

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

18-RR-BRA-32278

RESIDENT/HUMANITARIAN COORDINATOR	Niky Fabiancic
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After-Action Review was conducted in one face-to-face session. The meeting took place on 23 July 2019 and counted on the participation of focal points from the four UN implementing entities (IOM, UNFPA, UNICEF and UN Women) and from the Resident Coordinator's Office.

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

YES NO

The Report was discussed with the CERF focal points of the recipient agencies, but not with the UNCT due to time constraints. However, the Resident Coordinator kept the Country Team updated on the entire process of CERF funds proposal and implementation and should inform the Country Team on the final report submission during the next UNCT meeting, in August, 2019.

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

YES NO

The final version of the RC Report was shared for review and feedback with the four recipient agencies (IOM, UNFPA, UNICEF and UN Women).

PART I

The US\$1,502,535 CERF grant, distributed in four projects implemented by IOM, UNFPA, UNICEF and UN Women, was instrumental to address life-saving needs of Venezuelan asylum seekers, refugees and migrants in municipalities of Roraima State, mainly in the areas of protection, food, shelter, education, health and nutrition. It enabled UN agencies and partners to provide food assistance; temporary accommodation; protection, psychosocial support, legal advice and emergency cash to women and primary healthcare, nutritional screening and psychosocial support to children. The funds enabled the provision of education to children in temporary learning spaces and support them in accessing formal school system. Finally, the grant enabled the dissemination of information to prevent sexual and gender-based violence and to promote sexual and reproductive health; the distribution of dignity and sexual and reproductive health kits; the delivery emergency training to health, social assistance, public sector and justice professionals, as well as to the Army, the prevention of sexual abuse and exploitation and SGBV, and STI/HIV testing. The CERF grant allowed UN entities and partners to consolidate their response to the migratory crisis, in line with the preparedness activities already implemented. It has become important to ensure sustainability of UN's investment in a context of escalating migratory crisis. It also helped placing UN entities as fundamental actors of the humanitarian response, allowing intersectional coordination among partners.

1. OVERVIEW

18-RR-BRA-32278 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	9,229,756
FUNDING RECEIVED BY SOURCE	
CERF	1,502,535
COUNTRY-BASED POOLED FUND (if applicable)	
OTHER (bilateral/multilateral) ¹	7,727,221
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	9,229,756

18-RR-BRA-32278 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 24/09/2018			
Agency	Project code	Cluster/Sector	Amount
IOM	18-RR-IOM-032	Multi-Cluster - Multi-sector	400,000
UN Women	18-RR-WOM-009	Protection - Human Rights	280,107
UNFPA	18-RR-FPA-040	Protection - Sexual and/or Gender-Based Violence	300,000
UNICEF	18-RR-CEF-103	Multi-Cluster - Multi-sector	522,428
TOTAL			1,502,535

¹ Analysis made at the initiation of CERF based on the need informed by the Brazilian government. "Other" refers to funding mobilized internally by each participating agency or fundraised directly with multi-or bilateral donors.

18-RR-BRA-32278 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	645,092
Funds transferred to Government partners*	0
Funds transferred to International NGOs partners*	134,769
Funds transferred to National NGOs partners*	722,674
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	857,433
TOTAL	1,502,535

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The accentuation of the economic and political crisis in Venezuela is resulting in thousands of its citizens leaving the country in search for a better future. There has been an increase of Venezuelan citizens entering Brazil in the past three years, through Roraima State, a land border with Venezuela. Statistics from Brazilian Federal Police showed that, between 2017 and March of 2019, 249,544 Venezuelans entered Brazil via Pacaraima. Of these, 106,997 left the country and 142,547 were believed to have stayed in Brazilian territory². A report from the Federal Police³ in September 2018 indicated that 75,560 asylum claims had been lodged in Brazil since 2015: 46,761 registered asylum requests, 14,935 registered temporary residences and 13,864 not yet registered.

In December 2017, national authorities declared a state of emergency in the state of Roraima⁴, to where most Venezuelans were arriving in vulnerable conditions and in urgent need of humanitarian assistance. Among them, there was a considerable number of the indigenous people of the Warao and E'ñepá ethnic groups. Women represent around 45% of the Venezuelan migrant population⁵. Roraima state had an estimated population of 522,636 inhabitants, distributed between 15 municipalities with a per capita income of approximately US\$ 268.55, placing it among the poorest states in Brazil.

The first Displacement Tracking Matrix (DTM) exercise held in April 2018 with 3,516 Venezuelans by OIM in Boa Vista and Pacaraima⁶ found that 67% of the researched population had left Venezuela in search of better economic/labor opportunities and 22% due to lack of access to food and health services. 48% of the interviewees indicated the desire to stay in Brazil, while appointing fear of hunger (42%) and unemployment (32%) as the main reasons for not returning. Moreover, 37% of the interviewed claimed to eat less than 3 meals per day, and only 45% had access to education. Regarding protection and dignity issues, 28% of the interviewed indicated that they suffered some kind of violence (verbal, physical or sexual) after arriving in Brazil related to their nationality, sexual orientation and/or gender.

To respond to the migration crisis, in February 2018, the Brazilian Federal Government issued a Provisional Executive Act 820/2018⁷, as well as decrees 9.285/2018⁸ and 9.286/2018⁹, to provide emergency assistance for the affected population. The Government coordinated the framework on how the Federal Committee on Emergency Assistance should function and also announced measures to support migrants with the so called "interiorization" strategy (internal relocation). The Act was approved by Congress and turned into Law 13.684¹⁰ in 21 June 2018.

² Available at: <http://www.casacivil.gov.br/operacao-acolhida/documentos/interiorizacao-relatorio-cumulativo-marco-2019/view>

³ Available at: <http://www.casacivil.gov.br/central-de-conteudos/noticias/2018/outubro/policia-federal-atualiza-numeros-da-migracao-de-venezuelanos-em-rr>

⁴ Available at <http://www.tjrr.jus.br/legislacao/phocadownload/24469.pdf>

⁵ Available at: <http://www.casacivil.gov.br/operacao-acolhida/documentos/interiorizacao-relatorio-cumulativo-marco-2019/view>

⁶ For more other information please refer to <https://www.iom.int/news/un-migration-agency-releases-first-displacement-tracking-matrix-results-venezuelan-flows-brazil>

⁷ Available at: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2018/MPV/mpv820.htm

⁸ Available at: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2018/decreto/D9285.htm

⁹ Available at: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2018/decreto/D9286.htm

¹⁰ Available at: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2018/Lei/L13684.htm

The impact of this sudden influx of migrants was being felt at all levels of Government (Federal, State and Municipal), with the administrations attempting to provide services through institutions and programs that were already struggling to furnish Brazilian citizens even before the crisis. Additional findings of UN entities and as reassured by requests for immediate assistance by the Brazilian Government, the pressing humanitarian needs Venezuelans faced: confirmed the difficulties of Venezuelans to access emergency shelters, food and non-food items (NFI), health and education systems and assistance and referral services for people in vulnerable situations, including sexual and gender-based violence (SGBV) cases.

In April 2018, the State of Roraima filed a Civil Claim n. 3,121, asking the Supreme Court, in urgent protection, for the entry of Venezuelans to be limited¹¹. On 21 June, 2018 former President Michel Temer visited Boa Vista and, in response to the request of the state's government for closing the border, declared that he considered the measure inappropriate.

In 1 August, 2018, the State of Roraima issued Decree 25681-E¹² authorizing actions the restriction of access of foreigners to health services and inputs, including to emergency services; removal of migrants from public and private spaces by the local police; restriction to public services to Venezuelans not carrying a passport; defining the secretariat of social welfare as the lead to address children and the elderly people in street condition, what could mean separation from parents and families. The Decree has been analyzed by media and the civil society as a measure that violates Human Rights principles, having also impact in exacerbating xenophobia against Venezuelans.

The former Ministry of Human Rights and the Federal Prosecution Service also issued public notes recommending the Governor to suspend the Decree based on unconstitutionality and inobservance to the National Migration Law. The Federal Attorney General's Office followed and presented to the Federal Supreme Court a motion, which lead the Federal and State Judiciary System to suspended some of the effects of the Decree upon Venezuelan migrants and refugees, as reverting at least temporarily the closure of borders and the requirement of passport to access public services.¹³

As of August 2018, the number of Venezuelans in the northern border state of Roraima continued to grow, far surpassing local absorption capacity. Although 5,000 Venezuelans were housed in shelters in Roraima, the number of people living in the streets continued to grow¹⁴. The strain on public services was mounting and there was growing discontent among host communities, which led to violent acts as Venezuelan's belongings burned, and large numbers of Venezuelans displaced or forced back across the border. In response to the rising violence, the Federal Government issued the Decree 9.483 on 28 August¹⁵, determining the allocation of Armed Forces to guarantee the application of the Law and Order in Roraima, as well as to protect facilities and support activities to receive migrants. The Decree had been extended until 31 October, 2018.

Voluntary relocation started to be reinforced and is currently a Brazilian Government priority regarding the Venezuelan influx emergency. Voluntary relocation programme, a government initiative that counts on UN support, has relocated 5,428 Venezuelans, in 17 states throughout Brazil, during a one-year period (2018-2019)¹⁶.

3. PRIORITIZATION PROCESS

The UNCT has been monitoring the increase of the Venezuelan flow crossing the Brazilian borders since 2017. In May 2017, the Country Team created a UN Task Force for the Venezuelan Influx, led by IOM and UNHCR, to address the most pressing issues and support the Brazilian Government at the municipal, state and federal levels in strengthening the humanitarian response and ensuring a rights-based approach and the centrality of protection to the needs of Venezuelan refugees/migrants and Brazilians citizens. In 2018, the UN Task Force for the Venezuelan Influx was restructured into the Task Force for the

¹¹ <http://portal.stf.jus.br/processos/detalhe.asp?incidente=5437155>

¹² <http://imprensaoficial.hospedagemdesites.ws/diarios/doi-20180801.pdf> (page 2)

¹³ Media Coverage samples: (i) <https://g1.globo.com/rr/roraima/noticia/2018/08/07/governo-acata-decisao-e-suspende-restricao-de-servicospublicos-de-rr-a-venezuelanos-sem-passaportes.ghtml> (ii) <https://www.nexojornal.com.br/expresso/2018/08/03/Como-Roraima-endurece-aacolhida-aos-venezuelanos>

¹⁴ Available at: <http://www.casacivil.gov.br/operacao-acolhida/historico>

¹⁵ Available at: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2018/Decreto/D9483.htm

¹⁶ Available at: <http://www.casacivil.gov.br/operacao-acolhida/documentos/oim-brasil-informe-de-interiorizacao-marco-2019/view>

Refugee and Migrants Response Platform Brazil (TF – RMRP Brazil) under the auspices of the Regional Inter-agency Coordination Platform. The Regional Platform aims at coordinating an effective and coherent response among governments – with the support of the international community – to the flow of refugees and migrants from Venezuela, with the national chapter being the strategic, operational and co-ordinational tool to respond to the needs of the Venezuelan influx emergency.

UN entities have established operational delivery structure in the affected areas including ongoing implementation arrangements with local and international partners. In 2017, IOM and UNFPA set up a Field Unit (FU) in Boa Vista while UNHCR established FUs in Boa Vista and Manaus, and all three agencies have staff in the border city of Pacaraima to support the GoB at the Screening Center. In 2018, PAHO/WHO, UNICEF and UN Women also established presence in Roraima. The UN presence has been pivotal to strengthen and expand collaboration with local partners, from government to civil society.

In May 2018, IOM and UNHCR were able to start implementing activities funded by the Regional CERF, consolidating UN presence and enhancing its direct support capacities to the crisis. When the possibility of requesting emergency resources for the national CERF was defined, a proposal was discussed and designed under the UN Task Force for the Venezuelan Influx (currently TF-RMRP Brazil).

Priority sectors and operational strategies were designed considering as the following drivers: the priority areas of intervention, which lead the national CERF proposal to rest under these four participating agencies' mandates (IOM, UNFPA, UNICEF and UN Women); the six-month timeframe and individual agencies operational capacities for rapid response, in order to minimize risks from transactional costs; the sustainability of intervention results, bridging the proposed activities to long term service provision by the Brazilian government; and the availability of current and prospective resources. The focus areas were complementary to the Regional CERF activities supported in the region and reflected emergency needs assessed directly by UN Teams in the field, by the government and other stakeholders. The CERF grant proposal was based on information and data gathered from diverse assessments and sources of information, such as: IOM's Displacement Tracking matrix (April, 2018), UNHCR's Situation Analysis (February, 2018) and Register database, Reach Initiative Data for Brazil (June to September, 2018), Brazilian Federal Police data (August, 2018), UN field teams situation reports, local stakeholders monitoring information received through local coordination group, as well as other national sources of data.

The strategic operational vision was composed of a phased approach detailing interventions to be carried out across the immediate emergency and medium-term stages (registration support, interiorization, cash interventions, etc.) as well as longer-term solutions (social integration, peaceful coexistence, etc.).

The project of \$1,502,535 million total budget was distributed in six sectors: Protection (45,3%); Food (13,3%); Shelter (temporary accommodation -13,3%) Education (10%); Health (9,3%); and Nutrition (8,7%), implemented in a six-month period and to cover the Roraima State – municipalities that lacked response capacity, border and transit points (Alto Alegre, Amajari, Boa Vista, Bonfim, Canta, Caracarai, Caroebe, Iracema, Mucajai, Normandia, Pacaraima, Rorainopolis and São Joao da Baliza).

The project maintained special focus on: children, including unaccompanied and separated children, who required family reunification; women of reproductive age with unmet sexual and reproductive health needs, including Warao indigenous women; people living with HIV, with special focus on Warao population; survivors of SGBV; women forced to practice sex for survival or at risk of sexual exploitation and trafficking; indigenous people and people living in the street due to lack of accommodation, especially in countryside towns, that lacked infrastructure and adequate shelters.

Venezuelan women were facing additional obstacles to access services and rights, which increased vulnerability and exposure to all types of discrimination and violence. The state of Roraima has the highest rates of femicide and of reported sexual violence in the country. Local protection systems lacked personnel, funding and capacity to prevent and respond to SGBV. This context created a situation of increased vulnerability of Venezuelan women and girls: several episodes of discrimination and violence against Venezuelan adolescent girls and women had been reported, including sexual exploitation to obtain food and medicines for their families, sexual assault, rape and murder of cis and transgender women, inside and out the shelters.

The situation of migrant children was particularly delicate, with thousands of them exposed to violence on the streets or/and in the precarious improvised shelters where they lived with their caregivers. Despite the efforts made by the education authorities, school attendance was meager, with over 90% of children who were in shelters being out of school. The situation of adolescents was especially alarming: after months of not attending school, others were at risk of dropping out and becoming the target of criminal groups. Pregnancy rates in general (teenage pregnancies in particular) were alarming, notably among the indigenous migrant groups. The nutritional status, of these children needed immediate attention: while official data was still not available, health agents in the field had raised an expressive concern on the nutritional status of children living in shelters, with special attention to indigenous children. A growing level of malnutrition among children and a consistent food insecurity had been illustrated by the recurrent cases of diarrhea, respiratory infections and deaths.

There was a significant number of Venezuelans in an irregular situation. Coupled with increasing arrivals of Venezuelans in the formal and informal labor market, and insufficient border processing capacity, they were made particularly vulnerable to exploitation, extortion, exactions, violence, trafficking, sexual abuse, recruitment, discrimination and xenophobia. IOM's DTM (April, 2018) found that 16% of Venezuelans had performed labor activities without receiving the agreed compensation.

Given this scenario, the call for CERF funds came to help bridging support to the USD 51 million that had been allocated by the Brazilian Government to the Ministry of Defense in order to enhance border security and control, improving existing shelters and building new ones, providing logistical support (relocation) and humanitarian assistance for all people coming to Brazil (not only Venezuelans), and the Regional CERF funds approved for IOM and UNHCR, that included a portion to Brazil: IOM (USD 294,999) and UNHCR (USD 1,079,469).

The IOM and UNHCR's activities supported by the Regional CERF funds comprised: for IOM, distribution of life saving information on threats of trafficking, smuggling and exploitation; support on registration and documentation; distribution of essential NFIs to Venezuelan nationals in small towns of Roraima countryside; production of DTM reports to identify vulnerabilities and course of action; for UNHCR, information gathering and analysis (including age and gender disaggregation), identification and referral of those most vulnerable (including women and children at risk), reception, protection and documentation, shelter, access to primary health care and other key assistance in kind or through cash based interventions.

It is to be noted that, as per the abovementioned information, the areas of interventions under the regional CERF and the national CERF life-saving activities formed an interlinked and complementary part of the overall comprehensive emergency response. The implemented activities considered the mandate areas of each participant agency and reflected the critical lifesaving interventions gaps identified and discussed at the inter-agency coordination mechanism established in the field.

4. CERF RESULTS

CERF allocated \$1,502,535 to Brazil from its Rapid Response window to support multi-sector life-saving activities in assistance to Venezuelan refugees and migrants in municipalities of Roraima State that lack response capacity, border and transit points. This funding enabled UN agencies and partners to provide emergency food assistance via cash-based intervention to 2,627 individuals; support 1,083 individuals with temporary accommodation; provide activities to enhance women's protection to 1,120 women and 177 men; provide psychosocial support and legal advice to 609 women; provide emergency cash to 445 women; train 230 first responders on women's human rights and 76 UN agencies' and partners' women staff on women's security and selfcare; provide access to primary healthcare to 1,864 children and nutritional screening of 559 children under five; train 35 health professionals; provide education to 3,235 children in 10 temporary learning spaces; support 824 children to access formal school system; train 304 teachers on the integration of Venezuelan pupils in school; provide psychosocial support to 9,422 children; offer information to prevent SGBV and promote SRH to 106,459 migrants and host community; provide 27,000 IEC materials, 6,120 dignity kits, 46,608 SR kits, 23,066 services to 7,688 people in Safe Spaces and informative sessions with 965 people; capacitate 2,094 people in Human Rights, PSEA, SGBV and SRH trainings; offer STI/HIV testing to 195 people.

Through this CERF grant, the project 18-RR-IOM-032 assisted a total of 3,710 Venezuelan migrants in Pacaraima and Boa Vista municipalities in the State of Roraima, exceeding its original projection. IOM and its implementing partner *Cáritas Brasileira* provided emergency food assistance via cash-based intervention to 2,627 individuals in 12 municipalities of the state of Roraima (in Brazil's northern border region with Venezuela) between November 2018 and March 2019. Moreover, the program supported 1,083 individuals with temporary accommodation through three months of rental assistance in five municipalities in the same period.

The project 18-RR-WOM-009 benefitted a total of 1,712 people. UN Women set up the “women’s empowerment hub” in Boa Vista, a safe space where 1,120 women and 177 men participated in activities to enhance women’s protection and resilience; provided life-saving psychosocial support and legal advice to 609 women; provided emergency cash to 445 women; trained 230 first responders on women’s human rights; and provided technical assistance to the *Casa da Mulher Brasileira* for the provision of quality services for Venezuelan and Brazilian women. UN Women also trained 76 UN agencies’ and partners’ women staff on women’s security and selfcare.

The project 18-RR-CEF-103 assisted 14,597 children and 4,060 caregivers, allowing them to access essential services, across 13 shelters and 2,858 persons out of shelters. UNICEF and partners provided: i) access to primary health care to 1,864 children and nutritional screening of 559 children under five; Iron-Folic Acid Supplementation to 137 pregnant/ lactating women; trained 35 health professionals; ii) education to 3,235 children in 10 temporary learning spaces, support to 824 children to access formal school system; training 304 teachers and municipal authorities on the integration of Venezuelan pupils in school, iii) psychosocial support to 9,422 children through 15 Child friendly spaces and referred 402 cases of violence/abuse to appropriate care within local child protection network.

Project 18-RR-FPA-040 offered information to prevent SGBV and promote SRH to 106,459 migrants and host community; and strengthened the coordination mechanism with local government. UNFPA provided: 27,000 IEC materials; 6,120 dignity kits; 46,608 SR kits; 23,066 services to approx. 7,688 people in the Safe Spaces; artistic and sports activities with 181 beneficiaries, and informative sessions with 965 people. UNFPA capacitated 923 people in Human Rights, PSEA, SGBV and SRH trainings. Workshops were led in case management for UN personnel / local partners. Referral pathways were established in Boa Vista, Manaus and São Paulo, with targeted locations that includes multisectoral services in two host cities of the resettlement program. STI/HIV testing were offered to 195 people and established safe space for PLWHAs.

5. PEOPLE REACHED

CERF allocated US\$1,502,535 million to Brazil from its window for Rapid Response to sustain the provision of life-saving assistance to Venezuelan asylum seekers, refugees and migrants in municipalities of Roraima State. This CERF allocation originally planned a total of 27,010 beneficiaries. However, the CERF RR funding enabled UN agencies and partners to provide life-saving activities benefiting 48,237 people in the following sectors: Protection against Sexual and/or Gender-Based Violence to 23,989 people; Protection – Human Rights to 1,990 people; Child Protection to 9,442 boys and girls; Multi-sector activities to 2,573 people; Health services to 2,001 people; Food Aid to 2,627 people, and Shelter to 1,062 people.

The difference in the number of people planned to be assisted and finally reached surges as the number planned was calculated based on the number of entries of Venezuelan asylum seekers without reflecting the reality of protection needs. The number of people finally reached is explained by the fact that the UN agencies implemented services that were not existing before the intervention, such as a listening room and a safe space.

Since the project target population is diverse and includes asylum seekers, refugees and migrants from Venezuela that circulate through several service provision stations, it has been challenging to establish precise figures and avoid overlapping and double counting across sectors. In the mist of the emergency response, local authorities and partners do not always have clear registration process with breakdown per category. And given the time and budget constraints in the emergency response, having an accurate and precise registration of beneficiaries in a way that prevent double counting would not be cost-effective. Thus, figures presented are best estimates of the number of individuals assisted with CERF funding.

18-RR-BRA-32278 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Shelter - Shelter	287	196	483	298	281	579	585	477	1,062
Food Security - Food Aid	537	785	1,322	597	708	1,305	1,134	1,493	2,627
Health - Health	965	137	1,102	899	0	899	1,864	137	2,001
Multi Sector - Multi-sector	542	816	1,358	574	641	1,215	1,116	1,457	2,573
Protection - Child Protection	4,984	0	4,984	4,438	0	4,438	9,422	0	9,442
Protection - Human Rights	0	1,712	1,712	0	278	278	0	1,990	1,990
Protection - Sexual and/or Gender-Based Violence	3,933	9,125	13,058	3,601	7,330	10,931	7,534	16,455	23,989

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

18-RR-BRA-32278 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	5,730	12,094	17,824	4,800	4,386	9,186	10,530	16,480	27,010
Reached¹⁷	12,310	14,189	26,499	11,553	10,185	21,738	23,863	24,374	48,237

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

18-RR-BRA-32278 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	12,138	24,006
IDPs	0	0
Host population	4,000	744
Affected people (none of the above)	10,872	23,487
Total (same as in table 5)	27,010	48,237

6. CERF's ADDED VALUE

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

YES

PARTIALLY

NO

¹⁷ Please see insertion in the text above the table, also explained below again by UNFPA.

CERF allocated funds allowed UN agencies to establish partnerships and initiate assistance shortly after projects approval confirmation. It allowed to augment the immediate response, enabling partnership with NGOs for increased Child Friendly Spaces, Temporary Learning Spaces, health treatments and key messaging. It provided migrant and refugee women emergency assistance with a gender perspective CERF funds facilitated the implementation of time-critical, life-saving activities and helped to improve the response to the emergency. It enabled to respond to SRH and SGBV needs of migrants and asylum seekers affected by the humanitarian crisis.

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

YES

PARTIALLY

NO

The Venezuelan migrant crisis in Brazil is unfolding since 2017. However, the flow of migrants doubled in 2018 requiring an augmentation of the current response to satisfy critical needs. CERF Funds allowed to take appropriate measures and successfully respond to time critical needs, carrying out several activities and measures to promote child protection, health and nutrition, food aid, shelter, to meet women's (and their dependants') specific urgent needs and strengthen their resilience and reinforce UN agencies teams, to avoid a sudden deterioration of the status of Venezuelan migrants and refugees, especially women and children. The funds also allowed UN entities to consolidate their response to the migratory crisis, in line with the preparedness activities already implemented. It has become important to ensure sustainability of UN's investment in a context of escalating migratory crises and the fragility of Brazilian institutions.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

CERF grant helped placing UN entities as fundamental actors of the humanitarian response, allowing intersectional coordination among partners and supporting effective coordination and communication amongst the humanitarian community, including federal government, Roraima State government, municipal governments, NGOs – including local smaller ones – and local network actors.

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

YES

PARTIALLY

NO

CERF funding helped improve resource mobilization and leverage funding from other sources, as it offered the means for UN entities to present themselves as catalyzers stakeholders in the humanitarian setting and to prove the relevance of their work to possible donors.

More specifically, CERF allowed UNICEF to augment its response for six months, allowing time to approach other donors and get additional contribution for 1.5 Million received and 1.4 Million expected. CERF was important to IOM demonstrate the importance and effectiveness of providing cash grants directly to vulnerable Venezuelan migrants in the state of Roraima, which could be a more cost-effective solution to the shelters. Although no other grants were confirmed for this specific action yet, it will help both IOM and its partner Caritas to push and advocate for funding this solution.

CERF funds enabled UN Women to set up a team in Roraima and incorporate a gender perspective in the humanitarian response, attending to specific needs of migrant and refugee women. It has positioned UN Women as the lead agency in the joint program supported by the Government of Luxembourg that will strengthen Leadership, Empowerment, Access and Protection to migrant and refugee women, in partnership with UNHCR and UNFPA, in the amount of 600,000 euros, for two years. CERF also allowed UNFPA to consolidate its work in the humanitarian response and prove the importance of its work to potential partners: the national office managed to mobilize resources to the humanitarian response from the government of Luxembourg, which allowed the establishment of a regional office in Roraima with two locations in the state and a staff of 21 people for humanitarian assistance.

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

N/A

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>	
Lessons learned	Suggestion for follow-up/improvement
The joint consultation in the process of elaboration of the CERF project could have been broader.	More interagency meetings to discuss and prepare the project submission.
Evidence-based advocacy was a valuable strategy for strengthening the response.	Conduct/ enhance needs assessment and researches.
The alignment of GBV priority actions with Roraima humanitarian setting to develop MISP (Minimum Initial Service Package) goals in Brasilia and to support humanitarian actions in a more effective way.	Strengthening capacities at local levels, which is essential for effective delivery of humanitarian aid policies.
The importance to develop innovations is a major lesson. Within its mandate, UNFPA has initiated an innovative experience of humanitarian assistance to address GBV and to promote SRH of Venezuelan women in the state of Roraima.	Beyond women and girls as a demographic group (certainly the people in need in specific humanitarian crisis contexts who suffer most as they become more vulnerable), keep focusing on many other demographic groups with serious vulnerabilities: elderly, people living with disabilities, LGBTIs, people living with HIV, indigenous people.
Limitations on the use of funds (limited salary to allow major team scale-up, institutional strengthening, among others)	Allow for more flexibility on salary payable through CERF.
Operating in Roraima, a difficult-to-reach state and with a short supply of service providers (taxi companies, for example), these providers end up overpricing their services, which has an impact on the overall costs of activities implementation.	UN agencies operating in the region should gather to jointly negotiate the provision of services and thus achieve better prices for their provision.
Combined protection and empowerment activities lead to stronger and more sustainable results to women's short- and long-term resilience.	Acknowledge the connections between empowerment and protection, and their life-saving, sustainable impact.
Agencies with cross-cutting mandates, such as UN Women, may propose activities that seem to duplicate activities of other agencies when they are in fact complementing, adding a gender perspective that truly result in changes to the lives of women and girls.	Acknowledge the importance of UN Women's mandate to lead and coordinate interagency efforts to promote gender equality and women's rights.

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
In shelters, traditional parallel educational and social support activities tend to prioritize young children, to the detriment of adolescents, who, in this context of migration, are extremely vulnerable.	Integrate Education and Psychosocial support projects to have attention and activities better tailored to each children and adolescent age group.	UNICEF
While it is important that there are projects specifically dedicated to achieving women's rights and gender equality results, it is crucial that gender equality is mainstreamed in all humanitarian programming, specifically in relation to data collection, analysis and dissemination; and training for humanitarian actors and first responders.	Encourage all actors involved in the humanitarian response to collect, analyse and disseminate data with a gender perspective. Encourage all actors involved in the humanitarian response to participate in training on gender in humanitarian action. All training, particularly those to first responders, must have a gender perspective and address specific need of women and girls.	UN WOMEN

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-IOM-032 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Brazil
3. Cluster/Sector:	Multi-Cluster - Multi-sector	4. Project Code (CERF):	18-RR-IOM-032
5. Project Title:	Life-saving food and shelter assistance for vulnerable Venezuelans in Roraima State		
6.a Original Start Date:	09/10/2018	6.b Original End Date:	08/04/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 14,400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,400,000
	c. Amount received from CERF:		US\$ 400,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 300,150.00
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0
		US\$ 300,150	US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, IOM and its implementing partner *Cáritas Brasileira* provided emergency food assistance via cash-based intervention to 2,627 individuals in 12 municipalities of the state of Roraima (in Brazil's northern border region with Venezuela) between November 2018 and March 2019. Moreover, the program supported 1,083 individuals with temporary accommodation through three months of rental assistance in five municipalities in the same period. Exceeding the original projection, the project assisted a total of 3,710 Venezuelan migrants in Pacaraima and Boa Vista municipalities in the State of Roraima, that received more Venezuelans migrants between 2017 and now compared to any other state in Brazil.

3. Changes and Amendments

As stated in the interim report, factors such as i) poor infrastructure (irregular and unsteady electricity supply, poor internet connection, Informal markets, etc), ii) unwillingness of suppliers to accept the debit cards used for the grants, iii) unwillingness of landlords to rent houses/apartments/rooms to refugees and migrants (mostly due to xenophobia) and iv) unwillingness of landlords to rent for a short period of time (3 months as planned), required IOM and its implementing partner to change the project strategy and the targets for both outputs.

Therefore, it was opted to lower the target for emergency shelter assistance to 700 people, instead of 1,400. However, due to the demand for food assistance, IOM increased the target on that indicator to 2,300, against the original 1,600. Nevertheless, the mitigation strategy – which entailed direct IOM assistance to identify houses, negotiations with food suppliers to accept debit cards, and dialogue with landlords to accept Venezuelan tenants – produced positive results. Not only were 12 out of 13 municipalities reached, but both revised targets were also surpassed. In the only municipality not reached, Normandia, suppliers were not willing to accept the debit cards, but there was only a small group of Venezuelans (ca. 30 people), who were already being assisted by a local NGO.

4. People Reached

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

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	450	870	1,320	480	1,200	1,680	930	2,070	3,000
Reached	829	982	1,811	903	996	1,899	1,732	1,978	3,710

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	3,000	3,710
Total (same as in 4a)	3,000	3,710

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

The Target was surpassed because during the implementation phase, it was decided to create different categories of CBI for emergency food assistance (US\$100 for families with 4 people or less and US\$ 150 for families with more than 5 individuals). That strategy allowed IOM to assist more people than a fixed amount for different kinds of families.

5. CERF Result Framework

Project objective	Improve access to life-saving food and shelter for vulnerable Venezuelan nationals living outside of designed accommodation centres and in line with their differentiated protection needs
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Output 1	Venezuelan women, men, girls and boys in vulnerable conditions in critical locations in Roraima state have access to food assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Venezuelan nationals who benefit from cash-based interventions for food assistance in 13 municipalities (border, capital and countryside)	1,600	2,627	Sheet of beneficiaries with the card number related to each of them
Explanation of output and indicators variance:		As stated in the interim report and Section 3 of this report, the target for food assistance was increased to 2,300 people due to higher demand than originally planned. During implementation the strategy was discussed and revised with		

		the Implementing Partner, in order to support as many families as possible. Negotiations with food suppliers was reinforced to accept the debit cards, and direct cash assistance was provided in those cases where the use of cards was not possible, which was successful. Another factor that contributed to meeting a higher target was that beneficiary families were larger than originally planned (ca. 4 people per family), resulting in a higher number of final beneficiaries. The municipality of Normandia was the only one where the debit cards used were not accepted, even after contact and negotiation with IOM and Cáritas Brasileira. This municipality is also hard to reach, and there was a small number of Venezuelan migrants living there (ca. 30 people). These persons were being assisted by a local NGO already.
Activities	Description	Implemented by
Activity 1.1	Identification of target municipalities and beneficiaries	Cáritas Brasileira and IOM
Activity 1.2	Establishment of operational, administrative and protection arrangement with local partners for distribution of bank cards to beneficiaries	Cáritas Brasileira and IOM
Activity 1.3	Monitoring of purchases	Cáritas Brasileira and IOM

Output 2	Venezuelan women, men, girls and boys in vulnerable conditions in critical locations in Roraima state receive timely emergency shelter assistance (temporary accommodation)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Venezuelan nationals who benefit from provision of temporary accommodation through rental assistance, in the cities of Boa Vista and Pacaraima	1,400	1,083	Sheet of beneficiaries with the number of bank checks or receipt.
Explanation of output and indicators variance:		In the mid-term report, IOM decided to change the target for rental assistance to 700 individuals, for reasons explained before. This revised target was surpassed due to IOM and its implementing partner's success in negotiating with landlords.		
Activities	Description	Implemented by		
Activity 2.1	Identification of migrants in high vulnerability conditions and in need of temporary accommodation assistance	Cáritas Brasileira and IOM		
Activity 2.2	Establishment of operational, administrative and protection arrangement with local partners and local providers of temporary accommodation services	Cáritas Brasileira and IOM		
Activity 2.3	Monitoring of temporary accommodation support	Cáritas Brasileira and IOM		

6. Accountability to Affected People

A) Project design and planning phase:

Caritas Brasileira had agents and partners in five of the 13 target municipalities, which allowed early contact with municipal governments and other stakeholders in the planning phase. A family register was applied in order to understand the context in which they lived and a needs assessment was conducted. For municipalities where there was no such presence, IOM liaised with the Social Assistance Referral Center (CRAS) – a public service – and local NGOs such as *Pastoral do Migrante* to identify the most vulnerable families. These families were then assessed by conducting interviews to identify profiles such as the number of people in the family, living conditions, terminal

illnesses, or lack of access to government social services. These profiles were then sent to the Cáritas psychosocial workers and used in the individualized interviews that defined whether or not the individual/family fit the profile to receive food or rent assistance.

At this stage it was possible to identify the different family settings and other needs such as legal support, medical needs, documentation information so that care was configured with the provision of legal support by the implementing partner, as well as group discussions on various topics such as documentation, access to public services and life skills projects. The beneficiaries were informed on the program in these interviews and discussions.

B) Project implementation phase:

At this stage, a need was identified to support the beneficiaries on how to use the debit cards, identification of places accepting the cards, and creating awareness among vendors to accept it.

During the individual interviews and group discussions, beneficiaries presented their specific needs and brought up perceived strong and weak points of the program. More specifically, the discussions identified feedback received mentioned difficulties with using the debit cards such as, non-acceptance in some of the local markets, collection of a fee for the card use and blocking passwords due to over attempts. In addition, beneficiaries mentioned problems with xenophobia and cultural misunderstandings with landlords. Subsequently, adjustments were made to the programme and several remedial actions were put in place, including providing mediation with landlords and negotiating with vendors. Flexibility on distributing the grants was also key to deliver the assistance. For example, in two municipalities, instead of using bank checks, cash was delivered directly to beneficiaries (controlled by the presentation of receipts and monitoring).

C) Project monitoring and evaluation:

Evaluation questionnaires were distributed to the beneficiaries. Results are being compiled and processed by the implementing partner and are pending.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
Yes, CBI is the sole intervention in the CERF project		Yes, CBI is the sole intervention in the CERF project		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Conditional Cash Transfer (CCT)/ month per individual for individuals who lived alone.	US\$ 25.00	Sector-specific	Unconditional	Unrestricted
Conditional Cash Transfer (CCT)/ month per family for family of 4 individuals	US\$ 100.00	Sector-specific	Unconditional	Unrestricted
Conditional Cash Transfer (CCT)/ month per family for family of 5 or more individuals	US\$ 150.00	Sector-specific	Unconditional	Unrestricted
Rental Support Cash Grants	US\$ 130.00	Sector-specific	Unconditional	Unrestricted

Supplementary information (optional):

Caritas registered migrants in the target municipalities and conducted a first selection process classifying beneficiaries according to vulnerability standards. Furthermore, psychosocial interviews were conducted to identify special needs among each family, such as disability, chronic diseases, etc.

Based on the above evaluation, it was found that the creation of more categories for the distribution of CBI to the families would be more equitable, creating two categories of families alongside individuals. These modalities had already been implemented by the implementing partner in previous projects.

The different categories of CBI for emergency food were US\$100 for families with up to four people, and US\$ 150 for families with five individuals or more. This strategy allowed assistance to more people than the previously set target

Beneficiaries were selected based on vulnerability criteria, giving priority to those families with children, elderly, single mothers, people with disabilities, people undergoing medical treatment, and other vulnerability factors. Individual interviews were conducted by the implementing partner in their service center located in the city of Boa Vista, Roraima. For beneficiaries residing in other municipalities, interviews were conducted by local stakeholders (either IOM or Caritas partners).

Food assistance was provided through debit cards in the name of the holder, delivered in person with a fixed monthly amount. Rental assistance was made through bank checks, delivered to the landlords on a monthly basis, after approval of social assistance staff. Beneficiaries had to liaise with the IP's staff on a monthly basis in order to receive the next benefit.

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

Evaluation with implementing partner *Cáritas Brasileira* and beneficiaries is underway. Beneficiary questionnaires are currently being analysed. The evaluation is expected to be finalized by the end of August 2019.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.2. Project Report 18-RR-WOM-009 - UN Women

1. Project Information			
1. Agency:	UN Women	2. Country:	Brazil
3. Cluster/Sector:	Protection - Human Rights	4. Project Code (CERF):	18-RR-WOM-009
5. Project Title:	Access to Justice and to Protection from Sexual Exploitation and Trafficking to Venezuelan Migrant, Asylum Seeker and Refugee Women in Roraima, Brazil		
6.a Original Start Date:	09/10/2018	6.b Original End Date:	08/04/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/05/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 679,529
	c. Amount received from CERF:		US\$ 280,107
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 125,577
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 0 ▪ National NGOs US\$ 125,577 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>With the support of CERF, UN Women and its partners set up the “women’s empowerment hub (WEH)” in Boa Vista, a safe space where 1,120 women and 177 men participated in activities to enhance women’s protection and resilience; provided life-saving psychosocial support and legal advice to 609 women; provided emergency cash to 445 women; trained 230 first responders on women’s human rights; and provided technical assistance to the <i>Casa da Mulher Brasileira</i> (the one-stop centre for women in situation of violence) for the provision of quality services for both Venezuelan and Brazilian women. UN Women also trained 76 UN agencies’ and implementing partners’ women staff in Boa Vista and Pacaraima on women’s security and selfcare.</p> <p>The project assisted a total of 1,990* people: Venezuelan migrant, asylum seeker and refugee women had increased access to justice and to protection from sexual exploitation and trafficking. This project enabled UN Women presence in the field, making the humanitarian response more gender-responsive.</p> <p>* Women who benefitted from the emergency cash and those who participated on the WEH financial education course were not added to avoid duplication, as they all received psychosocial support and were referred by the multidisciplinary team to receive the money and invited to take the course.</p>

3. Changes and Amendments
<p>As reported in the interim update, due to the local political context, UN Women could not use the space at the <i>Casa da Mulher Brasileira</i> (CMB) as planned and established its safe space next to the <i>Instituto Migrações e Direitos Humanos</i> (IMDH), UN Women’s implementing partner. Thus, UN Women team started to provide life-saving psychosocial support and legal advice, and emergency cash to Venezuelan migrant, asylum seeker and refugee women in situation of vulnerability with some delay. UN Women decided to focus the provision of</p>

services in Boa Vista, because the demand was higher than expected and it was not cost-efficient to have the psychosocial team go to Pacaraima once a week as planned.

The political context also delayed the emergency training of first responders on women's human rights. The implementing partner NGO *CEPIA* delivered the first training session with local authorities in February 2019 (instead of November 2018), to give enough time to the new government to be functional and to appoint the right service providers to participate in the training sessions. The implementing partner NGO *Igarapé* delivered the first training session with the army in February 2019 (instead of November 2018) in Boa Vista and in Pacaraima, to adapt to the army's schedule. In both cases, the implementing partners were not able to deliver the second training sessions, due to constant changes and cancellations. UN Women and the implementing partners reviewed the training methodologies and prepared training packages to be delivered by the UN Women team whenever needed, in a more flexible way, more appropriate to the rapid changing context in the field.

The demand for life-saving psychosocial support and legal advice, and for emergency cash for Venezuelan migrant, asylum seeker and refugee women in situation of vulnerability was much higher than expected. The UN Women team adjusted the methodology at the safe space and decided to distribute cash for larger number of women for smaller periods (one month only) to be able to reach larger number of beneficiaries compared to the planned targets. UNHCR, implementing partners and sheltered women asked to replicate the activities of the women's empowerment hub in additional number of shelters. UN Women established partnerships with the Public Defender's Office, the *CMB* and the Federal University of Roraima, which expanded the project's reach, increasing the number of beneficiaries compared to the planned targets.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	0	1,100	1,100	0	0	0	0	1,100	1,100
Reached	0	1,712	1,712	0	278	278	0	1,990	1,990
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	770					1,166			
IDPs	0					0			
Host population	0					109			
Affected people (none of the above)	330					715			
Total (same as in 4a)	1,100					1,990			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	As explained in section 3, the demand for life-saving psychosocial support and legal advice, and for emergency cash for Venezuelan migrant, asylum seeker and refugee women in situation of vulnerability was much higher than expected. The UN Women team adjusted the methodology at the safe space and decided to distribute cash for larger number of women for smaller periods (one month only) to be able to reach larger number of beneficiaries compared to the planned targets. UNHCR, implementing partners and sheltered women asked to replicate the activities of the women's empowerment hub in additional number of shelters. UN Women established partnerships with the Public Defender's Office, the <i>CMB</i> and the Federal University of Roraima, which expanded the project's reach, increasing the number of beneficiaries compared to the planned targets. Thus, the project expected to reach 770 refugee and asylum seeker women (under category "refugees") and reached 1,166 refugee and asylum seeker women by the end of								

	<p>project implementation; the project expected to reach 330 migrant women (under category “affected people”) and reached 583 migrant women by the end of project implementation.</p> <p>It is important to note that it was not possible to accurately identify the immigration status of all assisted women (refugee, asylum seeker or migrant). The project, thus, estimated a distribution (2/3 refugee and asylum seeker and 1/3 migrant) of each group, both for planning and for reporting purposes.</p> <p>The project did not plan to benefit men; however, 177 men participated in activities at the women’s empowerment hub, aiming at reducing gender-based tensions and conflicts related to changes in the power dynamics that result from unstable situations, such as a humanitarian crisis.</p>
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5. CERF Result Framework	
Project objective	Improve access to justice and to protection from sexual exploitation and trafficking to 1100 Venezuelan migrant, asylum seeker and refugee women in Roraima.

Output 1	500 Venezuelan migrant, asylum seeker and refugee women have access to rapid response from local authorities from the security, the justice, and the social assistance sectors; from the army; and from civil society organizations.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Venezuelan migrant, asylum seeker and refugee women who receive life-saving psychosocial support, legal advice and paralegal services.	500	609	UN Women administrative records
Indicator 1.2	Number of first responders (security, justice, social assistance, army, civil society organizations) with increased knowledge of women’s human rights in the context of humanitarian crisis.	270	241	Attendance lists, training curriculum, agenda, materials of the trainings, photos
Explanation of output and indicators variance:		<p>Indicator 1.1: <i>Number of Venezuelan migrant, asylum seeker and refugee women who receive life-saving psychosocial support, legal advice and paralegal services.</i></p> <p>609 Venezuelan migrant, asylum seeker and refugee women received life-saving psychosocial support, legal advice and paralegal services. This represented a 22% increase in relation to the planned target (500).</p> <p>As explained in sections 3 and 4, the demand for life-saving psychosocial support and legal advice for Venezuelan migrant, asylum seeker and refugee women in situation of vulnerability was much higher than expected.</p> <p>UN Women established its safe space next to the <i>Instituto Migrações e Direitos Humanos (IMDH)</i> at the <i>Consolata</i> Parish, instead of the <i>Casa da Mulher Brasileira (CMB)</i> as had been planned. This may have influenced the number of women seeking UN Women’s support, due to the proximity of UN Women’s safe space to <i>IMDH</i> and <i>Consolata</i>, two institutions that had been providing assistance to migrant and refugees people living in the streets for many months.</p> <p>Indicator 1.2: <i>Number of first responders (security, justice, social assistance, army, civil society organizations) with increased knowledge of women’s human rights in the context of humanitarian crisis.</i></p> <p>230 first responders (security, justice, social assistance, army, civil society organizations) with increased knowledge of women’s human rights in the</p>		

	<p>context of humanitarian crisis. This represented a 15% decrease in relation to the planned target (270).</p> <p>Firstly, it is important to note that there was a typo in the number of target participants in the project document. It was supposed to be 270, not 260.</p> <p>As explained in the interim update, UN Women partnered with the NGO <i>CEPIA</i> to deliver two training sessions to 45 service providers from the security, justice, and social assistance sectors, as well as to civil society organizations. UN Women, in coordination with UNFPA, decided to also include the health sector, and to organize a joint training (UN Women-UNFPA), in which UN Women would provide contents on women's human rights in the context of humanitarian action, whereas UNFPA would provide contents on case management in gender-based violence. UN Women and <i>CEPIA</i> conducted a joint mission in the first week of November to assess the capacities of services providers and civil society to be targeted by the training. The first training session took place on 06 and 07 February 2019 for 64 participants.</p> <p>During the evaluation of the first training session, UN Women and <i>CEPIA</i> reached the conclusion that a second training session within two months (planned for April), was not needed. UN Women and <i>CEPIA</i> reviewed the training methodology and <i>CEPIA</i> prepared a training package to be delivered by the UN Women team whenever needed, in a more flexible way, more appropriate to the rapid changing context in the field.</p> <p>Also explained in the interim update, UN Women partnered with the NGO <i>Instituto Igarapé</i> to deliver three training sessions to a total of 225 army officials and sub-officials (75/each). UN Women and <i>Instituto Igarapé</i> conducted a joint mission in the first week of November to meet with the Colonel in charge of <i>Operação Acolhida</i> ("Welcome Operation", the humanitarian branch of the army operations in Roraima). The end-of-year festivities changed the army calendar for rotation of contingents and delayed the delivery of the first training session to early February, instead of late December. UN Women was also requested to break down the group into three: one in Pacaraima and two in Boa Vista. Thus, instead of the three planned training sessions, UN Women and <i>Instituto Igarapé</i> would deliver six. UN Women and <i>Instituto Igarapé</i> delivered one training session in Pacaraima on 11 February and two training sessions in Boa Vista on 12 and 13 February, two weeks after the new contingents arrived. The training sessions reached 109 people.</p> <p>The remaining three training sessions were agreed to be delivered on 28 May in Pacaraima, and 29 and 30 May in Boa Vista. However, they were cancelled by the army 72 hours before the beginning of the first session without a justification. UN Women and <i>Instituto Igarapé</i> reviewed the training methodology and <i>Instituto</i> prepared a training package to be delivered by the UN Women team whenever needed, in a more flexible way, more appropriate to the rapid changing context in the field.</p> <p>In addition to these planned trainings, UN Women was invited to deliver modules on "women's human rights, gender equality and the empowerment of women" in training workshops delivered to CMB staff. The first, on 29 November, and the second, on 9 January, reached a total of 68 participants. UN Women also met several times with the new government to provide technical assistance on the development of public policies for women in the state of Roraima, in the context of humanitarian action.</p>	
Activities	Description	Implemented by
Activity 1.1	Provide life-saving psychosocial support, legal advice and paralegal services to 500 Venezuelan migrant, asylum seeker and refugee women outside reference centres in Pacaraima and in Boa Vista.	UN Women

Activity 1.2	Provide quick emergency training on women's human rights in the context of humanitarian crisis for 270 first responders (5 security, 10 justice, 10 social assistance, 225 the army, 20 civil society organizations).	CEPIA, Instituto Igarapé and UN Women
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Output 2	400 Venezuelan migrant, asylum seeker and refugee women have access to community-based protection mechanisms and to cash transfers.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of women community-based protection mechanisms ("women empowerment hub") created.	1	1	Letter of agreement
Indicator 2.2	Number of women that participate in activities at the women empowerment hub	300	1,120	Attendance lists
Indicator 2.3	Number of Venezuelan migrant, asylum seeker and refugee women that receive cash transfers.	300	445	Identification forms
Explanation of output and indicators variance:		<p>Indicator 2.2 <i>Number of women that participate in activities at the women's empowerment hub</i></p> <ul style="list-style-type: none"> – 1,120 women and 177 men participated in activities at the women's empowerment hub. – The women's empowerment hub coordinator was hired according to the workplan, during the first month of project implementation. During the second month, a survey was conducted in shelters with Venezuelan women to identify their views, wishes, needs and demands in relation to the humanitarian response. Based on these findings, activities started to be planned and implemented. It is important to note that the women's empowerment hub does not have a physical location. Instead, activities have been planned inside and outside shelters, in spaces provided by partners, so that women can leave the shelter, walk and get to know the city and meet other women from other shelters, or who have other accommodation arrangements. It is also worth mentioning that the "women's empowerment hub" has once again proven to be an innovative protection/life-saving strategy. Innovative because it reaches out to women offering "non-traditional protection activities", for example, leadership training, professional development, recreational activities, peer-to-peer support; that, coupled with methodologies of "safe spaces", women have the opportunity to engage with each other, exchange experiences, build connections and solidarity, create safety networks among them, identify most serious protection risks, explore their causes and effects, jointly decide how to prevent and respond to them, and discuss their needs in a humanitarian context, just to name a few. In some activities, Brazilian women are involved, to mitigate discrimination and xenophobia; in others, men are involved, to mitigate gender-based tensions related to changes in the power dynamics that result from unstable situations, such as a humanitarian crisis. Lastly, the women empowerment hub complements and gives sustainability to the psychosocial support and emergency cash, giving women that come to UN Women in situation of extreme vulnerability and risk the chance to build perspectives for the future. Thus, this project has the potential to serve as a model of innovative strategy that proves the fundamental link between socio-economic activities and protection/life-saving results. 		

- UNHCR, implementing partners and sheltered women asked to replicate the activities of the women’s empowerment hub in additional number of shelters. UN Women established partnerships with the Public Defender’s Office, the CMB and the Federal University of Roraima, which expanded the project’s reach, increasing the number of beneficiaries compared to the planned targets.

The activities were the following:

- *Facilitadoras de Diálogo* (on conflict mediation): In partnership with the Public Defender’s Office of the State of Roraima, UN Women offered lectures and courses on conflict mediation to sheltered women, aiming at improving cohabitation and stimulating the union of women. The activities reached **191** women and **11** men.
- *Miçangas* (on handicraft and empowerment of warao and eñapa indigenous women): UN Women offered a safe space for indigenous women to meet once a week to discuss their needs in this humanitarian context, while producing handicrafts. UN Women also provided information on women’s economic empowerment (pricing, entrepreneurship, selling strategies). The activities reached **35** indigenous women.
- *Valores* (on financial education): UN Women offered a two-hour course to women participating in cash-based intervention (CBI) and other interested Venezuelan women, with information about prices in Brazil, strategies on how to use the money and how to plan a budget. The instructor was a Venezuelan migrant woman who had participated in a cash-based intervention and ran her own business in Boa Vista. The activity reached **157** women. UN Women interviewed 80 women that participated in the CBI, one month after having received the cash transfer: 40 of them took the financial education course and 40 of them did not. While both groups used most of the cash on basic and/or urgent needs, such as food (30% and 25%, respectively) and medicines (10% both groups), the first group used 20% of the money in some kind of entrepreneurship initiative (against 5% of the second group), and saved 15% of the money (against 5% of the second group). This is evidence that an emergency assistance such as a CBI may last longer if coupled with strategies to economically empower women.
- Professional Qualification: In partnership with *Serviço Nacional de Aprendizagem Comercial* – SENAC (the largest professional education institution targeted at commerce) UN Women offered four professional qualification courses for migrant women (who are in or out of shelters): Portuguese with a focus on customer service (30 participants, 40 hours); Quality in customer service (30 participants, 15 hours); Personal marketing (30 participants, 15 hours); Entrepreneurship in small business (30 participants, 15 hours). UN Women provided training on women’s human rights, gender equality and the empowerment of women for the SENAC teachers and reviewed the teaching materials to incorporate a gender perspective. The activity reached **120** women.
- *Vamos Juntas!* (empowerment and peaceful co-existence of Venezuelan and Brazilian women: In partnership with the Federal University of Roraima and the *Casa da Mulher Brasileira* (CMB), UN Women offered courses on product development and commercialization, coupled with discussions on women’s human rights and gender equality, for Venezuelan and Brazilian women. The activity reached **108** women.
- *Cozinha Brasil* (cooking): In partnership with *Serviço Social da Indústria* – SESI (a private entity, financed by the industrial sector, that aims at providing services for the wellbeing of communities), UN Women provided

	<p>cooking classes using parts of foods that are not normally considered in the cooking process (seeds, fruits /vegetable skins, vegetable stalks). A truck-classroom, with all the necessary structure, went to the location where the classes took place. Women and men, both migrants and Brazilians could participate (gender parity was encouraged, to question gender stereotypes). In the four-hour class, participants learned recipes, cooking hygiene techniques and basic concepts of entrepreneurship. At the end of the lesson, the participants could eat the meals cooked in the class. At this moment UN Women facilitated a reflective talk about gender roles and stereotypes. UN Women established partnership with UNICEF and ADRA, that took care of a group of children while their mothers were at the course and taught them about nutrition and healthy food. The activity reached 140 women and 60 men.</p> <ul style="list-style-type: none"> - <i>O Valente não é Violento</i> (on non-violent masculinities): UN Women adapted class plans of its curriculum, to promote non-violent masculinities, respect for women and active participation in the domestic chores and childcare. The activity reached 97 Venezuelan men living in the shelters. - UN Women organized group talks on indigenous women's experiences, perspectives and challenges at the indigenous shelter in Boa Vista (<i>Pintolândia</i>) for 14 warao women, and at the indigenous shelter in Pacaraima (<i>Janokoida</i>) for 13 warao women. - UN Women organized an exchange on handicraft techniques for 19 warao women from <i>Pintolandia</i> and <i>Janokoida</i>. - UN Women facilitated a group talk on warao culture and the humanitarian context with 18 warao women, outside the shelter, by the river. - UN Women promoted initiatives about health, financial education and women's human rights at the Women's Day (08 March) at São Vicente shelter with 66 women and at Consolata Church with 102 women, both in partnership with ADRA/UNICEF. - UN Women and AVSI supported a gender awareness initiative, organized by a transgender group living in <i>São Vicente</i> shelter, on the 01 February, for 20 women and 9 men. The group conducted talks on transgender issues in the shelter and realized cultural presentations. - UN Women realized a storytelling workshop with a group of 20 Venezuelan migrant and refugee women, on 08 April, in which they were encouraged to recognize themselves as protagonists of an overcoming trajectory. <p>Indicator 2.3 Number of Venezuelan migrant, asylum seeker and refugee women that receive cash transfers</p> <p>As explained in section 3, the demand for emergency cash for Venezuelan migrant, asylum seeker and refugee women in situation of vulnerability was much higher than expected. The UN Women team adjusted the methodology at the safe space and decided to distribute cash for larger number of women for smaller periods (one month only) to be able to reach larger number of beneficiaries (445) compared to the planned targets (300).</p>	
Activities	Description	Implemented by
Activity 2.1	Set up 1 women community-based protection mechanisms ("women empowerment hub").	UN Women
Activity 2.2	Deliver activities to 300 Venezuelan migrant, asylum seeker and refugee at the women empowerment hub	UN Women

Activity 2.3	Provide to 300 at-risk Venezuelan migrant, asylum seeker and refugee, including warao women, cash transfers as alternatives for survival and for negative coping mechanisms.	<i>Instituto Migrações e Direitos Humanos (IMDH)</i>
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6. Accountability to Affected People

A) Project design and planning phase:

After two exploratory missions and several meetings with local partners, as well as partners at the Federal Government and UN agencies involved in the response, UN Women identified two areas where the needs of women were still not appropriately addressed and needed rapid response: access to justice and protection from sexual exploitation and trafficking.

UN Women conducted a needs assessment with 182 sheltered women, which informed the design and planning of the activities. In the case of indigenous women, an anthropologist supported the process. UN Women set up the safe space and the methodology to provide psychosocial support and legal advice to women based on international standards. The cash-based intervention followed standard operations procedures established by UNHCR for this humanitarian context and the profile of women beneficiaries was defined by the needs assessment.

B) Project implementation phase:

UN Women psychosocial team provided women with information about the services.

At the start of each activity at the women's empowerment hub, UN Women explained what was planned and heard the participants' expectations. UN Women conducted the activities in safe spaces, using methodologies that encouraged active participation, expression of participants' perspectives, and engagement with each other. Decision-making on the activities considered the women's needs, wants and feedback. In some instances, participants were given the opportunity to decide on the directions of the activities, with UN Women supervision.

C) Project monitoring and evaluation:

UN Women teams in Brasília and Boa Vista had weekly and monthly meetings to report and monitor the project implementation, collect data, check indicators progress, share information, jointly address challenges, figure out solutions and indicate lessons learned. Monitoring missions from Brasília to Boa Vista also happened monthly.

UN Women integrated coordination mechanisms of the humanitarian response (National Platform of response for Venezuelan migrant and refugees and its working groups) to share context analysis, relevant information, assess gaps and address issues of concern.

In most initiatives, evaluations questionnaires were applied to verify the satisfaction of the participants (facilitators, space), the utility of the contents and to assess the impacts. CBI recipients who took the financial education course, for example, were very satisfied (86%) with its content. The outputs informed adaptation strategies for the next steps of UN Women.

7. Cash-Based Interventions

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

Planned	Actual
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

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

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Multipurpose Cash Transfer	US\$ 177.00	Multi-purpose cash	Unconditional	Unrestricted

Supplementary information (optional):

UN Women chose the indicated modality of cash distribution – multi-purpose, unconditional and unrestricted – because it allows greater autonomy and flexibility to purchase according to women’s needs and replenish personal assets.

UN Women partnered with the NGO Instituto Migrações e Direitos Humanos (IMDH) that already had structure and expertise on cash distribution to migrant, asylum seeker and refugee women. UN Women established criteria to distribute cash, using UNHCR Standard Operating Procedures. UN Women’s psychosocial team identified the recipients and referred them to IMDH office to receive the check.

This emergency cash-based intervention (CBI) targeted women in extreme vulnerable conditions, most of them living in the streets, with no access to regular food, drinking water, or shelter; some of them with serious health problems, such as cancer; or with disabilities – if not themselves, people who depended on them (67% of the recipients were living in the streets). The intervention has also served as an alternative for negative coping mechanisms that may expose women to sexual exploitation and trafficking. Also, CBI can allow addressing household basic needs and reduce tensions and, thus, the risk of intimate partner violence.

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

Considering the small project budget and its emergency, life-saving approach, an evaluation would not be cost-effective nor relevant.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.3. Project Report 18-RR-FPA-040 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Brazil
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	18-RR-FPA-040
5. Project Title:	Provide comprehensive survivor-centred and multi-sectoral care for GBV survivors and promote Sexual and Reproductive health rights for vulnerable venezuelans in Roraima State, with emphasis on women, adolescents and young people.		
6.a Original Start date:	01/10/2018	6.b Original End Date:	31/03/2019
6.c. No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	30/06/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 4,890,018
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,151,418
	c. Amount received from CERF:		US\$ 300,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 165,287
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 134,769 ▪ National NGOs US\$ 30,517 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its partners offered immediate / fundamental information and concrete solutions to prevent SGBV and to promote SRH (maternal health, HIV treatment services for PLWHAs) to thousands of migrants and host community; and strengthened the coordination mechanism of strategies with local government. The Fund provided 27,000 IEC materials; procured 6,120 dignity kits; delivered 46,608 SR kits (male/ female preservatives and lubricant gel), provided 23,066 services to approx. 7,688 people in the Safe Spaces at screening centers - Ptrigs (Boa Vista and Pacaraima); and conducted artistic and sports activities with 181 beneficiaries and "rodas de conversa" (informative sessions) with 965 persons. Besides delivering dignity kits and lifesaving information, UNFPA capacitated 923 people in Human Rights, PSEA, SGBV and SRH trainings. An international consultant lead workshops in case management for UN personnel and local partners. Referral pathways were established in Boa Vista, Manaus and São Paulo, with targeted locations that includes multisectorial services in two major hosts cities of the resettlement program ("interiorização") of the Brazilian federal government. Finally, the Fund offered STI/hiv testing to 195 people and established safe space for PLWHAs looking for ART with IP Associação de Bem com a Vida.

3. Changes and Amendments

In January 2019, UNFPA CO requested a non-cost extension based on three reasons: 1) A key implementing partner for Activity 1.3 (Salvation Army) renounced to its involvement in the project, leading to its replacement and to a considerable delay in the activities; 2) The difficulty to deploy skilled, properly trained staff to the border town of Pacaraima, and delays in the hiring process of UNVs; 3) In October 2018, Brazil went through a turbulent moment during presidential elections, raising tensions in the political environment, affecting

our capacity to engage in dialogue with political actors, delaying the project's implementation. Additionally, in Oct/Nov 2018, Roraima faced a political and economic crisis which prompted a federal intervention of its public finances with a huge impact on health system.

All changes were communicated to CERF in 1) the Implementation - Interim Status Update; and in 2) the No Cost Extension and Reprogramming Request.

4. People Reached

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

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	2,000	9,000	11,000	0	1,300	1,300	2,000	10,300	12,300
Reached	3,933	9,125	13,058	3,601	7,330	10,931	7,534	16,455	23,989

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	7,440	13,840
IDPs	0	0
Host population	100	744
Affected people (none of the above)	4,760	9,405
Total (same as in 4a)	12,300	23,989

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

The services implemented: listening room with protection team and safe space did not exist, so the planned numbers were based on the border entry numbers register at the time using the MISP calculator. With the implementation of safe spaces, increased Venezuelan border entry and field staff to meet the demand was much higher than we planned, so we were able to serve more people, perform more activities and handle cases of people with specific needs. of protection.
UNFPA holds no record of gender/ age for all people who received IEC materials (27,000); SR kits (46,608), nor beneficiaries who took part in arts & sports activities (181), in informative sessions (965) and STI/HIV testing (195). Thus, 74,949 records were not registered in the table above.

5. CERF Result Framework

Project objective	Provide comprehensive survivor-centred and multi-sectoral care for GBV survivors and promote Sexual and Reproductive health rights for vulnerable venezuelans in Roraima State, with emphasis on women, adolescents and young people.
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Output 1	Immediate life-saving information and tangible solutions to improve quality of availability and access to survivor-centred, multi-sectoral services and referral systems to respond in a timely manner to GBV incidents, benefiting 6,000 migrant women of reproductive age			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of IEC materials with life-saving information in GBV services, including access to health care	6000	12,000	Roraima Office

Indicator 1.2	# of dignity kits for survivors	120	249	Roraima Office
Indicator 1.3	# Targeted locations with a functional referral pathway that includes multisectorial services	2	3	Roraima Office
Indicator 1.4	# of individual participants; number of participants organizations in the training and sensibilization sections of GBV services, referral pathway and case management	50	2,662	Roraima Office
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Production and delivery of life saving information on available services for GBV services	<p>Activity 1.1 was implemented by UNFPA.</p> <p>The Fund elaborated 3.000 units of a booklet on GBV hotline (Ligue 180), 1,000 units about the GBV Brazilian Law (Maria da Penha), 3,000 on sexual violence and 3.000 units of a booklet about GBV and referral pathway that includes multisectorial services. Booklets are bilingual and proved to be an important tool for community resilience.</p> <p>Materials can be accessed on:https://brazil.unfpa.org/pt-br/publications/entenda-lei-maria-da-penha; https://brazil.unfpa.org/pt-br/publications/cartilha-viol%C3%Aancia-sexual; https://brazil.unfpa.org/pt-br/publications/cartilha-central-de-atendimento-%C3%A0-mulher)</p> <p>The budget of the material was planned by the cost of printing in Roraima, but by expanding the capacity of the UNFPA humanitarian team in Brasilia, we were able to make the materials in Brasilia at a much lower cost, and it was possible to print twice as planned.</p>		
Activity 1.2	Procurement and delivery of dignity kits	<p>Activity 1.2 was partially implemented by UNFPA and partially by IP WorldVision (international NGO).</p> <p>WorldVision assembled the kits and UNFPA delivered them. 6,120 dignity kits have been procured. 249 were already delivered to GBV survivors (39 to indigenous people). Delivery is conducted at UNFPA's safe spaces and/or in coordination with local partners and UN agencies, with an attitude of listening, respecting and sensitiveness. GBV survivors' dignity kits contain safety items, such as flashlights, whistle and lifesaving information.</p>		
Activity 1.3	Establish a Women Space in reception centers (Boa Vista and Pacaraima) with life-saving information on how and where to access care services for GBV and SRH	<p>Activity 1.3 was implemented by UNFPA.</p> <p>It established Women's Spaces in both Ptrigs (Boa Vista and Pacaraima) with life-saving information (Portuguese and Spanish) on how and where to access care services</p>		

		<p>for GBV and SRH. In the period, 23,066 people were assisted.</p> <p>People dislocating from Pacaraima to Boa Vista arrive at the area of International Bus Stop José Amador de Oliveira, where approximately 600 people sleep every night with tents provided by Welcome Taskforce: 10-15% are currently pregnant and 33% are adolescents (data not disaggregated by gender). Along with LGBTIs, disabled people, hiv+ and elderly persons, they are particularly subject to violence, especially in the shower area, for there are no walls or curtains between them to ensure the person's privacy. It is necessary, thus, to diminish risks of sexual violence for Venezuelan women and girls, to provide information on issues related to maternal health care, women's human rights, gender-based violence, sexual and reproductive health, and available health and care services; and to refer people with specific protection needs to the local assistance network (SUS, SUAS, Justice System, Education). UNFPA recently established a safe space in the area.</p> <p>In three locations, referral pathways are employed to access multisectorial services. Regarding GBV pathway, there are 9 multisectorial services available for referral (Hospital Materno Infantil Nossa Senhora de Nazareth, Hospital Geral de Roraima, Hospital da criança Santo Antônio e Pronto Atendimento Cosme e Silva, CAPS, Casa da Mulher Brasileira, Centro de Convivência e Atendimento Psicossocial, CHAME, Tribunal de Justiça - vara de combate à violência doméstica e familiar).</p>
Activity 1.4	Conduct training and sensibilization in case management to implementing partners, protection assistants from UN agencies, and service staff from local government	<p>Activity 1.4 was implemented by UNFPA, in articulation with UN Women, UNHCR and UNICEF.</p> <p>As part of its mandate, UNFPA and its partners routinely offer training in Prevention of Sexual Abuse and Exploitation (PSEA) for professionals who work directly with border ordering, as the Brazilian Army and UN agencies. 744 people were trained during the period.</p> <p>Other actions include training on GBV Referral Pathway, Case Management workshop for UN agencies and Case Management workshop for local partners, training on GBV Referral Pathway at Boa Vista's Ptrig in articulation with UN Women, UNHCR and UNICEF. All in one, 179 people have received training.</p> <p>There was a very large increase in the number of people and organizations involved in the response between planning and execution of resources, so it was possible to expand the number of participants in training.</p>

Output 2	10.480 Adolescent girls, women, pregnant women and sexually active men received specific individual reproductive health services, RH supplies and dignity kit
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.3	# safe space to improve access and follow up to ARV treatment	1	1	Roraima Office
Indicator 2.4	# of individual participants; number of participants organizations in the training and sensibilization sections in SRH services and referral pathway	50	500	Roraima Office
Indicator 2.2	# of IEC materials to reduce and prevent HIV/STIs and family planning information to access PHC	11,000	15,000	Roraima Office
Indicator 2.1	# of dignity kits distributed to women and girls in reproductive age	6,000	6,120	Roraima Office
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.3	Provide and guarantee a safe space to people living with HIV looking for treatment in border to reduce mortality and morbidity due HIV/AIDS	<p>Implemented by IP: national NGO ABV – Associação de Bem com a Vida.</p> <p>UNFPA supported the establishment of a safe/passage house for PLWHAs (Brazilians and Venezuelans) traveling to Boa Vista to access/follow ARV treatment: the Casa Viver. A work plan and a referral pathway for the safe house was implemented. Furthermore, the IP (ABV) received training and sensitization about SRH and referral services available in Boa Vista and Pacaraima. While not necessarily sustainable, this center addressed the issue of equity in as much as they did not exist before the emergency and now offer services to anyone requiring those services, regardless of nationality. The safe space provided shelter, food, and psycho-social support to 12 people at a time, so they could have adequate conditions to recover and to adhere to ARV treatment in the capital Boa Vista. Between January and June 2019, Casa Viver assisted 30 people. 90% reached undetectable serological status.</p>		
Activity 2.4	Conduct training and sensibilizations in Sexual Reproductive Health, addressing common challenges as obstetric violence, and reproductive rights, to implementing partners, protection assistants from UN agencies, service managers and service staff from local government .	<p>Implemented by UNFPA.</p> <p>500 personnel from 53 institutions (UN agencies, service managers and service staff from local government) were trained in 8 activities during the period:</p> <ol style="list-style-type: none"> 1) Training SRH referral pathway (291 people); 2) Workshop to elaborate referral pathway (31); 3) Sensibilization on SRH referral pathway with Army personnel from PTRIG Boa Vista (24); 4) Sensibilization on SRH referral pathway with Army personnel from PTRIG Pacaraima (15); 5) Training on LGBTI health with UFRR Faculty of Medicine undergraduate students (28); 6) Workshop for Voluntary Health Agents (44); 7) Training - use of rapid STI/HIV/AIDS HIV tests in Janokoida Indigenous Shelter - Pacaraima (09). See article <https://bit.ly/2XW2bL8> 		

		<p>8) Workshop with UFRR Faculty of Medicine undergraduate students (58).</p> <p>There was a very large increase in the number of people and organizations involved in the response between planning and execution of resources, so it was possible to expand the number of participants in training.</p>
Activity 2.2	Production and delivery of life saving information to access those services	<p>Implemented by UNFPA.</p> <p>5,000 copies of an IEC material for pregnant women were printed, 5,000 copies of a booklet on breastfeeding and other 5,000 on family planning have been printed.</p> <p>UNFPA provided rapid STI/HIV/AIDS HIV tests and counselling to 195 people in Janokoida Indigenous Shelter - Pacaraima (see article: https://brazil.unfpa.org/pt-br/news/unfpa-realiza-testagem-de-hiv-e-outras-ist-em-221-pessoas-em-abrigo-ind%C3%ADgena-de-roraima)</p> <p>Informative sessions (“rodas de conversa”) were conducted with a total of 538 beneficiaries. It is a strategy adopted to address the issues with the migrant Venezuelan population, as a method that consists of creating spaces for dialogue, in which people can express themselves and, above all, listen to others and to themselves. Usually, SR kits are delivered to participants. The sessions took place mainly in shelters and the topics were:</p> <ol style="list-style-type: none"> 1) SRH in adolescence and youth, Pacaraima BV 8 Shelter (40 people) - see article: https://brazil.unfpa.org/pt-br/news/adolescentes-de-alojamento-em-pacaraima-participam-de-roda-de-conversa-sobre-sa%C3%BAde-sexual-e-; 2) Session with pregnant women at Kaubonoco Occupation, Boa Vista (8); 3) SRH Session with pregnant women (prenatal care and safe pregnancy) of São Vicente Shelter, Boa Vista (9); 4) LGBTI SRH, São Vicente Shelter, Boa Vista (7); 5) SRH in adolescence and youth, Jardim Floresta Shelter - Boa Vista (25 people) 6) SRH for women, Associação Movidela Pela Esperança, Boa Vista (14); 7) SRH for women of Pacaraima BV 8 Shelter, UNFPA Safe Space, Pacaraima (21); 8) SRH for mothers, Canarinhos da Amazônia, Pacaraima (6); 9) SRH for men of Janokoida Shelter, Pacaraima (149); 10) SRH for women of Janokoida Shelter = dignity kits delivery, Pacaraima (145); 11) SRH for adolescent and young women of Pacaraima BV 8 Shelter, UNFPA Safe Space, Pacaraima (24). See article https://brazil.unfpa.org/pt-br/news/roda-de-conversa-sobre-saude-sexual-e-reprodutiva-reune-24-adolescentes-venezuelanas-em-roraima;

		<p>12) SRH for women of Pacaraima BV 8 Shelter, UNFPA Safe Space, Pacaraima (14). See article <https://brazil.unfpa.org/pt-br/news/saude-da-mulher-tema-de-roda-de-conversa-promovida-pelo-unfpa-em-roraima>;</p> <p>13) SRH for women of Pacaraima BV 8 Shelter, UNFPA Safe Space, Pacaraima (20).</p> <p>Between July 2018 and June 2019, UNFPA provided 46,608 SR kits to the screening centers (Ptrigs) of Pacaraima e Boa Vista, to people attending informative sessions and to the Immigrant Reference Center.</p> <p>The budget of the material was planned by the cost of printing in Roraima, but by expanding the capacity of the UNFPA humanitarian team in Brasilia, we were able to make the materials in Brasilia at a much lower cost, and it was possible to print twice as planned.</p>
Activity 2.1	Procurement and delivery of dignity kits	<p>Partially implemented by UNFPA and partially by IP WorldVision (international NGO).</p> <p>6,120 dignity kits have been procured. Delivery is conducted at UNFPA's safe spaces in Boa Vista and Pacaraima. All women who travel from Pacaraima's Ptrig to Boa Vista's international bus stop receive a dignity kit, along with lifesaving information. People with specific protection needs have access to the kits as well.</p>

6. Accountability to Affected People

A) Project design and planning phase:

Affected population (AAP) were a major concern during the planning phase. Due to CERF's short implementation period, UNFPA focused on identified SRH and GBV needs already assessed on a regular basis (UNFPA has been present in the humanitarian response since August 2017 and presents itself as a key stakeholder in the humanitarian response). A Protection Desk was set up to collect and analyse their specific needs using data collected at the PTRIG, enhancing information management and analysis and defining "protection profiles" of Venezuelans. UNFPA intervention was acknowledged by the Brazilian government, which awarded UNFPA the Human Rights Award in 2018 (<https://nacoesunidas.org/agencias-da-onu-recebem-premio-por-resposta-humanitaria-a-crise-venezuelana/>).

B) Project implementation phase:

The approach taken in the case of Brazil (Roraima) was a combination of immediate assistance to Venezuelans while trying to strengthen local institutions for the delivery of services for both Brazilians and Venezuelans. Roraima has some of the worst social indicators of Brazil, so the intrinsic vulnerability associated with migration was aggravated by the complex local reality. It became evident early on that any risk mitigation intervention for AAP would require working with local authorities to strengthen local capacities. Among the activities carried out by IPs and local partners, UNFPA promoted integration and community resilience, facilitating the socialization of available SSR/GBV services to the local communities. The principles were self-reliance and sustainability. This was done by charting out referral flows and standards of care for victims of SGBV, as well as providing training for service providers and having a platform, a gender Working Group, chaired by UNFPA with participation of all relevant actors, where all the services and actors could coordinate and keep the systems functioning and functional.

C) Project monitoring and evaluation:

As foreseen in the project, UNFPA and its IPs were responsible for monitoring the implementation phase to ensure timely, effective and appropriate support to the beneficiaries, particularly for the most vulnerable populations. IPs submitted periodic reports and a monitoring framework was set up to measure outcomes and their impact in restoring the wellbeing of the women and girls affected by the humanitarian setting in Roraima. The project established follow up strategies in cooperation with local authorities and the community.

Additionally, UNFPA coordinates the Working Group on Gender and Human Rights, composed by federal, state and municipal governments, UN agencies and civil society. The Group gathers monthly in Boa Vista and Pacaraima to strengthen coordination of SGBV prevention and protection interventions for both Venezuelan and Brazilian girls and women, as well as to devise strategies to improve access to quality SRH services in the humanitarian context. For that purpose, the Group has developed a SGBV case management referral flow for shelter managers; has mapped the network of psychosocial care centers and disseminated the information publicly; and has provided SGBV and SRH training for shelter professionals. These groups provide a fundamental platform for UNFPA projection in humanitarian settings and provide a key space for strengthening collaboration among key stakeholders; and they also enable rapid and efficient communication with different government levels, to improve the effectiveness of interventions and M&E actions.

7. Cash-Based Interventions

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

Planned	Actual
No	No

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

Evaluation was carried out internally during the elaboration of the Annual report on the Use of CERF funds (attached - "2018 UNFPA annual report on the Use of CERF funds.docx"), the Interim Status Update (attached - "18-RR-BRA-32278_Brazil_InterimUpdate.docx") and the No-Cost Extension & Reprogramming Request (attached "CERFGuidance_No-Cost-Extension and Reprogramming Request Form_18-RR-FPA-040.docx"); and during IP spot-check with ABV conducted in May, 27 & 28 of 2019. A future evaluation will be carried out during IP audit, to take place in 26 August 2010.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.4. Project Report 18-RR-CEF-103 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Brazil
3. Cluster/Sector:	Multi-Cluster - Multi-sector	4. Project Code (CERF):	18-RR-CEF-103
5. Project Title:	Providing education, protection, health and nutrition services for migrant children in Roraima		
6.a Original Start Date:	09/10/2018	6.b Original End Date:	08/04/2019
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		Total 2018/2019: US\$ 11,028,000
	b. Total funding received for agency's sector response to current emergency:		Total 2018/2019 US\$ 4,218,205
	c. Amount received from CERF:		US\$ 522,428
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 423,551
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 423,551.22 ¹⁸
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, UNICEF and its partners provided access to primary health care to 1,864 children (962 children under five, 902 adolescents) and nutritional screening of 559 children under five; Iron-Folic Acid (IFA) Supplementation to 137 pregnant and lactating women; trained 35 health professionals. In the domain of education, it provided education to 3,235 children in 10 temporary learning spaces while supporting 824 children to access the Brazilian formal school system; training 304 teachers and municipal authorities on the integration of Venezuelan pupils in school. In the area of Child Protection, UNICEF and its partners provided psychosocial support to 9,422 children through the establishment of 15 Child friendly spaces and referred 402 cases of violence or abuse to the appropriate care within the local child protection network.</p> <p>The project assisted a total of 14,597 children and 4,060 caregivers, allowing them to access essential services within the SPHERE standard, across 13 shelters in Pacaraima and Boa Vista, as well as 2,858 persons out of shelters, in the municipalities of Boa Vista, Pacaraima, Bonfim and Amajari in Roraima state, between October 2018 and March 2019.</p>

3. Changes and Amendments
There was no change to the project.

¹⁸ Include In-kind contributions of USD 157,121.00

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	5,280	2,350	7,630	4,320	1,860	6,180	9,600	4,210	13,810
Reached	7,548	2,370	9,918	7,049	1,690	8,739	14,597	4,060	18,657
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees	5,698			9,000					
IDPs	0			0					
Host population	4,000			347,048					
Affected people (none of the above)	4,112			9,657					
Total (same as in 4a)	13,810			18,657					
<p>The total number of people reached refers to those provided with access to essential services (14,597 children and 4,060 caregivers = 18,657 against a total number planned of 13,810, including 9,600 children and 4,210 caregivers).</p> <ul style="list-style-type: none"> • The number of children reached being higher than the planned figures for this CERF project can be explained by the fact that the number of Venezuelans entering Brazil have been in steep augmentation along 2018 and by the fact that a Child Friendly Space was opened in Rodoviaria, giving access to recreative activities and psychosocial care to children from out of shelter. • Out of the 18,657 beneficiaries reached, the exact proportion of migrants and refugees is unknown and a rough estimate of about 50% of each is used for this report • There might be an overlap in the number of children in TLS and CFS resulting in a higher number of beneficiaries reached. • Lastly, 4,000 people of the host community were targeted to be reached with anti-xenophobia messages. UNICEF used its social media channels to promote human interest stories featuring Venezuelans migrants to influence behaviours and attitudes and create empathy from the Brazilian audience towards migrant population, especially, children. In the meantime, UNICEF, is preparing with UNHCR and IOM, in the context of the R4V platform, a joint campaign to specifically mobilize the Brazilian society to fight xenophobia that will be launched during the 2nd semester of 2019. A total of 66 posts on social media and 15 human interest stories were published highlighting the challenges faced by the migrant population in order to create empathy. A total of 347,048 people were potentially reached on UNICEF's proprietaries social media channels. The emergency UNICEF's response was mentioned in at least 125 news stories. <p>UNICEF initiated the development of a multi-media campaign to prevent xenophobia and discrimination against migrant children. The R4V Regional Platform decided to adopt the campaign as a UN joint campaign covering all age groups. The campaign content is currently being expanded accordingly. The first phase of the campaign is due to be launched in October 2019.</p>									
<p>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</p>									

5. CERF Result Framework

Project objective	Providing education, protection, health and nutrition services for migrant children in Roraima.
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Output 2	1400 children, 80 pregnant women and mothers with access to basic health and nutrition care and also good hygiene practices.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children, pregnant women and mothers with access to basic health and nutrition care and also good hygiene practices.	1400 (700 male, 700 female) children 80 pregnant women and mothers	1,864 Children (965 girls, 899 boys); 137 pregnant women	SITREP & HPM ¹⁹ Table March 2019
Indicator 2.2	Number of local health agents (monitors) trained to provide basic health and nutrition care, good hygiene practices to women and children	30 (20 female and 10 male)	35	SITREP October 2018
Indicator 2.3	Number of children, pregnant women and mothers reached by key messages on behaviour-change interventions to improve health care, lactating and feeding practices.	1,480 (740 male and 740 female)	4,098	SITREP & HPM Table March 2019
Indicator 2.4	% of shelters (with children and pregnant women) with nutritional evaluation performed	100%	100%	SITREP Dec 2018; Jan 2019
Explanation of output and indicators variance:		Indicator 2.3: C4D messaging in WASH, Health and Nutrition reached more women and children than the expected target (4,098 vs. 1,480 target), thanks to the daily presence of ADRA's community workers in shelters conducting home visiting, public address and focus group discussion.		
Activities	Description	Implemented by		
Activity 2.1	Preparation of culturally appropriate IEC materials (textbooks for children and teachers) on health and hygiene care in Portuguese and Spanish to address the needs of children on the move and their caregivers, especially for the indigenous population.	ADRA		
Activity 2.2	Initial flash training of local health community agents (monitors), indigenous migrant women and pregnant women on maternal and child care, nutrition promotion, and good hygiene practices to address the needs of migrant population.	ADRA (Shelter) CARITAS (Out of shelters)		
Activity 2.3	Implementation of Child Health Days to promote health and hygiene among the migrant population and local community.	ADRA		
Activity 2.4	Development of activities to promote a routine Expanded Programme on Immunisation and breastfeeding activities, including the creation of breastfeeding corners	ADRA		
Activity 2.5	Initial flash training for health professionals on maternal and child care (IMCI - Integrated Management of Childhood Illness), for the early detection of nutritional risk situations, attention of health problems, nutritional monitoring routines, and collective	UNICEF		

¹⁹ HPM: Humanitarian Programme Monitoring

	and individual counselling on breastfeeding and complementary feeding for children <2 years old.	
Activity 2.6	Technical support to perform growth and development monitoring focusing in children under 5, for the classification of the nutritional status of migrant children, according to the anthropometric indices, evidencing and referral of those in greater vulnerability to nutrition problems for treatment and monitoring.	ADRA

Output 3	Migrant children and adolescents have access to Children Friendly Spaces and specialized services of the local protection network, if needed.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of children and adolescents identified regarding their protection needs and referred to the care network (including follow-up).	20 children per month	67	SITREP & HPM Table March 2019
Indicator 3.2	Number of children participating in Child Friendly Spaces activities	9,600 children per month	9,422	SITREP & HPM Table March 2019
Indicator 3.3	Number of children and adolescents and their families receiving information on their rights and protection.	4.000 on the whole project.	5,004 (F:2467, M:2537)	SITREP & HPM Table Dec 2018
Indicator 3.4	Number of actors of the Rights' Guarantee System, Protection Network and Justice System trained in specialized attention for vulnerable children, dealing with and forwarding cases of children protection.	50 agents	42 ²⁰	Final NECA ²¹ Report still expected
Explanation of output and indicators variance:		<ul style="list-style-type: none"> • There have been more children identified and referred to Child Protection local services than targeted over the project. This would be linked to shelters being filled over their capacities, thus generating tensions. • Similarly, this overpopulation in the shelter would translate into 20% more children adolescent and their families receiving information on their rights and protection. The final figure reflects the real number of children adolescent and caregivers in all shelter with children 		
Activities	Description	Implemented by		
Activity 3.1	Provision of Child Friendly Spaces or other community-based interventions, return to school or emergency education, psychosocial support and mental health referrals where expertise exists.	FRATERNIDADE		
Activity 3.2	Identification, registration, referral and follow-up of extremely vulnerable children, including survivors of GBV and other forms of violence, children with no access to basic service and those requiring special protection measures.	FRATERNIDADE, NECA		
Activity 3.3	Production of communication materials on services available, referral mechanisms and follow up mechanisms on offered services addressed for actors of the Rights' Guarantee System and the migrant population.	FRATERNIDADE		
Activity 3.4	Campaign of advocacy and awareness-raising	FRATERNIDADE		

²⁰ Average attendance over 14 sessions

²¹ NECA - Associação dos Pesquisadores de Núcleos de Estudos e Pesquisas sobre a Criança e o Adolescente

Activity 3.5	Life-skills and livelihoods flash/training sessions for affected families	FRATERNIDADE
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Output 4 1,200 children and adolescents living in shelters participate in the activities of the Learning Spaces and 500 are prepared to enter and remain in the formal education system of Brazil with the support of public policies created to promote the inclusion of Venezuelan migrants.

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	No of children and adolescents participating in the activities of the Learning spaces	1,200	3,235	SITREP & HPM Table March 2019
Indicator 4.2	No of children and adolescents who access the formal education system of Brazil.	500	824	SITREP N#1 Jan-Feb 2019
Indicator 4.3	No of agents of the public education system who participate in project activities	50	304	Attendance record from education training of 1 st Nov 2018 (220 teachers) & 2 nd April 2019 (84).
Indicator 4.4	No of children and adolescents who receive a kit of school supplies	1,200	2,000	SITREP March 2019

Explanation of output and indicators variance:

- Indicator 4.1: By end March, UNICEF recorded 3,235 children attending the Temporary Learning Spaces in shelters. Over the period, given the rotativity within shelters, some children left and new ones came. This figure aggregates and capture the number of single individual children that registered in UNICEF supported TLS.
- Indicator 4.2: In December 2018, UNICEF conducted an intensive registration campaign in shelters, resulting in a higher number of children registered into the formal Brazilian education system (824 vs. 500 target).
- Indicator 4.3: While teachers and assistant in shelters are not agent of the public education, the project also aimed at capturing best practice and building capacity of teachers of the public sectors to integrate migrant children in the formal Brazilian education system. By end March over 3,500 Venezuelan children were registered in Brazilian schools. In that regards, 304 teachers received training in 2 sessions held on November 1st 2018 and April 2nd 2019.

Activities	Description	Implemented by
Activity 4.1	Implementation and improvement of learning spaces	FRATERNIDADE
Activity 4.2	Implementation of curricula for education in emergencies, for Venezuelan indigenous and creole population.	FRATERNIDADE
Activity 4.3	Technical Support for children and adolescents to access the formal education system in Brazil.	FRATERNIDADE
Activity 4.4	Technical assistance for public education system officials	FRATERNIDADE
Activity 4.5	Provision of kit of school supplies to children and adolescents	FRATERNIDADE & Instituto Pirlampos

6. Accountability to Affected People

A) Project design and planning phase:

For the design of the project, workshops were held with volunteer migrants living in the shelters, to define the pedagogical content, the emergency curricula and the resources necessary for the implementation of Child Friendly Spaces and Temporary Learning Spaces. The CFS and the selection of monitors were also defined on this stage. The affected population is participating as teachers and monitors in both CFS and LS.

Also, meetings were held with United Nation agencies – PAHO/WHO and UNHCR, state and municipal authorities as well as allied institutions to jointly define priority lifesaving interventions and the necessary resources for their implementation. In coordination with the shelter managers, information was collected on Venezuelan migrants in the cities of Boa Vista and Pacaraima, especially those with the indigenous population who are the most vulnerable.

B) Project implementation phase:

During the implementation phase, feedback was solicited through ongoing programme activities and monitoring processes. 252 Venezuelan migrants participated in focus group discussions on UNICEF and partner WASH, education and Child protection programs. Critical announcements and programme details were shared through WASH monitors and Health personnel in shelters. While no adjustment seemed necessary the beneficiaries expressed the need of specific activities for adolescents, access to internet and to information on vacancies, documentation and registration of children in formal Brazilian school.

In response, UNICEF developed sport activities for adolescent as well as their mobilization around solving WASH problems in shelters. UNICEF also conducted a campaign in December 2018 to register children in the formal Brazilian education system which resulted in 824 children enrolled.

C) Project monitoring and evaluation:

While consultation took place at the inception and during the project, UNICEF continue working on systematization for all projects and interventions, on provision to allow users of the service to share feedback about the service and make complaints if necessary, in a safe and confidential manner with the installation of “complaint” boxes and/or a hotline. Integration of this component in all new partnership is ongoing.

7. Cash-Based Interventions

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

Planned	Actual
No	No

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

There hasn't been an evaluation yet, but UNICEF regional office in Panama is planning a Real Time Evaluation of the humanitarian response in Brazil, but details are not yet known.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF CODE	Sector/Cluster	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-WOM-009	Protection	UN Women	NNGO	\$85,701
18-RR-WOM-009	Protection	UN Women	NNGO	\$19,984
18-RR-WOM-009	Protection	UN Women	NNGO	\$19,892
18-RR-CEF-103	Health	UNICEF	NNGO	\$58,335
18-RR-CEF-103	Nutrition	UNICEF	NNGO	\$52,338
18-RR-CEF-103	Child Protection	UNICEF	NNGO	\$47,769
18-RR-CEF-103	Education	UNICEF	NNGO	\$60,759
18-RR-CEF-103	Health	UNICEF	NNGO	\$32,581
18-RR-CEF-103	Nutrition	UNICEF	NNGO	\$14,648
18-RR-IOM-032	Shelter & NFI	IOM	NNGO	\$84,562
18-RR-IOM-032	Food Assistance	IOM	NNGO	\$215,588
18-RR-FPA-040	Multi-sector refugee assistance	UNFPA	NNGO	\$30,517
18-RR-FPA-040	Multi-sector refugee assistance	UNFPA	INGO	\$134,769

ANNEX 2: Success Stories

UNICEF (Project 18-RR-CEF-103)

Success Story 1:

In her first day at Brazil, Niscarlyz Nabarro felt right at home at a Child Friendly Space built by UNICEF and its partner World Vision in Pacaraima, Brazilian city on the border between the country and Venezuela. She spent the whole day there playing, drawing and making new friends. "I don't know much about this place [Brazil] because I just got here, but today I played at the swing, at the trampoline, with modeling clay, drew and also made friends. I hope every day in Brazil is like today".

Link: <https://www.unicef.org/brazil/historias/niscarlyz-nabarro-caminho-de-um-novo-lar>

Success Story 2:

Ruskerlyz Alcantara, 7, always has a busy day at the indigenous shelter Janokoida, where she lives in Pacaraima, Brazilian city on the border with Venezuela. Her day starts with breakfast and then school, where she learns Portuguese and other competencies, including more about the traditions of her people, the Waraos. In the afternoon she plays with her friends and siblings at the Child Friendly Space at the shelter and attend activities about environmental and hygiene education. Ruskerlyz says when she grows up she wants to be a nurse, like her mother Rutzelis Sifuentes. "I want to help people". The activities she goes through daily are supported by UNICEF and its partners Fraternidade Internacional and ADRA Brasil.

Link: <https://www.unicef.org/brazil/historias/unicef-faz-diferenca-na-vida-de-ruskerlyz-e-de-outras-2-5-mil-criancas-venezuelanas-em-Roraima>

Success Story 3:

Nowadays, Nelwin Torres, 21 months, can be found running and playing at the indigenous shelter Janokoida, where he lives in Pacaraima, Brazilian city on the border with Venezuela. But it wasn't always like this. In November 2019, when UNICEF's and ADRA's nutrition team meet him, the child didn't walk and wasn't crawling anymore, he wasn't playing and had difficulties to eat. Nelwin was underweight with signs of dehydration and nutritional deficiencies.

After a thorough work on nutritional supplementation done by UNICEF's and ADRA's team and Nelwin's mother, Silviene Garcia, the boy gained weight and is now healthy.

Link: <https://www.unicef.org/brazil/historias/os-primeiros-passos-de-nelwin-torres>

UNFPA (18-RR-FPA-040)

The following stories have been published at UNFPA CO's website (<https://brazil.unfpa.org/pt-br/topics/seguir-em-frente-o-trabalho-do-unfpa-no-contexto-de-assist%C3%A2ncia-humanit%C3%A1ria>) and are part of Newsletter "Seguir em frente" (Moving on), about the UNFPA's humanitarian assistance work.^{22,23}

1. An instant relief: The importance of the Dignity Kit

RORAIMA, BRAZIL

When she first enters the United Nations Population Fund (UNFPA) Friendly Space in Boa Vista, the Venezuelan woman Jacqueline Pereira, 41, feels uncomfortable about her current situation: she has almost no extra clothes and lives on the streets. "I don't like to walk like this, so dirty. I'm not used to walk like this", she explains, bursting into tears. Delivered from

the hands of the UNFPA team, the Dignity Kit, a purse with toiletries and other basic needs items, is an instant relief. It makes her face glow. "He even has skin care and hair cream" - she amazes herself.



The most recent kits began to be assembled and distributed by the United Nations Population Fund in partnership with World Vision in March 2019 and funding from the United Nations Central Emergency Response Fund (CERF). So far, 729 have been distributed. The action is strategic in sexual and reproductive health and in the prevention of gender-based violence. Inside the kit, you can find new underwear, slippers, female and male condoms, lubricants, toothpaste and toothbrush, among other items.

Target audience

The Dignity Kits are delivered, after careful evaluation by UNFPA professionals, to migrant and refugee persons who fit into the following profiles: women at risk (especially pregnant women, postpartum and infants); girls, survivors of gender-based violence; LGBTI people and people with other specific protection needs. The kit is delivered whenever it can be a gateway to sensitize and ensure information on sexual and reproductive health and gender-based violence issues. In 2018, the project was supported by the Swiss Embassy.

The project officer and head of the UNFPA office in Roraima, Igo Martini, explains that the definition of what would be provided in the kits was made on the basis of international guides published by the United Nations Population Fund. Other items in the package, however, were the result of careful listening of the beneficiaries - that's explains the unusual presence of items such as flashlights and whistles used by women's movements in Brazil as security and survival items.

"It was the result of the stories and demands that we heard. We observed, for example, that there were many women at risk, at night, because of the dark, so the importance of having a flashlight. In the same context, the whistle is important because, in a situation of violence, women can call for help", he says.

People in forced migration, during emergency contexts, are especially vulnerable to sexual violence, sexually transmitted infections and, in the specific case of women, non intended pregnancies. In the absence of proper obstetric services, there is a high level of maternal deaths and other childbirth related complications. Data from the latest World Population Report produced by UNFPA shows that, everyday, more than 500 women and girls in countries experimenting emergency situations die during pregnancy or delivery, due to lack of midwives and qualified obstetric facilities.

That's why UNFPA works actively in these scenarios, by spreading information about sexual and reproductive health or providing the inputs to help people move on, besides the offer of male and female condoms, between other instruments of family planning.

In Roraima, the Dignity Kits make a huge difference in the lives of the people who receive them, especially those in the most vulnerable conditions and who lost their belongings when they crossed the border. In the case of Jacqueline Pereira, on that specific day, it became a breath of hope. Finding a small notebook inside the bag - another item inserted in the kit after experts of UNFPA understood the need to take notes on rights and addresses - the woman vibrates like a child. "I'll use it to learn Portuguese", she promises.

²² Pictures by Fabiane Guimarães, UNFPA Brazil

²³ 1st edition: <https://mailchi.mp/357bb7d3e448/seguir-em-frente-n1-trabalho-do-unfpa-no-contexto-de-assistencia-humanitaria?e=5bd7bfb15>; 2nd edition: <https://mailchi.mp/57f12ac0e08d/seguir-em-frente-n-2-trabalho-do-unfpa-no-contexto-de-assistencia-humanitaria-3372781?e=5bd7bfb15>

2. An artist is born

RORAIMA, BRAZIL

A colorful painting takes the wall of the Center for Psychosocial Attention and Care, space maintained by the United Nations Population Fund in Brazil (UNFPA) and other partners in Boa Vista, Roraima. The scene portrayed in this painting, an indigenous woman carrying on the flags of Venezuela and Brazil, receives the newcomers with a message of hosting and friendship. The artist behind the panel was selected from the rank of beneficiaries attended by the project in the city: Jackeline Lozada, 25 years old, worked in the wall while she was pregnant. She gave birth to a girl a few weeks after received UNFPAs journalistic team.



The Venezuelan artist left the city of Puerto Ordaz, with her husband, in September of 2018. Back then, she was about four months pregnant and faced bleedings and a urinary tract infection. She was sent to the local public health facility with the help of the United Nations Population Fund.

“Some people said I was going to lose my baby if I left Venezuela, but I knew I wouldn’t. In the beginning, after I have arrived, I wanted to go back to my country, my husband and I have a nice house, but unfortunately, we now have to think a lot about it. There, I won’t have many of the things I need for my baby”, she says.

Migrant mothers

Among the services provided by UNFPA in Pacaraima and Boa Vista, there were 1.019 Venezuelan pregnant women, like Jackeline, and 56 percent didn’t receive prenatal care in their home country. The United Nations Population Fund works to ensure, with the local government and the public health system, full prenatal and birth assistance coverage to these women, besides the articulation of better services in general, in a way not only the newcomers are well-served, but also the Roraima’s community.

Jackeline’s father and part of her family were already in Brazil for some time when she arrived, but a familiar problem made her seek help from Operação Acolhida. Five months after the arrival to Boa Vista, they got a spot in one of the 11 shelters available in the capital. “For the first time since I have arrived in Brazil, I could sleep well”, she recalls.

Artistic vain

In Venezuela, Jackeline used to draw with pencil and produced little portraits just for pleasure. “I have never studied art, there was something I was born with”, she says. Within the shelter, after the donation of art supplies, she began to produce some pictures, always reproductions, which drew attention both from volunteers and coordinators of the United Nations Population Fund, and local people. “I asked how I charged, but I did not know. I’ve never sold anything.”

Always with an open and friendly smile, Jackeline confesses she felt the responsibility weight on her shoulders after the painting of the Center for Psychosocial Attention’s wall was requested. “I have never done something that big, and purely from my imagination. I have only made reproductions”, she reports. The results of the work are her biggest proud, the symbol of her resilience and creativity, two forces she didn’t know she had. “Now, I want to go to art college. It would be a dream come true”, says.

3. The gratitude of a young Venezuelan mother

BOA VISTA, RORAIMA

A simple mention to the work of the United Nations Population Fund (UNFPA) makes the eyes of the 17 years old teenager Dainielis Carmona shine. This young Venezuelan, who is the mother of a 9-month-old girl, left her country with her partner and 13 other relatives -- half of them women -- five months ago. In Boa Vista, Roraima, she found shelter, participated in workshops on sexual and reproductive health, talked to specialists and made, in her own words, “great friends” in the spaces coordinated by UNFPA. She now feels more empowered to take care of herself and her child.



“We are very grateful for the attention we received. They are very good people, who at that first moment told me not to cry, to be calm”, she said.

Tripod of Humanitarian Assistance

The United Nations Population Fund has been working in Roraima with Venezuelan migrants and refugees since August 2017. Its activities are guided by the so-called tripod of humanitarian assistance, with three main axes: prevention and response to gender violence, the promotion of reproductive health and the protection of human rights. UNFPA works by promoting inclusive, recreational and empowering actions for girls and women. The team of specialists is also responsible for coordinating the availability of sexual and reproductive health inputs, such as female and male condoms, and for referring cases, when necessary, to the care network.

Danielis practically did not have access to prenatal services in her country and it was only in Brazilian territory that she got access and specialized support for her and the child. Ensuring that she could receive care in the public health facilities was a priority to the UNFPA humanitarian assistance team that hosted her. "Back in Venezuela, there was no milk or medicine for my daughter. My birth itself was very complicated. I had pre-eclampsia and the hospital had nothing, just the doctor. It was a dry birth", she reports. Only after the child was born she and her family decided to leave. It was not an easy decision.

"It was painful, we had to leave a lot of people behind. But we had to do it because we did not have the condition to stay", says his mother, Deyanira Hernandez, 48. In Roraima, 13 shelters coordinated by the Operation Acolhida receive migrants and refugees temporarily.

UNFPA in the shelters – box

The United Nations Population Fund acts to keep the family united during transfers of migrants and refugees to the shelters, so fathers and mothers are not separated from their children, and also to ensure the safety of women and girls. The objective is to preserve the dignity of the people assisted and to ensure that care flows are maintained. As a way of guaranteeing sexual and reproductive rights, the UNFPA team in Roraima also promotes activities and informative workshops in the spaces.

Danielis does not intend to have another child. At least not for now. That's the reason she and her partner had access to contraceptive information and received condoms, available after meeting groups and in the UNFPA-coordinated service rooms. "Now I want to achieve stability, being able to plan the future, have a job and continue my studies. One daughter only is just fine", she said, smiling.

UN WOMEN (Project 18-RR-WOM-009)

Empowering women, saving lives²⁴

From January to March 2019, before 8 am, under an equatorial sun, and an average temperature of 35 Celsius degrees, dozens of migrant, asylum seekers and refugee Venezuelan women were already lined up in front of the Consolata Church, at Boa Vista, the capital city of Roraima, a Northern Brazilian state that borders with Venezuela. Brigitte, a 49-year-old woman, was one among them. She arrived at Boa Vista in the beginning of February 2019, after the cuts on public health assistance for patients with cancer in Venezuela. Her 17-year-old son has gastric cancer and cannot eat the regular food served at the emergency shelter they are currently in. Brigitte left her other 3 children in Venezuela in the hope of finding the cure for her first-born. She is on her own and cannot look for a job right now, as her son is barely conscious and completely dependent on her. Like Brigitte, every woman in that queue was hoping to be assisted by UN Women in their most basic needs. The demand has been always greater than the capacity to meet it. Nevertheless, in the first three months of 2019, 609 women were seen by UN Women's multidisciplinary team – composed by one psychologist, one social assistant and one lawyer – and, after a screening process, 67 accessed free psychological treatment, 77 had legal advice and 443 received multipurpose, unconditional and unrestricted emergency cash. “When we started working in the field, women used to tell us they felt they were being heard for the first time since they arrived in the country”, affirms Fernanda Givisiez, UN Women's Psychosocial Support Coordinator.

Invited by UNHCR, OIM and UNFPA, UN Women joined Operação Acolhida – a humanitarian task-force led by the Brazilian Army in partnership with UN agencies and NGOs focused on migration and refuge –, in November 2018 to bring a gender perspective to the operation. According to the latest statistics from the Brazilian Federal Police, an average of 600 Venezuelan nationals are entering Brazil per day, around 40% of them are women.

With resources from the United Nations Central Emergency Response Fund (CERF), UN Women worked in four different pillars through the project *Access to Justice and to Protection from Sexual Exploitation and Trafficking to Venezuelan Migrant, Asylum Seeker and Refugee Women in Roraima, Brazil*. The first was to provide training on gender equality and the additional obstacles faced by women in comparison to men in the context of migration and refuge. After all, it is usually on women that weighs the overburden of care work, the susceptibility of all sorts of gender-based violence and the lack of financial literacy and job opportunities. Partnered with the non-governmental organization Instituto Igarapé and, in coordination with UNFPA, UN Women delivered three training sessions for a total of 109 army personnel. Besides, 53 service providers from the health, security, justice and social assistance sectors, as well as from civil society organizations, were jointly trained by UN Women and UNFPA, in partnership with the non-governmental organization CEPIA, on women's human rights in the context of humanitarian action. Additionally, UN Women also provided technical assistance in the humanitarian context to the women's machinery of Roraima, that coordinates policies for women, and to the House of Brazilian Women, a one-stop centre for women.

Brigitte, though, was queuing for the second and third pillars of UN Women's work – psychosocial support and cash-based intervention, a benefit destined to women under extreme vulnerable conditions, such as living in the streets, being disabled, having serious health problems, taking care of an ill relative or being survivors of gender-based violence and human trafficking. It took her several mornings until Brigitte could be one of the 12 to 15 women to go through screening and be assigned free psychological treatment and financial aid. “This was the first support I had in Brazil. They saw my depressive emotional state, and, over the sessions, the psychologist helped me to leave the dark whole I was in and face reality as it is. I am now more connected to my own strength” says Brigitte. With an unbreakable faith, she stands day and night by her son's bed and carefully manages the cash received in order to buy him the food he is allowed to eat. “We come with this idea that we will arrive here, and everything will be provided for us, but this is not true. The course I did with UN Women about Financial Education taught me how to save money and use it more wisely”.

Educational workshops for economic empowerment were the fourth pillar of UN Women's intervention at Boa Vista and benefited 1120 women and 177 men. The themes of the workshops were decided in consultancy with women according to what they considered they needed the most: conflict resolution, professional qualification, entrepreneurship, cooking and handicraft classes, conversations with men on positive masculinities and violence against women.

Gabriela, 33, was the Venezuelan woman invited by UN Women to instruct Brigitte and other 107 women with important lessons – that herself also had to learn – on how to make informed choices regarding saving, using and investing the financial aid received. “Usually,

²⁴ Funded by United Nations Central Emergency Response Fund, UN Women supported Venezuelan women in Brazil overcoming extra vulnerabilities faced in the contexts of migration and refuge for the very simple fact of being women

Brigitte story: <https://www.facebook.com/onumulheresbrasil/videos/443395929825946/>

Gabriela story: <https://www.facebook.com/onumulheresbrasil/videos/548531752345433/>

About the trainings on gender in humanitarian action: <https://www.facebook.com/onumulheresbrasil/videos/840980226280114/>

women assisted with the cash-based intervention tend to not only benefit themselves, but also their children and the family as a whole”, observes the UN Women’s Psychosocial Support Coordinator.

Passionate about supporting women’s independence, Gabriela is very aware of how much harder migration can hit women. When she and her 6-year-old daughter first arrived in Brazil, in January 2017, seeking for better life conditions, they had to live in the streets for three weeks, when Gabriela started working as a kitchen assistant and managed to afford renting a place. At night, in the space where homeless people used to gather to sleep, Gabriela was the only woman among around 40 men. “I spent several nights unable to fall asleep, as I was frightened by the idea of something happening with my daughter”, she remembers. “However, I didn’t allow fear to dominate me. Despite of being shattered inside, I always interacted with those men very firmly and made really clear that my daughter was everything to me and that there were strict boundaries of not touching, carrying or hugging her that should never be broken. With time, they started respecting me for my bravery”.

Esperanza, 30, wishes she has the same luck as Gabriela and starts working soon. She has been living in the streets of Boa Vista with her five kids, two younger siblings and her elder mother for more than two months. Very often, she sees women being sexually exploited in exchange for food or medicine. She cannot picture herself in that situation. Granted with financial aid by UN Women, Esperanza is buying and selling products in the streets to increase her resources. “I can’t sell my body and then ask my teenage daughter not to do so. But when she sees me carrying these goods, I’m teaching her that, one day, she will also work and provide for herself”, she explains. While waiting for shelter or for being transferred with her family to some other Brazilian state with better job opportunities, Esperanza participated in cooking classes organized by UN Women and SESI – the social service of the industry in the country – to both women and men.

Besides of learning recipes using parts of foods that are not normally considered in the cooking process, men and women were stimulated to discuss about female and male social roles and gender stereotypes. Esperanza enjoyed the classes very much and was also happy for connecting to other women. “It was fun teaching and learning from each other. While we were preparing the food, we were also talking about our lives, sharing our concerns. Sometimes, we think we have the worst problem in the world and suddenly you see yourself comforting another woman that is in a more difficult situation than your own. Women here are very united”.

Cooking is also a key aspect of women’s culture from Warao and E’ñepá ethnic groups. So much that at Pintolândia, the emergency shelter exclusive to indigenous people coming from Venezuela, unlike any other shelter, they are allowed to prepare their own meals. In these groups, unfortunately, when the family needs money, women are also in charge of begging, which can increase their vulnerability. When consulted about what kind of assistance they wanted from UN Women, they asked for support to increase their handicraft production and turn it into a source of income. Nowadays, when a visitor arrives at Pintolândia, it is very easy to spot women producing handmade baskets, key chains, necklaces, ornaments, bows and arrows together, strengthening their bond and financial security. Marcela, a 54 year-old warao woman, is one of the informal leaders teaching younger women on how to make crafts. “We are showing the culture of our ancestors and this makes us feel stronger”, she says.

As Marcela demonstrates, in migration, those who arrive in the new country not only learn about a new culture, they also bring part of their own to share. This lesson was also experienced by Jenny, 38, when, together with a group of women, from Rondon 1, the oldest emergency shelter at Boa Vista, had their project selected by UN Women to be supported. The idea was for Jenny to teach other women to produce *piñatas* – a decorated container, usually full of sweets and very common in Venezuelan children’s parties, that is hanged a certain distance from the ground and has to be broken with sticks by kids with blindfolds. Each *piñata* is sold by around R\$ 60. To the moment, the group already sold seven *piñatas* and, so far, decided not to spend the money. “In order for us to start a business, we need some working capital and that is what we are building now”, says Jenny.

She hasn’t always thought as she does nowadays. When Jenny was younger, she didn’t have any financial skills and used to depend completely on her husband, until the day he left her with their two children. They struggled and starved before Jenny could start providing for herself and her kids. Married again, her attitude now is totally different. It is her actual husband who takes care of their 3-year-old boy and new-born girl while she is running the workshops. Jenny became a reference to the women of the group. “They run to me when they have a problem, a request or a new idea. Right now, for instance, we are trying to put together a sewing course. We are learning how to share instead of competing. If it wasn’t for the group, I would be probably isolated and bitter in my tent”.

The dream of a better future for themselves and their families is what connects these women and their stories. Brigitte pictures her son cured, giving her grandchildren. Esperanza hopes to see her kids back to school, completing their education. Marcela wants to teach warao children in Brazil. Gabriela visualizes her restaurant thriving at Boa Vista. Jenny longs for the day she will be able to set up her *piñata* business and employ her women friends.

“When women arrive in Brazil and face hard challenges, they start wondering: is this the better life I was looking for?”, comments Flávia Muniz, UN Women’s Women’s Empowerment Hub Coordinator. “Our role here is to save women’s lives. And we do so by working with hope and efficient tools – financial aid; psychosocial and legal support; routing to gender-sensitive public services; educational workshops to develop and strength their skills; and safe spaces for women to care for each other. I say to them: it is not going to be easy or fast, but we are here to support you. With time and the right opportunities, you will get there”.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Affected population
ABV	Associação de Bem com a Vida (Association “De Bem com a Vida”)
ADRA	Agência Adventista de Desenvolvimento e Recursos Assistenciais (Adventist Development and Relief Agency)
ART	Antiretroviral therapy
ARV	Antiretroviral
AVSI	Associação Voluntários para o Serviço Internacional (Volunteer Association for International Service)
C4D	Communication for Development
CAPS	Centros de Atenção Psicossocial (Psychosocial Attention Centers)
CBI	Cash Based Intervention
CCT	Conditional Cash Transfer
CEPIA	Cidadania, Estudo, Pesquisa, Informação e Ação (Citizenship, Study, Research, Information and Action)
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
CHAME	Centro Humanitário de Apoio à Mulher (Humanitarian Support Center for Women)
CMB	Casa da Mulher Brasileira (House of Brazilian Woman)
CRAS	Centro de Referência de Assistência Social (Social Assistance Referral Center)
DTM	Displacement Tracking Matrix
FU	Field Unit
GBV	Gender Based Violence
GoB	Government of Brazil
HIV	Human Immunodeficiency Viruses
HPM	Humanitarian Programme Monitoring
IEC	Information, Education and Communication
IFA	Iron-Folic Acid
IMCI	Integrated Management of Childhood Illness
IMDH	Instituto Migrações e Direitos Humanos (Migrations and Human Rights Institute)
IOM	International Organization for Migration
IP	Implementing Partner
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
M&E	Monitoring and Evaluation
MISP	Minimum Initial Service Package
NCE	No Cost Extension
NECA	Associação dos Pesquisadores de Núcleos de Estudos e Pesquisas sobre a Criança e o Adolescente (Association of Researchers of Study and Research Groups on Children and Adolescents)
NFI	Non-Food Items
NGO	Non-Governmental Organization
PAHO/WHO	Pan American Health Organization / World Health Organization
PHC	Primary Health Center
PLWHA	People living with HIV/AIDS
PSEA	Prevention of Sexual Abuse and Exploitation
PTRIG	Centro de Triagem (Screening Center)
R4V	Response for Venezuelans
RH	Reproductive Health
SENAC	Serviço Nacional de Aprendizagem Comercial (National Service of Commercial Learning)
SESI	Serviço Social da Indústria (Industry’ Social Service)
SGBV	Sexual Gender-Based Violence
SITREP	Situation Report

SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
SUAS	Sistema Único de Assistência Social (Unified Social Assistance Service)
SUS	Sistema Único de Saúde (Unified Health System)
TF-RMRP	Task Force for the Refugee and Migrants Response Platform
TLS	Temporary Learning Spaces
UFRR	Universidade Federal de Roraima (Federal University of Roraima)
UN	United Nations
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WEH	Women's Empowerment Hub