGBTI POC

UNHCR has been part of the National Committee for Refugees (CONARE)¹⁰ since its inception and in this capacity, has contributed to Brazil's high standards of refugees' protection. Following UNHCR's directives on LGBTI in Brazil, CONARE has also recognized sexual minorities as a social group that is provided asylum under Brazil's Refugee Law. Sexual Orientation and Gender Identity (SOGI) has been identified as one of the factors driving forced displacement¹¹ in addition to the economic, social and political crisis that affects Venezuela.

UNHCR has applied the UN Global Free & Equal campaign for equal rights and fair treatment of LGBTI people, in its work for refugees in Brazil. In 2017, workshops with CONARE officers were realized on LGBTI in RSD with LGBTI POC invited to speak and a unique database¹² was constituted with the support of UNHCR with the profile of asylum requests in relation to Sexual Orientation and Gender Identity (SOGI) compiling data from 2010.

Reception and Documentation Centres (Ptrigs) have fostered an LGBTI protective environment through different strategies, and UNHCR has included LGTBI as one of the categories of persons of priority in shelter allocation, to mitigate risks of SGBV that the LGTBI community out of shelter face. SGBV risks reduction has been well considered by UNHCR in the planning and set up of the shelter in Roraima and contributed to mitigate SGBV risks inside shelters. Specific protective environment measures for LGBTI persons included: separation of spaces and sex-segregated partitions within the shelters in collective sleeping areas. The considerations into the design of shelters and the security provided by the federal army had a significant impact on the (perceived) safety of LGBTI inside shelters.

Specific trainings and on-going sensitization on SOGI provided by UNHCR and partners to the shelter staff including the army, enforced positive practices and behaviours towards LGBTI PoCs; the Latife Salomão (LS) shelter managed by the army was an example of good practices to foster a LGBT sensitive environment.

UNHCR has made significant contributions to SGBV response interventions survivors through a focus on case management, development of referral pathways, establishment of safe houses in Boa Vista and Manaus. Relocation of LGBTI persons at high risks and interiorization have been used as mechanisms of protection and integration by UNHCR.

¹⁰ [1] National Committee for Refugees (CONARE) was created to deal with eligibility for refugee status and to implement normative instructions related to the law. CONARE is also responsible for advising and coordinating the necessary actions to ensure the effectiveness of protection, assistance, and legal counselling for refugees.

¹¹ In 2016, in partnership with CONARE, the office conducted an assessment to identify the number of claims on SOGI grounds to set a baseline for planning - so far, Brazil has processed more than 250 claims and the number is rising. Nonetheless, figures on LGBTI PoC are probably larger, but approaching this population to map existing protection risks and to ensure their participation has been a challenge. Source: COP2018

¹² https://datastudio.google.com/u/0/reporting/11eabzin2AXUDzK6_BMRmo-bAIL8rrYcY/page/1KIU

Facilitating the connections between LGBTI PoCs and local LGBTI organizations and movements has been identified as an important protection measure by UNHCR. These organizations could provide a specialized solidarity network that facilitated their local integration, gave them access to LGBTI healthcare services and hormone treatments and most importantly provided key information for their safety.

Finding 8

UNHCR had a limited response to risks related to under-age girls in relationships with adult partners.

59. Under-aged girls traveling with a man identified as their partner represent a particular vulnerable group. In Brazil, the age of consent is 14 years per article 224a of the Penal Code. At the start of the crisis, on arrival at the Ptrigs, unaccompanied or separated children (UASC) were referred to the Defensoria Pública, which after conducting a Best Interest Assessments (BIA) determined their level of maturity and autonomy. In most cases, where children were about to turn 18, the state Procuradoria issued a temporary “civil emancipation” that was then validated by a judge. This enabled the children to proceed with their documentation in Brazil. Children who are not emancipated are required by Brazilian legislation to have an adult legal guardian. The absence of documented proof of family relationship linking an adult and an accompanying child necessitated an assessment by a social worker from the Ministry of Social Development, who determined if they could be registered jointly. When a girl was accompanied by her adult partner however, the guardianship was given to him based on the affirmation that they are in a relationship. The adult was therefore in charge of all the administrative processes including renewing her yearly asylum application until she turns 18. The dependency raises serious protection concerns, particularly in case of fabricated relationship, abuse or abandon. The evaluation received reports of adolescent girls who, as a result of the procedure applied during the initial stage of the crisis, ended up on the street in Manaus. UNHCR had no system or procedure in place to respond to these high risks cases.

Finding 9

UNHCR did not implement a systematic case management system to coordinate the response and monitor its effectiveness.

60. The evaluation found that although functional, the complex and evolving division of labor with regards to SGBV response interventions in Roraima was not formalized and updated in SOPs with the shelters’ management, or partner’s protection focal points. Moreover, UNHCR had not put into place a system to collect survivor data that would ensure consistent data collection of individual cases though the shared use of a consent form, case management form and assessment tool.

61. The referral pathways jointly developed and adopted in the framework of the Gender Working Groups established in Roraima and Manaus included a reference to basic principles in SGBV response, but lacked clear procedures and tools to adopt at the different stages of the case management process (introduction and engagement, assessment, case action planning, implementation of case action plan, case follow-up, and case closure).

62. This situation suggest that, although UNHCR has provided case management in respect of the guiding principles of security, confidentiality, dignity/self-determination and non-discrimination, their procedures were not always consistent with IASC Interagency Gender-based Violence Case Management Guidelines.
63. In the SGBV response in the 13 shelters in Boa Vista , the evaluation did not find consistency in the data collection, filing system and information sharing on SGBV cases as the 13 shelters used different means to report cases (weekly contacts, mails, calls or regular reporting sheets) and only 4 out of the 13 had information sharing protocols with the UNHCR Protection unit. Survey responses indicated that SGBV information was also shared inconsistently with other actors (UNFPA, UNICEF and state public services), and only 9 out of 13 shelters had information sharing protocols. Although UNHCR Protection staff had shared the informed consent form with partners, the evaluation could not confirm that all case managers were requesting them from SGBV survivors before making referrals. Other forms that could be part of case documentation were not being used in a systematic manner.
64. The internal SGBV case filing system was not consistent; UNHCR SGBV focal points centralized the information on SGBV cases received from the Protection staff but shared the information related to high-risk cases only and not systematically, in notes or mails with the Head of Protection. Although individual SGBV cases were followed by several partners and services providers, case conference meetings to discuss complex cases have not been implemented in Roraima. The lack of a systematic case management system meant UNHCR could not effectively measure the prevalence of SGBV by types, population groups and places to orient prevention and mitigation of risks, or assess the actual coverage of the SGBV response.
65. The lack of an individual case management system was linked to the lack of a SGBV information management system: the recording of individual cases done in a consistent and compatible manner through standard intake form would ensure that all SGBV actors were collecting a common set of data points of SGBV incidents.

Box 4

The lack of a SGBV Information Management System severely limited UNHCR's ability to assess SGBV risks and develop appropriate SGBV protection strategies.

Although an information management system is a guiding principle of UNHCR's SGBV strategy¹³ there was no system to effectively and safely collect, store, analyze and share data related to the reported incidents of SGBV across different locations in Brazil. Neither the government, UNHCR partners nor the UN agencies had a unified and consolidated source of SGBV related data. The evaluation found that without data that would make analysis possible, no reliable picture of SGBV incidents and trends among POCs could be made. The limitation of data and information among key stakeholders also affected the SGBV coordination, the monitoring of prevention and response interventions, and did not enable effective programming decisions.

The evaluation found that the key stakeholders did not have consistent definitions of SGBV particularly as the main law of Brazil addressing this issue, Maria da Penha Law, only focuses on violence against women in the frame of IPV. SGBV was very often limited to the scope of

¹³Action against Sexual and Gender-Based Violence: An Updated Strategy (UNHCR 2011). <https://www.unhcr.org> IASC Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action (2015). <http://gbvguidelines.org>

Maria da Penha Law. Definitions of, and approach to sexual violence, human trafficking for sexual exploitation, sexual harassment, violence against LGBTI and PSEA incidents would need to be defined separately.

Internally, UNHCR Brazil had no standardized system for registration and management of individual SGBV cases. Case management and SGBV cases registration methods vary from one FU to another. Such ad-hoc practices prevented UNHCR offices to consistently share information. SGBV case management was not aligned across UNHCR offices nor with IPs. Without common guidelines and standards, the type of information registered for individual cases depended on the staff methodology.

Data on SGBV risks, and incidence for specific groups; indigenous populations, LGBTI were not collected consistently, limiting targeted responses. Reports on SGBV among Waraos, including domestic violence and harmful traditions (child marriage) could not be verified with robust data about the types of incidents and prevalence. Despite the long term Warao influx in Brazil, little data has been collected on protection related issues, including SGBV. UNHCR and IPs have only been monitoring the number of SGBV cases among the indigenous population reported by the IPs in shelters.

The lack of standardised data collection and information sharing created additional protection risks for LGBTI persons at risk: partners and UNHCR staff involved in the relocation were not systematically notified in advance of the arrival of LGBTI persons at risk. These situations prevented them to provide an adequate response to those persons, created unnecessary risks.

Finding 10

UNHCR contributed largely to the scale up of the federal interiorization program as a protective mechanism to decrease the risks POC were facing in Roraima

66. Of the total number of 3'900 POC relocated in 2018, 2'288 were supported by UNHCR, divided over 25 cities; among these, 43 were protection cases. The geographic and quantitative expansion of this program has been the result of the joint efforts by UNHCR and MDS to expand the network of cities receiving POC thus creating a humanitarian corridor for Venezuelans in Brazil. Through implementing partners, UNHCR directly supported 600 places for Venezuelans in 9 Brazilian cities. For these sites, UNHCR provided funds for housing, management team, food, Wash, CRI, assistance to access employment, renewal of documentation, Portuguese classes and others. UNHCR also supported other civil society shelters with furniture, small rehabilitation works, cash grants to support the most vulnerable.
67. The evaluation showed that UNHCR has effectively used a broad range of strategies for the creation of new spaces to receive POC that resulted in an increased number of cities taking relocated POC in the last semester of 2018. In addition, by advocating with the municipalities to receive more women, UNHCR contributed to an increase of vacancies made available for women as initially 80% of vacancies were reserved for men.
68. Scaling up the interiorization process was part of UNHCR's strategies aimed at local integration, creating new vacancies in shelters for the vulnerable population in Roraima and an effort to decrease the risks and incidence of SGBV in Roraima. In particular, it was described as a mechanism to mitigate the risks of negative coping mechanisms such as survival sex and by reducing the time spent by POC in shelters which conditions lead to heightened incidence of domestic Intimate Partners Violence.

Finding 11

UNHCR and partners implemented good prevention interventions in shelters.

69. The evaluation found that in Roraima and in interiorization' programmes different activities and methodologies were used to increase awareness about rights, SGBV and relevant legal frameworks on domestic violence. The shelters survey indicated that 11 out of 13 shelters had activity for SGBV prevention. A total of 48 different activity sessions were reported of 1-2 hours each reaching a total of 160 men and 200 women. Most PoC interviewed that had transited through shelters in Boa Vista confirmed that they received information about domestic violence and mechanisms to report it. In Boa Vista shelters, PoCs (both men and women) also confirmed they had received information about legal framework on domestic law and mechanisms to report it (180) and receive support (group talks, leaflets).
70. Activities include FGD with men on gender issues, domestic violence, SGBV prevention. UN Women provided a Brazil curriculum for men targeting violence against women, specifically adapted to the shelters.
71. UNHCR supported the provision of information about rights: leaflets, posters and information provided in FGD on Maria da Penha Law, women's rights, gender equality and legal framework. Prevention activities were specifically targeting girls, addressing sexuality, SRHR and mechanisms to avoid sexual abuse.
72. Awareness on SGBV, gender roles, and prevention messages were also integrated in professional qualification training (financial management, economic empowerment, Portuguese classes, personal marketing) for women inside and outside shelters by training the facilitators and adapting the curriculum.
73. Prevention was also done through event-based activities at all levels; federal, state and in shelters around the 16 days of activism. LGBTI and domestic violence related issues were addressed in different way (public debates, articles, FGD and open discussions).
74. Activities in shelters that included prevention objectives related to the preparation of POCs for the interiorization program were found to be systematic, as well as PSEA training for the army at the arrival of each new contingent.
75. The evaluation found some shortfalls in the consistency of those prevention activities and their coverage across all shelters. Some activities were reported as discontinued due to lack of staff and in one case as a result of disagreements on mandates between UN agencies. In some shelters, IPs reported that the high turnover of staff (every one or two months) affected the implementation of SGBV prevention.

Finding 12

UNHCR contributed to create community-based protection mechanisms in the shelters and the start of a safe space network for LGBTI POC.

76. UNHCR enabled and supported a community-based protection approach¹⁴ in line with SGD policy in the shelters. Practical guidance was provided on how to implement a community-based approach where PoCs could participate in developing common goals and action plans for LGBTI protection. Two shelters with LGBTI groups in Boa Vista had a LGBTI committee. A community-based complaint mechanisms and requests to improve SGBV-related shelter management issues were in place. The information was conveyed directly by contacting the shelter staff or through a suggestion box
77. UNHCR further strengthened the community-based protection mechanisms through the Outreach Volunteers project pilot initiative. UNHCR is putting efforts to replicate this good model in other shelters for example in Santa Teresa, a men-only shelter facing LGBTI protection issues. UNHCR also launched a pilot project inviting LGBTI groups from different shelters to exchange on their experiences.
78. To extend community-based protection mechanisms, UNHCR started to develop a Regional Safe Space Network by mapping and establishing dialogue and cooperation with LGBTI organizations and movements. This project initiated in 2018 was part of UNHCR staff regional training and implementation of the regional RSSN¹⁵ strategy. Important milestones have been achieved in establishing local protection networks for LGBTI and SGBV survivor PoCs in Brazil. The evaluation found however that due the priority change with the start of the VENSIT emergency response, the staff shortage did not allow to dedicate resources at the same level to ensure the expansion of the project and the development of the RSSN. The positive results included: mapping of local LGBTI networks in Rio de Janeiro¹⁶ in order to create a community care network for LGBTI PoCs at risk; the inclusion of LGBTI specific objectives on the COP 2019; developing of a draft document of the Profile of LGBTI Asylum Claims in Brazil; and the production of no-discrimination visibility material in partnership with CONARE¹⁷.

Finding 13

Valuable interventions implemented to prevent SGBV among indigenous populations in shelters were not part of a wider strategy to address the key drivers of SGBV.

79. UNHCR and Fraternidade have carried out FGD and information sessions together with UNFPA with indigenous women. In Manaus, visits for indigenous women were organized to the municipal services as a way to familiarize them with the local protection network. In an attempt to increase their reach to indigenous community, UNFPA and UNHCR in partnership with the Special Secretariat for Indigenous Health (SESAI) have trained 30

¹⁴ A community-based approach is a way of working in partnership with persons of concern during all stages of UNHCR's programme cycle. It recognizes the resilience, capacities, skills and resources of persons of concern, builds on these to deliver protection and solutions, and supports the community's own goals. Source: UN High Commissioner for Refugees (UNHCR), *UNHCR Manual on a Community Based Approach in UNHCR Operations*, March 2008, available at: <https://www.refworld.org/docid/47da54722.html> [accessed 15 April 2019]

¹⁵ See the RSSN Toolkit: <https://www.acnur.org/5c05b97d4.pdf>

¹⁶ Information available at https://www.google.com/maps/d/u/0/viewer?ll=-22.817191837869466%2C-43.2412737626953&z=10&mid=1-uwS-S_9zJUuXqo3dZo_6r9olsrOHiN1

indigenous persons living in Pintolândia to work as community health agents. Early results of this initiative were positive as it allowed greater proximity and communication with the women from the community, but was discontinued as those agents left the shelters.

80. The evaluation found that UNHCR and its partners did not use consistently those interventions for the development of community based protection mechanisms against SGBV though the engagement of the Aidamos and women empowered from the community. In particular opportunities to address the key drivers of SGBV risks and early marriage for girls in this context were not leveraged.
81. UNHCR staff recognized that SGBV prevention interventions were weak. The reasons mentioned were: they had to be discontinued because of lack of resources, were not consistent and prioritized, lacked expertise, guidelines and a work plan, and lacked a targeted response to the culturally specific needs of the indigenous populations.

Finding 14

The lack of specialized SGBV staff, a high staff turnover and a lack of SGBV training for staff and partners, has affected the UNHCR Brazil Office's capacity to develop effective SGBV interventions.

82. IASC Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action¹⁸, list the “request of GBV specialists as part of the overall protection assessment capacity” as an essential action. During the period under review the UNHCR Brazil office did not have an SGBV specialist. From January to June 2017; the Boa Vista FU only had a SGBV Junior Program Assistant.
83. SGBV focal points have been chosen among Protection staff in each Field Unit. Exchanges and coordination among the SGBV focal points have been developed organically as there were no meetings or coordination mechanisms organised. Specific interventions related to high risk SGBV cases were coordinated between the Field Units by the SGBV focal points, in the absence of formal coordination structures.
84. While there was no specialist SGBV staff, several of the operation's staff had good background knowledge, and experience, on SGBV and LGBTI issues; due to a high staff turnover, the majority of these staff are no longer part of the Brazil operation.
85. Due to the high turnover and staff shortage, the staff dealing with the emergency operations experienced great pressure to support SGBV survivors. Protection staff often faced multiple competing priorities, responsibilities and urgencies to deal with, including SGBV case management. The lack of local partners that are competent in SGBV case management, particularly at the start of the crisis, lead to UNHCR staff assuming extensive responsibilities in case management, including responding to the psycho-social wellbeing of the survivors. The resulting workload had an impact on staff welfare; several staff indicated the impact was not adequately perceived, or addressed by the operation. The evaluation identified the need for institutional support to staff wellbeing. The evaluation found that the incoming management had taken a number of actions to

¹⁸ IASC Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action (2015). <http://gbvguidelines.org>

improve the gender balance in the office, to install a positive office culture to support effective SGBV responses.

86. The evaluation found that there was no comprehensive SGBV training strategy for UNHCR units and implementing partners. The majority of the staff has completed the mandatory UNHCR online courses on sexual exploitation and abuse, and on SGBV. Protection staff dealing with SGBV did not consider the mandatory training to be sufficient to learn how to respond, mitigate and prevent SGBV. Furthermore, local recruitment processes for Protection Assistants did not include SGBV criteria.
87. During the period under review, the regional office and the Global Service Center organised additional training in SGBV/CP case and information management, the Regional Safe Spaces Network, Child Protection, Gender Equality, and the Protection Learning Program. However, due to the high rotation of personnel, at the end of 2018, just one of the active staff members had been trained on the Regional Safe Spaces Network and four had started the Protection Learning program.
88. The evaluation found that no regular training on SGBV was provided to IPs. UNHCR staff also reported that they were not confident to provide SGBV related training to partners, as they didn't feel they were themselves knowledgeable enough on those issues.

Finding 15

The lack of systematic integration of SGBV objectives, outputs and indicators on SGBV in PPAs hindered UNHCR capacity to monitor the effectiveness and quality of IPs interventions on SGBV.

89. The establishment of PPAs and the monitoring of IPs were centralized in Brasilia. The Program unit was responsible for allocating and managing resources for partners, as well as monitoring their performance and verifying their compliance with UNHCR administrative Procedures. The evaluation found that the extent to which the Protection unit and staff in field units were involved directly in this monitoring and how IP reports were used varied considerably.
90. IP reporting on SGBV was found to be inconsistent; even though case recording by partners was demanded in PPAs, only one IP reported the list of cases with codes. To the exception of one field unit that provided its IPs with a template, IPs did not get a template for SGBV case recording.
91. For services such as CBI and access to employment to POCs with medium and lower SGBV risks UNHCR staff acknowledged that they did not have the ability to monitor them beyond quantitative data. Also, they also mentioned the additional challenges for them to monitor the partners in locations where UNHCR is not present; with the expansion of the interiorization programme the number of POCs in these locations increased a lot.
92. Despite the IASC guidelines compliance being a contractual responsibility, the evaluation came across examples where IPs interventions did not know them or comply with those guidelines, such as in bringing conflict mediation on domestic violence cases or lacking knowledge of Brazilian protection legal framework for SGBV survivors. UNHCR had not established procedures to gather independent feedbacks from POCs about IP in the

form of complaint mechanisms or regular assessments; it compromised its ability to collect indicators to monitor the quality of IP response.

Finding 16

Dedicated shelters for indigenous populations supported their cultural practices, but SGBV risks have not been adequately taken into account.

93. Janokoida, Pintolândia and Alfredo Nascimento shelters have been adapted to consider indigenous specific needs and demands of the Warao such as the supply of raw food to be cooked by them, and hammocks instead of beds.
94. The evaluation found however that the living conditions of those shelters were worse than those in the shelters for the non-indigenous population, several conditions could lead to increased SGBV risks:
- Overcrowding of the shelters particularly in the open sleeping parts;
 - Extremely poor WASH infrastructures resulting in lack of privacy for women in Pintolândia;
 - Dark and isolated areas in Janokoida shelter;
 - Long distance from the city, in a dangerous neighbourhood (Alfredo Nascimento shelter);

COVERAGE: How extensive is UNHCR's coverage of SGBV issues in the context of the ongoing response to the assistance and protection needs of the Venezuelans in Brazil?

Finding 17

High risk SGBV cases received a timely coordinated protection response.

95. Referral pathways to local services for SGBV cases in Pacaraima and Boa Vista have been defined through the Gender WG at the beginning of 2018, and are used for the cases identified in the Reception and Documentation centers (Ptrigs). The evaluation found that a clear procedure was in place, known to all staff concerned, and used to direct the SGBV cases identified by Protection Assistants and other actors (Ministry of Health, Social Development, army, federal police and IOM) to UNHCR Protection Focal Points. SGBV cases were set as a priority for UNHCR shelter allocation
96. Since the opening of the two Ptrigs, UNFPA has expanded its presence and a full team was established in both location at the end of 2018. With the permanent presence of UNFPA UNHCR has adapted its interventions and SGBV cases requiring medical and psychosocial case management were referred directly to UNFPA staff in both locations. Until the permanent presence of UNFPA and in the absence of other partners, UNHCR Protection FP handled the responsibility of SGBV case management.
97. UNHCR and UNFPA also coordinated the orientation for LGBTI individuals on the risks and dangers in Roraima. UNHCR referred LGTBI persons to UNFPA to receive information and orientation about HIV, and medical services available. LGBTI individuals considered at risk were put on the priority lists for shelter allocation in Boa Vista, and in the last semester of 2018 places in shelters have been specifically reserved for LGBTI persons.

Finding 18

The information centers supported by UNHCR were not consistently used to support the identification of SGBV risks, or SGBV cases.

98. UNHCR has been supporting the Information Centres, Ptrigs, with information materials, orientation assistance and guidance to Venezuelan refugees. The operation furthermore positioned staff in key locations (bus stations, registration centres etc). The evaluation found that in several locations the junior staff present had not received specific training on SGBV, or the referral mechanisms. These present gaps in the first reception of potential SGBV survivors and are a missed opportunity to provide necessary information to the POCs passing through.

Finding 19

Inconsistency in the approach by UNHCR and partners to Intimate Partner Violence (IPV)

99. The evaluation found that UNHCR Protection staff and partner staff did not receive systematic training on SGBV and case management. In 5 out of 13 the shelters surveyed, staff had received training in SGBV including referral systems and 2 out of 13 in protection of LGBTI people, including referral systems. In 4 shelters the staff had been trained on SGBV by UNFPA. The lack of systematic training on SGBV and LGBTI persons was also found among partners managing shelters in the interiorization program. As a result, management of IPV was not always consistent with a survivor-centered approach.

100. Government and UN staff reported that some staff working in shelters lacked the basic understanding and skills to respond to IPV cases and ended up exposing survivors to further risks, either by avoiding to take action or by engaging in bad practices such as couple mediation. The large majority of staff working in shelters declared that they face difficult challenges in dealing with women victim of IPV. The protocol to ensure women's safety would be to expel the perpetrator from the shelter; due to their specific situation of displacement and lack of support network, many women decide not file complaints with the police to protect their partner, to withdraw the complaint after some time or to leave the shelter too to follow their partner.

Finding 20

Survival sex and sexual abuse have not been adequately addressed for POC out of shelters.

101. The evaluation found that survival sex was still considered as a major issue for POC in Brazil, particularly for those living outside shelters. It was also a deep concern for LGBTI persons due to the lack of livelihood options and the high risks involved for those engaged in sex work due to homophobia and transphobia. UNHCR/UN/IP staff, government representatives KII and POC in FGD recounted that many Venezuelan women and LGBTI persons had to turn to sex work as a coping mechanism in Brazil, whereas only a minority of them were previously engaged in sex work in Venezuela. Venezuelan women and LGBTI in sex work were considered at high risk of being physically and sexually attacked, especially outside the shelter; cases of violent assaults, rape by clients and gang rape of Venezuelans engaged in sex work were reported. The risks are more acute among the LGBTI community (and worse even for trans women) due to the lack of livelihood options in Brazil for them.

102. UNHCR plans¹⁹ and reports continued to attest that “*identified needs and remaining gaps include reduction of negative coping mechanisms including exploitation, child labour and survival sex among others.*” Likewise UNHCR staff recognized in KII that although survival sex has decreased among POC inside shelters thanks to the assistance provided, the provision of CBI outside shelters’ provision was not an effective intervention to offer an alternative option to POC engaged in survival sex unless durable livelihood solutions and local integration were found. Providing humanitarian assistance, sources of livelihood, and CBI in particular, have been considered to address this problem. UNHCR, UNFPA and IOM IP in Roraima and Manaus also adopted a Harm Risk Reduction approach providing condoms, Sexually Transmitted Infections (STI), HIV risks and Human Trafficking information to people involved in sex work.

103. Labour exploitation was a very important issue mentioned by most of the POC interviewed, even for those who had a work permit and a contract. For women this situation of exploitation was very frequently compounded with verbal and/or physical sexual assault. This SGBV risk for women in the context of work was reported also through the REACH assessments²⁰ in Boa Vista. The evaluation found that UNHCR through its IPs had supported in two locations the availability of labour law lawyers for legal support and redress to POC who have been exploited and abused. Nevertheless the response provided by UNHCR through its partners to address labour exploitation and SGBV in that context was not adequate to the scale and prevalence of the problem and UNHCR staff has not indicated a strategy to tackle this issue more robustly.

Finding 21

Although UNHCR put in place monitoring and outreach mechanisms, its capacity to reach POCs outside of shelters remained very limited.

104. UNHCR has put into place relevant mechanisms to monitor and assess the situation of POC outside shelters and reach out to the large majority that are not assisted directly by UNHCR or its partners. The objectives of those monitoring mechanisms were to inform planning and coordination of protection interventions, identify the most vulnerable groups, or people most at risk, to provide them with adequate support. Among those, UNHCR has 1) concluded a partnership agreement in 2018 with REACH to establish vulnerability monitoring of Venezuelans migrants and asylum seekers living outside shelters; 2) set up an Outreach Volunteers (OV) program in Boa Vista; and 3) implemented protection monitoring tools to capture more systematically the diverse and at-risk profiles of those leaving Venezuela and their degree of vulnerability

105. Based on UNHCR’s innovative Refugee Outreach Volunteer Program in Lebanon BVFU recruited 10 outreach volunteers in Boa Vista in October 2018 and planned to expand it to Manaus and Sao Paulo. The objective of this program was to enhance outreach to POC living outside shelters, understand their needs and concerns, identify the most vulnerable amongst them and disseminate information on available services, social benefits and on their rights. The choice of OV was very appropriate as all come from refugees’ situation, most Venezuelans, with a representation of profiles in line with UNHCR’s AGD approach.

¹⁹ Emergency Appeal 2018, RPRM 2019 Plan

²⁰ Venezuelans in Boa Vista: Findings on vulnerabilities of women living out of shelters Boa Vista , July 2018

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106. Protection monitoring tools and profiling have been used by staff at the border, in registration sites and places of arrival (bus station) to monitor POC protection needs in order to strengthen protection responses. The information collected in KOBO and compiled at the regional level captured the reasons why Venezuelans were fleeing the country, the basic needs, the protection concerns and the access to asylum information. The data collected showed also the percentage of POC that left Venezuela due to SGBV (5% of 212 interviewed in Pacaraima). However, the evaluation could not assess adequately how well the data collected from the different monitoring sources was cross analysed to deepen the understanding of SGBV risk and vulnerability factors according to specific groups of population.
107. The evaluation considered that SGBV related information and communication strategies for PoC outside of shelters were very weak and insufficient in the context of the Venezuelan influx. POC's lack of reliable information about labour rights and where to turn to when their rights were violated have been confirmed in REACH assessments²¹. UNHCR also reported in the planning documents that local frontline organizations, both public and non-governmental, were unable to respond to the current information demands due to a lack of staff.
108. To fill this information gap UNHCR has, at the end of 2017, developed the platform HELP.org for PoCs to have access to information, services and assistance. The evaluation found that the information related to SGBV on this platform was not complete and adequate; referral contacts were not updated by locations and were not immediately visible. Leaflets on the laws against Violence against Women were also made available by UNHCR in Reference Centers but their reach was limited to POC visiting those centers.

Finding 22

The lack of local integration, and livelihood solutions tailored to the needs of the indigenous population has been a contributing factor to SGBV risks for Warao women and children.

109. Indigenous POC were facing additional challenges to non-indigenous POCs in Brazil as they were not considered eligible for the interiorization process by the government, and not recognized as indigenous population in Brazil by FUNAI. Finding an employment was very difficult for them in Roraima as they have very low professional qualifications.
110. Usual coping mechanisms; street begging by women and children, increase their exposure to SGBV risks. UNHCR and Fraternidade have developed a project for the promotion of traditional handicrafts to offer Warao women an occupation in shelters. They provided access to local fairs as an income generating activity and financial empowerment. Although these activities brought a new source of income for women, it wasn't substantial enough to stop them from begging.
111. The lack of sustainable and safe livelihood options for indigenous women reinforced their traditional gender role in the community and the dependency from their partners. For women survivors of Intimate Partners Violence it was noted the lack of autonomy

²¹ 83% of POC surveyed outside shelters in Boa Vista did not know where to seek support in case of rights violation and 87% lacked knowledge about labour rights (REACH Information Needs Assessment Nov 2018)

represent a major factor preventing them to leave abusive partners or even to denounce them.

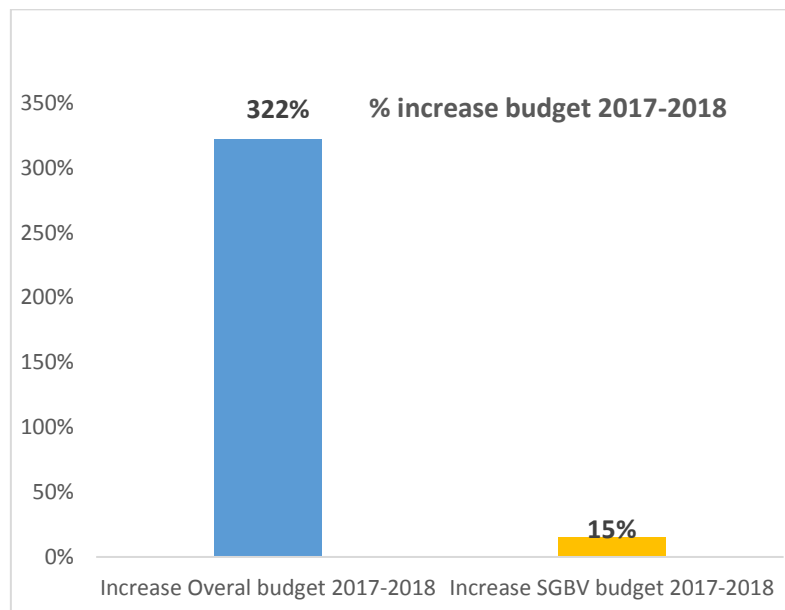
112. Due to the lack of shelter vacancies for indigenous population, the evaluation also found that many Waraos including women, adolescent and children faced additional SGBV risks as they were living in the streets in Boa Vista and Manaus in a vulnerable situation.

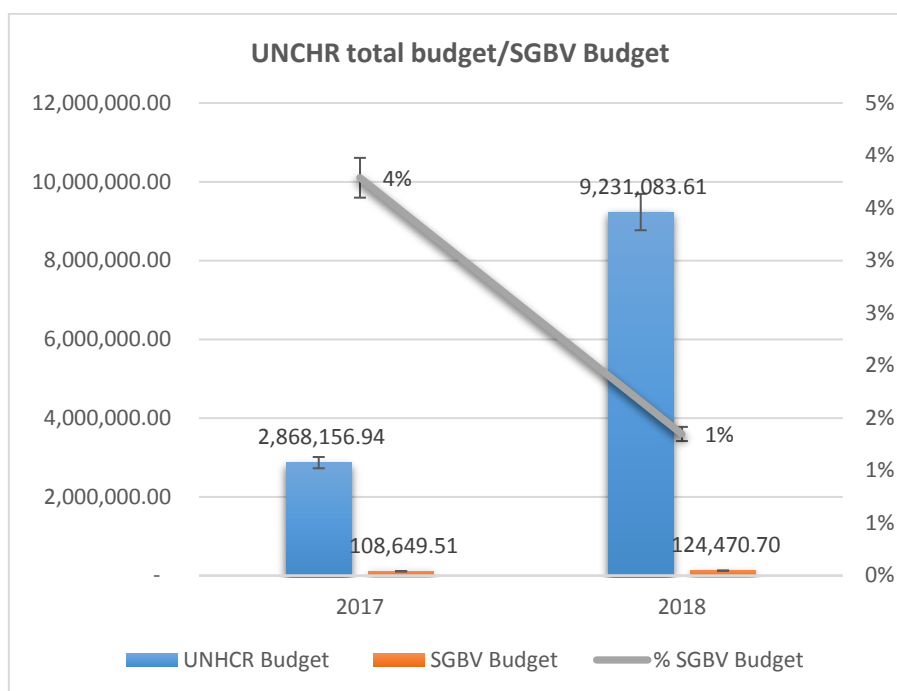
Finding 23

The budget allocated to SGBV activities in 2017 -2018 remained limited and did not increase proportionally with the exponentially rising emergency budgets.

113. The evaluation found that there was no consolidated SGBV budget. SGBV objectives in the budget are covered under the following objectives: “Risk of SGBV is reduced and quality of response improved” and “Protection of children strengthened”. Other activities that may have an SGBV component such as CBI, shelters allocation, relocation, and SGBV partners’ activities were not accounted for specifically.

114. While the overall UNHCR Brazil Office budget significantly expanded, the budget allocated to reach SGBV objectives did not increase proportionally. In 2017, the 4% of the Office budget was dedicated to SGBV activities but in 2018, it proportionally decreased to 1%. The overall budget was extended by 322% (from US\$ 2,868,156.94 to US\$9,231,083.61) at the same time the SGBV budget increased by 15% (from US\$ 108,649.51 to US\$124,470.70).





115. The absence of a realistic and transparent budget dedicated to SGBV made the planning of SGBV programming and the implementation of SGBV interventions very difficult for the operation team involved.

COHERENCE: How well does SGBV prevention, mitigation and response link with the broader protection and operational efforts by UNHCR and partners in Brazil?

Finding 24

UNHCR acted as a catalyst for the emergency crisis response at multiple levels, bringing together, articulating and complementing the resources of the government, UN agencies and partners.

116. The evaluation found that UNHCR Brazil Office adopted very relevant approaches i.e. ones that are multi-partner, multi-level and multi-sectoral to address the protection needs of POCs in Roraima, in particular for SGBV survivors. UNHCR worked to ensure that the responsible authorities and institutions were taking the necessary actions to protect survivors of SGBV and persons at high risk. As the first international agency to engage in the assistance to Venezuelan POCs in Roraima, UNHCR called upon governmental institutions at all levels, and other UN agencies, and articulated the coordination of SGBV interventions taking into account the mandate of each agency and their role in the emergency intervention. The evaluation found that UNHCR successfully invested a lot of effort in bringing diverse actors to the table around SGBV response for POCs, connecting with the local institutions, engaging local government to promote their timely action in response to the Venezuelan influx, and offering its technical support for coordinated activities. UNHCR worked at multiple levels and with multiple partners.

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117. At the Federal Level, UNHCR was part of the Coordination Group led by the Presidential 'Casa Civil'; additionally, UNHCR remained in constant dialogue with various Federal entities, the Ministry of Social Development in particular, to raise awareness on the crisis. Government representatives informed the evaluation team that UNHCR put the response to the 'Venezuela Situation' on the Federal political agenda.
118. The UNHCR Branch Office further liaised with international and national stakeholders to support a comprehensive and coherent strategy aimed at supporting the Brazilian Government to establish appropriate reception mechanisms to identify the protection needs of newly arrived PoC.
119. UNHCR supported the federal, state and municipal governments in the development of their contingency and preparedness plans and the establishment of necessary coordination structures, working to ensure that plans were protection-based and prioritized protection outcomes. As a result, the Action Plan that was drafted by the Brazilian federal government for what has become the *Operação Acolhida* included the involvement and substantial support of UN Agencies, including UNHCR and UNFPA, in protection and the prevention of, and response to, SGBV.
120. In Pacaraima, a coordination structure was established to discuss the implementation of the municipal plan of action. In Manaus, the Protection Working Group (WG) was established in March 2018 including UNHCR, UNFPA, UNICEF and public institutions, such as the Secretary of Health of Amazonas State and the Women's Secretary of Manaus Municipality. The WG developed the referral pathway for SGBV response; the referral pathways created synergy and coordination among these actors. The SGBV-related coordination mechanisms have been very effective to sensitize local institutions through the development and dissemination of SOPs and referral pathways; these have been used to promote access to services for SGBV survivors, assess the capacity of local services, and support the development of the local services and, as a result, strengthen them for Venezuelan and Brazilian SGBV survivors.
121. In Sao Paulo, UNHCR brought municipality departments that had not communicated before around the table on the interiorization process. A WG was created by UNHCR to prepare for the relocation of Venezuelans with the relevant departments, NGOs and UN agencies; a sub group was created also on Venezuelans' employability to promote integration. The relation between the municipality and UNHCR became much stronger due to the interiorization process.
122. The evaluation also found that the cooperation with the Army has been essential to the success of the response to the influx of Venezuelans, especially with regards to logistics, site planning and management, and security. UNHCR started Prevention of Sexual Exploitation and Abuse (PSEA) training for all the army personnel to prevent and mitigate risks of SEA and SGBV, and with the arrival of UNFPA and UN Women, those trainings have been conducted jointly for the new contingents. The Army was also directly responsible for the management of São Vicente and Latife Salomão shelters; their management of a large LGBTI community accommodated in this shelter and the security they provided demonstrated they have acquired a good understanding and sensitivity to SGBV risks.

123. The evaluation noted good examples of coordination particularly in the division of responsibilities among UN agencies. UNHCR and IOM have divided the response in a very fluid way according to the status chosen by POCs (temporary residence or asylum) in the registration and documentation process in Roraima. In SGBV programming, UNFPA has taken the responsibility of supporting local services, while UNHCR lead the individual case management.

Finding 25

The integration of SGBV prevention and response into the emergency operation has been limited due to the absence of a comprehensive SGBV strategy for the Brazil Operation.

124. A SGBV strategy establishing relevant priorities and objectives has been drafted at the beginning of 2017. With the Venezuelan influx and the changes in operational priorities this strategy was not revised nor validated. Until the end of 2018 the Brazil office had not established an SGBV strategy that would guide the development of SGBV interventions with clear objectives, targets, actions, dedicated budget, human resources, adequate performance indicators, and Monitoring & Evaluation system in place.

125. SGBV interventions were mentioned in different planning, and strategic documents as the COPs in 2017 and 2018 and the contingency plan; and the office started to implement the Regional Safe Spaces Strategy under the guidance of the RLU, that focused on case disclosure, case management, access to services and information management. However, due to the lack of funding the regional position of the Safe Spaces Network Officer was discontinued and tailored support to the Brazil VENSIT operations could not be provided. The lack of strategy and clear objectives definition was correlated with a deficit in capturing, systematizing and reporting on the implementation of SGBV interventions. IPs were equally inconsistent in monitoring and reporting SGBV cases (see section 5.1). This limited UNHCR institutional capacity to assess the resources involved and required to adequately match the distribution, needs and risks for PoCs in relation to SGBV.

Finding 26

Lack of participatory approach: UNHCR did not consistently consult with or involve POCs in decisions on SGBV interventions.

126. The evaluation found that POCs were not involved in the design of programs through their formal participation and representation in working groups or coordination mechanisms, or POCs committees at the state or federal level. At the shelter level POCs' committees were in place only in 6 out of 13; those represented 22 various committees (Women, Health, Food, WASH, Maintenance, Shelter's Sectors, Education, Culture) involving 280 POCs, half of them women. 7 out of 13 shelters had POCs involved in decision making through the committees' assemblies or meeting with the community, and in the indigenous shelters through consultations with the traditional community leaders, the *Aidamos*. 7 shelters had women involved in shelters' management decisions and 5 had LGBTI persons involved.

127. In its approach to LGBTI POCs, the evaluation found that UNHCR fostered strong community-based protection mechanisms and promoted the active participation of the community in the Latife Salomão shelter and actively tried to replicate this approach in other shelters.

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128. The evaluation found that UNHCR did not put mechanisms into place to get POCs feedback or complaints²². The shelters survey also showed that complaint or feedback mechanisms for POCs to improve SGBV-related shelter management issues were only reported in 6 out of 13 sites. Those mechanisms were mostly informal as only 4 shelters had a complaint/suggestions box. Similarly IPs working outside shelters did not have feedback and complaint mechanism in place. Informal mechanisms to respond to POCs query and concerns were discussions held with the community in meetings or assemblies. The evaluation also found that in most cases the participants to the Participatory Assessments were selected by the IPs and therefore were not necessarily free of biases. FGD with indigenous POCs also revealed that they felt disempowered and were not consulted about decisions affecting them.
129. The evaluation found that the Age and Gender Mainstreaming Approach (AGD) was well applied in participatory assessments (PAs) undertaken at the end of 2018 in all the Field Units. Specific representation of the LGBTI community, PWD, men/boys, women/girls was ensured and discussion themes reflected also an age-sensitive focus. Although the focus of those PAs was not SGBV, POCs feedback regarding SGBV risks and fears were collected in the process. The shelter survey indicated that PAs were not used as a regular feedback mechanisms as PAs were only done in 4 out of 13 shelters and included 125 men, 10 LGBTI persons and 133 women consulted; 2 of those PAs included SGBV topics.

Finding 27

Protection and SGBV risks have not been mainstreamed into the interiorization process.

130. Although the interiorization process was described by several KII as an effective protection mechanism for SGBV survivors and LGBTI persons at high risk in Roraima, it has been used only for a very limited number of individual cases as only 43 protection cases were reported being relocated. Among those SGBV survivors were relocated with priority as a protection mechanism to keep them away from their perpetrators.
131. UNHCR staff involved in interiorization confirmed that the focus of this relocation process relied mostly on the operational and logistical dimensions of the relocation, and were not based on protection considerations except for the protection cases mentioned above. The profiles for POC eligible for relocation were determined by the receiving municipality or IP offering accommodation and the characteristics taken into account were gender, family composition, (single men, single women, families, FHH), family size and age of children. Given the short notice to build the cohort of matching profiles, staff contributed to fill the list without indication of special needs, SGBV survivors, LGBTI persons at risk. The absence of a data management system in the context of this relocation process posed extra challenges to the response provided to SGBV cases and the development of protection strategies to mitigate the risks and of tailored durable solutions.
132. Moreover the partners and UNHCR staff involved in the interiorization process were not systematically notified in advance of the arrival of POC with Special Needs, SGBV survivors or LGBTI persons at risk. These situations prevented them to provide an adequate response to those persons, created unnecessary risks for the POC and were time consuming for the staff as last minutes solutions had to be implemented to provide

²² Those mechanisms could also be implemented to ensure POCs protection against sexual exploitation and abuse by humanitarian personal; however, PSEA focus was not in the scope of this evaluation.

assistance and ensure safety for those POC. The lack of information sharing on the profiles of PoC prior to their interiorization, also led to the lack of inter-institutional coordination for their local integration; this has hampered some opportunities for employability provided by state programs.

133. The lack of adequate planning has generated additional SGBV risks for the POCs interiorized particularly for the LGBTI community and to a lesser extent for female-headed households. Evaluation KIIs revealed that several LGBTI POC have been sent to locations or shelters that did not offer safety for them, exposed them to severe threats and even resulted in several violent attacks against LGBTI POC including sexual assaults.

Finding 28

Coordination and collaboration with Operational Partners created additional challenges.

134. In the context of the relocation, UNHCR collaborated with several operational partners (OPs) in charge of shelters in the receiving cities. UNHCR supported the activities of the OPs with in-kind support (NFIs, furniture). Due to the lack of a contractual relationship, UNHCR staff had limited access to OPs data on services provided to SGBV survivors, existing risks, affected profiles and SGBV hotspots. The evaluation found that these organisations did not feel obliged to share data with UNHCR, and even less on issues related to SGBV and LGBTI. OPs were also questioning the fact that they were not receiving financial resources from UNHCR whereas IPs, doing the same work in relation to POCs and in the same location would.
135. In São Paulo and Manaus where UNHCR had more OPs than IPs, UNHCR staff had to develop strategies to reach those partners and support collaboration while managing OPs expectations. They have engaged in technical support for OPs, including media support, convening to bring different actors in dialogue, creating cooperation spaces, fundraising and advocacy support, participation in internal training and in events.

Finding 29

The multiplicity of actors engaged in the prevention and the response to SGBV has resulted in gaps in the coordination.

136. Despite the constructive relations established by UNHCR with most of the actors, the positive outcomes of cooperation mechanisms and a good division of labor with most UN agencies in Roraima, the evaluation identified gaps in coordination.
137. Staff from both agencies suggested that there needs to be more dialogue between UNHCR and UNICEF about protection issues including SGBV among adolescent girls to establish a better protection framework for children and adolescents.
138. The division of responsibilities between UNHCR and UNFPA on SGBV interventions has not always been communicated very clearly to partners and POCs, which has created gaps in the response to SGBV cases.
139. The evaluation found that UN Women and UNFPA have not yet properly defined their division of labour regards to SGBV prevention and response; it has created unnecessary tensions.

140. UNHCR has not achieved good results in maintaining strategic alliances with some of the federal civil institutions that integrate Operação Acolhida without a permanent presence in Roraima. Despite their limited resources, those entities could contribute in the articulation of local responses to protection needs and develop public policies.

141. A lack of a common understanding at the response level of SGBV and approaches to address SGBV, a lack of alignment in the vulnerability criteria adopted by different agencies and authorities lead to conflicts at the field level that could be avoided by establishing a common understanding.

Finding 30

SGBV interventions have been informed by the regional strategies, but UNHCR did not implement these consistently.

142. UNHCR's Regional Legal Unit of the Americas Bureau (RLU) in Costa Rica has established the Regional Safe Spaces Network (RSSN) in the Americas region in 2017 to ensure SGBV survivors – including persons with diverse SOGI – have effective access to minimum service packages, including psychosocial support, access to PEP and specialized medical services.

143. Although several measures have been implemented in accordance to those regional standards, the evaluation found that the large majority of Protection unit staff did not know about the RSSN strategy. The development of safe spaces in shelters and PTRIGs. The lack of a consolidated approach guided by the Brazil Office on the implementation of the regional strategy resulted in disjointed and discontinued initiatives.

Finding 31

Most of UNHCR IPs lacked expertise to address SGBV, LGBTI and indigenous population's needs.

144. Experience and capacity with regards to SGBV were not included as criteria in the call for proposals and in the IP selection process in 2017 and 2018.

145. The majority of the IPs interviewed recognized that they had no expertise on SGBV prevention and response, gender equality, women's rights or LGBTI. This was confirmed through the survey of IPs managing shelters in Boa Vista as 12 out of 13 responses indicated they had no staff with SGBV expertise.

146. The evaluation found UNHCR explored new operational partnerships in 2018 with women's rights and LGBTI movements to improve the SGBV response capacity. Funding to recruit protection cases managers with SGBV experience for the IPs working in shelters were included in new PPAs signed for 2019.

LESSONS: What lessons can be learned from preparing for, scaling up and maintaining adequate levels of SGBV prevention and response in a context like Brazil?

LESSON ONE: Government institutions need to be engaged at multiple levels to put protection at the centre of the emergency interventions and build an effective SGBV response for POCs.

UNHCR's role in the Americas context is to support the government to safeguard and protect the rights and wellbeing of refugees. UNHCR Brazil has been a strategic partner to the government in its response to the VENSIT working at the municipal, state and federal levels to overcome initial challenges and guarantee that the emergency response is built according to international standards, putting protection at the centre and adapting a human rights based approach. The Brazil government is exemplary, as it not only has adopted very good standards but has also established robust federal interventions to assist the most vulnerable Venezuelans.

LESSON TWO: Building SGBV coordination mechanisms supports programming ownership and renders SGBV interventions more effective.

Creating early coordination mechanisms: Gender/LGBTI Working Groups incites not only coordination of joint interventions, but also facilitates ownership of SGBV issues. To involve government institutions in those groups is important to promote high standard for services provided to SGBV survivors and better coordinate the prevention, mitigation, and response.

LESSON THREE: The support of an SGBV expert at the onset of an emergency is required to build up a strategy and put systems into place to “institutionalize” SGBV programming.

UNHCR Brazil Office has managed to do build relevant SGBV interventions considering the very limited staff and resources it had in the beginning. However, the lack of SGBV specialized resource from the start has affected the capacity to assess SGBV incidence and risks, and to build a strategy from the beginning as the protection staff had competing priorities. An SGBV expert would have enabled to establish SGBV information and case management systems, identify the gaps and set up training plans for all the actors involved according to the priorities, including the strengthening of the local protection network which could be done much earlier. As ProGres was rolled out in 2017 by the registration team, an SGBV expert deployed much earlier would have supported the introduction of protection and SGBV modules; data collection and systematization is key to inform SGBV programming and build an SGBV strategy to address SGBV.

LESSON FOUR: SGBV and gender mainstreaming requires institutional de-siloing

The evaluation found many examples of good practice in UNHCR's mainstreaming of SGBV risk mitigation across sectors. Effective mainstreaming of SGBV response requires on-going and consistent revision of standards applied in the different UNHCR sectors involved by the SGBV FP, thorough coordination, and clear objectives in operational plans. SGBV FPs need to be able to participate in the elaboration of the units plans, SOPs, budgets and objectives. Monitoring and regular discussions to review the adequacy and effectiveness of the plans need to take place with protection staff and FPs

LESSON FIVE: Rights-based civil society organisations and movements act as a pool of important resources.

Reaching out rapidly to local civil society movements and specialised organisations (feminist, LGBTI, sex worker groups, positive masculinities organisations) facilitates access to localized knowledge and to local networks. They can be used to build SGBV community-based protection mechanism and to develop referral pathways. They can also serve as a competences resource for training UNHCR staff and IPs, and represent a good pool of local professionals with specific SGBV expertise to integrate UNHCR staff. UNHCR FU of Manaus and Sao Paulo have established successful collaboration with CS organisations that support SGBV interventions.

LESSON SIX: Building POCs leadership and representation strengthen community-based protection mechanisms.

In an emergency phase, adopting a community-based approach has proven its effectiveness facilitating the understanding of risks and vulnerability of PoC situation and strengthening their role as a driving force to adapt the response. UNHCR Brazil supported LGBTI leadership building and organising to become a voice in the shelter, and to create safe spaces for them. This good practice has enabled UNHCR to gain more insights about LGBTI protection issues and guided the development and replication of relevant interventions to prevent SGBV.

Areas for development and recommendations

<p>A. Area to develop: “Institutionalize” SGBV within UNHCR Brazil Office through a clear strategy and dedicated resources</p> <p>Recommendation 1: Establish an SGBV strategy, allocate specific SGBV budget lines and invest in SGBV expertise and training</p> <ul style="list-style-type: none"> • Develop a participatory SGBV strategy (short, medium and long term) with all units and including the RLU, which would define priorities on how SGBV can be integrated comprehensively across offices. • Adopt a national and participatory SOP for SGBV prevention and response to guide UNHCR staff and partners in addressing this issue. Integrate SGBV specialists with knowledge and experience in SGBV on emergency context with decision power in the operation. • Allocate specific resources for SGBV activities matching the increasing needs of SGBV protection • Strengthen the M&E system for SGBV, in the aim to measure the impact of SGBV interventions. • Ensure SGBV training for all UNHCR staff, IPs and OPs. 	<p>High Priority</p> <p>UNHCR Office and SRPO RLU Brazil</p>
<p>B. Area to develop: Integrate SGBV programming across UNHCR Brazil units</p> <p>Recommendation 2: Mainstream SGBV to all sectors</p> <ul style="list-style-type: none"> • Decentralize and de-partition SGBV interventions from the Protection Unit to all relevant sectors; promote multifunctional teams. Discuss, share, systematize and document learning on SGBV in all units involved (field, communication, protection etc. • Mainstream SGBV throughout the programme cycle into all sectors, in line with the IASC guidelines and using a participatory approach. 	<p>High Priority</p> <p>UNHCR All units</p>
<p>C. Area to develop: Ensure protection capacity of all stakeholders and the ability to provide a tailored SGBV response</p> <p>Recommendation 3: Set up standardized and comprehensive SGBV case management and information management systems</p> <ul style="list-style-type: none"> • Develop a national SOP for SGBV case management with unified procedures and tools that can guide UNHCR and partner staff in each stage of the case management process, in line with the Regional Safe Spaces Network Toolkit and IASC GBV Case Management Guidelines. • Set up an SGBV Information Management System for registration of cases, analysis of trends and information sharing. In addition, this is a tool for case referral to local services and other shelters. • Use an Information Management Systems available at UNCHR and not create a new one. • Once data is produced, set up a data analysis mechanism with the Gender Working Groups that include IPs, OPs, Government, NGOs, and the UN agencies to discuss and inform coordinated actions to improve SGBV prevention, mitigation and response. 	<p>Medium Priority</p> <p>UNHCR All units</p>
<p>D. Area to develop: Reach the most vulnerable POCs out of shelters</p>	<p>High Priority</p>

<p>Recommendation 4: Develop and implement a mass information strategy that can raise the awareness of POC out of shelters about their rights, relevant services available as well as reporting mechanisms.</p>	<p>UNHCR</p>
<ul style="list-style-type: none"> • In consultation with the community, identify the most suitable tools, platforms and locations to convey key messages to POC, especially those out of shelter and internally relocated. The information provided needs to exceed the scope of the Maria da Penha law and include guidance for survivors of rape, sexual assaults, survival sex, early marriage, among others. • Adapt information materials to the different audiences, taking into account age, gender and diversity. • Expand the numbers of Outreach Volunteers and the locations, and train them to identify SGBV cases and provide information about services available. • Conduct regular consultation with POC out of shelters to ensure their participation in the design of SGBV protection interventions. 	
<p>Recommendation 5: Extend and strengthened Safe Space Network (RSSN).</p>	<p>UNHCR</p>
<ul style="list-style-type: none"> • Develop and implement a clear protection monitoring and outreach strategy including all receiving cities in the relocation programme; map relevant services for SGBV survivors and POC at risk. Based on that develop referral pathways and reinforce links with local protection networks. • Create a community-based protection fund to support grassroots NGOs and community projects (replicating similar models implemented by UNHCR in Ecuador, Lebanon and Turkey). • Develop peer-to-peer information channel and support network by helping the creation of a curated platform managed by Venezuelans (using WhatsApp or other tools used by PoCs). 	
<p>E. Area to develop: Promote local integration of PoCs at risk of SGBV</p>	<p>High Priority</p>
<p>Recommendation 6: Mainstreaming SGBV in durable solutions</p>	<p>UNHCR</p>
<ul style="list-style-type: none"> • Extend the facilitation of livelihoods support and durable solutions to survivors and persons at risk of SGBV in partnership with local networks (e.g.: vocational training, university programs, connect PoCs with potential employers). • Expand the coordination between durable solutions and protection units to better monitor and tailor CBI and relocations interventions. In the framework of the internal relocation programme, map and select carefully the shelters that are apt to receive LGTBIs and that can mobilize public and civil society entities to support their local integration, making sure to relocate this population only to those ones. • In the selection of POC for the internal relocation programme, maintain family unity at all times, as separation can increase their exposure to SGBV 	
<p>F. Area to develop: Build partnerships across locations to address SGBV prevention and response</p>	<p>Medium Priority</p>

<p>Recommendation 7: Extend, strengthen and capacitate partners to support PoCs protection needs.</p> <ul style="list-style-type: none"> • Diversify partners selection through criteria that include SGBV, LGBTI and indigenous experience • Ensure that SGBV objectives are integrated in all PPAs and consistent to the work done by the partners; provide capacity building to ensure quality standards of the SGBV response. • Promote the coordination of partners by fostering “one-stop-shops” where survivors and persons at risk of SGBV can access holistic assistance through multi-sectoral services. 	<p>UNHCR IPs OPs</p>
<p>Recommendation 8: Support SGBV public service providers</p>	
<ul style="list-style-type: none"> • Continue the implementation of the Regional Safe Space Network and work with other UN agencies and the government in sensitization, training and allocation of government resources to improve quality, availability and responsiveness of the services to SGBV survivors. • In particular, support capacity development of the Delegacias Especiais de Atencao a la Mulher (DEAMs) identified as institution with most gaps, in locations with a large number of POCs (Roraima and Manaus) to attend Venezuelan SGBV survivors. 	<p>UNHCR UN agencies OPs</p>
<p>G. Area to develop: Tailor SGBV interventions to populations with specific needs</p>	
<p>Recommendation 9: Address SGBV issues taking into account Age, Gender and Diversity</p> <ul style="list-style-type: none"> • Build the capacity of UNHCR staff and partners on the differentiated approaches required to address SGBV affecting women, men, girls, boys, LGBTI, persons with disabilities (PWD) and indigenous population. • Recruit a Child Protection Specialist that can support the operation in the development and implementation of a Child Protection strategy • In the framework of the internal relocation programme, ensure that relevant information about the specific needs of POCs is communicated to the receiving municipalities prior to their departure, in order to ensure adequate reception conditions. To preserve confidentiality, UNHCR can seek the informed consent of the concerned POCs. • Consolidate a formal procedure for the internal relocation of POC facing physical protection risks and make a more extensive use of this important protection mechanism. 	<p>High Priority UNHCR</p>
<p>H. Area to develop: Maximize the impact of collaboration on SGBV</p>	
<p>Recommendation 10. Strengthen mechanisms of coordination and joined SGBV planning and programming with UN partners</p> <ul style="list-style-type: none"> • Design a clear strategy based on the assessment of needs and best the division of labour between the UN Agencies (UNHCR, UNICEF, UNWOMEN, and UNFPA) for SGBV programming for the VENSIT. • Expand interagency cooperation throughout the humanitarian corridor established by the relocation programme and support the creation of Gender WGs with the participation of the UN, the government and CSO in the main cities to coordinate actions and improve SGBV preventions, mitigation and response. Each WG needs to have an 	<p>High Priority UNHCR UNFPA UNWOMEN</p>

<p>action plan that defines clear responsibilities and monitoring strategies.</p> <ul style="list-style-type: none"> Country, by strengthening the coordination with all the civil institutions that are part of Operacao Acolhida at Brasilia level. A national Protection Working Group could be established to improve the response in States other than Roraima. 	
<p>H. Area to develop: Strengthen accountability to affected populations</p>	<p>Medium Priority</p>
<p>Recommendation 11: Strengthen POCs participation and feedback mechanisms</p>	<p>UNHCR</p>
<ul style="list-style-type: none"> Promote the creation of an inter-agency community based reporting mechanism to enable persons of concern to report SEA and other incidents of misconduct in a safe and confidential manner. Conduct regular monitoring of shelters in all the locations that are receiving Venezuelan refugees. During these visits UNHCR shall allocate an adequate amount of time to the interaction with POC so to hear from them their concerns on existing risks, challenges and protection gaps. Promote the use of satisfaction questionnaires as a feedback mechanism for POCs that have been benefiting from SGBV prevention or response interventions. 	<p>UNHCR</p>
<p>Recommendation 12: Implement community-based interventions to address gender inequalities in Roraima shelters</p>	<p>UNHCR</p>
<ul style="list-style-type: none"> Given the fact that many of the shelters of Roraima receive POC for several weeks before they can continue their journey down south, UNHCR and partners can take advantage of their stay to sensitize men, women, girls and boys about gender equality mid-term behavioral change transformation methodologies could also be adopted, including “Engaging Men in Accountable Practices (EMAP)”, “Start, Awareness, Support, Action (SASA!)” and Journeys of Transformation. In indigenous population shelters stronger efforts should be made to challenge early marriage. Participatory methodologies can be used to raise the awareness of the community about Brazilian legal framework against this harmful traditional practice and the negative consequences that this form of SGBV has on the girl child, her family and community. 	

Annexes

Annex 1



Terms of Reference

Evaluation of UNHCR prevention of and response to SGBV in Brazil focusing on the Population of Concern from Venezuela (2017-2018)

Key Information at glance about the evaluation	
Title of the evaluation:	Evaluation of UNHCR prevention of and response to SGBV in Brazil focusing on the Population of Concern from Venezuela (2017-2018)
Type of evaluation:	Decentralised Evaluation
Evaluation commissioned by:	UNHCR Evaluation Service and UNHCR Brazil Office
Evaluation management:	In UNHCR Brazil: - Federico Martínez, Deputy Representative - Tania Miranda Dias, Assoc. Protection Officer In UNHCR Evaluation Service: Francesca Bonino In the Regional Bureau Americas: Ana Belen Anguita Arjona
Evaluation information contact:	hqevaser@unhcr.org
Date of publication:	5 October 2018
Deadline for application:	17 October 2018 at midnight (Geneva time)

1. Introduction

1. Preventing and responding to Sexual and Gender based Violence (SGBV) is a core component of UNHCR's protection mandate. SGBV prevention and response mainstreaming, as well as dedicated interventions, are life-saving and must begin at the very outset of an emergency. Yet critical programming gaps often remain.
2. The subject of this evaluation is UNHCR's interventions to prevent, mitigate and respond to SGBV affecting the population of concern from Venezuela in Brazil. The evaluation is expected to cover SGBV-specific programming and coordination as well as SGBV risk prevention, mitigation and response across sectors.

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3. This decentralised evaluation is the first initiated by UNHCR in Brazil to feature a primary focus on SGBV including from a mainstreaming perspective. It is part of a series of evaluations initiated in UNHCR between 2017 and 2018 focusing on SGBV prevention and response in different regions and operational settings, with a view of producing a meta-analysis across all evaluations in 2019.
 4. Uniquely, this evaluation is expected to offer a unique opportunity to learn from SGBV programming part of a larger scaled up protection response in a country now included in a Level 2 (L2) emergency in relation to the unfolding Venezuela situation²³. It will also offer the opportunity to focus on a population group that includes indigenous population and LGBTI individuals, and learn from the ongoing experience of a programme of voluntary internal relocation of Venezuelans from the Roraima State towards other federal states in Brazil.

2. Context

5. Protection, mixed solutions, as well as emergency response programmes are currently being implemented in Brazil. This is a new situation for an Operation that until recently, when the Venezuela situation heightened, mainly focused on solutions, advocacy and addressing statelessness.

Protection environment and Government Policy

6. Overall, Brazil presents high standards for refugee protection and can count on a solid framework for the protection of vulnerable groups including children, SGBV survivors, and indigenous populations. Brazil is signatory to the main international human rights instruments and is party to the **1951 UN Convention on the Status of Refugees and its 1967 Protocol**. Legal instruments in national law in Brazil incorporate elements from the broader refugee definition of the 1984 Cartagena Declaration, in particular the formulation “generalized violation of human rights”. The country also ratified the **1954 UN Convention Relating to the Status of Stateless Persons**, in May 2002, while in 2007 it ratified the 1961 UN Convention on the Reduction of Statelessness.
7. National legislation created the **National Committee for Refugees (CONARE)** to deal with eligibility for refugee status and to implement normative instructions related to the law. CONARE is also responsible for advising and coordinating the necessary actions to ensure the effectiveness of protection, assistance, and legal counselling for refugees. SGBV-related asylum claims have been favourably considered for refugee recognition by CONARE.
8. National legislation also provides for protection against refoulement, access to legal assistance and fundamental rights and freedom of mobility.² Noteworthy are:
 - A recent Migration Law from 2017 established new pathways for migratory regularization.
 - The renewal of CONARE’s Normative Resolution No 17/2013 (currently No. 25/2017) that facilitates humanitarian visas to persons affected by the Syrian conflict.

²³ Link to UNHCR Operations Portal – Venezuela situation: <https://data2.unhcr.org/en/situations/vensit> ; link to the UNHCR Brazil portal page: <http://www.acnur.org/portugues/>

Profile of the population of concern

9. According to the most recent data, as of December 2017, the total refugee population recognised in Brazil amounts to 10.264 persons – with a 70-30 male/female breakdown. The breakdown by country of origin indicates that: 35% are from Syria; 13% are from the Democratic Republic of Congo; 10% are from Colombia; 8% are from Angola and 5% are from Palestine. More than 50% of this population reside in the State of São Paulo.
10. The highest growing rate of asylum claims is from Venezuela, with a total of 17.865 claims in 2017 (4,301 in 2016, 868 in 2015 and 122 in 2014). It is also expected that the influx of Syrians to Brazil will continue steady. The UNHCR Office estimated that the Syrian refugee community will triplicate by 2019, comprising around 7,000 people.

The Venezuela situation and related recent developments in Brazil

11. Since 2017, the number of Venezuelans arriving in Brazil fleeing from the political and socio-economic developments in their country have continued to rise. The flow of Venezuelans crossing the border into Brazil led to an increase of protection, assistance, operational capacity, as well as external relations needs. As of July 2018, UNHCR had been extending protection and assistance to some 68,000 Venezuelans in Brazil. Figures from the authorities indicate this number is growing.
12. In light of these developments and increased need to enhance UNHCR's operational presence and capacities to respond to the international protection and other needs of Venezuelans, the High Commissioner for Refugees decided:
 - In May 2017 to declare a Level 1 emergency for Venezuela, Brazil, Costa Rica and other countries in the region to **enhance preparedness** for a possible deterioration of the situation inside Venezuela and in view of an increasing outflow from the country; and
 - In July 2018 to elevate the emergency level for the Venezuela situation in Brazil to Level 2²⁴.
13. Some of the recent developments in Brazil relating to the Venezuela situation are briefly outlined below:
 - In February 2018, the President of Brazil issued a Provisional Measure 820/2018 to (a) reinforce the **Federal Emergency Preparedness and Response Plan**; (b) establish a Federal Emergency Assistance Committee to address the humanitarian crisis and the emergency assistance needs of Venezuelans; (c) appoint a Coordinator for the Emergency Response Plan; (d) set out an organised and voluntary relocation programme for Venezuelans.
 - A recently approved Ordinance by the Ministry of Justice, Ministry of Public Security, Ministry of Foreign Affairs and Ministry of Labour and Employment allows for a **two year temporary residence for nationals of bordering states**. This includes Venezuelans who have been making use of this opportunity.
14. The operation expects a continuous flow of arrivals from Venezuela and the need to continue to support the emergency humanitarian response by the federal government. The new arrivals are expected to continue entering the country from the northern borders and UNHCR will continue the support reception of this population in Pacaraima

²⁴ This is in line with the 2017 UNHCR Policy on Emergency Preparedness and Response. Full text available at this link <https://emergency.unhcr.org/entry/125059/policy-on-emergency-preparedness-and-response>.

and Boa Vista and, together with the Government and partners, implement the voluntary relocation strategy.

UNHCR strategic planning, response and coordination

15. Brazil works towards implementing a **Multi-Year Multi Partner (MYMP) Strategy** that aims at strengthening existing protection and solution efforts in the context of new political and operational realities. At the beginning of the year, UNHCR operated in Brazil in collaboration with eight funded partners.²⁵
16. In line with the **Venezuela Situation Regional Refugee Response Strategy**, the UNHCR Operation in Brazil's has been working under a scenario including the assumption of: **(i)** a worsening situation in Venezuela with an increasing lack of access to basic goods; **(ii)** continuing outflow of Venezuelans leaving the country for protection and/or economic reasons with heightened protection and assistance needs; **(iii)** continuing ability to enjoy unhindered access to protect and assist Venezuelans who, together with other PoCs are assisted in urban settings.
17. As of April 2018, in line with the new Government measure, UNHCR and other UN agencies (in particular UNFPA and IOM) and NGOs have started to support the **voluntary relocation programme for Venezuelans** to expand local integration prospects for this population in an increasing number of other states, including Manaus, São Paulo, Rio de Janeiro, and Cuiabá.
18. In the context of the response to the Venezuela situation, UNHCR continues to lead support on registration, documentation, protection monitoring and profiling, as well as on the provision of assistance to meet the population's basic needs.
19. UNHCR also co-chairs the **Peace Pillar/Results Group** within the "United Nations Sustainable Development Partnership Framework for Brazil 2017-2021". In Brasilia, UNHCR co-leads, along with the International Organization for Migration (IOM), a UN interagency group to strengthen the humanitarian response and ensure the centrality of protection in addressing the needs of Venezuelans. In Roraima, an intersectoral technical working group on SGBV was set up by UNHCR, IOM and UNFPA, in partnership with local actors, including civil society partners and local authorities. The group is coordinated by UNFPA.
20. Moreover, in early 2018, Brazil hosted a regional meeting where representatives of the authorities and civil society reflected on the experience and good practices developed in Latin America and the Caribbean. The meeting concluded with the adoption of the "**100 points of Brasilia**" – a text that will serve as the region's contribution to the Global Compact on Refugees (GCR).²⁶

3. SGBV concerns and key strategic actions

21. With regards to security from violence and exploitation, some of the specific issues identified are: people living on the streets in Pacaraima, Manaus and Boa Vista; risk of

²⁵ Caritas Arquidiocesana de Sao Paulo (CASP); Caritas Arquidiocesana de Rio de Janeiro (CARJ); Instituto Migrações e Direitos Humanos (IMDH); Associação Antonio Vieira (ASAV); I Know my Rights (IKMR); Compassiva; Pastoral do Migrante in Manaus and Fraternidade

²⁶ Link to the UNHCR thematic portal page on the GCR: <http://www.unhcr.org/towards-a-global-compact-on-refugees.html>

forced labour; cases of undocumented children; risk of sexual exploitation and abuse. The lack of employment and livelihoods opportunities compounded by language barriers and rising discrimination and prejudice among host communities – particularly since 2017 – has led individuals and families adopt negative coping mechanisms, including survival sex and child labour. Among the indigenous populations, there is a high presence of children in the families, which demands specific attention and response to their needs.

22. The comprehensive response of the operation on SGBV builds upon the Regional priorities on SGBV protection, the Brazil Plan of Action²⁷ and UNHCR Updated Age Gender and Diversity Policy.²⁸

Identified challenges and areas for improvements

23. Some of the identified challenges and areas for further improvements in relation to SGBV prevention and response are outlined below:
- Lack of reliable disaggregated data by age, gender and different drivers of diversity, and of a robust community outreach strategy, are likely to continue hindering capacity to properly identify protection risks and gaps concerning SGBV.
 - Limited capacity of UNHCR and partners to strengthen SGBV programming and protection delivery.
 - Challenges faced by SGBV survivors to access available public services compounded by limited awareness among partners on how to properly identify and refer SGBV survivors;
 - Lack of safe spaces is likely to continue affecting the disclosure of SGBV incidents by Venezuelans.
 - Difficulties to access documentation and meet basic needs are likely to exacerbate the protection risks of some groups, especially women, girls and boys, and persons with diverse Sexual Orientation and Gender Identity (SOGI).

Priority areas and key strategic actions

24. Priority actions expected to contribute addressing the shortcomings and challenges identified above are outlined below:
- **Enhance reception capacities;** prioritize protection responses in border areas, profiling and registration; focus on ensuring child protection and the prevention of SGBV.
 - Further enhance **interagency and intergovernmental cooperation and coordination.**
 - Establish new or strengthen existing **joint programming** with other UN Agencies, national/local authorities and partners, to increase coverage of identified needs and strengthen referral mechanisms for populations with specific need including disabled persons, SGBV survivors (women and girls, men and boys) LGBTI persons, Unaccompanied and Separated Children (UASC).
 - Strengthen and expand community mobilisation also with the objective to build safe spaces for SGBV survivors.

²⁷ Link to full text: <http://www.acnur.org/cartagena30/en/brazil-declaration-and-plan-of-action/>

²⁸ UNHCR (2018) Policy on Age, Gender and Diversity. Full text available at the following link: <http://www.unhcr.org/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html>

- Building capacity among key partners on **SGBV data/case management** and set up and encourage the use of **complaint mechanisms** that could be used to support both SEA and SGBV prevention and response.
- Support the sharing of good practices relating to methodologies and approaches to engage specific groups such as SGBV survivors, girls and boys, LGBTI individuals and persons with disabilities.
- **Expand access to information by PoC**, through the establishment of a Communication with Communities (CwC) strategy.

4. Purpose, objectives and expected use of the evaluation

25. The evaluation results are primarily expected to be used to:

- Document challenges, risks, programme practices applied, coordination and lessons learned from scaling up and maintaining adequate levels of SGBV prevention, mitigation and response among the Venezuelan population in Brazil;
- Inform and influence strategies, priorities, approaches, decisions and actions needed to strengthen SGBV programming in Brazil moving forward; x Generate lessons for considerations by the Brazil and other UNHCR operations – particularly in the neighbouring countries – that may face comparable situations /operational contexts with scaling up and sustaining an effective SGBV response during an emergency/ influx with a view to move towards a more stable phase.

26. The evaluation will serve a dual and mutually reinforcing learning and accountability purpose. It provides an opportunity to **(i)** consolidate learning from what worked and what could be done differently in improving SGBV-related concerns and interventions during the preparedness; scale up; response and internal relocation targeting people of concern from Venezuela, and **(ii)** offer evidence-informed recommendations geared towards building on the strengths and address the weaknesses identified.

27. The **primary audience** addressed by this evaluation is the Brazil Office (at capital and regional / sub office level) and its partners, including relevant ministries and authorities. **Secondary audience** includes other humanitarian and development actors in-country. Secondary audience also includes donor offices and – specific to UNHCR – the Regional Bureau for the Americas, the Division of International Protection (DIP) and the Division of Programme Support and Management (DPSM).

5. Key Evaluation Questions and scope

28. The evaluation will address the following four Key Evaluation Questions (KEQs) as well as a fifth question relating to lesson learning. The KEQs relate to different OECD-DAC evaluation criteria. The analysis needed to answer them is likely to touch on other possible sub-questions.²⁹

²⁹ Some for consideration are suggested in Annex 1 and will be further refined during the evaluation inception phase. The Key Evaluation Questions usually remain unchanged (i.e. as included in the ToR). The Inception Report will indicate how the sub-questions have been re-focused and adjusted (as needed) to provide a better fit with the KEQs.

- ↻ **Relevance / appropriateness** - How relevant have been the UNHCR approaches to SGBV prevention and response as included in the preparedness and response actions to the Venezuela situation – including the internal relocation programme?
- ↻ **Effectiveness** - How effectively have planned SGBV approaches and interventions been implemented when preparing for and responding to the emergency influx, and with what effect?
- ↻ **Coverage** - How extensive is UNHCR's coverage of SGBV issues in the context of the ongoing response to the assistance and protection needs of the Venezuelans in Brazil?
- ↻ **Coherence** - How well does SGBV prevention, mitigation and response (including multi-sectoral) link with the broader protection and operational efforts by UNHCR and partners in Brazil?

A final question is also put forward in relation to lessons learning as follows:

- ↻ **What lessons can be learned** from preparing for, scaling up and maintaining adequate levels of SGBV prevention and response in a context like Brazil? Which lessons relating to SGBV mainstreaming could be distilled for their broader relevance to other UNHCR operations confronting comparable challenges and opportunities?

29. The **main scoping decisions** for this evaluation are as follows:

30. Considering the evolving response in Brazil and the regional context relating to the Venezuela Situation, the evaluation will cover SGBV prevention and response in the Venezuelan population of concern in Brazil.
31. With regards to timeframe, the evaluation will cover the period between early 2017 to mid-year 2018 to ensure it includes the element of preparedness and contingency planning as well as the ongoing response to the influx from Venezuela – including the internal relocation programme.
32. Geographically, the evaluation will cover: the ongoing response the State of Roraima; the city of Sao Paulo for what concern the internal relocation programme; and the city of Manaus in the state of Amazonas both for the ongoing response and for the internal relocation in urban settings.
33. Finally, in considering the unique learning potential of this evaluation – also from a regional perspective – two key thematic area of focus chosen for this evaluation are around actions oriented towards LGBTI, and the specific SGBV and protection risks and how they have been addressed in the Venezuelan indigenous population in Roraima and Manaus.

SGBV and Protection from Sexual Exploitation and Abuse (PSEA)

34. A heightened risk of SEA incidents has been identified especially in relation to the context of the emergency response to the Venezuelan Situation. The two issues of SGBV and SEA can be related. However, the present evaluation has been specifically scoped to focus specifically on SGBV.

35. At the request of the High Commissioner, UNHCR recently initiated an evaluation focusing specifically on policies and procedures on PSEA³⁰. The ToR for this evaluation in Brazil focuses specifically on SGBV. However, in line with the *UN Ethical Guidelines for Evaluation*³¹, as with all evaluations of any topic and focus, if during the course of the evaluation activities the evaluation team comes across any issue that may raise a suspicion of abuse, the evaluation team has an obligation to report – whether or not it directly relates to the evaluation ToR.

5. Proposed approach

36. The evaluation is expected to be predominantly a **process evaluation** given the currently evolving nature of the response to the influx from Venezuela. However, to the extent possible, the evaluation will also focus on early / emerging results from an SGBV perspective not only in relation to the response, but also in relation to the voluntary internal relocation programme. Specifically, the evaluation team is expected to:

- Clarify and explain how the SGBV prevention and response evolved in the period under consideration taking into account contextual factors (country and region-specific), risks, assumptions and constraints.
- Ensure that the tools and methodology developed during the inception phase take into account how the operation has followed relevant SGBV frameworks and programming standards³² – with the understanding that specific measurement may have been adjusted.
- Examine and explain results and changes using, to the extent possible, an outcome-based methodology.
- Develop a proposed methodology and approach (presented in the Evaluation Matrix) to clarify, consult with the Operation and make explicit (a) **on which basis the evaluative judgment will be formed** and (b) how **systematic the triangulation** across types and sources of (primary, secondary, qualitative, quantitative data) is expected to be.

³⁰ PSEA specifically addresses the responsibilities of international humanitarian actors to prevent incidents of sexual exploitation and abuse committed by UN, NGO and inter-governmental (IGO) personnel against colleagues and those at the receiving end of assistance and service, and to take action as quickly as possible when incidents do occur. This is highlighted i.a. in the **Secretary-General's Bulletin on Special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13)**, and in the more recent **UN General Assembly Resolution (A/RES/62/214 of December 2007)** on United Nations Comprehensive Strategy on Assistance and Support to Victims of Sexual Exploitation and Abuse by United Nations Staff and Related Personnel.

³¹ This is in line with the UN ethical guidelines on evaluation (relevant para below) as they are also referenced in the **2016 UNHCR Evaluation Policy**. <http://www.unhcr.org/research/eval/3d99a0f74/unhcrs-evaluation-policy.html>. **United Nations Evaluation Group (UNEG) – Ethical guidelines on the conduct of evaluation in the UN system:** <http://www.unevaluation.org/document/detail/102>

³² These may include: (i) [IASC GBV Guidelines](#) (IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action); (ii) the analytical framework developed by the [Real-Time Accountability Partnership](#) on GBV in Emergencies (RTAP); (iii) the monitoring and evaluation framework used as part of the Safe from the Start initiative.

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37. To address the key evaluation questions, the evaluation will build on interviews with key informants, on the analysis of strategy and programme documents from UNHCR and partners, and is expected to systematically triangulate across different types and sources of primary and secondary data³³.
38. The evaluation team is responsible to gather, analyse and triangulate data (across types, sources and analysis modality) to demonstrate impartiality of the analysis, minimise bias, and ensure credibility of findings and conclusions. With regards to data collection and analysis, the following activities are envisaged:
- **Primary data collection** including community consultations, and focus group discussions with
 - UNHCR teams, with partners (operation and funded partners, as well as strategic partners), with Government interlocutors and donors. Interviews with SGBV survivors should be avoided unless do-no-harm and ethical requirements are fully met. Informed consent, confidentiality and data protection requirements should be discussed with the Brazil Office and outlined in a specific protocol to be used throughout evaluation.
 - If relevant and feasible a **survey** targeting case workers and community volunteers could be designed and administered to support the analysis of issues around access, quality of services, broader community dynamics and perception of changes.
 - **Secondary data review** including analysis planning and programming documents, UNHCR and partners' periodic statistical reports and other information and reporting products.
 - **Interviews and stakeholder workshops** (including with UNHCR staff, partners, and Government interlocutors at capital and regional level) will be included to understand contextual and programmatic factors affecting the response. Workshops with relevant inter-agency working groups and task force (such as the SGBV Task Force) will be considered as well.
 - To support analysis, **two feedback and validation workshops** are envisaged: **(1)** immediately following data collection, an exit debrief and discussion with UNHCR teams to help steer the direction of the analysis and emerging findings; and **(2)** after the findings have been more clearly identified and substantiated, a stakeholder workshop will help improving the accuracy of the analysis and shape the proposed recommendations to ensure greater ownership of the evaluation results in-country.
39. UNHCR encourages the use of participatory evaluation methods. The methodology will be finalised by the evaluation team during the inception phase, and it is expected to:
- Be explicitly designed to address the key questions asked – taking into account evaluability, access to resources, and timing constraints – and combine the use of qualitative and quantitative data collection and analysis approaches.
 - Reflect Age, Gender and Diversity (AGD)³⁴ considerations in all data collection activities.

³³ Possible sources of data include: (a) **Programme data** generated through monitoring activities, and other reporting products and analysis; (b) **Primary data** from UNHCR partners, government counterparts, and service providers; (c) **GBVIMS data**, and other data available from Health Information Systems, safety audits, and other types of assessments and routine monitoring and reporting activities; and (d) **Secondary data** including administrative data (where available) for example from police records, and records from district authorities and health facilities.

³⁴ UNHCR (2018) Policy on Age Gender and Diversity. <http://www.unhcr.org/protection/women/5aa13c0c7/policy-agegender-diversity-accountability-2018.html>

- Make use of **(i)** relevant SGBV analytical frameworks and relevant guidance on SGBV mainstreaming in different sectors; and **(ii)** relevant internationally agreed evaluation criteria³⁵.

Evaluation Quality Assurance (EQA)

40. The evaluation is required to adhere to the UNHCR Code of Conduct, complete UNHCR's introductory protection training module, and respect UNHCR's confidentiality and non-disclosure requirements.
41. In line with established standards for evaluation in the UN system, and the UN Ethical Guidelines for evaluations³⁶, evaluation in UNHCR is founded on the inter-connected principles of independence, impartiality, credibility and utility, which in practice i.a. call for: protecting sources and data; systematically seeking informed consent; respecting dignity and diversity; minimising risk, harm and burden upon those who are the subject of, or participating in the evaluation, while at the same time ensuring the integrity of the evaluation process is not compromised.
42. The evaluation is expected to adhere to the UNHCR pilot Evaluation Quality Assurance which clarifies the requirements expected for UNHCR evaluation processes and products. The Evaluation Manager will share and provide an orientation to the EQA at the start of the evaluation. Adherence to the EQA will be overseen by the Evaluation Manager with support from the UNHCR Evaluation Service as needed.

6. Organisation, management and conduct of the evaluation

43. The evaluation will be undertaken by a mixed team including: two qualified external consultants; a UNHCR Staff with specific SGBV expertise (from a different operation than Brazil) who will be released specifically to take part in the evaluation as team member; and ideally, a senior external consultant in an advisory capacity to the evaluation team.
44. The overall **evaluation management role** is shared between an Evaluation Officer in ES and the evaluation focal point in-country. The Evaluation Managers are responsible for: **(i)** the day to day aspects of the evaluation process; **(ii)** acting as the main interlocutor with the evaluation team; **(iii)** ensuring the evaluators are given access to and provided with the required data; **(iv)** facilitating communication with stakeholders; **(v)** reviewing all interim and final deliverables ensuring relevant HQ Divisions and Bureau Colleagues are adequately consulted in order to improve the accuracy and quality of the final report.
45. The **external Evaluation Team** will be selected by a panel comprising the Brazil Office, UNHCR ES, and DIP. The Evaluation Team is expected to produce analytical and written products of high standards (i.e. informed by evidence and triangulated data and analysis).
46. The evaluators are expected to consult with the Country Office on the most suitable options to ensure any required **translation support** to the evaluation is provided. A specific budget for translation is included in the overall evaluation budget.

³⁵ Such as the OECD-DAC criteria adapted by [ALNAP for use in humanitarian evaluations](#).

³⁶ United Nation Evaluation Group (UNEG) Ethical Guidelines, 2008. <http://www.unevaluation.org/document/detail/102>

47. All deliverables should be copy-edited in English to publication standards, and free from errors. The evaluation executive summary will be translated in Portuguese and Spanish with the support of the Evaluation Service – if needed.

Expected deliverables and evaluation timeline

48. The evaluation should be completed within four months from the date of signature of the contract. The evaluation will be managed following the timeline tabled below and key deliverables are: x Inception report.

- Data collection toolkit (including questionnaires, interview guides, focus group discussion guides) and details on the analytical framework developed for / used in the evaluation.
- Final evaluation report including recommendations (max 40 pages excluding executive summary and annexes).
- Executive summary (drafted as stand-alone document).³⁷

Activity	Deliverables and payment schedule	Indicative timeline
Evaluation ToR finalised – selection and recruitment of evaluation team completed	ToR issued; evaluation contract issued	October 2018
Inception phase including: Initial desk review, inception visit to Brazil. Round of EQA review and stakeholder comments on the draft Inception Report	Final inception report – including methodology, data collection tools, refined evaluation questions (as needed) and evaluation matrix. PAYMENT 20%	Dec. 2018
In-country data collection and preliminary analysis phase	<u>Exit debrief presentation and discussion</u> with the Operation including management PAYMENT 30%	end Jan-/ Mid Feb 2019
Data analysis and reporting phase including: Stakeholder workshop in-country to discuss the evaluation findings and conclusions, and refine the proposed evaluation recommendations.	<u>Stakeholders workshop</u> in-country to present and discuss the draft evaluation findings, conclusions and proposed recommendations PAYMENT 30%	Feb 2018
Comment rounds on final report Round of EQA review and comments on the final draft report followed by round of stakeholders comments.	Consolidated comments	March 2018
Finalisation of Evaluation Report and executive summary for submission for the management response.	Final Evaluation Report (including recommendations and executive summary) PAYMENT 20%	March-April 2018

7. Evaluation team qualifications

49. **Functional requirements** for the individual consultants are as follows:

³⁷ The ToR, final report with annexes, and management response will be made public and posted on the [evaluation section of the UNHCR website](#). All other evaluation products (including the Inception Report) will be kept internal.

Evaluation Team Leader

- University degree (in areas relating to humanities, social science, behavioral science, gender) plus 10 - 12 years of relevant professional experience in humanitarian contexts, or a post-graduate degree and a min. of 8 - 10 years of professional experience in SGBV programming, SGBV mainstreaming, monitoring and evaluation of SGBV or other protection-related areas.
- Minimum of 8 years of evaluation experience in topics relating to analysis of SGBV and proven track record of leading (preferable) or participating as senior Team member in an evaluation.
- Evaluation experience in emergency context – desirable.
- Advanced knowledge of SGBV literature, relevant analytical frameworks, programming approaches and standards.
- Institutional knowledge of UNHCR’s mandate – desirable.
- In depth knowledge of and proven experience with various data collection and analytical methods and techniques used in evaluation and operational research.
- Extensive experience in conveying complex evaluative analysis in plain English, in a clear and compelling way, including through using graphics and schematic visualisations as relevant.
- Ability to work and lead data collection and analysis both in English and Portuguese is essential (proficiency in both languages) with working level of Spanish.

Evaluation Team Member

- University degree (in areas relating to humanitarian action, social science, public health, behavioural science, gender) plus 5- 7 years of relevant professional experience, or a post-graduate degree and a minimum of 3-5 years of relevant professional experience relating to humanitarian action.
- Proven experience (min. 5 years) in supporting data collection and analysis for evaluation activities (preferable) or operational research in humanitarian contexts including on SGBV.
- Advanced knowledge of various data collection and analytical methods and techniques used in evaluation and operational research and proven expertise in facilitating participatory workshops involving different groups and participants.
- Proficiency in Portuguese is essential. Working knowledge of Spanish an asset.

Annexes

Annex 1: Possible evaluation sub-questions

- How well have key contextual issues been addressed by UNHCR’s main SGBV response/ mitigation / prevention strategies?
- What are the key enablers and constraints on greater integration of SGBV across the response and relocation interventions currently underway in Brazil?
- How effective is the reach and accessibility to SGBV response and prevention activities?
- How well has UNHCR applied its approaches and interventions to maximise both short term and long term benefits (meet immediate needs and address root causes)?

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- To what extent has a learning approach been employed i.e. has UNHCR been identifying, employing and adjusting ways of working overtime in response to changing conditions and/or learning about appropriate approaches?

Annex 2

Evaluation matrix (070118)

Evaluation question	Judgement criteria	Methodology for data collection and analysis
<ul style="list-style-type: none"> 1. RELEVANCE/APPROPRIATENESS –How relevant have been the UNHCR approaches to SGBV prevention, mitigation and response in the preparedness and response actions to the Venezuela situation – including the internal relocation programme as the response has evolved over the past 18 months? 		
<p><i>1.1 Which are the UNHCR SGBV response interventions and how well have (including as part of relocation strategies) them been tailored to the varying characteristics of the PoC?</i></p>	<ul style="list-style-type: none"> Evidence of SGBV being considered in UNHCR wider response planning and implementation at different phases of the UNHCR humanitarian operation Evidence of UNHCR interventions to prevent, mitigate and respond to SGBV Evidence that UNHCR SGBV response are adapted for a) indigenous people b) female headed households c) children d) LGBTI PoC e) increase in proportion of non-indigenous PoC overtime f) persons with disability Evidence that SGBV risks are considered in the criteria and processes to prioritize UNHCR's provision of assistance (shelter, relocation, CBI) to PoC's. Evidence of adaptation of interventions in response to PoC feedback (informal feedback and any formal) 	<ul style="list-style-type: none"> KIIs including with UNHCR operational managers and protection officers regarding SGBV response strategies. Review of procedures including (draft) SoPs, minutes of protection/SGBV working group (Boa Vista) [] FGD with UNHCR teams (border/registration, shelters, relocation and partners .
<p><i>1.2 How well have UNHCR SGBV response strategy and interventions (including advocacy) adapted to the changing context for Venezuelan SGBV survivors and people at risk in Brazil?</i></p>	<ul style="list-style-type: none"> Evidence of SGBV risks for PoC being assessed and monitored over time (in and outside of shelters). Evidence that assessments and other data (including non-UNHCR) relevant to SGBV is used by UNHCR in adapting its humanitarian operation? Evidence of UNHCR adapting its SGBV interventions in response to challenges and opportunities presented by changes in the external environment. Consider changes a) in government management of VenSit response i.e. Federalization of response in 2018/introduction of 3 pillars b) increasing pressure on rights of women, indigenous people and LGBTI in 	<ul style="list-style-type: none"> KII with UNHCR protection staff/senior management Brasilia, Boa Vista, Manaus. Review of monitoring data [including by UNHCR protection monitoring IOM, Boa Vista protection/SGBV WG minutes, Review of any relevant documentation presented to government e.g. advisory notes on the response, minutes of meetings, advocacy statements Review of UNHCR country operational plans and amendments, workplans

	<p>Brazil c) emerging clarity among humanitarian actors that the situation will be protracted.</p> <ul style="list-style-type: none"> Evidence of a learning approach in UNHCR in the design and implementation of SGBV response, mitigation and prevention interventions. 	<ul style="list-style-type: none"> Workshops with UNHCR teams and partners on adaptations made for SGBV interventions during the response to date.
<p>1.3 How well have SGBV risks commonly associated with migration movements in the region been considered in the SGBV preparedness, contingency plans and approach?</p>	<ul style="list-style-type: none"> Evidence of consideration given and strategies developed to address SGBV risks (and fears of reporting) of intimate partner violence, trafficking, and sexual exploitation in relation to employment and survival sex. 	<ul style="list-style-type: none"> Review of relevant documents KIIs and FGDs with UNHCR protection and senior managers and IPs.
<p>1.4 How well has the design of the UNHCR SGBV approach taken into account wider SGBV response capacity in Brazil?</p>	<ul style="list-style-type: none"> Evidence that SGBV response strategies take account of the status of existing SGBV response services particularly in Roraima e.g. availability of referral services, scale of services available to Brazilian SGBV survivors Evidence that identification of UNHCR partners considered SGBV capacity Evidence that the scale of UNHCR SGBV response takes into account scale of other UN agencies SGBV interventions notable UNFPA and UN Women. 	<ul style="list-style-type: none"> KII with UNHCR senior managers involved in early stages of operation develop at Federal and Roraima levels KII with external stakeholders in Roraima involved in Brazilian SGBV response Analysis of regional RMRP budgets with SGBV relevance [AND OTHER BUDGETS?], proposals for SGBV response e.g. to Luxembourg embassy, EU, other. KII with UNFPA and UN Women
<p>• 2. EFFECTIVENESS – How effectively have planned SGBV approaches and interventions been developed and implemented when preparing for and responding to the emergency influx, and with what effect?</p>		
<p>2.1 How effective are the reach and accessibility of SGBV response and prevention interventions?</p>	<ul style="list-style-type: none"> Evidence of the growth in coverage of SGBV interventions and reach as the humanitarian crisis evolved. Evidence that communication of available SGBV services and awareness are heard and understood by the affected population Evidence that UNHCR SGBV response design consider challenges experienced by certain groups to access them including persons with disability, LGBTI, men and boys and financially dependent women. 	<ul style="list-style-type: none"> FGD with PoCs in shelters and outside in Boa Vista and Manaus including FGD with LGBTI, female headed households, persons with disability, men and boys including mapping of places of safety and risk in/out of shelters plus discussion on communication, challenge and how to overcome. KII and FGD with UNHCR partners; UNHCT staff teams (registration, relocation, protection/involved in frontline and/or design of response?) Review of CoP 2018 and 2019, updates, workplans, PPA.

		<ul style="list-style-type: none"> • Review of processes for reporting incidents in shelter for clarity, how disseminated and PoC awareness.
<p>2.2 <i>How effective have SGBV response interventions been in terms of numbers accessing services and PoC satisfaction?</i></p>	<ul style="list-style-type: none"> • Evidence that PoC know and feel confident to approach SGBV and partners about SGBV incidents. • Evidence of the development of a case management, information management and referral systems for PoC SGBV survivors • Evidence of PoC satisfaction with the experience of accessing SGBV services including those directly and indirectly (referrals) provided by UNHCR. 	<ul style="list-style-type: none"> • FGD and KII with PoC including groups named above (and use of same mapping process) and to include feedback/satisfaction (indirectly informed by others experiences to avoid direct questioning of survivors) • Review of response monitoring (numbers seen), case management documentation (documentation of numbers/types- anonymized); referral/SoPs system being set up; protection/SGBV WGs minutes. • KII/FGD with partners and UNHCR protection team to map processes used and developed in phases 1 and 2 for case management, referral – include documentation of rationale and lessons learned (what was done, strengths and weaknesses, were the risks of short-comings in systems, benefits, how could it have been improved, what needed).
<p>2.3 <i>How well has quality of SGBV response been supported by UNHCR?</i></p>	<ul style="list-style-type: none"> • Evidence of establishment and promotion of standards for SGBV interventions among UNHCR staff and implementing partners. • Evidence of provision of effective technical support (training, coaching, practical tools, other) by UNHCR (global, regional, country) for staff and partners in VenSit SGBV response. • Evidence of increased knowledge and its application by UNHCR staff and partners following training and other technical assistance. • Evidence of UNHCR advocacy and/or other activities to promote quality of SGBV response across humanitarian and other actors for VenSit PoC. 	<ul style="list-style-type: none"> • Map what SGBV expertise available in UNHCR Brazil at outset of response and its evolution over phases 1 and 2. • Review of: SoPs and other guidance to staff and partners on SGBV interventions (for clarity, consistency with global standards, accessibility, dissemination); mission reports of protection/SGBV staff including visiting missions from regional/global; • Review of any feedback /M&E data from training workshops (regional and in-country) • Survey of UNHCR frontline and/or staff (including past post holders if possible) with protection responsibilities regarding a) confidence to engage with SGBV b) satisfaction with SGBV technical support c) feedback on what would have been useful (past and future) d) SGBV responsibilities in JDs/objectives/E-PAD d) • KII with selected senior management and protection staff

<p>2.4 <i>How well have plans considered how to mitigate SGBV risks in key sectors (shelter, WASH, livelihoods, relocation, assistance)?</i></p>	<ul style="list-style-type: none"> • Evidence that UNHCR interventions in shelter, protection and assistance (including relocation) consider SGBV risks. • Evidence that opportunities to raise understanding of SGBV and rights among PoC are taken at different stages of the migration journey including border crossing, registration, in shelters, outside, relocation. • Evidence that awareness raising strategies increase understanding of what is SGBV and rights among PoC 	<ul style="list-style-type: none"> • Review of interventions against IASC guidelines of minimum actions for SGBV response in humanitarian actions [CHECK NAME?] (mapping documentation and KII with leads for each) • KII of UNHCR staff responsible of different interventions including registration, shelter, relocation. • KII/FGD with partners involved in each stage regarding awareness raising opportunities available and taken • FGD with PoC on awareness of SGBV and rights following exposure to sensitization processes and products including films, booklets at registration and group discussions in shelter
<p>• 3. COVERAGE – How extensive is UNHCR's coverage of SGBV issues in the context of the ongoing response to the assistance and protection needs of the Venezuelans in Brazil?</p>		
<p>3.1 <i>How well has the scale up of UNHCR's SGBV response and prevention met the increased scale of PoC?</i></p>	<ul style="list-style-type: none"> • Evidence of timely increases in scale of SGBV response resources in Brazil in response to increased size of PoC population. • 	<ul style="list-style-type: none"> • Review of CoP 2018 and plans for increased budgets/revisions. • KII with senior management of choices made and rationale. • KII with frontline staff on lessons regarding dealing with growth in numbers and distribution of PoC.
<p>3.2 <i>How well does UNHCR geographical coverage of SGBV match the distribution of PoC?</i></p>	<ul style="list-style-type: none"> • Evidence that the distribution of SGBV interventions and technical resources match the geographical distribution of PoC and have evolved as the PoC have travelled. • 	<ul style="list-style-type: none"> • Comparison (mapping) of distribution of services with geographical distribution of PoC • Workshop to develop timeline of evolution of SGBV response and lessons learned regarding key issues of growth, distribution, indigenous people and LGBTI in border crossing, shelters, outside and relocation.
<p>3.3 <i>How well have SGBV interventions been resourced and how have shortfalls been managed?</i></p>	<ul style="list-style-type: none"> • Extent to which planned budgets for protection match operating level budgets. • Evidence that SGBV risks considered in the prioritization of activities funded • Evidence that SGBV interventions prioritized as resourcing for VenSit in Brazil increases. 	<ul style="list-style-type: none"> • Analysis of operating plans, operating level narrative and budgets relevant to SGBV • KII with Programme staff and senior management regarding prioritization and rational • Review of plans for budget revisions 2018

• **4. COHERENCE – How well does SGBV prevention, mitigation and response (including multi-sectoral) link with the broader protection and operational efforts by UNHCR and partners in Brazil?**

<p>4.1 <i>How well is UNHCR's commitment to address SGBV risks integrated into its plans and partner support?</i></p>	<ul style="list-style-type: none"> • Evidence of SGBV response, mitigation and prevention objectives in UNHCR plans and reporting. • Evidence of explicit resourcing in UNHCR (funds and people's time) to address SGBV risks and respond. • Evidence of SGBV risks consideration in implementing partner plans and UNHCR resourcing of measures to address these. • Evidence of SGBV risks being addressed in UNHCR advocacy to authorities at different levels (federal, state, other). 	<ul style="list-style-type: none"> • Analysis of CoPs, revisions, 2018 reports/mid-term, contingency plans for SGBV reference and consideration. • Analysis of VenSit budgets for SGBV consideration and resourcing (staff and activities) • Review of mobilization of regional and global resources to support Brazil SGBV intervention development. • KII with UNHCR senior management including protection staff on resourcing, challenges, choices and also on advocacy and how SGBV addressed/ • Review of PPAs including budgets for how SGBV risks formulated and addressed in interventions and resourcing.
<p>4.2 <i>How well has UNHCR supported a consistent approach to SGBV across UNHCR and partner (implementing and operational) organisations?</i></p>	<ul style="list-style-type: none"> • Evidence of actions within UNHCR to ensure a shared understanding and training among all UNHCR staff of what is SGBV, relevant UNHCR policies and procedures to follow when a case has been identified • Evidence of a clear division of labour, coordination and joint planning between UNHCR and other relevant organisations including the government/other UN Agencies in developing and implementing SGBV interventions. • Evidence of the production of SoPs for SGBV response known, supported and applied by key organisations including UNHCR IPs and sister UN organisations. • Evidence of agreement across UNHCR Brazil and among partners about how to deal with challenging issues. Consider a) dilemmas in responding to cultural practices among indigenous people which counter Brazilian law; b) dilemmas when intervention maybe high risk to the PoC or humanitarian staff; c) Child/early marriage and sexual activity before age of consent d) survival sex? 	<ul style="list-style-type: none"> • KIIs with senior management, protection, frontline teams on understanding and technical support to address SGBV. • Review of any national/state/regional workshops relevant to SGBV including participant lists, curriculum and monitoring data/feedback from participants. • KII with sister UN agencies regarding SGBV roles and responsibilities. • Analysis of SoPs against global good practice guides; clarity; consensus among key partners of their feasibility. • KIIs with partners regarding awareness of, support for and (if appropriate) application of SoPs – what has been useful, what not, what challenges, how to improve. • Workshop with UNHCR protections staff and partners to consider dilemmas, perspectives and lessons learned regarding a) dealing with cultural practices of indigenous people b) high risk interventions c) sexual activity pre-age of consent.

		<ul style="list-style-type: none"> • KII with senior protection staff guidance given and support needed to deal with challenges.
<p>4.3 <i>How consistent are UNHCR SGBV interventions, including advocacy, with Brazilian law and civil society advocacy?</i></p>	<ul style="list-style-type: none"> • Evidence of coherence with Brazilian law on Violence against Women (Maria Pena law), and femicide law and relevant national and local public policies. • Evidence that UNHCR SGBV interventions are in line with the Brazilian women's rights movement and LGBTI community's calls for action by the government? 	<ul style="list-style-type: none"> • Mapping of UNHCR response against Brazilian law on key aspects of VaW – definition of SGBV, OTHER? • KII with selected leaders of Brazilian women's movement and LGBTI community to identify their key messages. • Mapping of UNHCR SGBV-related advocacy against these calls.
<p>4.4 <i>Consistency of UNHCR Brazil response with the UNHCR regional approaches to SGBV.</i></p>	<ul style="list-style-type: none"> • Evidence of consistency in Brazil approach with regional priorities and guidance. 	<ul style="list-style-type: none"> • Comparison of Brazil CoP and other relevant documentation with regional documentation (strategies, updates, plans and tools)
<p>5. LESSONS – What lessons can be learned from preparing for, scaling up and maintaining adequate levels of SGBV prevention and response in a context like Brazil?</p>		
<p>5.1 <i>What lessons can be drawn from the UNHCR SGBV response, mitigation and prevention approach and results to date for future planning in the VenSit in Brazil and other similar locations.</i></p>	<ul style="list-style-type: none"> • Draw out the factors which have enabled and /or inhibited the relevance, effectiveness, coherence and coverage of SGBV response, mitigation and prevention. • Draw out lessons for different phases of the response including those for regional/global support to scale up. • Draw out implications of these lessons for future new operations in similar contexts i.e. L2 emergency in locations without recent previous humanitarian crisis. 	<ul style="list-style-type: none"> • Harvesting data from KII, FGD and workshops notes. • Team group analysis. • Validation workshop with UNHCR staff.
<p>5.2 <i>What lessons can be drawn for UNHCR globally from the <u>experience to scale up of SGBV response, mitigation and prevention intervention</u> from the experience of UNHCR Brazil in the VenSit to date?</i></p>	<ul style="list-style-type: none"> • As above 	<ul style="list-style-type: none"> • As above
<p>5.3 <i>What lessons can be drawn for UNHCR Brazil, regionally and globally from the experience of UNHCR Brazil in the VenSit to date regarding the SGBV</i></p>	<ul style="list-style-type: none"> • As above 	<ul style="list-style-type: none"> • Workshops (see EQ 4.2) and harvesting of other findings. • Validation workshops at end of data collection/early analysis phase.



<i>response, mitigation and prevention in the <u>indigenous community</u>?</i>		
5.3 <i>What lessons can be drawn for UNHCR Brazil, regionally and globally from the experience of UNHCR Brazil in the VenSit to date regarding the SGBV interventions for <u>LGBTI PoC</u>?</i>		<ul style="list-style-type: none">• As above

Annex 3

Evaluation of UNHCR response to, mitigation and prevention of SGBV in Brazil focusing on the population of concern from Venezuela 2017-18

Topic guides for interviews - Masterlist

NB the topic list is a guide and it is not anticipated that all interviews follow this as a questionnaire but rather that topic areas be pursued according to interviewees knowledge as well as evaluation data needs as the evaluation progresses. However, all five areas of the evaluation should be approached in all interviews if possible.

Introduction to provide to all interviewees

- The evaluation on SGBV³⁸ aims to assess and learn from UNHCR's work to respond to and prevent SGBV in Brazil since 2017 with a focus on the population of concern from Venezuela.
- By SGBV we are considering violence against women, men, girls and boys
- It is a learning exercise and particularly aims to produce lessons about how approaches to SGBV can be effective and relevant to this context of influx of persons of concern requiring a rapid scale up of services and improve its work in Brazil also.
- We are looking at the last 18 months of the operation so including the period before the humanitarian response we Federalised in February 2018 and since.
- We are an independent team
- All interviews are confidential and nobody will be directly quoted by name.
- The final product is a report which will share lessons about what has gone well and what were the challenges as well as with recommendations for the future SGBV approach. It will include a list of all interviewees and/or their roles.
- We expect discussion to take approximately 1 hour [or adjust as appropriate]
- Are you in agreement with us using a recorder for the interview. This is only for our own note taking and will not be shared. When the evaluation is over all recordings will be destroyed.

Interview and focus group masterlist

- Interviewers will need to select questions most relevant to each interviewee and according to data needs and priorities of the evaluation as it progresses
- In advance of each interview it is useful to make a specific topic guide which identifies which questions are key to focus on with the interviewee- samples are attached.
- If there is more than one evaluation team member involved in the interview decide before the interview a) who will take notes and b) which questions/areas of investigation the team member will focus on (if this is being divided between).
- Remember to write up the details of each interviewee in the interview excel sheet masterlist

³⁸ Perpetration of harmful acts (physical, mental, sexual harm, suffering, threats, coercion and deprivation of liberty) due to their gender or sexual identity.

Topics and questions

General

1. Please outline your role and how, if at all, it relates to SGBV (what responsibilities it has). How long have you been in the UNHCR/partner response.

Relevance and appropriateness

2. We are looking at how the UNHCR operation has considered SGBV in its interventions. These are some of the types of intervention we have identified. Are there activities which are missing from this list that you consider to be relevant as part of a response to an SGBV incidence or that prevent it through mitigation of risks or long-term change?
3. What has been your role in the planning of the UNHCR VenSit operation? Can you give me 2-3 specific examples of when and how SGBV was considered in planning? Is this documented? [gather the reference and if not already in the team dropbox the document too].
4. How are incidents and risks of SGBV monitored? Please explain the process that you use (formal or informal). Is there any documentation of this process? What are the strengths and any gaps in how this has been assessed? What learning is there for future operations?
5. Can you talk us through if and how the SGBV risks and incidence for the Venezuelan PoC in Brazil have changed over the past 18 months?
6. How has the UNHCR operation and SGBV interventions evolved over the 18 months? How have SGBV interventions responded to these changes?
7. How is SGBV considered when deciding who is prioritised for assistance including in shelter, relocation, cash-based interventions, other.
8. In particular what changed when:
 - a) the humanitarian operation was Federalised?
 - b) political pressure on LGBTI and women's rights has increased in Brazil (if you think it has)
 - c) it became clear the situation would be long-term
9. How, if at all are UNHCR SGBV interventions designed to take account of differences in :
 - a) indigenous people
 - b) female headed households
 - c) children
 - d) LGBTI
 - e) persons with disability
 - f) the increasing proportion of non-indigenous PoC.
10. There are some risks and types of SGBV incident that are known to be associated with migration in this region. These include trafficking of women and children for sexual

exploitation, survival sex and sexual exploitation in the workplace. Are you aware of these occurring in this location? Has UNHCR and its partners sought to address these issues?

11. We know there are barriers to people accessing SGBV services due to stigma, fear, disability and distance. How have the interventions addressed these issues? Is there any new learning from the efforts to address these barriers in this context to date?
12. How has the status of existing services in Brazil for survivors of SGBV affected how UNHCR developed its SGBV interventions?
13. How has UNHCR assessed the capacity of its implementing partners in relation to understanding of what is SGBV, what to do if they encounter a survivor and how to reduce risk?
14. What has been the approach of UNHCR to build the capacity of partners in SGBV response, mitigation and prevention?
15. What lessons are there from this process so far for the next phase and/or other locations?
16. How have UNHCR SGBV interventions been shaped by the scale and role of other UN agencies' interventions relevant to SGBV response and prevention?

Effectiveness

17. How has the UNHCR SGBV approach in Brazil evolved over the past 18 months?
18. How has UNHCR supported SGBV to be considered in each of the three pillars of the Federal response (orderly border crossing, shelter, relocation)? With what effect?
19. How do you ensure that PoC are aware of the availability of services if people are survivors of SGBV? What works well? What does not?
20. Is there evidence that PoC who are survivors of SGBV or feel extreme vulnerability can approach SGBV and partners for support? Please give details. Are there differences between any groups including indigenous, LGBTI, men and boys, according to age, other.

Possible Follow up questions on systems

Well-functioning Case Management

- What case management tools are being used?
- Have staff been trained on the new global case management tool kits? (planned training?)
- What is the general qualification of case worker and manager?
- What is the case worker/caseload ratio at a given time? How many qualified case workers does the organisation/institution have

<ul style="list-style-type: none"> - Do case workers have regular debrief sessions with case supervisors / managers (every two weeks or monthly basis) and external actors? - Are there case conference meetings to discuss complex cases? - Are there filing systems (physical and electronic) and data protection policies in place and staff trained on them? - Is there a beneficiary feedback system in place and regularly used?
<p>Robustness of referral pathway/ systems</p> <ul style="list-style-type: none"> - Is there a referral system/ mechanism in place and displayed in strategic public areas? - Are communities aware of these referral pathways/ mechanisms? Check if there are copies available or even displayed in strategic areas - Are there other non-formal referral systems/mechanisms used by the communities? - Have communities, staff, partners been trained/ sensitised on existing referral pathways/mechanisms? - On average, how many referrals does your organisation receive and handle (weekly and monthly)? - To what extent do partners, frontline workers and communities know about existing referral pathway/system? - Has the existing referral pathway/ system been translated into local languages and disseminated to communities? - Are existing referral pathways/systems child friendly?

21. What evidence is there that PoC are satisfied with the relevant SGBV services [Word according to whether you are asking about a) safe shelter b) access to support for survivors c) services people are referred to d) shelter e) relocation f) OTHER??

22. How has UNHCR supported the establishment of good quality SGBV interventions? What standards are used/are being developed?

23. How have partners and UNHCR staff skills been developed including in a) identifying SGBV survivors b) knowledge of how to deal with survivors in their particular role c) identifying SGBV risks d) taking measures to mitigate against them?

24. What measures have been taken to support/train partners in SGBV response, mitigation and prevention? What evidence is that training and other capacity development support are effective? Can you give me an example of how you/others have put the training / support into practice? What were challenges in capacity development? What enabled it? What lessons are there for the a) the future in Brazil and b) other situations which are similar.

25. What has UNHCR advocated on to government at different levels and other organisations in relation to addressing SGBV? How has this been done? Are there examples of UNHCR advocacy and influencing activities been successful in increasing attention to SGBV response and prevention? What has been difficult? What are the lessons for the future/elsewhere?

Coverage

26. How /to what extent have SGBV interventions grown in response to the increasing numbers of Venezuelan PoC in Brazil as well as their geographical distribution within and beyond Roraima? What has enabled this? What has impeded it? What are lessons from this a) for UNHCR in Brazil for 2019 and beyond and b) other parts of UNHCR in future similar scenarios of population influx and rapid scale up required?
27. How well do the technical resources (specialised skills, systems, processes) match the SGBV response needs in Brazil? How has this changed over time? What more is needed in the future for adequate coverage?
28. How quickly have operational budgets for SGBV relevant activities been able to be accessed? What has been the lag between a) identifying a need, b) requesting resources, c) receiving them?
29. What has been the process for budget planning and revisions in 2017-18 for the UNHCR VenSit operation? How has SGBV been considered in this? What have been the criteria for what activities have been funded when there is a shortfall between the comprehensive operating budget and operative level (agreed budget)?
30. How efficient have partners been in scaling up their activities to meet needs? How has UNHCR supported this? Could anything more have been/be done?

Coherence

31. How have UNHCR staff in Brazil been supported to understand what is SGBV, how to respond, UNHCR policies and processes?
32. How have UNHCR partners in Brazil been supported to understand what is SGBV, how to respond, UNHCR policies and processes?
33. What is the division of labour between UNHCR and other UN/INGOs/Government in SGBV response, mitigation and prevention? How has this evolved over time? [Consider direction interventions and also coordination). What has gone well in dividing responsibilities? What has helped this? What have been challenges? Any lessons?
34. How have standard operating procedures been developed? What has been the involvement of all the relevant organisations (who are they)? What has gone well in this? What has been difficult?

<p>Standard Operating Procedures (SoP) checklist</p> <ul style="list-style-type: none">- Check availability of SOPs and when they were developed and operationalised- SOPs translated, printed and widely disseminated incl. existence of user friendly versions
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- Staff and partners trained on SOPs
 - Key sections of the SOPs – does it follow the interagency standard template
 - Accessibility to SOP documents by staff – do all protection staff and non-protection staff have copies of the SOPs – have they been trained?
 - Mechanisms to review effective implementation of the SOPs? How often they are reviewed, expiry dates of the existing SOPs

35. What national laws and policies are relevant to UNHCR's SGBV interventions? How have these been taken into account?

36. What links if any are there with civil society advocacy for gender equity in Brazil? How well does UNHCR interventions align with the main campaigns [what are they]?

37. How well does the UNHCR Brazil SGBV approach align with the regional priorities? What are the reasons for any differences? What has been helpful from the regional support? What lessons are there for the future?

Lessons and Recommendations and Final

38. Do you have any recommendations you would like to make for how UNHCR approach to SGBV can be strengthened in the next year or so in Brazil?

39. What 2-3 lessons would you highlight for other similar operations to be aware of e.g. needing in rapid scale up, in relation to SGBV interventions to support indigenous populations, in relation to SGBV response/mitigation/prevention interventions to supports LGBTI PoC?

40. Any other final comments?

Annex 4

Interview checklists by stakeholder group

Stakeholder	Interest	How will they be involved in the evaluation	Tool name/code
PoC	Survivors and/or at risk of SGBV as well as being the target of interventions	Through KII and FGD as well as using secondary data. Survivors will <u>not</u> be targeted for participation in the evaluation.	Evaluation Tool (ET) 1
PoC with community roles e.g. community health workers (UNFPA trained) and referral services		KII and FGD in site visits	ET2 - TBC if needed
UNHCR country office staff – Boa Vista, Sao Paulo, Manaus, Brasilia	Providers of SGBV interventions including through face-to-face interaction, their management and decision-making about resource allocation.	FGD and KII	ET3
Implementing partners (UNHCR operation and SGBV responses)	Implementing UNHCR SGBV response interventions and also with knowledge of the situation on the ground.	KII	ET4
Partners including other UN agencies	Partners in provision of the overall humanitarian response, some involved in long-term development initiatives relevant to SGBV response and prevention and also in VenSit humanitarian and SGBV response and prevention.	KII	ET5
Federal government authorities, federal police and army	Lead of the wider refugee response and also have direct roles e.g. in shelter management.	KII	ET6
State and municipal authorities	Previous lead for refugee response in Roraima and still key	KII	ET6 (use above)

	organisations in the refugee response.		
Brazilian human rights movements including for rights of women's, LGBTI and indigenous people	Involved on these issues within Brazil.	KII	ET7
Outreach volunteers	Key link between PoC community and UNHCR. Newly recruited (November 2018) and trained.	FGD	ET8

ET1 Persons of Concern

- Hold interviews with individuals and focused discussions with groups a) in shelters b) outside of shelter as i) points of arrival (Pocaraïma) ii) registration iii) in shelters iv) in safe house v) in relocation (shelters and outside).
 - Focus groups are ideally with 5-8 people.
 - If possible have two people for a FGD with one engaging with the group and the second taking note.
 - Introduction - see masterlist introduction and explain the team is here to learn about UNHCR's work to help it improve its work in the future. Emphasise that all conversations are confidential and there is no relationship between anything people say and their future assistance. Explain the team are not members of UNHCR Brazil operation but independent. Participants' views are extremely important.
 - It is likely that you need to split the questions between different groups to ensure you get feedback on all the questions but do not put too many questions into one discussion.
 - Discussions usually last 1 hour.
1. Can you tell us a little about your journey since you arrived here (when you arrived, who you are travelling with - if anyone, where you have stayed)?
 2. What has been your contact with UNHCR/partner since you arrived in Brazil? [Probe about their contact with UNHCR at the border crossing, at registration and where this has been, in shelters and elsewhere. Include feedback on UNHCR partners too - make sure you know who they are in each region).
 3. What has been positive about your contact with UNHCR? What benefit, if any has there been for you.
 4. Has anyone talked with you about SGBV? Are you aware that UNHCR has specific support for people who are at risk of gender-based violence?
 5. Explain that some of the services they provide are to support any survivors of violence with medical, legal and psycho-social support, possible safe shelter and relation and possibly other. They also provide information on rights in Brazil.
 6. Has other information been provided to you? (probe to find out if people are aware of the leaflets with information, have seen the video at the border crossing, other - have a copy of the information leaflet to hand). What do you remember from this information - what was helpful, what was not? What feedback do you have on when it is appropriate to provide this information? What format is most suitable (e.g. face to face, video, leaflet, social media, other).
 7. Are you aware of there being incidents of violence of this type involving other Venezuelans in Brazil?

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8. Do you think people affected by these issues feel confident to approach UNHCR staff/partners with their concerns?
 9. What spaces are there for private conversations with UNHCR in this location? What is good about them? How could they be improved?
 10. Are you aware of any examples where people have approached UNHCR/partners about SGBV? Could you tell us about (we do not need names)? What was the UNHCR/partner response?
 11. Do you think there are risks linked to GBV for people at the border/in this shelter/when relocating? What are the important ones?
 12. What could be done to reduce these risks?
 13. Do you feel safe here? Please give details of what are your concerns. How could these be addressed?
 14. Do you think people who have had experience of gender-based violence because of their Sexual Orientation and Gender Identity (SOGI) know where they can go for help (e.g. health centre, police, UNHCR, law, OV)? If so, how do they hear about it? What is the best way to make sure people know about this? What are the risks for them? How can these be reduced?
 15. Are there people who might not access services e.g. medical care, justice, police even if they know they are supposed to help when there have been incidences of violence? What can be done so they can access this help?
 16. Are there specific risks that affect specific groups such as IGENOUS, FEMALE HEADED HOUSEHOLD, GIRLS, MEN AND BOYS, OTHER due to their gender identity?
 17. How should UNHCR take these risks into account when they try to support people affected by or at risk of SGBV?
 18. If you have a complaint to make about UNHCR/partner what can you do? Do you know of people who have complained? Any who have taken in these activities for women/men/SGBV [how to describe?]. Do you know what the result/response was?
 19. Are there other services that would help women/men/boys/girls/PWD/other group affected by violence that are needed? What do you recommend?
 20. Do you have any recommendations for how UNHCR and other organisations can better support people affected by SGBV?

Thank you.

ET2 PoC with specific roles. Also, referral services

1. What is your role in /relationship to the VenSit operation?
2. What contact have you had with UNHCR/XXX org about SGBV? (e.g. training, received materials, support- include discussion on UNFPA training).
3. What is your understanding your understanding of SGBV? [or how do you respond to our approach/definition of SGBV?]
4. What is the scale of activity/how many people in the shelter/coming to centre every week? How many are new clients?
5. How does your role (and organisation if appropriate) relate to SGBV?
6. In what ways has your role/organisation benefitted, if at all, from the support of UNHCR/XXX? Specific example.
7. Please give details of any training, technical or other support you've received from UNHCR/others to help in your work relating to SGBV e.g. on how to identify survivors, how to create space to build trust and for someone to disclose an experience, to refer someone affected by SGBV for specialist support such as legal, medical, psycho-social.
8. Feedback on training – what was new, what was good, what difficult, what more wanted. What follow up received/needed? How shared with colleagues – challenge to do this.
9. What are the procedures for if identify someone affected by SGBV or a risk of this? Do you have any examples?
10. Have you experience of referring SGBV survivors or at risk to another organisation or service? Do you know what was their experience there - what went well, any challenges?
11. What is changing in risks around SGBV for refugees that needs to be considered by UNHCR in its work and also in support for your role/organisation?
12. What recommendation would you like to make for how UNHCR/XX works with you over the next year? [if it's about more money then ask for another].

ET3 UNHCR- needs to be adapted according to staff roles, location and duration in-country

General

1. Please outline your role and how, if at all, it relates to SGBV (what responsibilities it has). How long have you been in the UNHCR Brazil operation?

Relevance and appropriateness

Planning and operation design

2. We are looking at how the UNHCR operation has considered SGBV in its interventions. These are some of the types of intervention we have identified. Are there activities which are missing from this list that you consider to be relevant as part of a response to an SGBV incidence or that prevent it through mitigation of risks or long-term change?
3. What has been your role in the planning of the UNHCR VenSit operation? Can you give me 2-3 specific examples of when and how SGBV was considered in planning? Is this documented? [gather the reference and if not already in the team dropbox the document too]. How important was SGBV when you did your planning? What prompted attention to it?
4. How are incidents and risks of SGBV monitored? Please explain the process that you use (formal or informal). Is there any documentation of this process? What are the strengths and any gaps in how this has been assessed? What learning is there for future operations?
5. Can you talk us through if and how the SGBV risks and incidence for the Venezuelan PoC in Brazil have changed over the past 18 months?
6. How has the UNHCR operation evolved over the 18 months? How did UNHCR SGBV interventions evolve?
7. In particular what changed when:
 - a) the humanitarian operation was Federalised? How has UNHCR supported SGBV to be considered in each of the three pillars of the Federal response (orderly border crossing, shelter, relocation)?
 - b) political pressure on LGBTI and women's rights has increased in Brazil (if you think it has)
 - c) it became clear the situation would be long-term
8. How is SGBV considered when deciding who is prioritized for assistance including in shelter, relocation, cash-based interventions, other (including protection - possibly adding a question on how you see the relationship between protection and SGBV).
9. How, if at all are UNHCR SGBV interventions designed to take account of differences (e.g. types of SGBV incidence and risks, need to design intervention differently for access etc.) in :
 - a) indigenous people
 - b) female headed households
 - c) children

-
- d) LGBTI
 - e) persons with disability
 - f) the increasing proportion of non-indigenous PoC.

10. There are some risks and types of SGBV incident that are known to be associated with migration in this region. These include trafficking of women and children for sexual exploitation, survival sex and sexual exploitation in the workplace. Are you aware of these occurring in this location? Has UNHCR and its partners sought to address these issues?
11. We know there are barriers to people accessing SGBV services due to stigma, fear, disability and distance. How have the interventions addressed these issues? Is there any new learning from the efforts to address these barriers in this context to date?
12. How has the status of existing services in Brazil for survivors of SGBV affected how UNHCR developed its SGBV interventions?
13. How have UNHCR SGBV interventions been shaped by the scale and role of other UN agencies' interventions relevant to SGBV response and prevention?

Effectiveness

Implementation

14. What is going well in the operation and in SGBV interventions in particular?
15. What are the key challenges?
16. What information is there on the trends/numbers in people disclosing SGBV incidence and/or concerns/fears?
17. How do you ensure that PoC are aware of the availability of services if people are survivors of SGBV? What works well? What does not?
18. Is there evidence that PoC who are survivors of SGBV or feel extreme vulnerability can approach SGBV and partners for support? Please give details. Are there differences between any groups including indigenous, LGBTI, men and boys, according to age, other?
19. What evidence is there that PoC are satisfied with the relevant SGBV services [Word according to whether you are asking about a) safe shelter b) access to support for survivors c) services people are referred to d) shelter e) relocation f) OTHER??

For managers:

- How do you track the effectiveness of UNHCR and partners' SGBV interventions? What would help you do this better?
- In the absence of a SGBV strategy what has guided your decision-making about SGBV interventions and resourcing? What would have helped you in each phase?
- Did you use the Safe from the Start framework? Other tools/policies/frameworks?

20. **Partners and capacity development** - How has UNHCR assessed the capacity of its implementing partners in relation to understanding of what is SGBV, what to do if they encounter a survivor and how to reduce risk? What has been the approach of UNHCR to build the capacity of partners in SGBV response, mitigation and prevention? What lessons are there from this process so far for the next phase and/or other locations regarding partnership and capacity development?
21. How has UNHCR supported the establishment of good quality SGBV interventions? What standards are used/are being developed?
22. **Advocacy** - What has UNHCR advocated on to government at different levels and other organisations in relation to addressing SGBV? How has this been done? Are there examples of UNHCR advocacy and influencing activities been successful in increasing attention to SGBV response and prevention? What has been difficult? What are the lessons for the future/elsewhere? How has UNHCR used its relationship with CONARE for the benefit of advocacy to support SGBV response and prevention? What opportunities does it present?

Operational implementation - for protection team staff only-[maybe only in a group discussion/workshop with a small group considering the questions for a) case management b) referral and c) quality.

A group discussion can also consider current practice, lessons and recommendations for communication about SGBV services and creating trust and safe space to enable disclosure (see above questions)

If workshop not feasible or key people missing, include these questions in some select KII.

23. Please describe the systems for a) case management, b) information and referral of SGBV cases. What have been key developments? What have been key choices? What lessons can we draw from this for a) future of the Brazil VenSit response b) other locations in a similar situation? [WORKSHOP THIS and ask key UNHCR staff]
Some follow up areas to look at in case management and referral are below. Diana and Paola may be best placed to refine what is appropriate in Brazil.

Possible Follow up questions on systems

Well-functioning Case Management

- What case management tools are being used?
- Have staff been trained on the new global case management tool kits? (planned training?)
- What is the general qualification of case worker and manager?
- What is the case worker/caseload ratio at a given time? How many qualified case workers does the organisation/institution have
- Do case workers have regular debrief sessions with case supervisors / managers (every two weeks or monthly basis) and external actors?
- Are there case conference meetings to discuss complex cases?
- Are there filing systems (physical and electronic) and data protection policies in place and staff trained on them?
- Is there a beneficiary feedback system in place and regularly used?

Robustness of referral pathway/ systems

- Is there a referral system/ mechanism in place and displayed in strategic public areas?
- Are communities aware of these referral pathways/ mechanisms? Check if there are copies available or even displayed in strategic areas
- Are there other non-formal referral systems/mechanisms used by the communities?
- Have communities, staff, partners been trained/ sensitised on existing referral pathways/mechanisms?
- On average, how many referrals does your organisation receive and handle (weekly and monthly)?
- To what extent do partners, frontline workers and communities know about existing referral pathway/system?
- Has the existing referral pathway/ system been translated into local languages and disseminated to communities?
- Are existing referral pathways/systems child friendly?

Coverage- Management only in Brasilia and offices (Boa Vista, Manaus, Sao Paolo)

24. How /to what extent have SGBV interventions grown in response to the increasing numbers of Venezuelan PoC in Brazil as well as their geographical distribution within and beyond Roraima? What has enabled this? What has impeded it? What are lessons from this a) for UNHCR in Brazil for 2019 and beyond and b) other parts of UNHCR in future similar scenarios of population influx and rapid scale up required?
25. How well do the technical resources (specialised skills, systems, processes) match the SGBV response needs in Brazil? How has this changed over time? What more is needed in the future for adequate coverage? What expertise would you like to have more access to /present in the operation?
26. How quickly have operational budgets for SGBV relevant activities been able to be accessed? What has been the lag between a) identifying a need, b) requesting resources, c) receiving them?
27. What has been the process for budget planning and revisions in 2017-18 for the UNHCR VenSit operation? How has SGBV been considered in this? What have been the criteria for what activities have been funded when there is a shortfall between the comprehensive operating budget and operative level (agreed budget)?
28. How efficient have partners been in scaling up their activities to meet needs? How has UNHCR supported this? Could anything more have been/be done?

Coherence - Management only in Brasilia and offices (Boa Vista, Manaus, Sao Paolo)

29. How have UNHCR staff in Brazil been supported to understand what is SGBV, how to respond, UNHCR policies and processes?
30. How have UNHCR partners in Brazil been supported to understand what is SGBV, how to respond, UNHCR policies and processes?

-
31. What is the division of labour between UNHCR and other UN/INGOs/Government in SGBV response, mitigation and prevention? How has this evolved over time? [Consider direction interventions and also coordination). What has gone well in dividing responsibilities? What has helped this? What have been challenges? Any lessons?
32. How has UNHCR supported the establishment of a high quality and consistent approach to SGBV response in Brazil? What are some of the formal or informal processes used (if at all)? Consider how standard operating procedures have been developed. What has been the involvement of all the relevant organisations (who are they)? What has gone well in this? What has been difficult? How useful is /will be the SoP? What more is needed?

Standard Operating Procedures (SoP) checklist

- Check availability of SOPs and when they were developed and operationalised
- SOPs translated, printed and widely disseminated incl. existence of user friendly versions
- Staff and partners trained on SOPs
- Key sections of the SOPs – does it follow the interagency standard template
- Accessibility to SOP documents by staff – do all protection staff and non-protection staff have copies of the SOPs – have they been trained?
- Mechanisms to review effective implementation of the SOPs? How often they are reviewed, expiry dates of the existing SOPs

33. What national laws and policies are relevant to UNHCR's SGBV interventions? How have these been taken into account?
34. What links if any are there with civil society advocacy for gender equity/equality in Brazil? How well does UNHCR interventions align with the main campaigns [what are they]?
35. How well does the UNHCR Brazil SGBV approach align with the regional priorities? What are the reasons for any differences? What has been helpful from the regional support? What lessons are there for the future?

Lessons and Recommendations and Final

36. Do you have any recommendations you would like to make for how UNHCR approach to SGBV can be strengthened in the next year or so in Brazil?
37. What 2-3 lessons would you highlight for other similar operations to be aware of e.g. needing in rapid scale up, in relation to SGBV interventions to support indigenous populations, in relation to SGBV response/mitigation/prevention interventions to supports LGBTI PoC?

38. Any other final comments? Probe regarding innovations from Brazil operation.

39. Possible workshop(s) /extended FGD with UNHCR staff (and maybe partners too) too on lesson areas a) Scaling up b) Indigenous PoC and C) LGBTI PoC SGBV response, mitigation and prevention to consider:

- -what we did, when and why
- what went well
- what was difficult including dilemmas, choices
what are the lessons for the future in Brazil and operations in similar contexts
(what type of context)

ET4 UNHCR implementing partners

General

1. Please outline your role and what your organisation does in the VenSit operation?
How long have you been working with XXX? How long have you been involved in the operation supporting Venezuelan PoC?

Relevance and appropriateness

Planning and operation design

2. We are looking at how the UNHCR operation has considered SGBV in its interventions. These are some of the types of intervention we have identified. Are there activities which are missing from this list that you consider to be relevant as part of a response to an SGBV incidence or that prevent it through mitigation of risks or long-term change?
3. Can you talk us through what are the trends and SGHBV risks for the Venezuelan PoC that you are aware of in this situation?
4. How does your organisation play a role in responding to SGBV survivors or reducing risks of SGBV? Probe in relation to their role.
5. What support has UNHCR provided to build your capacity to approach SGBV incidence and risks? What was positive? How have you used this support/training? What could be improved? What more do you need?
6. How do you learn about Venezuelan PoC's concerns and issues affecting them including SGBV?
7. When/How is this discussed in your organisation and with UNHCR?
8. What feedback can you provide on cooperation with UNHCR - what has gone well, what could improve?
9. Do you have any recommendations you would like to make for how UNHCR approach to SGBV can be strengthened in the next year or so in Brazil?
10. What 2-3 lessons would you highlight for other similar operations to be aware of e.g. needing in rapid scale up, in relation to SGBV interventions to support indigenous populations, in relation to SGBV response/mitigation/prevention interventions to supports LGBTI PoC?
11. Any other final comments? Probe regarding innovations from Brazil operation.

ET5 UNHCR partners - UN agencies, other

General

1. Please outline your role and what your organisation does in the VenSit operation?
How long have you been working with XXX? How long have you been involved in the operation supporting Venezuelan PoC?

Relevance and appropriateness

2. We are looking at how the UNHCR operation has considered SGBV in its interventions. These are some of the types of intervention we have identified. Are there activities which are missing from this list that you consider to be relevant as part of a response to an SGBV incidence or that prevent it through mitigation of risks or long-term change?
3. Can you talk us through what are the trends and SGBV risks for the Venezuelan PoC that you are aware of in this situation?
4. How does your organisation play a role in responding to SGBV survivors or reducing risks of SGBV? Probe in relation to their role.
5. How has the humanitarian situation and response evolved over the past 18 months? What are the implications for SGBV interventions? In particular what changed when:
 - a) the humanitarian operation was Federalised?
 - b) political pressure on LGBTI and women's rights has increased in Brazil (if you think it has)
 - c) it became clear the situation would be long-term
6. How do SGBV interventions designed to take account of differences in experience of and risks of SGBV for:
 - a) indigenous people
 - b) female headed households
 - c) children
 - d) LGBTI
 - e) persons with disability
 - f) the increasing proportion of non-indigenous PoC.
7. How does your organisation do this? Are you aware of UNHCR addressing these issues?
8. There are some risks and types of SGBV incident that are known to be associated with migration in this region. These include trafficking of women and children for sexual exploitation, survival sex and sexual exploitation in the workplace. Are you aware of these occurring in this location? Has your organisation (or UNHCR) sought to address these issues? With what effect? Lessons?
9. We know there are barriers to people accessing SGBV services due to stigma, fear, disability and distance. How have the interventions addressed these issues? Is there any new learning from the efforts to address these barriers in this context to date?

Effectiveness

10. What has gone well in the humanitarian community's response to risks of SGBV for Venezuelan PoC in Brazil? What evidence is there of its effectiveness?
11. What has been a challenge? How have these been addressed? What more could be done?
12. Is there evidence that PoC who are survivors of SGBV or feel extreme vulnerability can approach UNHCR and partners for support? Please give details. Are there differences between any groups including indigenous, LGBTI, men and boys, according to age, other?

Coverage

13. How well are resources and activities distributed to respond to and prevent SGBV across Brazil in relation to the where PoC are living? What are any key gaps? What efforts have there been to reduce these? With what effect?
14. What are some of the key capacity issues facing the VenSit operation relevant to SGBV response and prevention? How have these been addressed so far? What more could be done?

Coherence

15. What are the different roles of UNHCR and XX (and other organisations) in terms of responsibility for SGBV response and prevention in the VenSit operation? How have these evolved over time?
16. What has gone well in terms of working together? What has enabled this?
17. What could improve? What are the challenges?
18. How consistent is the approach across organisations to SGBV response and prevention? In particular, how does this relate to how organisations address issues relevant to a) indigenous people and b) LGBTI? What would help support a more consistent approach? Any obstacles?
19. What is your experience of the development of SoP? What went well/challenges?

Lessons and recommendations

20. Do you have any recommendations you would like to make for how UNHCR approach to SGBV can be strengthened in the next year or so in Brazil?
21. What 2-3 lessons would you highlight for other similar operations to be aware of e.g. needing in rapid scale up, in relation to SGBV interventions to support indigenous populations, in relation to SGBV response/mitigation/prevention interventions to supports LGBTI PoC?

22. Any other final comments? Probe regarding innovations from Brazil operation.

ET6 Government and authorities - Federal, state, local

Government interviewees may need to locate SGBV answers in the wider operation which they may be more familiar with.

General

1. Please outline your role in the VenSit operation? What is the relationships of your department/institution to UNHCR? How long have you been working in this position? How long have you been involved in the operation supporting Venezuelan PoC?

Relevance and appropriateness

2. We are looking at how the UNHCR operation has considered SGBV in its interventions. These are some of the types of intervention we have identified. Are there activities which are missing from this list that you consider to be relevant as part of a response to an SGBV incidence or that prevent it through mitigation of risks or long-term change?
3. How has the humanitarian situation and response evolved over the past 18 months? What are the implications for SGBV interventions?
4. What is the government [dept) role in responding to SGBV survivors or reducing risks of SGBV?
5. Can you talk us through what are the trends and SGBV risks for the Venezuelan PoC that you are aware of in this situation?
6. There are some risks and types of SGBV incident that are known to be associated with migration in this region. These include trafficking of women and children for sexual exploitation, survival sex and sexual exploitation in the workplace. Are you aware of these occurring in this location? Is the govt (or UNHCR/others) seeking to address these issues? With what effect? Lessons?

Effectiveness

7. What has gone well in the humanitarian community's response to risks of SGBV for Venezuelan PoC in Brazil? What evidence is there of its effectiveness?
8. What has been a challenge? How have these been addressed? What more could be done?
9. Is there evidence that PoC who are survivors of SGBV or feel extreme vulnerability can approach UNHCR and partners for support? Please give details. Are there differences between any groups including indigenous, LGBTI, men and boys, according to age, other?

Coverage

10. How well are resources and activities distributed to respond to and prevent SGBV across Brazil in relation to the where PoC are living? What are any key gaps? What efforts have there been to reduce these? With what effect?
11. What are some of the key capacity issues facing the VenSit operation relevant to SGBV response and prevention? How have these been addressed so far? What more could be done?

Coherence

12. What are the different roles of government, UNHCR and XX (and other organisations) in terms of responsibility for SGBV response and prevention in the VenSit operation? How have these evolved over time?
13. What has gone well in terms of working together? What has enabled this?
14. What could improve? What are the challenges?
15. How consistent is the approach across organisations to SGBV response and prevention? In particular, how does this relate to how organisations address issues relevant to a) indigenous people and b) LGBTI? What would help support a more consistent approach? Any obstacles?

Lessons and recommendations

16. Do you have any recommendations you would like to make for how UNHCR approach to SGBV can be strengthened in the next year or so in Brazil?
17. Any other final comments?

ET7 Civil society - Rights movements, universities, other

General

1. Please outline your role in rights/other? What is the link with SGBV? Is there any link with the VenSit operation in Brazil? How long have you been working in this position?

Relevance and appropriateness

2. We are looking at how the UNHCR operation has considered SGBV in its interventions. These are some of the types of intervention we have identified. Are there activities which are missing from this list that you consider to be relevant as part of a response to an SGBV incidence or that prevent it through mitigation of risks or long-term change?
3. How has the humanitarian situation and response evolved over the past 18 months? What are the implications for SGBV interventions?
4. What are the key trends in relation to SGBV in Brazil over the past 2-5 years? What were the implications of this for a refugee response?
5. What are the expectations of how the situation relating to gender equity/SGBV/related issues e.g. indigenous rights will evolve over the next 2 years or so? What might be implications of this for Venezuelan refugees and migrants? And for SGBV in particular?
6. What the key messages of your organisation in relation to SGBV response and prevention in Brazil?
7. What recommendations would you like to make to UNHCR on how it develops its VenSit operation, SGBV interventions and relationship to civil society movements here in Brazil?

ET8 Outreach volunteers

1. Please describe how you became involved in the UNHCR activities?
2. What do you do?
3. What training did you receive?
4. What do you enjoy most?
5. What are the most difficult challenges you face in your outreach volunteer role?
6. We are looking at how UNHCR's operation addresses SGBV - expand to explain role and meaning.
7. What training have you received on SGBV?
8. Do you have a role in relation to sharing information on it with communities or from communities with UNHCR and partner?
9. What is the value of having outreach volunteers with awareness of SGBV and UNHCR's operations? We know you have been active for only a short time but are there already achievements have been some of the most important achievements of the OVs in this community? How do you know they have had this effect? Do you have examples?
10. We know that some people can be reluctant to contact UNHCR about SGBV and their experience of violence because of the stigma attached to it/fear of other people finding out/their disability/fear of the authorities. What could be done to overcome this fear?
11. Are you aware of there being experiences of SGBV in your community?
12. What is the most effective way do you think of sharing information with people about SGBV issues and services? if appropriate, can you tell me an example of where that has worked well? (do not name names)
13. What support would you like for your role and how it relates to SGBV?
14. What recommendations would you like to make to UNHCR and partners for how to improve their support for Venezuelan PoC this year?

Annex 5

Count of Organisation	Column Labels									
Row Labels	Boa Vista	Brasília	Costa Rica	Ecuador	Geneva	Manaus	Pacaraima	Rio de Janeiro	São Paulo	Grand Total
Adra						2				2
Aldeais Infantis shelter								6		6
Aldeias Infantis		4							3	7
Aldeias Infantis Brasília		10								10
Aldeias shelter								12		12
Alfredo Nascimento						30				30
Army	4									4
Associação Manifsta LGBT						6				6
Associação Palotinas									2	2
Associação Palotinas shelter									1	1
AVSI	3									3
Canarinhos da Amazônia							7			7
Cáritas AM						38				38
Cáritas CASP									3	3
Cáritas RJ								5		5
Casa Civil		2								2
Casa da Mulher Brasileira	6									6
Casa Miga						6				6
CRAI									2	2
DEAM	1									1
FFHI	2									2
Fundação Fé e Alegria									1	1
IMDH	2	2								4
Instituto Mana						1				1
IOM	2						1			3
Jannokoida shelter							12			12
Jardim Floresta shelter	9									9
Jesuítas									2	2
Latiffe Salomão Shelter	6									6
LGBT + Movimento								2		2
Ministry of Citizenship - former MDS		2								2
Ministry of Human Rights		1								1
Ministry of Social Development							1			1
Missão Paz									1	1
MPF						2				2
MSF	2									2
Municipality São Paulo									4	4
NRC	3									3
Papa Francisco shelter								12		12
Pintolândia shelter	16									16
REACH					1					1
Rondon 1 shelter	8									8
Santo Antônio Shelter						7				7
SAPEM/SEJUSC						1				1
SEJUSC Amazonas						2				2
SEMASC Manaus						6				6
Serviço Jesuíta						1				1
State Department for Social Development & Citizenship	4									4
SUSAM - Amazonas						2				2
Terra Nova									2	2
UNFPA	2	1						2		5
UNHCR	19	12	1	1	1	6	1	1	2	44
UNICEF	1					2				3
UNWomen	2	1								3
Grand Total	92	35	1	1	2	112	24	26	35	328

Annex 6

SHELTER´S CHECKLIST³⁹ Period 2017- 2019

This form should be filled for each of the 13 shelters in Boa Vista; it should be done by UNHCR Implementing Partner’s protection focal point in the shelter.

For those without Implementing Partner (IP), the UNHCR focal point should answer the questions that are relevant.

Shelter: _____

Shelter’s Opening Date: _____

Profile of the beneficiaries in the shelter (single men, single women, families, LGTBI, Indigenous): _____

IP or UNHCR Protection Focal Point: _____

Staff that filled the form: _____

Date: _____

1. Number of Men and Women staff hired:

Men: _____ Women: _____ LGTBI: _____ People with Disabilities : _____

Men titles:

Women titles:

LGTBI

titles: _____

_ People with Disabilities titles :

Any specific expertise on SGBV:

Any protection or SGBV Case Manager?

³⁹ Adapted from: Norwegian Refugee Council (NRC)/The Camp Management Project (CMP) Edition May, 2008. IASC/ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action Reducing risk, promoting resilience and aiding recovery, 2015 and SGBV Sphere Standards.

2. Has the shelter staff received training in Sexual and Gender-Based Violence (SGBV) including referral systems?

Yes No

If yes,

Number of people trained: _____

Number of women trained: _____

Number of men trained: _____

Number of trainings: _____

Number of hours: _____

Date (s): _____

Trainer (organization): _____

Themes: _____

3. Has the shelter staff received training in protection of LGBTI (lesbian, gay, bisexual, transgender, and intersex issues) people, including referral systems?

Yes No

If yes,

Number of people trained: _____

Number of trainings: _____

Number of women: _____

Number of men: _____

Number of hours: _____

Date (s): _____

Trainer: _____

Themes: _____

4. Has the shelter staff signed a code of conduct with a section regarding sexual exploitation and abuse?

Yes No

If yes, please attached it.

5. Is there an information management system to record, follow up and analyze SGBV cases put in place on the shelter?

Yes No

If yes, please explain:

6. Is there a reporting mechanism for SGBV incidents in the shelter?

Yes No

If yes, please explain it:

7. How many cases of SGBV were disclosed or detected in:

2017: _____

2018: _____

2019 (January) _____

8. Do you share SGBV information with:

- UNHCR? Yes No.

If yes, please explain which type of information and the mechanism to share it:

- Is there an Information Sharing Protocol to share this information? Yes No

- Other actors? Yes No

If yes, please describe the actors and which type of information and the mechanism to share it:

- Is there an Information Sharing Protocol to share this information? Yes No

9. Would you know if a People of Concern (PoC- Venezuelan population) that arrives at the shelter has been an SGBV survivor?

Yes No

If yes, please explain how:

What do you do with these cases?

10. If a POC is victim of SGBV inside shelter, what would you do?

11. If a POC (in your shelter) is victim of SGBV outside the shelter, what would you do?

12. Have you identified persons at risk of SGBV?

Yes No

If yes, what do you do with these persons?

13. There is a safe space (close and confidential) were people can talk to the shelter staff?

Yes No

If yes, have POC has been informed that they can use it in case they want to talk with a shelter staff in private?

Yes No

14. Is there a “fluxo” available for SGBV cases that you are managing?

Yes No

If yes, please explain it:

15. Within the fluxo what are the health services available for SGBV survivors and where?

Yes No

How do they work (quality, availability, responsiveness, among others?)

Do you follow up and monitor them?

16. Are there free legal services available for SGBV survivors?

Yes No

If yes, where?

How do they work (quality, availability, responsiveness, among others?)

Do you follow up and monitor them?

17. Are there security services (police or other) available for SGBV survivors?

Yes No

If yes, where?

How do they work (quality, availability, responsiveness, among others)?

Do you follow up and monitor them?

18. There are psychological/psychosocial services available for SGBV survivors?

Yes No

If yes, where?

How do they work (quality, availability, responsiveness, among others)?

Do you follow up and monitor them?

19. Are there psychological services available for SGBV perpetrators?

Yes No

If yes, where?

How do they work (quality, availability, responsiveness, among others)?

Do you follow up and monitor them?

20. Do you follow-up and monitor all SGBV cases?

Yes No

Please describe.

21. Have you done participatory assessment (s)?

Yes No

Date (s): _____
Who with: _____
Number of participants: _____
Women: _____ Men: _____
Girls: _____ Boys _____
Women with disabilities: _____ Men with disabilities: _____
LGBTI: _____
Indigenous Women: _____ Indigenous men: _____
Indigenous Girl: _____ Indigenous boys: _____
Indigenous Women with disability: _____ Indigenous Men with
disability: _____

If yes, SGBV was included in the assessment?

Yes No

If yes, please describe the main findings and attach it:

22. Is the shelter design and layout supporting the prevention and risk mitigation of SGBV?

Yes No

If yes, how?

23. There are areas of risk in the shelter where POC (adult and children) could be victims of SGBV?

Yes No

If yes, which ones?

What has been done about it?

24. There are complaint mechanisms and feedback from the community to improve GBV-related shelter management issues?

Yes No

If yes, please describe it:

25. There are PoC committees in the shelter?

Yes No

If yes, please populate the table below:

Committee Name	Number or persons	Number of women

26. Are PoC involved in the shelter management decisions?

Yes No

If yes, how? Please give examples:

Are women involved in these shelter management decisions?

Yes No

Are LGBTI persons involved in these shelter management decisions?

Yes No

If yes, how?

27. Have PoC's been receiving training in SGBV?

Yes No

If yes,

Number of people trained: _____

Number of women trained: _____

Number of men trained: _____

Number of trainings: _____

Number of hours: _____

Date (s): _____

Trainer: _____

Themes: _____

28. Has the shelter have any activity for SGBV prevention (for example, rodas de conversa?)

Yes No

If yes,

Number of activities: _____

Number of participants: _____

Number of women: _____

Number of men: _____

Date (s): _____

Number of hours: _____

Facilitator: _____

Please describe:

29. Have community outreach and GBV awareness raising activities been implemented in the shelter?

If yes, please describe:

30. Which support do you need from UNCHR regarding SGBV?

31. Which support do you receive from UNCHR regarding SGBV?

32. Do you have any recommendations for UNHCR regarding SGBV?

Thank you!

**People of Concern (PoC): Venezuelan population
SGBV: Sexual and Gender-Based Violence**

Annex 7

Table 1: UNHCR interventions categorised according to level of intervention and aim

NB some interventions address more than one aim.

UNHCR Response interventions	UNHCR Mitigation interventions	UNHCR Prevention interventions
Individual		
<ul style="list-style-type: none"> - Identification of survivors of SGBV (including children, LGBTI, FHH...) and child protection cases on arrival through the Ptrig and registration system - Direct individual case management by UNHCR protection team (high priority cases outside shelters and shelters without UNHCR presence) - Recording of Specific Needs Codes in Rapp/proGres - Provision of services or referral to IPs and/or a specialized SGBV public services - Individual ad hoc follow up and monitoring of the case management for high risk cases - Identification, set up and referral systems for specialized services – health, legal, protection, psycho-social, shelter - SOPs development - Safe House in BV accommodating survivors of SGBV, women and LGBTI at risk 	<ul style="list-style-type: none"> - Identification of PoC with specific vulnerabilities to SGBV - Inclusion of key SGBV vulnerabilities in response sectors' assistance (shelter, relocation, CBI for protection) and to be provided with AGD approach - Adaptation of the assistance to mitigate risks (separate toilets for LGBTI, lighting systems, space allocation in shelters by pop groups...) - Monitoring and consultations of groups or community concerns and priorities - Conversation group with LGBTI community members about self-care, health, employability, prejudices - Preparation to relocation and information shared about SGBV related services at destination - Development of Safe Spaces in line with the Regional Safe Spaces Network 	<ul style="list-style-type: none"> - FGDs with women, talking about their rights, SGBV, governmental support networks and life in shelters and after leaving the shelter - PSEA training for mandatory for all members of the Operation <i>Acolhida</i>. - Suggestion and complaint box for beneficiaries (just implemented)
Community and/or specific groups		
<ul style="list-style-type: none"> - Awareness raising of SGBV through leaflets (domestic violence), video (WaW) and posters (sexual exploitation and abuse, trafficking) for all PoC in the PRI and Ptrig - Safe space message for LGBTI persons visibility in the Ptrigs - FGD and information sessions on national laws and services available for SGBV survivors for various PoC groups - Training on SGBV referral pathways for UNHCR staff, IPs, army and community health promoters - Strengthening local network capacity to respond to SGBV 	<ul style="list-style-type: none"> - Risk assessments, data collection and follow up on needed actions - Prioritization of vulnerability criteria for shelter, relocation, employment opportunities, CBIs...including SGBV survivors/persons at risk - Distribution of male and female condoms and information folders on SGBV to the local faith based structures receiving PoC 	<ul style="list-style-type: none"> - Empower women as community leaders in indigenous shelters to serve as spokespersons to their community and to UNHCR re SGBV - Leaflets and posters on national laws related to SGBV, LGBTI and women's rights - Launch of the Outreach Volunteers mapping services, providing information to

<ul style="list-style-type: none"> - Technical working group on SGBV established with UNFPA (lead), UNHCR and IOM a in partnership with local actors, including civil society partners and local authorities in Roraima - Launch of the Protection Working Group (Roraima) 		<ul style="list-style-type: none"> PoC living outside shelters and community mobilization - Training of partners and stakeholders on SGBV core concepts and guiding principles - FGDs exclusively for men on the theme of “Engaging men and boys in ending SGBV and prevention of HIV”
National		
<ul style="list-style-type: none"> - Salary paid to national service providers - Advocacy with Public Attorney’s and Federal Prosecutors Offices to ensure survivors of SGBV have access to official complaints mechanisms and legal services - Capacity-building of national service providers and IPs - Promotion of attention to specific issues and neglected groups - Sector coordination and development of tools to promote good practice 	<ul style="list-style-type: none"> - Ongoing advocacy for registration of PoC as asylum seekers or temporary residents that leads to full access entitlement to national services (health, work permit, social benefits...) - Technical support to the states and federal level - Advocacy for relocation strategy for protection purpose and adequate services for PoC survivors/at risk of SGBV 	<ul style="list-style-type: none"> - Advocacy and policy development inputs from UNHCR and UNFPA to strengthen legal framework to protect people from SGBV and strengthen access to adequate services for survivors - Monitoring of SGBV response at national level (UNFPA consultant) - 16 days of activism against GBV (various activities) - Anti-homophobic messaging in UNHCR communication material

Annex 8

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REACH (2018). Information Needs Assessment. Venezuelan Migration in Northern Brazil.

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UNHCR (1984). Cartagena Declaration on Refugees.

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UNHCR (2008). UNHCR Manual on a Community Based Approach in UNHCR Operations.

UNHCR (2011). 'Age, Gender and Diversity Policy: working with people and communities for equality and protection'.

UNHCR (2016). UNHCR Training package on SGBV prevention and response.

UNHCR (2011a). 'Action against sexual and gender based violence: an updated strategy'.

UNHCR (2018). Policy on Age, Gender, and Diversity.

UNHCR (2018a). Information Booklet on the Protection of LGBTI Refugees and Asylum Seekers.

UNHCR (2018b). Evaluation of UNHCR prevention and response to SGBV in the refugee population in Lebanon (2016–2018).

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Additional Documents Reviewed

1. Assessments

- Manaus Participatory Assessments: Host Community; Men+40 years; Women+40 years; - Female 10-13 years; LGBTI; Child Protection; Interiorization; Local Authorities; Male 14-17 years; Elderly; Male 10-13 years; Men 18-40 years; FHH; Warao Population; Women 18-40 years
- Rapid Assessment – Rodoviária (Manaus)

2. Country Operation Plans

3. Examples of community leaflets

4. PPAs and related documents

4.1 Agreements, projects, disbursement plans and final narrative reports from the following PPAs

2017

- BRA001/2017/088/000
- BRA001/2017/089/000
- BRA001/2017/009/000
- BRA001/2017/091/000
- BRA001/2017/092/000
- BRA001/2017/093/000
- BRA001/2017/095/000
- BRA001/2017/096/000
- BRA001/2017/097/000
- BRA001/2017/098/000

2018

- BRA001/2018/099/000
- BRA001/2018/100/000
- BRA001/2018/102/000
- BRA001/2018/104/000
- BRA001/2018/105/000
- BRA001/2018/107/000
- BRA001/2018/109/000
- BRA001/2018/110/000
- BRA001/2018/111/000
- BRA001/2018/112/000
- BRA001/2018/114/000
- BRA001/2018/116/000
- BRA001/2018/117/000

4.2 Agreements, projects and disbursement plans from the following PPAs

2019

- BRA001/2018/118/000
- BRA001/2018/119/000
- BRA001/2018/120/000
- BRA001/2018/121/000
- BRA001/2018/122/000
- BRA001/2018/123/000
- BRA001/2018/124/000
- BRA001/2018/125/000
- BRA001/2018/126/000
- BRA001/2018/127/000
- BRA001/2018/128/000
- BRA001/2018/129/000
- BRA001/2018/130/000
- BRA001/2018/131/000
- BRA001/2018/132/000

5. PRODOCs

- Joint Programme Document Leadership, Empowerment, Access and Protection (LEAP) for Migrant, Asylum Seeker and Refugee Women and Girls in Brazil – UNFPA, UNHCR and UNWomen

6. SGBV Prevention and Response Standard Operating Procedures (SOPs) and fluxos

- Guia de Procedimentos Padrao para Assistencia Financeira (CBI)
- Protocolo Operacional Interno do PTRIG: Violência de Gênero, Violações de Direitos Humanos e Saúde Sexual e Reprodutiva
- SGBV Response Pathway (Boa Vista)

- SGBV Response Pathway – Contacts (Boa Vista)
- SGBV Response Pathway (Manaus)
- SGBV Response Pathway – Contacts (Manaus)
- Standard Operational Procedure for Response to Sexual and Gender - Based Violence Affecting People of Concern in São Paulo

7. REACH products

- Monthly Situation Overview: Venezuelan asylum seekers and migrants living outside of shelters, Boa Vista city. June 2018.
- Monthly Situation Overview: Venezuelan asylum seekers and migrants living outside of shelters, Boa Vista city. July 2018.
- Situation Overview III: Venezuelan asylum seekers and migrants living outside of shelters, Boa Vista city
- Situation Overview IV: Venezuelan asylum seekers and migrants living outside of shelters, Boa Vista city
- Situation Overview V: Venezuelan asylum seekers and migrants living outside of shelters, Manaus city
- Roraima site profiling Janokoida Pacaraima, Roraima State, Brazil. June 2018
- Area-based neighbourhood profiling. Macro Area of Pintolândia, Boa Vista, Brazil. June 2018
- Roraima site profiling Pintolândia Boa Vista, Roraima State, Brazil. July 2018
- Roraima site profiling Janokoida Pacaraima, Roraima State, Brazil. July 2018
- Roraima State Site Profiling Boa Vista and Pacaraima, Roraima State, Brazil. August 2018
- Roraima State Site Profiling Boa Vista and Pacaraima, Roraima State, Brazil. September 2018
- Roraima State Site Profiling Boa Vista and Pacaraima, Roraima State, Brazil. October 2018
- Roraima State Site Profiling Boa Vista and Pacaraima, Roraima State, Brazil. November 2018
- Venezuelans in Boa Vista: Findings on vulnerabilities of women living out of shelters

8. Terms of Reference - TORs

- TOR Associate Protection Officer Vacancy Notice No. BRABR/20181026
- TOR Senior Protection Assistant Vacancy Notice No. BRABR/2019002

9. Tools

- Consultations Community - Based Complaint Mechanism Draft guidance Tool (2017)
- Herramienta para Consultas sobre Mecanismos de Queja Red Regional de PEAS de las Américas (2017)
- Regional Safe Spaces Network: SGBV Service Mapping and Referral Pathway Tool

10. Other documents

- 2017 – 2019 Budget by Objective
- 2017 – 2019 Budget Details
- 2017 FOCUS Budgets
- 2018 FOCUS Budgets
- 2019 FOCUS Budgets
- Asylum Application Form
- Brazil 2017 All Plan Narrative
- Brazil 2017 Indicator Achievement Report
- Brazil 2018 All Plan Narrative
- Brief Manaus Operation (Power Point presentation)
- Call for Expression of Interest (VenSit) 2019 Budget year
- Communicating How UNHCR Protects
- Planned actions 16 Days of Activism Brazil 2018 External Agenda
- Safe Space Networks for LGBTI and SGBV Survivor Persons of Concern in Brazil – Final Project Report
- UNHCR Brazil Response
- UNHCR Brazil's 2018 Partners: Brief Summary
- Venezuela Situation Supplementary Appeal 2018

Annex 9

Sexual and Gender Based Violence Definitions

SGBV - Many of the original global guidelines and resources use the language of SGBV rather than GBV. This term continues to be officially endorsed and used by UNHCR in relation to violence against women, men, girls and boys: “UNHCR consciously uses SGBV to emphasize the urgency of protection interventions that address the criminal character and disruptive consequences of sexual violence for victims/ survivors and their families” (*Action against Sexual and Gender-Based Violence: An updated strategy*, UNHCR, 2011)⁴⁰.

The evaluation will consider SGBV incidents most prevalent in the context of the emergency response in Brazil to be those in line with the table developed above, and according to the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action⁴¹ following definitions:

Child sexual abuse	The term ‘child sexual abuse’ generally is used to refer to any sexual activity between a child and closely related family member (incest) or between a child and an adult or older child from outside the family. It involves either explicit force or coercion or, in cases where consent cannot be given by the victim because of his or her young age, implied force.
Domestic violence (DV) and intimate partner violence (IPV)	While these terms are sometimes used interchangeably, there are important distinctions between them. ‘Domestic violence’ is a term used to describe violence that takes place within the home or family between intimate partners as well as between other family members. ‘Intimate partner violence’ applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services.
Forced marriage and child (also referred to as early) marriage	Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions.
Gender-based violence	An umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. The term ‘gender-based violence’ is primarily

⁴⁰ www.unhcr.org/4e1d5aba9.pdf

⁴¹ https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

	used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and /or targeted violence against LGBTI populations, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.
Physical assault	An act of physical violence that is not sexual in nature. Example include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.
Rape	Physically forced or otherwise coerced penetration—even if slight—of the vagina, anus or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.
Sexual abuse	The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
Sexual assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.
Sexual exploitation	The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category.
Sexual harassment	Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.
Sexual violence	Sexual violence includes, at least, rape/attempted rape, sexual abuse and sexual exploitation. Sexual violence is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless or relationship to the victim, in any setting, including but not limited to home and work." Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

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