

# REPORT ON THE USE OF CERF FUNDS

19-UF-VZR-38575

VENEZUELA REGIONAL REFUGEE AND MIGRATION  
CRISIS

UNDERFUNDED EMERGENCIES ROUND II

DISPLACEMENT/MIGRATION

2019

ALLOCATION FOCAL POINTS	Diego Beltrand (IOM) Jose Xavier Samaniego (UNHCR)
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### REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	
N/A	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>This CERF allocation was coordinated at the ERC level, and as such IOM and UNHCR coordinated closely with the CERF secretariat on how to best inform the RCs and UNCTs in countries of implementation. IOM discussed and coordinated the use of CERF funds with the Inter-Agency Regional Coordination Platform, OCHA and UNHCR Bureau of the Americas based in Panama City, Panama. In addition, IOM coordinated the operational implementation of CERF funded activities with country level UNCTs and HCs. UNHCR in Brazil and Colombia discussed the report with the UN Country Team and shared the report with the HCT. In Peru and Ecuador report on the use of CERF funds was shared by UNHCR within the existing Refugees and Migrants Response Plan and the Refugees and Migrants Response Group. IOM and UNHCR's interventions have been coordinated in the framework of the Regional Refugee and Migrant Response Plan 2020 (RMRP).</p>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>IOM shared the final version of the RC/HC report with the Refugee Education Trust (RET) International, Alas de Colibri Foundation in Ecuador, and the Refugee and Migrant Working Group (GTRM Spanish acronym), Adventist Development and Relief Agency (ADRA) and RET Peru.</p>	

## PART I

### Strategic Statement by the Allocation Focal Points

The CERF funds enabled timely lifesaving assistance to Venezuelan migrants and refugees. Due to the ongoing implementation of the CERF allocation, IOM's readily available program infrastructure and funding allowed for a rapid response as the migration emergency context evolved and was impacted by the global COVID-19 pandemic; ensuring access to essential services which were not funded by other donors and for which the resources of local institutions were insufficient. The CERF allocation also allowed IOM to complement existing state and local programming and social protection structures that were overburdened by the COVID-19 pandemic and unable to meet the resulting increase in need.

## 1. OVERVIEW

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>288,039,588</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	6,000,000
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	393,560,458
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>399,560,458<sup>1</sup></b>

**TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

Agency	Project code	Cluster/Sector	Amount
IOM	19-UF-IOM-031	Emergency Shelter and NFI - Shelter and Non-Food Items	600,000
IOM	19-UF-IOM-031	Food Security - Food Assistance	600,000
IOM	19-UF-IOM-031	Health - Health	600,000
IOM	19-UF-IOM-031	Protection - Sexual and/or Gender-Based Violence	600,000
IOM	19-UF-IOM-031	Protection - Protection	600,000
UNHCR	19-UF-HCR-030	Emergency Shelter and NFI - Shelter and Non-Food Items	990,000
UNHCR	19-UF-HCR-030	Multi-purpose cash (not sector-specific) - Multi-purpose cash (not sector-specific)	780,000
UNHCR	19-UF-HCR-030	Protection - Protection	630,000
UNHCR	19-UF-HCR-030	Protection - Sexual and/or Gender-Based Violence	600,000
<b>TOTAL</b>			<b>6,000,000</b>

<sup>1</sup> Please note amount B includes the total of Vensit funding received by IOM and UNHCR over 2019-2020, while the amount A only covers the funding required for 2019.

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>2,409,083</b>
Funds transferred to Government partners*	748,611
Funds transferred to International NGOs partners*	1,648,501
Funds transferred to National NGOs partners*	1,193,805
Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>3,590,917</b>
<b>TOTAL</b>	<b>6,000,000</b>

## 2. HUMANITARIAN CONTEXT AND NEEDS

The humanitarian situation in the Bolivarian Republic of Venezuela continues to deteriorate, resulting in the displacement of over 5 million migrants and refugees since 2015. Political and socioeconomic instability in Venezuela has contributed to widespread unemployment, reports of human rights violations, growing insecurity and challenges in ensuring access to basic commodities, such as food and medicine, forcing a large number of Venezuelans to leave their country. The escalating flow of migrants and refugees from Venezuela into surrounding countries, has stretched capacities of host governments, particularly in border areas with high populations of Venezuelans, and increased pressure on already overburdened local services.

According to August 2019 figures, 1,408,055 Venezuelan migrants and refugees were hosted in Colombia<sup>2</sup>, 853,429 in Peru<sup>3</sup>, 330,414 in Ecuador, and 178,575 in Brazil<sup>4</sup>. The pressure on limited resources has resulted in a rise in xenophobia, generating more frequent incidents aimed at foreigners.

According to IOM's Displacement Tracking Matrix (DTM) reports, children (25.5 per cent of the surveyed population), pregnant women (6.4 per cent of the surveyed population), the elderly (0.9 per cent of the surveyed population), as well as people with chronic diseases or disabilities (9 per cent of the surveyed population) are among the most vulnerable. In addition, UNHCR has noted high levels of unaccompanied and separated children (UASC) among the Venezuelan migrant and refugee population.

Through the DTM and local assessment as well as coordination with stakeholders, IOM and UNHCR identified the following needs a) large concentrations of Venezuelans at border points and in other receiving areas with poor reception conditions increased the vulnerabilities of people on the move; b) public structures and resources at the local level in recipient countries became insufficient to cope with the immediate protection, shelter, food and Non-food Items (NFI) needs; c) the capacities of the migration and asylum authorities to manage the high demand for documentation and regular status was overstretched, including instances of statelessness due to a lack of jus soli when Venezuelan children are born d) individuals and families arrived in extremely vulnerable conditions and with significantly reduced resilience and self-sufficiency; e) as a result, partially of the aforementioned points but also of stricter legislation, the intensified use of unsafe land routes poses increasing threats to the life and dignity including smuggling, Trafficking in Persons (TiP), Sexual and Gender-Based Violence (SGBV), child

<sup>2</sup> Colombian Migration Authorities

<sup>3</sup> RMRP Figures

<sup>4</sup> Federal Police Figures

protection risks including child labour, begging, sexual exploitation, recruitment by criminal gangs, involvement in illegal activities and early marriage and LGBTI risks and vulnerabilities of Venezuelans on the move.

The emergence of the COVID-19 pandemic added yet another layer to the challenges faced by Venezuela and neighboring countries. As COVID-19 cases rapidly spread through the region, many countries imposed strict lockdown measures, including restriction of movement and curfews. The spread of the pandemic and the associated containment measures triggered devastating economic and social consequences, where among the hardest hit were the most vulnerable groups in the societies, including migrants and refugees from Venezuela. The economic downturn following the pandemic and containment measures, resulted in considerable rise in unemployment in the region particularly for the many migrants and refugees who worked in the informal sector. Consequently, many migrants and refugees lost their sources of income and were unable to secure money for food, housing, and health care. The regional interagency coordination platform (R4V), co-led by IOM and UNHCR, launched a revised version of the Regional Refugee and Migrant Response Plan 2020 (RMRP), adapted to the changing landscape following COVID-19. In order to address new challenges in provision of protection and basic support, the updated RMRP, which involves over 151 organizations engaged in the Venezuela response, estimated the financial requirements to USD1.41 billion for a target of 4.11 million people.

In view of the continuous outflow from Venezuela in 2019 and early 2020, CERF funding was requested to meet the main humanitarian and protection needs faced by migrants and refugees in Brazil, Colombia, Ecuador and Peru. A subsequent no-cost extension (NCE) for IOM ensured critical gaps due to the COVID-19 pandemic were addressed. CERF funding enabled urgent gaps in protection, health, shelter and NFIs to be covered.

### **3. CONSIDERATION OF FOUR PRIORITY AREAS<sup>5</sup>**

The CERF allocation supported IOM and UNHCR in enhancing focus on and integration of the four areas of priority, through targeted programming that addressed gaps in identification, access and response to persons with specific vulnerabilities; based on the protection and gender strategy developed by the HCT and aligned with the RMRP. Specifically, in Colombia the CERF allocation facilitated the provision of essential health services, including sexual and reproductive health services, which were not funded by other donors and for which the resources of local institutions were insufficient. In Brazil, funds supported the improvement of protection infrastructure and durable solutions, increasing access to protection resources for persons with disabilities and highly vulnerable populations impacted by the COVID-19 pandemic. In Ecuador, CERF funding allowed for the strengthening of existing referral mechanisms, increasing access to protection mechanisms and education resources. In addition, due to COVID-19 mitigation measures implemented by the national governments, contingency plans and sanitation practices were introduced to provide protection and adequately respond to beneficiaries in and outside of shelters.

CERF funding has been instrumental for the IOM and UNHCR regional Venezuelan responses, and good practices have been transferred from CERF to other donor funding, particularly as it relates to health responses. CERF funding allowed UNHCR to ramp up its response and help protect the target population from COVID-19 infection while ensuring access to information, documentation and basic services. In addition, due to implementation strategy reprogramming in response to COVID-19 conditions, IOM learned it was able to reach a greater number of women, girls and persons with disabilities, with a greater variety of protection, GBV, reproductive health and TIP information, through virtual platforms. The provision of CBI, particularly after

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<sup>5</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here [https://cerf.un.org/sites/default/files/resources/Priority\\_Areas\\_Q\\_A.pdf](https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf)

March 2020, proved an effective and unique way to reach the most vulnerable through remote registration and delivery of assistance.

**a. Women and girls, including gender-based violence, reproductive health and empowerment**

The CERF allocation contributed to the provision of protection assistance to women and girls including opening of three protection spaces equipped with support services and GBV awareness raising, provision of cash to women headed households at risk of SGBV, strengthening the Support Spaces Network, and UNHCR co-leading the SGBV technical working group in Brazil, comprehensive sexual and reproductive health assistance for women, adolescents and girls, with special focus on GBV, training of health care professionals on GBV, empowerment through participation, mobilization and community activities, provision of information on individual and collective protection strategies, and the establishment of a SGBV sub-working group focused on the development of a policy that facilitates survivors access to care and protection and advocacy for the integration of a gender-sensitive approach into all phases of humanitarian programming in Colombia, and provision of GBV prevention dignity kits, GBV awareness raising talks, direct assistance to SGBV survivors, training to partners and government, SGBV sensitization to Persons of Concern (PoC) and host communities in Ecuador, the provision of GBV prevention training and provisions of specialized psychosocial support and counselling to survivors in Peru.

**b. Programmes targeting persons with disabilities**

IOM and UNHCR recognizes that people with disabilities (PwD) are significantly more vulnerable in the context of emergencies and have greater barriers to accessing essential basic resources. Thus, IOM ensured access for persons with disabilities was prioritized in implementation, through support to local shelters and Cash Based Interventions (CBI)/food assistance in Brazil, provisions of training on self-protection mechanisms, legal assistance and information on basic rights and justice mechanisms to mitigate the risk of vulnerability to exploitation dynamics by non-state armed groups or human trafficking and the adaptation of health care and sexual and reproductive health services and trainings on differential approaches to populations in Colombia, the mainstreaming of the “Washington Group Questions” to improve identification of PwD in Ecuador, and improving infrastructure accessibility in assistance and distribution locations and facilitating access to the public health system in Peru.

In addition, through the inclusion of the Latin American Network of Organizations of Persons with Disabilities (RIADIS) in the RMRP Platform advocacy has increased, facilitating access to asylum for PwD. In April 2020, UNHCR and RIADIS organized a webinar on inclusion of PwD in the context of the COVID-19 emergency.

**c. Education in protracted crises**

UNHCR supported at risk children with access to education, health and psychosocial support and integrated into day-care initiatives. In addition, child-friendly spaces were implemented to support children in transit and ease the pressure on their families, especially for single mothers.

**d. Other aspects of protection**

IOM and UNHCR prioritized access to assistance for specialized protection populations, including children, indigenous populations and those at risk of human trafficking and exploitation, through specialized childcare and integration support to unaccompanied children and virtual trainings on protection, human trafficking prevention and prevention of sexual exploitation and abuse (PSEA) in Peru, the provisions of safe spaces, psychosocial care and SGBV prevention activities to children and the adaptation of health care services and training of professionals to ensure access for the indigenous Wayuu community in Colombia, improved access to specialized shelter services and referral mechanisms for Victims of Trafficking (VoTs) and provided assistance and specialized referrals to the LGBTI+ population in Ecuador, and increased access to basic rights and services and prevention of TIP through documentation support in Brazil.

#### 4. PRIORITIZATION PROCESS

IOM and UNHCR utilized DTM 6 assessments, the RMRP, regional and national operations plans, and country level assessments to prioritize Health, Protection, SGBV, Shelter/NFIs, Food Assistance and CBI sectors, targeting highly vulnerable populations such as women, pregnant women and girls, as well as border states and locations with high populations of Venezuelans. DTM findings revealed that children (25.5% of the surveyed population), pregnant women (6.4% of the surveyed population) the elderly (0.9% of the surveyed population), and people with chronic diseases or disabilities (9% of the surveyed population) were among the most vulnerable populations. Consultations and coordination with UN agencies, local and national implementing partners and R4V platform partners was key in defining and aligning priority intervention responses through the design and implementation of the project.

UNHCR's Age, Gender and Diversity (AGD) approach remained an integral part of the action's programme cycle. Furthermore, UNHCR followed the vulnerability criteria established for persons with specific protection needs which include vulnerability profiles such as medical needs, disabilities, female heads of household, unaccompanied children, survivors of SGBV, LGBTI, large families, persons facing physical protection risks due to their profile and others.

Venezuelan migrants and refugees identified direct emergency assistance, protection, socio-economic and cultural integration and the strengthening of the host governments as priority needs.

In Brazil, IOM's prioritization process was based on the Government of Brazil's (GoB) "Operation Welcome" strategy, consultations with local and national authorities, civil society and UN agencies, and needs assessments which revealed local protection systems were no longer able to meet protection needs in border states of Roraima and Amazonas. The relocation state of Parana was prioritized for CBI/food assistance to facilitate coherence across programming and better integration among beneficiary populations through complementary programming. UNHCR's selected intervention areas, protection against SGBV and humanitarian assistance through CBI and NFIs, were informed by the results of participatory needs assessments and UNHCR's protection monitoring, aiming also at complementing the three main pillars of the Federal Government's response to Venezuela which include: border management and documentation, emergency assistance and integration. The border state of Roraima was prioritized, as it is the main point of entry for Venezuelans, and its geographical isolation, limited economic opportunities (lowest per capita income in the country) and high levels of insecurity among host and refugee communities, illustrate a high need.

In Colombia, the CERF-funded intervention filled crucial gaps in the two border departments of La Guajira and Arauca where the public health systems and protection networks were strained as migration flows exacerbated the conditions of poverty, inequity and high vulnerability inherent in these territories. IOM specifically targeted women, pregnant women, and girls in Colombia, while UNHCR utilized RMRP priorities to design a response that addressed the population's need in a holistic and comprehensive manner, in line with the government's priorities, complementing their response plans, and within the framework of a regionalized response and coordination mechanisms. UNHCR RMRP's common analysis, available assessments of the situation, and the comparative advantages of partners involved in the operational response in Colombia.

In Ecuador, IOM targeted women and girls, as well as the border points and cities with high Venezuelan populations of Tulcan, Huaquillas, Lago Agrio, Quito, Guayaquil, Cuenca and Manta, based on DTM and the GTRM assessments. In addition, weekly

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<sup>6</sup> Brazil, Round 4, April 2019: [https://robuenosaires.iom.int/sites/default/files/Informes/DTM/DTM\\_Ronda\\_4\\_Abril\\_2019\\_Brasil.pdf](https://robuenosaires.iom.int/sites/default/files/Informes/DTM/DTM_Ronda_4_Abril_2019_Brasil.pdf)  
Ecuador, Round 5, June 2019: [https://robuenosaires.iom.int/sites/default/files/Informes/DTM/REPORTE\\_DTM\\_Ecuador\\_2019.pdf](https://robuenosaires.iom.int/sites/default/files/Informes/DTM/REPORTE_DTM_Ecuador_2019.pdf)  
Peru, Round 5, April 2019: [https://robuenosaires.iom.int/sites/default/files/Documentos%20PDFs/DTM\\_MIGRACIONVENEZUELA\\_R5\\_2019.pdf](https://robuenosaires.iom.int/sites/default/files/Documentos%20PDFs/DTM_MIGRACIONVENEZUELA_R5_2019.pdf)

working meetings were held with implementing partners, and monitoring teams to facilitate coherence of operations. UNHCR prioritized interventions based on the results of protection monitoring and participatory assessments conducted focusing on specific issues. The main three findings were: irregular entry is the only option for many Venezuelans due to lack of documentation, visa and resources; exposure to high risk of violence and exploitation, including by armed groups present in border areas and human trafficking networks; lack of information about their rights, including available migratory pathways and access to the asylum system. One of the findings was also the difficulty for the PoCs to rent a place due to xenophobia, which is worse in the case of LGBTI individuals and families with children. Regular coordination meetings were held at the sector level to allow UNHCR, in collaboration with its partners, to ensure AGD and SGBV mainstreaming by promoting disclosure of SGBV incidents and identifying protection risks, while ensuring dignified and standardized access to protection and assistance services.

In Peru, need assessments were conducted with Venezuelan migrants and refugees in transit and in permanency in Tacna, a border city. The main results identified that 71% of migrants are traveling in family groups with children and adolescents, as well as approximately 20% are pregnant women. Thus, IOM prioritized food and accommodation. IOM also provided assistance in Lima, where the highest concentration of Venezuelan migrants' lives. UNHCR analyzed a participatory assessment based on AGD focus groups and protection monitoring with AGD disaggregated data conducted during 2019 in Arequipa, Cusco, Lima, Tacna and Tumbes, which provided up to date information on the protection needs and vulnerabilities to be addressed. Access to information and humanitarian assistance, especially upon arrival, was one of the main needs of the population. At the same time, the risks of GBV and the lack of adequate response for unaccompanied children was another important priority. These priorities were ongoing during the context of COVID-19. New modalities to reach migrants and refugees were implemented (including remote assistance, hotlines, and assistance through mobile money modalities). Tumbes (northern border with Ecuador) was prioritized as is it the first entry point of migrants and refugees in Peru; people arrived after a long journey and with high level of vulnerability, especially woman, children, elderly people and people with disability, and required immediate and coordinate response, including orientation and provision of Core Relief Items (CRI). The city of Lima was also prioritized as the majority of Venezuelans (almost 85%) reside there, living in precarious conditions, usually in overcrowded situations and with limited access to livelihoods.

## 5. CERF RESULTS

CERF allocated US \$6 million from its window for underfunded emergencies to provide humanitarian assistance and protection to migrants and refugees from Venezuela in the Andean Corridor (Colombia, Ecuador, Peru) and Brazil. The funding has enabled IOM and UNHCR to reach a total of 182,544 beneficiaries from October 2019 through September 2020, through multiple interventions, by maximizing inter-sectoral interventions as reflected in the RMRP. CERF funding enabled IOM and UNCHR to provide **food assistance** support to 31,144 beneficiaries through hot meals, food baskets and cash-based interventions (CBI). In addition, the agencies were able to provide **health care services** to 11,662 beneficiaries through provision of medical equipment and supplies, training of health professionals, and direct health and sexual and reproductive health care.

**Sexual and/or GBV assistance** was provided to 3,545 beneficiaries through access to GBV prevention and healthcare, community empowerment activities, trainings, awareness raising sessions, mental health and psychosocial support (MHPSS) assistance and dignity kits. **Protection assistance** was provided to 65,603 beneficiaries through documentation, relocation assistance and CBI. **Emergency shelter and NFIs assistance** to 60,672 beneficiaries through CBI, improved access to shelters, distribution of NFIs and CBI; Finally **multipurpose cash** assistance was provided to 16,649 beneficiaries. The total number of beneficiaries has taken into account beneficiaries who may have received multiple forms of assistance, and thus ensures the same beneficiary is not counted multiple times under different forms of assistance.



## 6. PEOPLE REACHED

The COVID-19 emergency posed both challenges and opportunities for project implementation. Challenges were ability to access beneficiaries due to border closures, internal mobility and distancing restrictions, deterioration of existing assistance structures and shifting priority needs. At the same time the COVID-19 context also increased the use of virtual platforms and led to cost saving on procured items and CBI, allowing IOM and UNHCR to reach a greater number of beneficiaries than initially planned. As such, IOM exceeded overall health and CBI assistance targets. Similarly, UNHCR exceeded planned figures for protection, reaching double the number of people planned with SGBV activities in Ecuador through the implementation of new information channels during the COVID-19 pandemic and exceeding targets for GBV, child protection and assistance to people with HIV as well as CBI in Peru. In Brazil, UNHCR surpassed the estimated number of people to be assisted with CERF funding, mostly due to the fact that every PoC present in the shelters benefitted from NFI support.

However, border closures and mobility restrictions resulted in underachievement in IOM protection activities in Brazil and UNHCR's border orientation services in Peru. COVID-19 prevention, quarantine and lockdown measures in Colombia impacted UNHCR's implementation access. As a result, UNHCR initiated contingency plans in the shelters, as of 16 March, leading to the closure of its services to new PoCs. This significantly limited the number of PoCs UNHCR could reach with shelter and NFI assistance in Colombia.

A NCE allowed IOM to adapt its response to the evolving COVID-19 context, to ensure beneficiaries were reached with appropriate context specific support such as shifting funding from shelter assessments towards shelter assistance in Ecuador and from NFI kits to CBI and food baskets in Peru as well as from in-person information sessions to virtual platforms. In addition, an increase in GBV cases, due to COVID-19 confinement, resulted in a greater demand for services and therefore IOM shifted priorities to reach a greater number of beneficiaries with targeted GBV healthcare, mental health, psychosocial and NFI assistance on a country level.

In addition, UNHCR's MoU with the National Council for Intergenerational Equality (CNII) in Ecuador, strengthened the national child protection system by funding consultants on local protection boards. Their work assumed special relevance and proved to be effective in the identification and referral of UASC to care services.

IOM's internal monitoring mechanisms, data verification practices and monitoring and evaluation framework mitigate risks for counting the same beneficiaries' multiple times under different forms of assistance.

<b>TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY<sup>1</sup></b>		
<b>Category</b>	<b>Number of people (Planned)</b>	<b>Number of people (Reached)</b>
<b>Host communities</b>	2,968	1,617
<b>Refugees</b>	80,304	91,174
<b>Returnees</b>	630	0
<b>Internally displaced persons</b>	0	0
<b>Other affected persons</b>	86,498	89,753
<b>Total</b>	<b>170,400</b>	<b>182,544</b>

<sup>1</sup> Best estimates of the number of people directly supported through CERF funding by category.

**TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE<sup>2</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b>	50,883	59,889	30,942	28,686	<b>170,400</b>
<b>Reached</b>	50,332	72,692	25,747	33,773	<b>182,544<sup>7</sup></b>

<sup>2</sup> Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

**TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)<sup>3</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b> (Out of the total targeted)	66	48	37	35	<b>372</b>
<b>Reached</b> (Out of the total reached)	143	176	165	133	<b>617</b>

<sup>3</sup> Best estimates of the number of people with disabilities directly supported through CERF funding.

**TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)<sup>4</sup>**

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	5,299	5,011	5,064	4,826	<b>20,200</b>
Food Security - Food Assistance	16,578	13,582	10,995	9,005	<b>50,160</b>
Health - Health	10	8,045	0	965	<b>9,020</b>
Multi-purpose cash (not sector-specific) - Multi-purpose cash (not sector-specific)	3,845	3,493	2,602	2,260	<b>12,200</b>
Protection - Protection	17,136	16,136	11,136	12,136	<b>56,544</b>
Protection - Sexual and/or Gender-Based Violence	2,000	4,260	0	0	<b>6,260</b>

**TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)<sup>4</sup>**

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	20,144	22,017	9,211	9,319	<b>60,691</b>
Food Security - Food Assistance	4,493	16,532	2,810	7,299	<b>31,144</b>
Health - Health	2,946	4,568	1,831	2,317	<b>11,662</b>
Multi-purpose cash (not sector-specific) - Multi-purpose cash (not sector-specific)	6,306	7,627	1,296	1,420	<b>16,649</b>
Protection - Protection	18,532	23,738	10,340	12,992	<b>65,602</b>
Protection - Sexual and/or Gender-Based Violence	948	1,973	251	373	<b>3,545</b>

<sup>4</sup> Best estimates of the number of people directly supported through CERF funding by sector.

<sup>7</sup> Based on UNCHR data an comments the grand total of their table 7b (number of people assisted by sector) is higher than the tables 4 and 5 because it takes into account people who have been assisted by more than one sector, meaning Multi-purpose cash (not sector-specific) and another type of assistance (NFI and Shelter, Protection or SGBV Protection). The figure in this table represent the total unique beneficiaries. However for UNHCR we need to keep figures as such as table 7b with 189,293 beneficiaries if we consider beneficiaries by sector.

## 7. CERF'S ADDED VALUE

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

YES

PARTIALLY

NO

CERF funds facilitated timely access to protection and assistance, preventing furtherance of protection and security risks. The quick transfer of CERF funds facilitated the immediate procurement of life-saving supplies, CRI and shelter. The availability of resources prevented delays in the implementation of activities and ensured the fast delivery of assistance to the newly arrived affected population, especially to children and women at risk and other persons with specific needs.

CERF funds, particularly following the approval of the NCE, allowed IOM to respond as needs evolved due to the COVID-19 pandemic. For example, in Colombia, CERF funds contributed to IOM's rapid response without access barriers, guaranteeing immediate actions to meet the needs of primary health care and sexual and reproductive health and prevent loss of life. This especially supported women, adolescents and girls in conditions of high vulnerability in two border departments in Colombia.

The CERF contribution permitted rapid disbursement to UNHCR's partners and allowed the activities to adapt swiftly, providing a timely humanitarian response during the health emergency of 2020. CERF funds helped leverage UNHCR advocacy efforts to facilitate access for asylum seekers, migrants and refugees into existing services and mobilize resources from different donors to complement the intervention and scale up the humanitarian response in the different countries of the project.

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

YES

PARTIALLY

NO

CERF's contribution allowed for a rapid response for time critical needs through sector specific interventions, including orientation and dissemination of information upon arrival and during stay, which was crucial in raising awareness on existing services and referral pathways.

CERF funds facilitated time-critical access to food assistance as well as state funded services in Brazil through IOM's regularization and documentation assistance, family reunification and CBI activities. In Colombia, the CERF fund allowed IOM to address additional challenges, caused by the COVID-19 pandemic, for assistance in sexual and reproductive health, due to increased vulnerability of women, pregnant women and girls, exposing them to a greater risk of sexual and gender-based violence, reducing their possibilities of access to health and social services to meet their needs.

With the escalation of the COVID-19 pandemic, it became vital for UNHCR to continue supporting PoCs as the preventive health measures impacted their livelihoods negatively. The available CERF funds permitted rapid distribution of multi-purpose cash assistance to alleviate the hardships of most vulnerable families and to help cover the basic needs of migrants and refugees. These cash grants acted as an emergency safety net against loss of income related to COVID-19. CERF funding ensured there were no delays in UNHCR's monthly distribution of hygiene and cleaning kits, which mitigated the risks of contagion among the PoC.

### c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

The CERF fund implementation involved continuous coordination through the RMRP framework; and as such, the design and implementation of the response was coordinated at regional and field level to ensure complementarity. Relevant civil society organizations, local and international NGOs, as well as local authorities and other stakeholders were actively involved in the implementation of the fund. As a result, IOM, UNHCR and their partners were able to develop a joint response to meet the evolving needs of migrants and refugees from Venezuela

In Brazil, CERF funding allowed IOM to expand on existing joint humanitarian coordination mechanisms, coordinating directly with the State Department of Labor and Welfare in Roraima, Caritas Brasileira Regional Parana and Anjos de Luz allowed for improved conditions and increased access to state shelters, particularly for children and adolescents with disabilities, as well as social services and CBI. In Ecuador, IOM expanded on existing coordination mechanisms, identifying new ways to coordinate with stakeholders including contributing to the Humanitarian Country Team as the shelter sector lead, and fostering greater coordinator with protection actors to ensure assistance delivery in the wake of COVID-19 context.

UNHCR's effective coordination through local GIFMM groups in Colombia and the GTRM in Ecuador enabled a broad response to humanitarian needs.

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

YES

PARTIALLY

NO

CERF funds helped to continue maintain interest on the Venezuelan situation and hence mobilize donors' interest.

In Colombia, during IOM implementation, the existing mechanisms for financing humanitarian activities were complemented, mobilizing other resources from local hospitals and cooperation agencies. However, the resources available to these territories are still insufficient to cover the sexual and reproductive health needs of the migrant population. In Ecuador, CERF funding helped leverage IOM activities in critical zones and played an important role in activating resource for complementary projects such as funding from the United States Bureau of Population, Refugees and Migration (US-PRM) to strengthen CBI activities.

The IOM OSE has raised significant funds for financing humanitarian activities in 2020, of which CERF funding likely played a role in financing decisions of various first-time donors.

In late 2019 and early 2020, UNHCR mobilized funds from Japan, PRM, European Union (EU) and Adventist Development and Relief Agency (AECID) which complemented activities funded through CERF grant and enhanced the provision of protection and life-saving assistance, including the provision of safe shelter and the protection of SGBV survivors.

Considering the unprecedented impact that the COVID-19 outbreak has had on PoC in 2020, UNHCR had to call upon the international community to support people in need with Global Appeals and pledging conferences.

UNHCR successfully engaged with different donors who showed their willingness and compromise to support the cause and collaborated to improve the humanitarian situation of Venezuelans refugees and migrants in the country. The EU, Government of Italy, Government of Japan, Spain (AECID), Private Donors from China and the Government of Germany contributed; which boosted assistance and humanitarian action during the pandemic.

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

In Colombia, CERF funding of IOM interventions represented the only opportunity for the women, adolescents and girls to access comprehensive sexual and reproductive health services in La Guajira and Arauca, providing immediate assistance that saves and transforms lives in the medium and long-term. Providing contraceptive methods, preventing deaths from unsafe abortions, saving lives of pregnant women, preventing and providing comprehensive care for survivors of violence, contributing to social development, gender equality, and not perpetuating cycles of poverty. In Peru, CERF funding, particularly the NCE, allowed IOM to assist the most vulnerable Venezuelan migrants and refugees, during periods of extreme quarantine due to the COVID-19 pandemic. In Brazil CERF funding allowed IOM to complement the federal relocation strategy, through provision of CBI to beneficiaries relocated by the GoB, ensuring continuity of assistance and strengthened integration solutions.

The CERF contribution strengthened the capacities of UNHCR's implementing partners and partnering organizations and institutions. Through cooperation with the Danish Refugee Council (DRC), a multi-sectoral response in Colombia provided 32 hygiene kits to SGBV survivors<sup>8</sup> outside of shelters so that the most vulnerable could meet their urgent needs.

<sup>8</sup> A total of 41 SGBV survivors, including the LGBTI community, received shelter through UNHCR's hotel network, 50% in Riohacha and 50% in Maicao.

## 8. LESSONS LEARNED

**TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
It is important to keep close, clear and continuous communication between the parties on NCE vs Reprogramming procedures and templates to avoid significant delays in elaborating and processing the changes.	Streamline the procedures for the grantees' request of changes of the project due to exceptional circumstances, by providing clear message of the type of revision needed and the template and timely correspondence.
The CERF template, specifically the disaggregated format of the tables does not allow for reporting intersex beneficiaries.	Restructure the table categories to account for intersex, non-identifying, or otherwise "other" beneficiaries.

**TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The development of local and community capacities is essential to ensure effective access to health rights and sexual and reproductive rights.	The COVID -19 pandemic increased barriers to accessing sexual and reproductive health services, especially in the most vulnerable populations; therefore, it is necessary to continue strengthening the humanitarian response for health care in emergency situations.	IOM Colombia
To ensure effective access to services and the protection of sexual and reproductive rights, different levels of care should be linked with key institutional and community actors and sectors with core competencies.	Continue to facilitate access to care and prevention of morbidity and mortality, through strengthening sexual and reproductive health assistance/response.	IOM Colombia
Interventions in sexual and reproductive health require a comprehensive approach that addresses other fundamental dimensions such as mental health care and psychosocial support.	To ensure sustainability, promote health rights, and permanent care for the populations with the greatest gaps and inequities, continued management and advocacy with decision makers at the local level is necessary.	IOM Colombia
The importance of having a diverse implementation strategy and flexibility within IP contracts that allows for different implementation strategies to be used when unexpected circumstances such as COVID-19 restrictions arise.	Include in IP contracts, different risk assessments and response scenarios to ensure continued project implementation and assistance distribution in spite of evolving contexts and access dynamics.	IOM Peru
Adaptation of cash assistance delivery to electronic transfer to reach a greater number of beneficiaries and ensure greater levels of accountability.	Develop post-monitoring surveys of the assistance provided by CBI.	IOM Ecuador
Project implementation was shifted from in person to remote assistance, in response to COVID-19 restriction. Specifically, the identification of	Build flexibility for in-person and virtual implementation into project design and IP partnership.	IOM Ecuador

<p>beneficiaries through in person interview and needs assessments, as well as the provision of direct assistance through in person group distributions, awareness raising sessions and prevention workshops were not possible due to COVID-19 pandemic mobility and distancing restrictions. As such in person implementation was shifted to remote implementation, with interviews and needs assessments conducted over the phone for CBI assistance, GBV prevention information sessions were provided over the phone prior to dignity kit delivery, and awareness and prevention workshops on human trafficking, discrimination, xenophobia, promotion of rights were conducted over the phone.</p>		
<p>In Ecuador, most of the queries received through the hotlines during the pandemic were about access to food and food cards. During the 3 first months of COVID-19, the office reported that 58% of the calls were requests for CBI. The second most common concern was legal assistance. Moreover, a survey conducted by UNHCR in September 2019 showed that some 73% of survey respondents felt that UNHCR's cash assistance had significantly helped them meet their basic needs, while 65% of respondents claimed the CBI significantly reduced their urgent financial burdens. In 96% of cases, UNHCR's cash assistance had reduced stress and conflict at home deriving from tension over finances.</p>	<p>During the health emergency, where vulnerability was exacerbated by the pandemic, multipurpose cash-based interventions (CBI) were fundamental to support vulnerable households. CBI covered basic needs to avoid resorting to negative coping mechanisms caused by reduced livelihoods opportunities. UNHCR expanded its eligibility criteria for CBI to include additional families facing loss of livelihoods and income.</p>	<p>UNHCR</p>
<p>Communication is crucial for UNHCR to identify needs and challenges faced by refugees and adapt programmes accordingly. If it wasn't for the pandemic, maybe UNHCR wouldn't have developed and improved its communication mechanisms/channels so much this year. UNHCR Ecuador took advantage from the context of COVID-19 to pilot a new chatbot system and has activated 15 hotlines across the country to communicate with people of concern, while supporting partners to set up their own call centers or hotlines.</p>	<p>UNHCR needs to keep emphasizing and developing its communication and distribution of information through HELP ACNUR as well as Whatsapp and hotlines. More generally, UNHCR must keep finding solutions to improve alternate means/channels to communicate efficiently with people of concerns.</p>	<p>UNHCR</p>
<p>Project activities and indicators need to be adjusted periodically according to the changes of the contexts due to the COVID-19 emergency</p>	<p>Constant involvement of UNHCR and different stakeholders in the field should be guaranteed</p>	<p>UNHCR and partners</p>
<p>Coordination and communication among different stakeholders are essential to guarantee a more efficient response</p>	<p>The decision-making process should be made jointly and according to national guidelines in response to the COVID-19 emergency</p>	<p>UNHCR and partners</p>
<p>In Brazil, internal guidelines and procedures for SGBV detection, case management and referral to local support networks are in place but the interventions need to be more systematically</p>	<p>Set up an SGBV Information Management System for registration of cases, intervention tracking, analysis of trends and information sharing</p>	<p>UNHCR SGBV focal points, in partnership with ODS and IM team as well as</p>

<p>standardized and recorded to ensure proper data collection, reporting and analysis</p>		<p>implementing partners and SGVB outreach volunteers.</p>
<p>The COVID-19 emergency required an immediate and flexible adaptation to the delivery and response mechanism in terms of remote assistance. The delivery of CBI through mobile money has been introduced in some operations.</p>	<p>Continue to adapt protocols and information in the CBI platform under the GTRM in order to reduce the risks of fraud and duplication of assistance</p>	<p>UNHCR and members of the GTRM platform.</p>

## PART II

### 9. PROJECT REPORTS

#### 9.1. Project Report 19-UF-IOM-031 - IOM

1. Project Information			
<b>1. Agency:</b>	IOM	<b>2. Country:</b>	Venezuela Regional Refugee and Migration Crisis
<b>3. Cluster/Sector:</b>	Emergency Shelter and NFI - Shelter and Non-Food Items  Food Security - Food Assistance  Health - Health  Protection - Sexual and/or Gender-Based Violence  Protection - Protection	<b>4. Project Code (CERF):</b>	19-UF-IOM-031
<b>5. Project Title:</b>	Humanitarian assistance and protection to migrants from Venezuela		
<b>6.a Original Start Date:</b>	07/10/2019	<b>6.b Original End Date:</b>	30/06/2020
<b>6.c No-cost Extension:</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	30.09.20
<b>6.d Were all activities concluded by the end date?</b> (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 154,039,588 (2019) US\$ 326,000,000 (2020)
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 202,068, 395 (2020 IOM & UNHCR)
	<b>c. Amount received from CERF:</b>		US\$ 3,000,000
	<b>d. Total CERF funds forwarded to implementing partners</b>		US\$ 1,788,481
	of which to:		
	Government Partners		US\$ 748,611
	International NGOs		US\$ 713,610
	National NGOs		US\$ 326,260
	Red Cross/Crescent		US\$ 0

### 2. Project Results Summary/Overall Performance

Through the CERF grant, IOM reached a total of 67,219 Venezuelan migrants and refugees in Brazil, Colombia, Ecuador and Peru from October 2019 to September 2020. The grant ensured lifesaving assistance was continuously available as the migrant crisis context shifted into a global pandemic in the wake of COVID-19 crisis. As a result of limitations due to the COVID-19 pandemic, some targets and activities were revised to ensure effective, timely and context specific provision of assistance to Venezuelan migrants and refugees;



including 11,662 reached with health interventions, 13,417 reached through protection interventions, 421 reached through protection-GBV interventions, 6,127 reached through Shelter/NFIs, 31,144 reached through food assistance, 4,448 reached through Cash based interventions.

### 3. Changes and Amendments

N/A

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health – Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	2,500	0	200	2,700
Refugees	0	10	0	10	20
Returnees	0	530	0	100	630
Internally displaced persons	0	0	0	0	0
Other affected persons	10	5,000	0	650	5,660
<b>Total</b>	<b>10</b>	<b>8,040</b>	<b>0</b>	<b>960</b>	<b>9,010</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	5	0	5	10

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health – Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	707	1,096	439	555	2,798
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	2,239	3,472	1,392	1,762	8,865
<b>Total</b>	<b>2,946</b>	<b>4,568</b>	<b>1,831</b>	<b>2,317</b>	<b>11,662</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection – Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	4,478	6,506	2,419	2,397	15,800
<b>Total</b>	<b>4,478</b>	<b>6,506</b>	<b>2,419</b>	<b>2,397</b>	<b>15,800</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	2	1	1	1	5

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
Cluster/Sector	Protection – Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	1,043	1,661	124	396	3,224
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	3,304	5,251	392	1,246	10,193
<b>Total</b>	<b>4,347</b>	<b>6,912</b>	<b>516</b>	<b>1,642</b>	<b>13,417</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	10	10	0	0	20

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	2,000	4,260	0	0	6,260
<b>Total</b>	<b>2,000</b>	<b>4,260</b>	<b>0</b>	<b>0</b>	<b>6,260</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
<b>Cluster/Sector</b>	Protection - Sexual and/or Gender-Based Violence				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	48	0	53	101
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	152	0	168	320
<b>Total</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>221</b>	<b>421</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
<b>Cluster/Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	2,605	2,393	1,774	1,634	8,406
<b>Total</b>	<b>2,605</b>	<b>2,393</b>	<b>1,774</b>	<b>1,634</b>	<b>8,406</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	4	2	3	2	11

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
<b>Cluster/Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	430	564	216	260	1,470
Internally displaced persons	0	0	0	0	0
Other affected persons	1,363	1,786	686	822	4,657
<b>Total</b>	<b>1,793</b>	<b>2,350</b>	<b>902</b>	<b>1,082</b>	<b>6,127</b>

Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	16,518	13,542	10,962	8,978	50,000
<b>Total</b>	<b>16,518</b>	<b>13,542</b>	<b>10,962</b>	<b>8,978</b>	<b>50,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	60	40	33	27	160

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities					
Refugees	1,078	3,973	667	1,752	7,470
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	3,415	12,569	2,143	5,547	23,674
<b>Total</b>	<b>4,493</b>	<b>16,542</b>	<b>2,810</b>	<b>7,299</b>	<b>31,144</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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

While tables 4.b "reached", illustrate that IOM over-achieved in Health and under-achieved in all other sectors, the outputs tables of section 5 detail overwhelming overachievements at a country level. This is attributed to modifications made to Shelter/NFI, Protection- SGBV and Food Assistance activities and targets, through the NCE that have not been reflected in the CERF prepopulated templates and as such reflect an inaccurate underachievement in these sectors. In addition, IOMs multi-purpose cash activities are not reflected in table 4b.

Specifically, for Shelter/NFIs the NFI target for indicator 4.4 (Peru) was revised from 3,520 to 0 in the NCE. In Peru, the lack of suppliers due to COVID-19 has completely hindered the procurement of NFI. This made difficult the implementation of NFI activities as most

markets were closed or operating on a very limited capacity based on the National Sanitary Emergency declared by the government.

This revision is not reflected in table 4.b or section 5 of the CERF template. For Protection-SGBV, the overall target was reduced by 1,000, as indicator 3.5 (Number of women receiving dignity kits in Ecuador) was modified in the NCE from a target of 2,000 to a target of 1,000. Items were adjusted based on the increasing needs due to COVID-19 resulting in higher cost per kit.

The Food Assistance targets do not reflect modifications made in the NCE to indicator 1.2 (Peru), including revising the food assistance target from 49,600 to 31,487 and adding a new activity and target for the distribution of 350 food kits. The lack of suppliers due to COVID-19 completely jeopardized the procurement of food baskets. Therefore, Peru redirected its efforts towards disbursement of vouchers to purchase food items.

In addition, IOM reached 4,448 beneficiaries with multipurpose cash (1,158 men, 1,907 women, 610 boys, 773 girls; including 31 persons with disabilities). Modifications made through the NCE to distribute multipurpose cash (in response to the COVID-19 pandemic needs) are not represented in table 4. IOM Ecuador developed an SOP that allowed targeting the most vulnerable people and allocating cash amounts based on their needs, reaching a greater number of beneficiaries.

As a result of confinement during the COVID-19 pandemic, there was an increase in GBV cases in Colombia and consequently a greater demand for services. In addition, increasing needs generated by the pandemic and the humanitarian crisis, resulted in the need for greater health care and sexual and reproductive health coverage in Colombia. IOM therefore revised the focus and implementation strategy of its Health interventions, to address the evolving needs, thus reaching a higher number of people with assistance than initially planned.

The use of virtual platforms in Colombia and the efficiencies generated by the change in monetary exchange rates, allowed for the ability to reach a greater number of individuals than initially planned with the existing budget in both Health and Protection-SGBV interventions. This overachievement in Protection-SGBV targets is not fully represented in table 4.b, due to an underachievement by IOM Brazil caused by the COVID-19 context, as well as modifications made by IOM Peru in the NCE, to its GBV targets, that are not reflected in the "planned" numbers of table 4.b.

Modifications made during the NCE to the Shelter/NFI response, specifically the suspension of the distribution of NFI kits by IOM Peru, have not been reflected in the planned figures. Thus, while table 4.b does not accurately reflect an overachievement in Shelter/NFI beneficiaries, this is reflected at an output level in section 5.

IOM Brazil was able to reach a greater number of beneficiaries with food assistance than originally targeted due to an adjustment in distribution modality and shifts in the exchange rate, while in Peru IOM shifted its focus from food assistance to multipurpose CBI, and as such, did not reach the initial food assistance targets. However, table 4.b does not accurately reflect IOM's overachievement in Food Security, as the planned figures have not been revised to reflected modifications made to Peru's activities in the NCE.

#### 4.c Persons Indirectly Targeted by the Project

In Brazil, the local host community and migrants of other nationalities benefited from IOM's interventions in improving the structure of state and NGO shelters for vulnerable women, children and adolescents and those with disabilities. The host community also benefited from IOM facilitated awareness raising campaigns on GBV and prevention of trafficking in persons (TiP). IOM's CBI activities had a positive impact on local markets, particularly in small cities.

It is estimated that about 40,316 people benefitted indirectly from IOM's activities in Colombia. The increased capacity of the health care service delivery in local public hospitals benefited women from host communities in La Guajira and Arauca and nearby populations benefited from better access to services and healthcare. Likewise, the families and partners of the beneficiaries who received assistance in health and sexual/reproductive health, benefited from a greater knowledge about health promotion, STI prevention and on the usage of contraceptive methods. Information and messages on health and sexual and reproductive health also reached women in the community. Migrant women and girls from host communities were included in processes of promotion and strengthening of community participation for the empowerment and exercise of their sexual and reproductive rights. The number of indirect beneficiaries in Colombia, was calculated based on an estimation that other household and community members will benefit from health information and knowledge acquired by direct beneficiaries.

In Ecuador, the host community and migrants of other nationalities benefited from IOM's psychosocial and shelter interventions, through the receipt of recreational kits and attending psychosocial activities, as well as through the improvement of living conditions in transit centers. Multi-purpose CBI stimulated small businesses in the host communities and supported the household members of recipients.

In Peru, kitchen items initially procured for the establishment of an IOM operated restaurant in Tacna were provided to the implementing partner ADRA to facilitate the provision of hot meal food assistance to Venezuelan migrants and refugees during project implementation. After project closure, ADRA donated the kitchen items to a religious congregation that provides the host community with food assistance. IOM Peru trained 15 partners from ADRA in PSEA and strengthened the CCCM capacities of two local authorities of the regional government of Tacna that operate a temporary shelter for migrants.

#### 5. CERF Result Framework

<b>Project Objective</b>	Improve access to life-saving humanitarian assistance and protection for Venezuelan women, men, girls and boys in vulnerable condition
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<b>Output 1</b>	Venezuelan women, men, girls and boys, as well as people in vulnerable conditions have access to food and improved nutrition			
<b>Sector</b>	Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of beneficiaries who benefit from CBI for food	400	1,615	Beneficiary Registration
Indicator 1.2	Number of people provided with food in <b>Perú</b>	49,600	29,199	Beneficiary list
Indicator 1.3	Number of beneficiaries receiving multi-purpose cash assistance, including food	940	2,876	Beneficiarys list
<b>Explanation of output and indicators variance:</b>	In Peru, the lack of suppliers due to COVID-19 has completely hinder the procurement of NFI and the restaurant that was supposed to provide hot meals to beneficiaries could no longer operate. It has not been possible to implement NFI activities as most markets are closed or operating on a very limited capacity based on the National Sanitary Emergency declared by the government. Therefore, the strategy changed from direct assistance to provision of vouchers. Also, this has permitted Peru to change its emergency assistance strategy for food accommodation and CBI activities to comply to the social distancing measures.			

	<p>Indicator 1.1: Adjustments to distribution modalities and cost savings due to shifts in monetary exchange rates allowed IOM Brazil to reach a greater number of beneficiaries than initially targeted.</p> <p>Indicator 1.2: The establishment of a restaurant was planned, in the original proposal, with the target of 49,600 people. IOM reached 26,187 people through this activity. However, due to COVID-19 restrictions the restaurant was no longer a viable approach, therefore IOM modified its food assistance interventions for Peru, as reflected in the approved NCE. The target set in the NCE for the provision of food assistance through hot meals is 5,300, of which IOM reached a total of 3,012. Thus, IOM reached a total of 29,199 people through the provision of hot meals (26,187 achieved prior to the NCE and 3,012 after the NCE modification).</p> <p>Not reflected in this table is the NCE modification to distribute 350 individual and family food kits. IOM exceeded this target distributing 1,180 food kits, reaching a total of 3,867 people. Shifts in the monetary exchange rate contributed towards cost savings and thus a lower cost per kit, in addition modified distribution procedures to address COVID-19 restrictions, also allowed for cost savings. These cost savings allowed IOM to exceed the target.</p> <p>Indicator: 1.3: In the NCE, IOM modified this indicator from CBI prepaid cards for food assistance to unrestricted CBI vouchers, to respond to the evolving COVID-19 context needs. In the NCE, the target was revised to 2,326 beneficiaries provided unrestricted CBI vouchers. Monetary exchange rate cost savings and the COVID-19 impact on the market, allowed IOM Peru to reach a greater number of beneficiaries than originally targeted.</p>		
Activities	Description	Implemented by	
Activity 1.1	Identification of Venezuelans in vulnerable situation that should benefit from food assistance after relocation ( <b>Brazil</b> )	Cáritas Brasileira Regional Paraná	
Activity 1.2	Establishment of operational, administrative and protection arrangement with local partner for distribution of bank cards to beneficiaries ( <b>Brazil</b> )	Cáritas Brasileira Regional Paraná	
Activity 1.3	Design the menu with assistance from healthy diet specialists	ADRA- Peru	
Activity 1.4	Distribution of food assistance and monitoring	ADRA- Peru	
Activity 1.5	Multi-purpose cash disbursement in <b>Tacna and Lima (for shelter, food, transportation and health)</b>	RET- Peru	

<b>Output 2</b>	Life-saving health assistance to Venezuelan migrant women and girls in Colombia is ensured through counselling, direct assistance and prevention activities			
<b>Sector</b>	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of local hospitals strengthened with medical equipment and consumables.	2	7	Contracts for the provision of services and the hiring of human resources

Indicator 2.2	Number of medical staff sensitized on SRHR.	50	70	Registry of course participants offered by the University of Antioquia.
Indicator 2.3	Number of pregnant women provided with emergency sexual and reproductive health services.	15	329	Record of health care provided by hospitals
Indicator 2.4	Number of women receiving safe and effective contraceptive methods.	1.500	1,688	Record of health care provided by hospitals
Indicator 2.5	Number of pregnant women with prenatal care, safe delivery and post-natal care, breast-feeding support and assistance.	1.000	2,391	Record of health care provided by hospitals
Indicator 2.6	Number of women and girls receiving healthcare.	130	4,872	Record of health care provided by hospitals
Indicator 2.7	Number of HIV/AIDS patients receiving treatment.	40	40	Record of health care provided by hospitals
<b>Explanation of output and indicators variance:</b>		<p>Due to the COVID-19 pandemic, it was necessary to generate other methodologies for awareness-raising and training processes aimed at health personnel and communities, GBV prevention and care, and maternal health. The development of processes through virtual platforms enabled a connection with a greater number of people than initially planned.</p> <p>IOM achieved greater coverage for healthcare and sexual and reproductive health initiatives, given the needs generated by the pandemic and the humanitarian crisis. This was also possible because of the efficiencies generated by the change in the dollar rate, which presented volatility due to COVID-19. Together, these factors made it possible to achieve the results and increase the number of beneficiaries.</p> <p>With specific reference to indicator 2.1, support was planned for two second-level hospitals, however, in agreement with the local health authorities, five first-level hospitals were supported, which increased the number of people treated.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Provide local hospitals with medical equipment and consumables.	Hospital San Vicente de Arauca Ese Jaime Alvarado y Castilla de Arauca Ese Moreno Y Clavijo de Tame y Arauquita Hospital San Jose de Maicao Hospital San Rafael de San Juan del Cesar Hospital Nuestra Senora de los Remedios de Riohacha Hospital Nuestra Senora del Perpetuo Socorro de Uribia		
Activity 2.2	Build capacities of local hospitals by training medical staff in obstetrics assistance and life-saving practices.	Centro Nacer de la Universidad de Antioquia		
Activity 2.3	Provide pregnant women with direct life-saving assistance.	Ese Jaime Alvarado y Castilla de Arauca Ese Moreno Y Clavijo de Tame y Arauquita Hospital San Jose de Maicao Hospital San Rafael de San Juan del Cesar		



		Hospital Nuestra Senora de los Remedios de Riohacha Hospital Nuestra Senora del Perpetuo Socorro de Uribia Hospital San Vicente de Arauca
Activity 2.4	Strengthen referral mechanisms among local hospitals by building the capacity of the different stakeholders.	Hospital San Vicente de Arauca Ese Jaime Alvarado y Castilla de Arauca Ese Moreno Y Clavijo de Tame y Arauquita Hospital San Jose de Maicao Hospital San Rafael de San Juan del Cesar Hospital Nuestra Senora de los Remedios de Riohacha Hospital Nuestra Senora del Perpetuo Socorro de Uribia
Activity 2.5	Provide safe and effective contraceptive methods and counselling to prevent unsafe abortion.	Hospital San Vicente de Arauca Ese Jaime Alvarado y Castilla de Arauca Ese Moreno Y Clavijo de Tame y Arauquita Hospital San Jose de Maicao Hospital San Rafael de San Juan del Cesar Hospital Nuestra Senora de los Remedios de Riohacha Hospital Nuestra Senora del Perpetuo Socorro de Uribia
Activity 2.6	Provide pregnant women with prenatal care, safe delivery and post-natal care, breast-feeding support and assistance, among other infant and women's health care.	Hospital San Vicente de Arauca Ese Jaime Alvarado y Castilla de Arauca Ese Moreno Y Clavijo de Tame y Arauquita Hospital San Jose de Maicao Hospital San Rafael de San Juan del Cesar Hospital Nuestra Senora de los Remedios de Riohacha Hospital Nuestra Senora del Perpetuo Socorro de Uribia
Activity 2.7	Provide women and girls with healthcare and treatment for sexually transmitted and reproductive tract infections.	Fundacion Banco de Medicamentos Hospital San Vicente de Arauca Ese Jaime Alvarado y Castilla de Arauca Ese Moreno Y Clavijo de Tame y Arauquita Hospital San Jose de Maicao Hospital San Rafael de San Juan del Cesar Hospital Nuestra Senora de los Remedios de Riohacha Hospital Nuestra Senora del Perpetuo Socorro de Uribia
Activity 2.8	Establish partnerships to provide vulnerable population with HIV/AIDS consultations and treatment.	Hospital San Jose de Maicao Fundacion Aid for Aids

<b>Output 3</b>	Venezuelan women, men, girls and boys in vulnerable situation receive timely assistance and are protected from Gender-Based Violence			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Number of women and girls at-risk or survivors of GBV receiving emergency health care direct assistance in Colombia and Ecuador.	40	40	Record of health care provided by hospitals
Indicator 3.2	Number of women and girls at-risk or survivors of GBV receiving mental health and psychosocial support in Colombia.	260	381	Registry of health care provided by hospitals Registry of participants of the community workshop provided by GENFAMI

Indicator 3.3	Number of Colombian medical staff (male and female) trained in medical assessment and assistance of GBV.	50	272	Registry of workshop participants provided by GENFAMI
Indicator 3.4	Number of vulnerable Venezuelan nationals in Brazil provided with counselling and referred to available assistance mechanisms (disaggregated by sex, age and municipality)	6000	5,094	IOM Monitoring records, case management tracking records
Indicator 3.5	Number of women receiving dignity kits in <b>Ecuador</b>	2000	1,000	Attendance Records
Indicator 3.6	Number of children receiving psychosocial support through recreational kits and attending PSS activities in <b>Ecuador</b>	2000	2,000	Attendance Records
<b>Explanation of output and indicators variance:</b>		<p>Indicator 3.2: An increase in GBV cases as a result of confinement during the COVID-19 pandemic generated a greater demand for services and therefore a greater number of beneficiaries were assisted.</p> <p>Indicator 3.3: A change in training modality from face-to-face to virtual allowed a greater number of professionals to be reached.</p> <p>Indicator 3.4: IOM did not reach this target due to a reduction in arriving migrants as a result of COVID-19 border closures, as well as limitations in availability of referral and assistance mechanisms as social distancing restrictions limited the number of people that could be assisted in each facility during a given time period.</p> <p>Indicator 3.5: Target modified to 1,000 during NCE. Items were adjusted as a result of COVID-19 needs, resulting in higher cost per kit.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Provide women and girls at-risk or survivors of GBV with emergency health care direct assistance including MHPSS assistance.	Hospital San Vicente de Arauca Ese Jaime Alvarado y Castilla de Arauca Ese Moreno Y Clavijo de Tame y Arauquita Hospital San Jose de Maicao Hospital San Rafael de San Juan del Cesar Hospital Nuestra Senora de los Remedios de Riohacha Hospital Nuestra Senora del Perpetuo Socorro de Uribia		
Activity 3.2	Provide women and girls at-risk or survivors of GBV with mental health and psychosocial support.	Hospital San Vicente de Arauca Ese Jaime Alvarado y Castilla de Arauca Ese Moreno Y Clavijo de Tame y Arauquita Hospital San Jose de Maicao Hospital San Rafael de San Juan del Cesar Hospital Nuestra Senora de los Remedios de Riohacha Hospital Nuestra Senora del Perpetuo Socorro de Uribia Fundación para el Desarrollo Integral en Genero y Familia		
Activity 3.3	Train medical staff at border areas in the medical assessment, case management and assistance of GBV survivors.	Fundación para el Desarrollo Integral en Genero y Familia		
Activity 3.4	Establish/adapt protection spaces to offer individualized counselling for vulnerable Venezuelan nationals ( <b>Brazil</b> )	SETRABES NGO Anjos de Luz		
Activity 3.5	Identify and assess needs of Venezuelans in vulnerable situation ( <b>Brazil</b> )	IOM		

Activity 3.6	Develop a methodology for psychosocial support for children in Transit Centers in <b>Ecuador</b>	RET
Activity 3.7	Train and distribution of recreational and dignity kits in transit centers and referral centers in <b>Ecuador</b>	RET

<b>Output 4</b>	Venezuelan nationals, particularly the most vulnerable ones, are protected from harm and have access to emergency shelter and NFI assistance			
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<b>Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items			
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<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 4.1	Number of transit centres assessed in order to better shelter and protect migrants	25	40	Consultant Report
Indicator 4.2	Number of persons sheltered in improved transit centres	2887	3035	Attendance Records
Indicator 4.3	Number of transit centres and referral centres trained on referral mechanisms	50	80	Attendance Records
Indicator 4.4	Number of persons provided with NFI	3520	0	Beneficiary List

<b>Explanation of output and indicators variance:</b>	<p>Indicator 4.1: IOM exceeded this target, by assessing 15 additional centres, that were closed at the time of assessment. IOM was able to increase the total number of centres assessed, by the contracted consultant, at no additional cost. IOM found it necessary to assess the closed shelters that were in the same locations as the open shelters.</p> <p>Indicator 4.2: Savings from indicator 4.1 was allocated to 4.2, allowing IOM to reach a greater number of beneficiaries than originally targeted. With this cost savings IOM provided temporary accommodation in hotels or through rent payments, for the purpose of COVID-19 quarantining.</p> <p>Indicator 4.3: 80 workshops were held via webinars. The webinar platform was adopted due to COVID-19 restrictions. This allowed IOM to reach a greater number of people, then with in-person modalities.</p> <p>Indicator 4.4: For Peru, indicator 4.4 the target was revised in the approved NCE to 0, as due to the COVID-19, it was not possible to carry out implementation</p> <p>Ecuador did not receive this funding- error in activity 4.6 description.</p>
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<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 4.1	Roll-out three Site assessments in transit centers	IOM Consultant
Activity 4.2	Improve living conditions in four transit centers	IOM
Activity 4.3	Improve living conditions in three specialized shelters for GBV survivors and victims of trafficking	Alas de Colibri
Activity 4.4	Dissemination of referral mechanisms for trafficking victims, migrants that were smuggled and GBV survivors to the existing transit centers and referral centres	Alas de colibri

Activity 4.5	Designing of NFI kits according to gender, age and culturally sensitive criteria through focus groups with affected populations .	ADRA
Activity 4.6	Distribution of NFI in Peru and Ecuador	ADRA (Peru) Ecuador did not receive this funding- error in activity 4.6 description

<b>Output 5</b>	Venezuelan women, men, girls, boys, elderly, LGTBI and disabled people in vulnerable conditions have access to documentation and protection.			
<b>Sector</b>	Protection - Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 5.1	Number of Venezuelans provided with support on their documentation and regularization procedure (Brazil)	10000	7,106	IOM tracking records
Indicator 5.2	Number of Venezuelan nationals who are reunified with their family members (Brazil)	800	1,217	IOM tracking records
Indicator 5.3	Number of beneficiaries in vulnerable situation assisted through multi-purpose cash (Ecuador)	400	1,571	Attendance Records (IOM Ecuador)
Explanation of output and indicators variance:		<p>Indicator 5.1: IOM did not reach this target as no new Venezuelans arrived after March 2020, due to COVID-19 border closures.</p> <p>Indicator 5.2: IOM exceeded this target through cost savings from timely procurement of flight tickets resulting in lower costs than the typical average price and a higher percentage of beneficiaries originating from Amazonas where there are greater travel options and thus lower costs.</p> <p>Indicator 5.3: IOM developed an SOP that allowed targeting the most vulnerable people and allocating cash amounts based on their needs, reaching a greater number of beneficiaries.</p> <p>In this context there were no budgets changes There are no changes. There are small usual differences per heading, no more than 2 per cent.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Provision of assistance through multipurpose cash for the most vulnerable protection cases identified in <u>Ecuador</u> .	IOM		
Activity 5.2	Provide support to migrants with documentation and regularization procedures ( <u>Brazil</u> )	IOM		
Activity 5.3	Offer information about migrant's rights and regularization procedures ( <u>Brazil</u> )	IOM		
Activity 5.4	Identification of migrants and refugees in vulnerable situations in need of family reunification in <u>Brazil</u>	IOM, Brazilian federal authorities		
Activity 5.5	Family reunification departure assistance and, when needed, escort to destination in <u>Brazil</u>	IOM		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

#### **How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

In Brazil, findings from focus group discussions conducted with community members informed project design and implementation. In addition to post distribution monitoring, feedback surveys were conducted with the beneficiaries of relocation assistance and CBI assistance.

In Colombia, women, pregnant women, adolescents, and girls participated during the planning, implementation, and monitoring process of the project. In particular, their unmet needs in sexual and reproductive health, interests, and expectations were taken into account throughout the project cycle. This generated permanent spaces for dialogue with groups, organizations and community networks, leaders, and communities in general. In addition, health institutions and spaces for participation in and coordination of IOM assistance were created to better address the different priorities identified in each territory.

In Ecuador, focus group discussions informed the design of dignity kits. In addition, post-assistance interviews were conducted to assess assistance provided, and an email and telephone number were launched for beneficiaries to submit feedback including complaints and concerns.

In Peru, needs assessments were conducted to inform the design and implementation of IOM activities. In addition, post distribution monitoring was conducted by phone to collect feedback on IOM's CBI response.

#### **Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

In Brazil, discussions with local partners in Roraima and Parana, regarding protection and CBI needs and population vulnerabilities, allowed IOM to design its response to complement the GoB's national framework, including the Operation Welcome strategy. In addition, IOM expanded upon existing civil society and state institution protection networks, to design the project's intervention with a focus on women, girls and persons with disabilities.

In Colombia, IOM prioritized the activities and geographic scope defined by the Ministry of Health while coordinating with local Health Secretaries and cooperators. In addition, community meeting spaces were created to engage Venezuelan migrants and refugees in project activities.

In Peru, IOM engaged national coordination platforms and border city coordination groups which coordinate the humanitarian and government response.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

#### **How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

In Brazil, IOM ensured the affected populations were informed about IOM and implementing partners, particularly purpose of activities, assistance and support provided through information sessions attended by beneficiaries receiving protection assistance. In addition, IOM conducted information sessions outlining the relocation program, travel activities including fit for travel assessment and the roles and responsibilities of all actors involved in the relocation to ensure informed consent for the participation in relocation assistance.

In Colombia, information provided at a community and institutional level informed the affected population of the CERF funded projects scope and services, assistance access routes, principles of health care and sexual and reproductive health assistance. Beneficiary feedback was received in the local hospitals, with project staff inquiring directly about their opinion and satisfaction with the services received. Feedback on perceptions of participants was collected at community level through conversations and other dialogues.

In Ecuador, IOM informed beneficiaries of project activities by handing out post cards and hanging posters at information and reference points such as neighborhood pharmacies and bus stops as well as posting on social networks.

In Peru, IOM and partners developed a communicating with communities' strategy, with key written and verbal messages to inform Venezuelan migrants and refugees of assistance available and how it may be accessed. In addition, IOM disseminated PSEA messaging during distribution activities.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

In Brazil, beneficiaries utilized existing IOM, implementing partner and the Federal Operation Welcome communications and reporting channels for complaints and service delivery concerns, including the Human Rights hotline, the Call Center for Women, and the Ministry of Women Family and Human rights online chat feature ( <https://ouvidoria.mdh.gov.br>). IOM printed hotline contact on the materials distributed to all beneficiaries. IOM also covers these channels during information sessions. In addition, all IOM staff received PSEA training.

In Colombia, permanent communication and agreement with the communities and beneficiaries were ensured by allowing a direct line of real-time feedback on the services provided, making adjustments based on their expectations. IOM Colombia ensured compliance with the principles of humanitarian action and the standards defined for sexual and reproductive health care. Beneficiary feedback was received in the local hospitals, with project staff inquiring directly about their opinion and satisfaction with the services received. Feedback was also received at community level through conversations and dialogues in which the perceptions of the participants were collected.

In Ecuador, IOM established an email address and telephone number for beneficiaries to submit claims or complaints.

In Peru, IOM installed a complaints box in the dining area of the religious congregation where hot meals were provided and at the government transit shelters where beneficiaries may submit complaints. Regarding kits distribution, a suggestion box is implemented with a survey accessible to all people regardless their level of education.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

In Brazil, IOM staff, implementing partners and project stakeholders participated in IOM facilitated PSEA training.

In Colombia, IOM has a PSEA focal point in each territory to receive and monitor PSEA information and complaints. In addition, a contractual clause was established with the hospitals and project implementing partners to ensure the adoption of all pertinent measures to prohibit and prevent sexual exploitation and abuse, as well as any attempt or threat to commit them. If any situation of this nature would arise, the institution is obliged to report to IOM.

In Ecuador, IOM included SEA specific questions in post-assistance phone call surveys conducted by the Monitoring and Evaluation Specialist.

In Peru, during assistance distributions IOM allocated the following PSEA message: "All humanitarian assistance provided by IOM and its partners are free and guarantee the protection of people, if you know or suspect a possible case of sexual exploitation or abuse committed by an official of IOM or its partner organizations, please contact the email [iomperupsea@iom.int](mailto:iomperupsea@iom.int), all the information provided will be handled with strict confidentiality".

**Any other comments (optional):**

N/A

7. Cash and Voucher Assistance (CVA)					
7.a Did the project include Cash and Voucher Assistance (CVA)?					
Planned			Achieved		
Yes, CVA is a component of the CERF project			Yes, CVA is a component of the CERF project		
7.b Please specify below the parameters of the CVA modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Brazil Voucher	US\$ 24,1953.31	Sector-specific	Food Security - Food Assistance	Conditional	Restricted
Ecuador Multipurpose Cash Transfer	US\$ 100,00	Multi-purpose cash	Protection - Protection	Unconditional	Unrestricted
Peru Voucher	US\$ 27,804	Multi-purpose cash	Emergency Shelter and NFI - Shelter and Non-Food Items	Conditional	Restricted
Peru Multipurpose Cash Transfer	US\$ 92,988	Multi-purpose cash	Emergency Shelter and NFI - Shelter and Non-Food Items	Unconditional	Unrestricted
Supplementary information (optional):					
<p>In Brazil, the voucher modality was used because the vouchers were quick to produce and distribute, ensured the safety of beneficiaries and staff, allowed for easy monitoring and vouchers were accepted in most of the markets in the target area. IOM's implementing partner was responsible for the identification and selection of beneficiaries (based on a criterion jointly defined with IOM), and the distribution of vouchers. IOM conducted post distribution monitoring.</p> <p>In Ecuador, based on best practices and existing CBI structures, IOM used the multipurpose cash transfer modality. This approach ensured accessibility, as some beneficiaries did not have bank accounts. IOM used a wire transfer system, which sent a code to the beneficiary's cell phone number. The code could be used at an ATM machine to withdraw cash.</p> <p>In Peru, IOM initially identified beneficiaries for multipurpose cash to be distributed through pre-pad visa cards, however due to the COVID-19 national emergency, pre-paid visa cards were deactivated. Thus, IOM adapted its CBI response to multipurpose vouchers for Plaza Vea supermarkets. The vouchers were delivered by IOM's implementing partner RET, at the Plaza Vea supermarket.</p> <p>Through multipurpose cash interventions IOM assisted 4,448 beneficiaries (1,158 men, 1,907 women, 610 boys and 773 girls; this included 31 persons with disabilities)</p>					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 9.2. Project Report 19-UF-HCR-030 - UNHCR

1. Project Information			
<b>1. Agency:</b>	UNHCR	<b>2. Country:</b>	Venezuela Regional Refugee and Migration Crisis
<b>3. Cluster/Sector:</b>	Emergency Shelter and NFI - Shelter and Non-Food Items  Multi-purpose cash (not sector-specific) - Multi-purpose cash (not sector-specific)  Protection - Protection  Protection - Sexual and/or Gender-Based Violence	<b>4. Project Code (CERF):</b>	19-UF-HCR-030
<b>5. Project Title:</b>	Protection and multi-sectoral life-saving assistance to Venezuelans refugees, asylum seekers and other persons of concern		
<b>6.a Original Start Date:</b>	30/09/2019	<b>6.b Original End Date:</b>	30/06/2020
<b>6.c No-cost Extension:</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date? (including NCE date)</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 134,000,000 (2019) US\$ 223,284,594 (2020)
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 84,400,882 (2019) US\$ 107,091,181 (2020)
	<b>c. Amount received from CERF:</b>		US\$ 3,000,000
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 1,802,436</b>
	Government Partners		US\$ 0
International NGOs		US\$ 934,891	
National NGOs		US\$ 867,545	
Red Cross/Crescent		US\$ 0	

## 2. Project Results Summary/Overall Performance

In Brazil, 21,539 Venezuelans received NFI and 3,810 were supported with multipurpose CBI. 250 SGBV case management interventions were registered. Community-based Outreach in SGBV/CP was strengthened through the establishment of a new Outreach Volunteers (OVs) Program in Pacaraima and the expansion of existing programs in Boa Vista and Manaus.

In Colombia, UNHCR provided legal aid, registration and assistance on documentation to 2,460 refugees and migrants from Venezuela. In La Guajira, psychosocial support was provided to 36 GBV survivors. 12,642 children born in Colombia from Venezuelan parents received the Colombian nationality preventing statelessness.



UNHCR Ecuador provided safe space to 171 SGBV survivors and trained 926 women on SGBV issues. 221 UASC were referred to care services and 26,616 persons received information and orientation on asylum system and access to their rights. 6,729 persons received CBI assistance and 12,005 NFIs.

In Peru, 26,827 people were assisted among which 10,245 people received information and orientation. 1,662 households received CBI and 14,146 CRI assistance. 235 SGBV cases were supported with psychosocial support, while 132 persons were trained on GBV prevention. 246 children were supported with specialized child protection services and 161 people with HIV were supported with testing, referral and assistance to access antiretroviral treatment.

### 3. Changes and Amendments

Due to the COVID-19 pandemic, some of the activities could not be implemented as planned, especially in Colombia. UNHCR adapted its way of implementing and of working due to the health emergency. In the safe shelters, new health and hygiene measures were introduced such as the acquisition of hand-washing stations, gel distributors and hygiene-awareness group sessions to ensure social distancing inside the shelters. A hygiene protocol was implemented for UNHCR staff and partners in the shelters.

With the introduction of restrictions and lockdown, the shelters had to close their doors to new entries and the provision of NFI and psychosocial support to survivors of SGBV became difficult through the inability to provide direct and personal assistance. In response, NFIs have been distributed to PoC outside of shelters and psychosocial support has been provided through telephone hotlines to mitigate consequences of the lockdown and respond to urgent needs. The PoCs have received up to four kits (hygiene or family kits) during the implementation period given that the period of quarantine extended over several months, to ensure response to basic and urgent needs.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Protection					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	0	0	0
Refugees		16,568	15,105	10,036	11,299	53,008
Returnees		568	1,031	1,100	837	3,536
Internally displaced persons		0	0	0	0	0
Other affected persons		0	0	0	0	0
<b>Total</b>		<b>17,136</b>	<b>16,136</b>	<b>11,136</b>	<b>12,136</b>	<b>56,544</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people planned")	509	475	347	365	1,696	

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Protection					
	Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	0	0	0
Refugees		3,781	4,972	7,936	9,258	25,947
Returnees		0	0	0	0	0
Internally displaced persons		0	0	0	0	0

Other affected persons	10,404	11,855	1,888	2,092	26,239
<b>Total</b>	<b>14,185</b>	<b>16,827</b>	<b>9,824</b>	<b>11,350</b>	<b>52,186</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	42	70	4	6	122

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	100	0	0	100
Refugees	0	408	0	0	408
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>508</b>	<b>0</b>	<b>0</b>	<b>508</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	15	0	0	15

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	678	889	13	37	1,617
Refugees	118	628	235	105	1,086
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	152	256	3	10	421
<b>Total</b>	<b>948</b>	<b>1,773</b>	<b>251</b>	<b>152</b>	<b>3,124</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0

Refugees	5,239	4,903	4,955	4,743	<b>19,840</b>
Returnees	60	108	109	83	<b>360</b>
Internally displaced persons	0	0	0	0	<b>0</b>
Other affected persons	0	0	0	0	<b>0</b>
<b>Total</b>	<b>5,299</b>	<b>5,011</b>	<b>5,064</b>	<b>4,826</b>	<b>20,200</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	163	151	157	144	<b>615</b>

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	<b>0</b>
Refugees	13,452	14,482	7,376	7,230	<b>42,540</b>
Returnees	0	0	0	0	<b>0</b>
Internally displaced persons	0	0	0	0	<b>0</b>
Other affected persons	4,899	5,166	933	1,007	<b>12,005</b>
<b>Total</b>	<b>18,351</b>	<b>19,648</b>	<b>8,309</b>	<b>8,237</b>	<b>54,545</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	93	97	152	122	<b>464</b>

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
Cluster/Sector	Multi-purpose cash (not sector-specific) - Multi-purpose cash (not sector-specific)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	143	145	0	0	<b>288</b>
Refugees	3,702	3,348	2,602	2,260	<b>11,912</b>
Returnees	0	0	0	0	<b>0</b>
Internally displaced persons	0	0	0	0	<b>0</b>
Other affected persons	0	0	0	0	<b>0</b>
<b>Total</b>	<b>3,845</b>	<b>3,493</b>	<b>2,602</b>	<b>2,260</b>	<b>12,200</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	113	106	79	68	<b>366</b>

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Multi-purpose cash (not sector-specific) - Multi-purpose cash (not sector-specific)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	2,126	2,033	686	647	5,492
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	3,022	3,687	0	0	6,709
<b>Total</b>	<b>5,148</b>	<b>5,720</b>	<b>686</b>	<b>647</b>	<b>12,201</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

<p>In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:</p>	<p>In March 2020, due to the pandemic and the measures introduced by the Colombian government to prevent the contagion among the population, the shelters had to close and were not able to provide protection through shelter to the number of people planned. In total, 367 beneficiaries were assisted because already resided in the shelter at the outset of the pandemic.</p> <p>In UNHCR Ecuador, women receiving orientation and training on SGBV prevention and response has been planned in the <i>Protection</i> Cluster/Sector, whereas it is most appropriate to report them under <i>Protection - Sexual and/or Gender-Based Violence</i> Cluster/Sector.</p> <p>The people assisted in Peru are mainly asylum seekers and people with no migratory status or people holding temporary stay permit. A higher number of people were assisted in the sector of CBI. SGBV and child protection interventions also reached more people than the target planned. The SGBV prevention activities addressed women and men, and members of the LGBTIQ+ community.</p>
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4.c Persons Indirectly Targeted by the Project
<ul style="list-style-type: none"> <li>– In Colombia, the project indirectly benefitted 5,000 individuals, mostly women from host communities, family members of direct PoC as well as local governments.</li> <li>– In Ecuador, about 40,113 persons benefitted indirectly from the project.</li> <li>– In Peru, host communities and local authorities were indirectly targeted by the project through sensitization activities on prevention of GBV.</li> </ul>

5. CERF Result Framework	
<b>Project Objective</b>	Provide protection and multi-sector life-saving humanitarian assistance to Venezuelans in need of international protection and other persons of concern to UNHCR

<b>Output 1</b>	Protection and life-saving humanitarian assistance provided in <b>Brazil</b>			
<b>Sector</b>	Protection - Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 1.1	# of reported incidents of SGBV	45	250	Partner report and UNHCR direct reporting
Indicator 1.2	Extent that known SGBV survivors receive appropriate support	95%	100%	Partner report and UNHCR direct reporting
Indicator 1.3	# of persons receiving cash grants	2,200	3,810	UNHCR Database and Post distribution monitoring (PDM)
Indicator 1.4	# of persons receiving non-food items	1,500	21,539	Partner report and UNHCR direct reporting
<b>Explanation of output and indicators variance:</b>		The variation in the target versus the output for indicator 1.4 (NFIs) might be related to the fact that all shelter beneficiaries also benefit from NFI due to the restrictions on entering the shelter due to Covid. In addition, NFI distributions took place in spontaneous settlements.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Identification and response to SGBV	Partners; SJMR, AVSI, FFHI, Instituto Mana, CASP, CAMAO		
Activity 1.2	Awareness raising and capacity building	[UNHCR		
Activity 1.3	Provision of specialized support to shelters and partners for SGBV activities	Partners; SJMR, AVSI, FFHI, Instituto Mana, CASP, CAMAO		
Activity 1.4	Tendering for financial service provider	UNHCR Branch Office – Supply Unit		
Activity 1.5	Conducting of vulnerability assessment and monitoring of PoCs	Partners Civil Society Organisations		
Activity 1.6	Vulnerability certification, protection monitoring and referral, disbursement of cash via FSP, reporting	UNHCR (Protection, CBI)		
Activity 1.7	Procurement, storage and delivery of NFIs	UNHCR (Supply)		
Activity 1.8	Distribution of NFIs to PoCs in shelters	UNHCR (Field Units – CCCM, Protection, Supply & Programme), FFHI, AVSI		

<b>Output 2</b>	Protection and life-saving humanitarian assistance provided in <b>Colombia</b>			
<b>Sector</b>	Protection - Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of Venezuelan refugees and Colombian returnees registered in four temporary shelters in La Guajira Department.	11,544 persons	2,460	UNHCR progress data base and Weekly Report, narrative intermediate and final reports
Indicator 2.2	# of children at risk of statelessness born in Colombia of Venezuelan parents issued with a birth certificate with the mention “valid for nationality” thereby granting them Colombian nationality and reducing and preventing statelessness.	10,000 children	12,642	UNHCR proGres database and Weekly Report, implementing partner project records.
Indicator 2.3	# of Venezuelan refugees and Colombian returnees provided with orientation and life-saving psychosocial support in four temporary shelters in La Guajira Department.	7,020 persons	5,387	UNHCR Weekly Report, R4W report, audio-visual register, narrative intermediate and final reports

Indicator 2.4	# of SGVB survivors provided with safe shelter in Riohacha, ensuring provision of confidential survivor-centered services to address SGBV	108 persons	50	UNHCR Weekly Report, R4W Report, audio-visual register, narrative intermediate and final reports
Indicator 2.5	# of SGVB survivors provided with life-saving psychosocial support in this safe shelter in Riohacha	108 persons	36	UNHCR Weekly Report, Audio-visual register, R4W report, narrative intermediate and final reports
Indicator 2.6	# of Venezuelan refugees and Colombian returnees provided with NFIs at the Integrated Assistance Center.	1,200 persons	1,468	UNHCR Weekly Report, Audio-visual register, documents that certify the handing over of the provision, narrative intermediate and final reports
<b>Explanation of output and indicators variance:</b>		<p>The imposed restrictions and lockdown due to the COVID-19 pandemic prevented the admission of further entrances into the four shelters in La Guajira and therefore impeded the provision of safe shelter and protection measures to additional PoCs.<sup>9</sup></p> <p>A total of 110 people outside of the shelters were assisted through telephone helplines to provide information and orientation as well as to assist SGBV cases. Furthermore, people outside the shelter received a total of 1,149 NFI kits to respond to basic and urgent needs.</p>		
Activities	Description	Implemented by		
Activity 2.1	Registration and profiling of Venezuelan refugees and Colombian returnees staying in four temporary shelters in La Guajira Department	Danish Refugee Council (DRC), Secretariado de Pastoral Social Diócesis de Riohacha, Humanity and Inclusion (HI)		
Activity 2.2	Support to the National Civil Registry in the issuance of birth certification with the mention "valid for nationality" for stateless or children at risk of children born in Colombia of Venezuelan parents, including capacity building for public servants and; a new established team for these activities.	Corporación Opción Legal, National Civil Registry Office		
Activity 2.3	Provision of life-saving psychosocial support for Venezuelan refugees and Colombian returnees with specific needs staying in four temporary shelters in La Guajira Department	Danish Refugee Council (DRC), Secretariado de Pastoral Social Diócesis de Riohacha, Humanity and Inclusion (HI)		
Activity 2.4	Provision of safe shelter to SGVB survivors in Riohacha	Danish Refugee Council (DRC)		
Activity 2.5	Provision of life-saving psychosocial support to SGBV survivors in Riohacha	Danish Refugee Council (DRC)		
Activity 2.6	Provision of NFIs to Venezuelan refugees and Colombian returnees staying at the Integrated Assistance Center.	UNHCR – Direct Implementation		

<b>Output 3</b>	Protection and life-saving humanitarian assistance provided in <b>Ecuador</b>
<b>Sector</b>	Protection - Protection

<sup>9</sup> 367 people who were already in the shelters at the beginning of the lockdown continued to stay in the shelters. Therefore, biosecurity measures and a strict health protocol were established. And a preventive quarantine area was installed in case of infections in the shelters.

Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of UASC referred to care services	110	221	Implementing partner ASA Indicator Matrix revised and approved by UNCHR Programme Unit
Indicator 3.2	# of people receiving information and orientation	20,000	26,616	Implementing partner NRC Indicator Matrix revised and approved by UNCHR Programme Unit
Indicator 3.3	# of SGBV survivors provided with a safe space	105	171	Implementing partner FMS Indicator Matrix revised and approved by UNCHR Programme Unit
Indicator 3.4	# of women receiving orientation and training on SGBV prevention and response	500	926	Implementing partner FMS and CASA MATILDE Indicator Matrix revised and approved by UNCHR Programme Unit
Indicator 3.5	# of SGBV survivors receiving legal assistance	340	265	Implementing partner FMS Indicator Matrix revised and approved by UNCHR Programme Unit
Indicator 3.6	# of SGBV survivors receiving psychosocial support	400	491	Implementing partner FMS Indicator Matrix revised and approved by UNCHR Programme Unit
Indicator 3.7	# of SGBV survivors assessed by social workers and referred to specialised services	340	393	Implementing partner FMS and CASA MATILDE Indicator Matrix revised and approved by UNCHR Programme Unit
Indicator 3.8	# of persons receiving cash grants	6,000	6,729	Implementing partner HIAS Indicator Matrix revised and approved by UNCHR Programme Unit
Indicator 3.9	# of people receiving non-food items	10,000	12,005	Implementing partner NRC Indicator Matrix revised and approved by UNCHR Programme Unit
<b>Explanation of output and indicators variance:</b>		<p>UNHCR and its implementing partners reached a higher number of direct beneficiaries than expected.</p> <p>In 2019, the CNII supported the UNHCR to strengthen the national child protection system by funding consultants on local protection boards. It proved to be effective in the identification and referral of UASC to care services.</p> <p>Due to efforts from implementing partners and UNHCR, the number of women receiving orientation and training on SGBV prevention and response nearly doubled compared to the planned figure. Information and orientation activities showed an increase in the number of PoCs which is strictly connected to the new information channels implemented during the COVID-19. Finally, the</p>		

		report shows a slight increase in NFI's and CBI assistance sectors, mainly due to the number of family members benefitting as well.
Activities	Description	Implemented by
Activity 3.1	Provide child protection by enhancing closer follow-up of referred cases, documenting, registering, capacity building and coordination establishment with public institutions	ASA (Asociación Solidaridad y Accion) - Quito
Activity 3.2	Provision of information and orientation	NRC (Consejo Noruego para refugiados) - National
Activity 3.3	Reception of SGBV survivors at partner shelters	CAI MATILDE (Fundación Casa de Refugio Matilde) – Quito
Activity 3.4	Provision of trainings on SGBV prevention and response to prioritised communities, organisations, public and private institutions	FMS (Federación de Mujeres de Sucumbíos) – Lago Agrio
Activity 3.5	Meetings and advocacy interventions with public institutions to discuss inclusion of refugee women in public services	CAI MATILDE (Fundación Casa de Refugio Matilde) – Quito
Activity 3.6	Provision of psychosocial, legal and material support to SGBV survivors hosted in partner shelters	FMS (Federación de Mujeres de Sucumbíos) – Lago Agrio
Activity 3.7	Provision of cash grants to persons of concern with protection risks	UNHCR and Implementing Partners
Activity 3.8	Distribution of goods to persons of concern at appointed offices	CAI MATILDE (Fundación Casa de Refugio Matilde) – Quito

<b>Output 4</b>	Protection and life-saving humanitarian assistance provided in <b>Peru</b>			
<b>Sector</b>	Protection - Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	# of people receiving information at the borders and in Lima	15,000	10,245	proGres, beneficiary list
Indicator 4.2	# of protection monitoring realized	3	3	Protection monitoring reports
Indicator 4.3	# of UASC receiving specialized services	135	234	Partners reports and beneficiary list
Indicator 4.4	# of people trained and sensitized on prevention of GBV	150	132	Partners reports and participant's list
Indicator 4.5	# of people receiving psychosocial support	240	235	Partner's case management reports
Indicator 4.6	# of people receiving access to specific services (HIV treatment)	90	161	Partners' report and beneficiary lists
Indicator 4.7	# of households receiving multipurpose cash grants	1,000	1,662	proGres (UNHCR case management system used by the partner)
Indicator 4.8	# of people receiving NFIs	9,000	14,146	Beneficiary list
<b>Explanation of output and indicators variance:</b>	Indicator 4.1, variation is due to the closure of the borders as well as all presentational services since 16 March 2020. Remote orientation services were then introduced, with dedicated hotlines and online services. However, those are not considered for this report.			



		Indicator 4.3, the value is higher due to an increasing number of UASC and children at risk. Indicator 4.6, the value is higher than the result planned because more cases were identified and supported by the partner. Indicator 4.7 and 4.8, people assisted with NFI and CBI were higher than the expected number due to the increasing humanitarian needs as part of the emergency response during COVID-19.
Activities	Description	Implemented by
Activity 4.1	Provide safe and adequate information at the borders and in Lima	UNHCR, Plan International
Activity 4.2	Conduct protection monitoring in Tumbes, Tacna and Lima	UNHCR
Activity 4.3	Support response for UASC, including daily care, specialized services and psychosocial support.	Aldeas Infantiles
Activity 4.4	Conduct sensitization sessions (including training and capacity building) to realize community-based intervention activities to prevent GBV	Plan International / HIAS
Activity 4.5	Provide psychosocial support (individual and group sessions) targeting persons with specific needs (especially SGBV cases)	HIAS
Activity 4.6	Support mobile brigades for HIV testing (especially in location with high presence of sex workers or people at risk of HIV), including access to antiretroviral treatment and medical health support	PROSA
Activity 4.7	Provide CBI assistance to the most vulnerable cases	Encuentros
Activity 4.8	Delivery of NFIs (blankets) in field locations (including transportation and warehouse management)	UNHCR

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

#### How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Project design and planning phase: Regular interaction with Venezuelan refugees through registration and pre-documentation activities conducted in the documentation centres and in other support spaces allows UNHCR to better understand their needs and to engage them in playing an active role in their own protection. Furthermore, regular protection monitoring, participatory assessments as well as feedback obtained during consultations with relevant stakeholders including governmental authorities, as well as implementing partners, have been crucial for the identification of persons with specific needs and for tailoring the humanitarian responses accordingly. Also, focus group discussions with women and persons with disabilities were held to ensure an assessment of specific needs of women and GBV aspects as well as specific needs of persons with disabilities.

Project implementation phase: Protection monitoring exercises will be conducted throughout the year, both through a remote methodology and with presential interviews, in line with contagion containment guidelines and biosafety recommendations. UNHCR also carried various assessments with children, women and LGBTI+ population to ensure their views and opinions are integrated to planning, operational response, while monitoring their needs and access to rights. To ensure meaningful community engagement during the COVID-19 pandemic, UNHCR and partners exploited new technology disseminating information methods, such as WhatsApp, Facebook, toll-free hotlines, and on UNHCR's HELP Platform.

Specific lines were designed according to the needs (humanitarian assistance, legal orientation, SGBV, child protection, psychosocial support, complaints and feedback mechanism among others).

Project monitoring phase: UNHCR's ongoing presence in the shelters facilitates regular interaction with PoCs and the monitoring of activities implemented by partners. Through participatory assessment and protection monitoring rounds, the qualitative information provided by refugees and migrants helped better define and adjust, for example, the NFI kit content and the type of assistance required by the population in Peru.

The involvement of refugees and migrants is crucial to the governance structure inside the shelters. Specific activities such as cleaning, food and non-food items distribution, health monitoring, security surveillance, sports and other recreational activities, among others, are carried out by committees composed by members of the refugee and migrant community. In addition, new standard procedures for shelter management were developed in close consultation with shelter beneficiaries; SOP for shelter management and peaceful coexistence in indigenous shelters were also adopted in close consultation with indigenous groups. UNHCR also monitors cash assistance and recipients' satisfaction through its Post-Distribution Monitoring (PDM) tool which directly surveys cash recipients on uses of cash and related challenges and its findings contribute to inform and adjust targeting strategies.

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

In 2019, UNHCR took important steps to improve accountability to affected populations. The Office reached out to persons at heightened risk, including LGBTI+ refugees, persons with disabilities, and women and children at risk.

UNHCR has mainstreamed a community-based protection approach across its interventions, supporting local protection networks and community-based protection mechanisms, including local community based organizations and peer support networks, through material and technical capacity to ensure they have ownership of the asylum agenda and include people of concern to UNHCR in their programmes and spaces. Moreover, community interventions are often done in coordination with local actors, being a good example the Community Epidemiological Surveillance System (Sistema de Vigilancia Epidemiológica Comunitaria, VEC) in Ecuador, which is the result of UNHCR coordination with civil society, refugee community and local authorities, including the Ministry of Public Health.

UNHCR worked with organizations of sex workers to conduct safety audits in four locations of Ecuador and to develop an outreach to be used by sex workers themselves to inform peers on their rights and services. Twice a week in Lago Agrio, an interdisciplinary team of UNHCR, the Ministry of Public Health and partners conducted informative sessions with sex workers in primary health centres and sensitized doctors on referral pathways for refugees. This way, 194 women were assisted and provided with information on the asylum system and migratory pathways

Following the results of participatory assessments, UNHCR approached local LGBTI+ organizations and signed new PPAs and MoUs in some of countries (especially in Ecuador). UNHCR also funded and provided technical assistance for the first regional meeting of LGBTI+ organizations working on human mobility, which led to the creation of the Regional LGBTI+ Refugees and Migrants Protection Network.

As to people with disabilities, since mid-2019 UNHCR (Ecuador) has been working with the Latin American Network of Organizations of Persons with Disabilities (RIADIS). Together with RIADIS, UNHCR organized a conference on asylum and disabilities in which organizations of people with disabilities from all over Latin America participated, as well as refugee representatives and local government. In addition, UNHCR supported a meeting on challenges faced by indigenous population living with disabilities.

In Peru, the participatory assessment allowed refugees and migrants to express themselves in groups divided by age, gender and diversity. Through an open dialogue involving NGO and local authorities, it has been ensured that the voices of the affected population are reflected in the planning cycle and intervention. Additionally, community outreach was strengthened in order to receive feedbacks directly from the community. Social media channels, including Facebook and WhatsApp mechanisms, also allowed to maintain a direct channel with people of concern.

**6.b IASC AAP Commitment 3 – Information, Feedback and Action**

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

At the reception of documentation centres, all Venezuelan refugees and migrants supported by UNHCR receive information about the Agency's mandate and guiding principles as well as the feedback mechanisms available (including comments, suggestions and

complaints). Emphasis is also made on each staff member's responsibility to abide by the Agency's code of conduct and the possibility to submit formal and confidential complaints in case of breaches.

The same applies during the assessment and registration of PoCs by UNHCR and partners, in regard to cash-based assistance. When recipients collect the prepaid cards, they systematically receive an informational briefing about UNHCR as well as a brochure specifying the purpose of the aid, its duration, where and how the card can be used, among others, including a 24-hour phone-line number and an e-mail address where they can direct queries and complaints.

Given the transition to remote assessments of PoCs since May 2020 during the pandemic, this informational work was definitely challenged. So, in the context of COVID-19, UNHCR put extra efforts in the capacity building of its supporting partners to continue the task remotely and took this opportunity to improve its information channels and mechanisms.

UNHCR has been constantly updating the Help. UNHCR platform with information regarding available humanitarian assistance in the region. The number of hotlines has been multiplied since as it is an important channel for UNHCR to identify needs and challenges faced by refugees and adapt programmes accordingly. Moreover, the office is closely working with community-based organizations and community leaders to assess the situation in the field and ensure outreach to remote populations, allowing their needs to be incorporated to the emergency response.

As an example, the office in Ecuador has activated 15 hotlines across the country to communicate with people of concern, while supporting partners to set up their own call centers or hotlines. Additionally, the office set up a WhatsApp Chatbot that has already reached more than 8,000 users and shared over 500,000 messages.

In Peru, virtual messages, infographic, videos and simple visual messages were produced and massively shared through Venezuelans WhatsApp groups, platforms such as VenInformado, Facebook channels and the #TuCausaEsMiCausa solidarity campaign Facebook channel.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

#### **Brazil**

The possibility to submit complaints and suggestions regarding cash-based interventions is clearly outlined in the CBI informative brochure delivered to PoCs. A new community-based complaints protocol, which among other contemplates the placement of a complaint box in all UNHCR-managed shelters, was developed in close consultation with the sheltered population and implementing partners. The final version is currently pending final approval by Senior Management Team. Currently, shelter beneficiaries have the possibility to submit complaints to the shelter management team which is responsible for addressing them with relevant stakeholders.

#### **Colombia**

UNHCR and its implementing partners have an established complaint and feedback mechanism for the affected population to provide feedback to the organization. Feedback and complaint boxes were installed in different locations so that community members had easy access to them. The members received a feedback sheet where they could indicate all their concerns and complaints. Confidential access was provided as the box was locked and people submitting complaints were not asked to provide personal information. At the beginning of the sessions and activities, implementing partners and UNHCR staff explained the feedback and complaints mechanism to beneficiaries.

#### **Ecuador**

UNHCR Ecuador has been leading interagency efforts on Prevention of Sexual Exploitation and Abuse (PSEA); since the beginning of the COVID-19 Emergency, the Operation has delivered trainings on PSEA to approximately 300 humanitarian workers. Furthermore, it manages an exclusive hotline and mail address for related complaints and has produced specific materials to raise awareness on PSEA.

#### **Peru**

In Peru, community-based complaints mechanisms have been implemented and strengthened using diverse modalities but including hotlines and complaint boxes installed in each location where UNHCR or its partners are providing assistance. Communities were also involved in the validation and definition of the preferred complaints mechanism. Community-based interventions were also supported through outreach volunteers that play a key role in regular community-led protection monitoring to ensure more systematic and sustained gathering and analysis of information on the psychosocial and socio-economic situation of persons of concern.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

**Brazil**

The new community-based complaints protocol (mentioned in the previous question) includes a procedure for handling SEA-related complaints. Therefore, Brazil has no other specific mechanism for reporting and handling SEA related complaints.

**Colombia**

UNHCR and its implementing partners have an interagency PSEA complaint mechanism in Colombia. UNHCR provides training and sensitization sessions to the community as well as to partners on PSEA and SGBV prevention, including the referral pathways available for survivors. Also, for concerns and complaints regarding PSEA, locked feedback and complaint boxes were installed in different locations, to be easily accessed by community members. People submitting complaints are not asked to share any personal information and participants received instructions on how to access the complaints and feedback mechanisms at the beginning of the sessions and activities.

**Ecuador**

UNHCR took the lead in setting up an inter-agency PSEA Task Force and of an inter-agency complaint mechanism. UNHCR provided PSEA training to 512 humanitarian workers and Government staff. UNHCR consulted 129 Venezuelans and Colombians (92F/37M) on their preferred channels raise cases of PSEA, and existing barriers and challenges. Based on the consultations, the Operation developed a video and leaflets to be used during community awareness raising activities. UNHCR adopted internal PSEA SOPs and has been managing an e-mail account and a SMS/WhatsApp line to receive complaints, in addition to complaint boxes, emergency lines and protection desks in field offices. Finally, UNHCR developed a training module on PSEA for shelter managers, and established PSEA complaint mechanisms in shelters.

**Peru**

In Peru, prevention of SEA is a core element of the protection strategy. Training and assessments on the capacity and protocols in place to prevent and respond to SEA cases were conducted for all UNHCR partners. Additionally, a dedicated line in the Toolfree hotline service was installed, allowing people of concern to communicate directly with UNHCR in case of any complaint, that will be addressed according to UNHCR rules and procedures for the preventing and addressing SEA.CWC messages were also shared through WhatsApp, Facebook and dedicated lines, as well as through posters in each location where UNHCR or its partners is providing a service.

**Any other comments (optional):**

UNHCR Ecuador has been closely collaborating with the government to strengthen the capacity of the national asylum system, the Public Defender Office, the Office of the Ombudsman and child protection system through the provision of technical capacity aiming at supporting ownership by state institutions of the protection of refugees, while improving services for both refugee and host communities.

In the context of the pandemic, UNHCR has refrained from setting parallel health services for refugees and has opted to closely work with the Ministry of Public Health to strengthen their capacity to manage health cases and ensure inclusion of refugees within the public health system.

7. Cash and Voucher Assistance (CVA)					
7.a Did the project include Cash and Voucher Assistance (CVA)?					
Planned			Achieved		
Yes, CVA is a component of the CERF project			Yes, CVA is a component of the CERF project		
7.b Please specify below the parameters of the CVA 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).					
CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction

<b>Brazil</b> Multipurpose cash transfer	US\$ 165,000	Multi-purpose cash	Multi-Cluster - Multi-sector refugee assistance	Unconditional	Unrestricted
<b>Peru</b> Multipurpose CBI	US\$ 160,000	Multi-purpose cash	Protection - Protection	Unconditional	Unrestricted
<b>Ecuador</b> Multipurpose cash transfer	US\$ 150,000	Multi-purpose cash	Multi-Cluster - Multi-purpose cash (not sector-specific)	Unconditional	Unrestricted
<b>Ecuador</b> Protection CBI	US\$ 150,000	Sector-specific	Protection - Protection	Unconditional	Unrestricted

Supplementary information:

In Peru, unconditional cash (for food, shelter, transportation, health and other basic needs) has been delivered through the partner Encuentros to the most vulnerable people according to a previous assessment and registration. ProGres V4 has been implemented to strengthen cash management and post-delivery monitoring. Since March 2020, the modality to deliver assistance was adapted to the new context and the *mobile money* delivery option was introduced to reach the most vulnerable despite the mobility and physical distance restrictions in place.

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

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

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Partner Type	Total CERF Funds Transferred in USD
19-UF-IOM-031	Gender-Based Violence	IOM	NNGO	\$130,828
19-UF-IOM-031	Health	IOM	NNGO	\$28,317
19-UF-IOM-031	Health	IOM	GOV	\$15,972
19-UF-IOM-031	Health	IOM	GOV	\$135,399
19-UF-IOM-031	Health	IOM	GOV	\$97,158
19-UF-IOM-031	Health	IOM	GOV	\$27,303
19-UF-IOM-031	Health	IOM	GOV	\$24,122
19-UF-IOM-031	Health	IOM	GOV	\$152,931
19-UF-IOM-031	Health	IOM	GOV	\$57,164
19-UF-IOM-031	Health	IOM	GOV	\$238,563
19-UF-IOM-031	Shelter & NFI	IOM	INGO	\$139,600
19-UF-IOM-031	Protection	IOM	NNGO	\$147,360
19-UF-IOM-031	Child Protection	IOM	INGO	\$114,110
19-UF-IOM-031	Food Assistance	IOM	INGO	\$285,600
19-UF-IOM-031	Multi-sector refugee assistance	IOM	INGO	\$174,300
19-UF-IOM-031	Food Assistance	IOM	NNGO	\$48,072
19-UF-HCR-030	Gender-Based Violence	UNHCR	NNGO	\$28,861
19-UF-HCR-030	Gender-Based Violence	UNHCR	NNGO	\$26,729
19-UF-HCR-030	Protection	UNHCR	INGO	\$111,605
19-UF-HCR-030	Protection	UNHCR	NNGO	\$237,110
19-UF-HCR-030	Protection	UNHCR	NNGO	\$122,155
19-UF-HCR-030	Protection	UNHCR	INGO	\$51,430
19-UF-HCR-030	Multi-sector refugee assistance	UNHCR	NNGO	\$70,000
19-UF-HCR-030	Multi-sector refugee assistance	UNHCR	INGO	\$140,000
19-UF-HCR-030	Multi-sector refugee assistance	UNHCR	NNGO	\$160,000
19-UF-HCR-030	Multi-sector refugee assistance	UNHCR	INGO	\$100,000
19-UF-HCR-030	Multi-sector refugee assistance	UNHCR	NNGO	\$69,515
19-UF-HCR-030	Gender-Based Violence	UNHCR	NNGO	\$76,240
19-UF-HCR-030	Child Protection	UNHCR	NNGO	\$22,375
19-UF-HCR-030	Gender-Based Violence	UNHCR	NNGO	\$54,560
19-UF-HCR-030	Multi-sector refugee assistance	UNHCR	INGO	\$353,676
19-UF-HCR-030	Multi-sector refugee assistance	UNHCR	INGO	\$178,180

## ANNEX 2: Success Stories

### IOM Brazil: IOM Protection space at the Central Bus Station in Boa Vista

Humanitarian assistance and protection to migrants from Venezuela  
From 04-Oct-2019 to 30-Sep-2020, Boa Vista, Roraima, Brazil

In Brazil, with regards to the protection priority area, the CERF allocation was used to support the establishment of three protection spaces for vulnerable Venezuelans in need of protection counselling and assistance in Boa Vista, with a special focus on women, girls and GBV survivors. The spaces are located at IOM's reference centre in the Central Bus Station of Boa Vista, at the SETRABES building and at the Interiorization and Triage Center (PITRIG). In addition, the funding supported the equipment of several local shelters (state-run shelter from SETRABES and the NGO Anjos de Luz) that assist vulnerable migrants, refugees and Brazilian nationals, including women, children and persons with disabilities.

The activity presented in this story relates specifically to the assistance provided by IOM at the reference centre in the Central Bus Station in Boa Vista.



#### **Contact person from agency for follow up.**

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#### **Story previously published on IOM Brazil and UN Brazil websites (in Portuguese):**

<https://brasil.un.org/pt-br/91862-espaco-de-atendimento-da-oiem-em-boa-vista-supera-2300-atendimentos-em-cinco-meses>

<https://brazil.iom.int/news/espaco-da-oiem-para-casos-de-protecao-em-boa-vista-supera-2300-atendimentos-em-cinco-meses-de>

## IOM Brazil: CBI for relocated Venezuelans in the state of Paraná

Humanitarian assistance and protection to migrants from Venezuela

From 04-Oct-2019 to 30-Sep-2020

11 municipalities in the state of Paraná, Brazil: Curitiba, Apucarana, Campo Mourão, Cascavel, Foz do Iguaçu, Francisco Beltrão, Londrina, Maringá, Ponta Grossa, Santa Izabel do Oeste and Umuarama

In Brazil, with regards to the food assistance component, the CERF allocation was used to support the implementation of a local CBI project in the state of Paraná, in partnership with Cáritas Paraná. The project has provided food vouchers and food baskets to the most vulnerable Venezuelan nationals. All beneficiaries arrived in Paraná through the federal relocation strategy's Social and Family Reunification program. IOM's assistance has directly contributed to the food security of relocated Venezuelan refugees and migrants.



Karina Elizabeth B., 39 years-old, Venezuelan, was reunited with her family in Curitiba, Paraná, with the support of federal relocation strategy

*"Since the beginning of the coronavirus crisis, we had no income and thanks to this food voucher we will be able to keep buying food for the next few weeks. I feel so relieved now",*

says Karina, who two months ago welcomed another Venezuelan family into her home, who had also relocated from northern Brazil.

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### **Story previously published on IOM Brazil website (in Portuguese):**

<https://brazil.iom.int/news/oim-e-caritas-brasileira-regional-paraná-reforçam-ações-para-garantir-segurança-alimentar-de>



## IOM Colombia: History of health care for the E'ñepa indigenous community in Arauca

Humanitarian assistance and protection to migrants from Venezuela  
From 04-Oct-2019 to 30-Sep-2020, Municipality of Arauca in eastern Colombia

CERF's allocation to IOM in Colombia has enabled life-saving health assistance, including sexual and reproductive health services, and provision of protection services to vulnerable Venezuelan migrants. This has included emergency health care and psychosocial support to at-risk or survivors of GBV.

Marcos is a craftsman who makes "rain sticks". He is an indigenous leader of the Venezuelan people, E'ñepa, and for three years he has lived in a settlement in the municipality of Arauca in eastern Colombia. There he arrived with his partner Olga and her son Osmar in search of food and medicine. Indeed, one of the main motivations for people like Marcos to migrate is the search for access to health services. It was here, in Arauca, where, on 13 March, with CERF resources, a sexual and reproductive health conference was being held and Marcos, Olga and Osmar had arrived first thing in the morning. All three received comprehensive care from professionals from different specialties during the intramural health day. Both Marcos and Olga made a decision: they used a contraceptive method "as a matter of couple and shared responsibility", as they remember.



Marcos is a craftsman and an indigenous leader of the Venezuelan people, E'ñepa. He has lived in a settlement in the municipality of Arauca in eastern Colombia for three years together with his partner Olga and her son Osmar. Marcos is 32 years old, Olga is 27 years old and Osmar is 11 months old.

*"It is for the greater well-being of us, our family and our community".*

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**Story previously published:**  
<https://www.instagram.com/p/B99-yAflpxj/>

## IOM Colombia: Improvement of quality and capacity in health care through the provision of supplies in La Guajira

Humanitarian assistance and protection to migrants from Venezuela  
From 04-Oct-2019 to 30-Sep-2020, San Rafael hospital in San Juan del Cesar, Guajira

CERF's allocation to IOM in Colombia has enabled life-saving health assistance, including sexual and reproductive health services, and provision of protection services to vulnerable Venezuelan migrants. This has included emergency health care and psychosocial support to at-risk or survivors of GBV.

One of the main achievements is the high-tech equipment which was provided to the gynaecological-obstetric unit of the San Rafael hospital in San Juan del Cesar, Guajira, to strengthen its capacity and respond to the needs of Colombian and Venezuelan pregnant and lactating women, as well as new-borns. The endowment includes items such as: incubators, fetal monitors, vital signs monitors, delivery tables, phototherapy lamps, among others.



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**Story previously published:**

<https://twitter.com/OIMColombia/status/1300427390909321216>

## UNHCR Ecuador: 'Batucada' workshops with SGBV survivors

Protection and multi-sectoral life-saving assistance to Venezuelans refugees, asylum seekers and other persons of concern  
From 30-Sept-2019 to 30-June-2020, Quito, Ecuador

The Batucada is a Brazilian rhythm with African influence that has been used as the musical symbol for the vindication of women's rights. During the workshop, women hosted in the shelter were able to express artistically and physically through music.

The implementing partners were:

- About Batuka Batumbá: Batuka Batumbá is a 'Batucada' made up from women, born from the need to express feelings about human rights issues through music, especially about violence against women. Batuka Batumbá creates music through collective participation, where different women organize themselves to sing or play drums-based slogans, rhythms and songs to support the struggle for the defense of women's rights. The women collective gives workshops to SGBV survivors and women in situations of vulnerability.
- About Fundación Casa Refugio Matilde: Fundación Casa Refugio Matilde is a UNHCR partner specialized in supporting women and children in situations of domestic and gender-based violence through a temporary shelter and psychosocial support.

The workshop lasted seven weeks (one session per week). The last session ended with the presentation of the song at Yaku Water Museum, on 25 November 2019.

The workshop adopted participatory methodology through popular education techniques for teaching batucada rhythms, slogans and musical ensemble that will be organized in different workshops. It was divided in four phases:

- a) Rhythmic, corporal and playful dynamics: individual and group rhythmic and corporal exercises for the understanding of basic elements of musical expression, the development of creativity and the connection between women through music.
- b) Construction of instruments: from recycled and non-recycled materials (plastic garbage cans, cloth, wooden sticks, colored tape, paint, among others) created and decorated their own instruments.
- c) Creation of lyrics: women decided to reverse harmful messages in everyday songs that reproduce the culture of violence against women and build messages against violence and gender inequality.
- d) Learning of batucada genres and musical ensemble: women learnt the Batucada rhythm and articulated it to the lyrics and slogans created collectively.



*"Personally, I felt very good because a positive energy is transmitted during the workshop. I let go the knot I feel in my stomach when I play. What I like most is to feel the rhythm, to play the drums. I feel liberated. I had already met some of the women here, but I have already met others during the workshop. It feels rich, exciting. Being together makes us strong. We burn energies, we feel like a family. I learned, personally, to interact more with the group, to let myself go because I have always been shy. Now I feel more liberated, I feel free".*

Carolina\*, Colombian refugee

*"I get relaxed a lot, it's so much fun, I learn a lot. I have lost the shyness, before the workshops I was shy. I didn't sing, and here I am learning to sing. I feel motivated, I feel that I am alive, super alive. I would like to continue playing, go, go, go. I feel that energy".*

Daniela\*, Colombian refugee

\*Names changed for protection reasons.

### **Contact person from agency for follow up.**

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### **Story previously published:**

<https://twitter.com/ACNUREcuador/status/1219714280066408449?s=20>  
<https://we.tl/t-ae5cMdBLa5>

## UNHCR Brazil: “Without this money, I'd be in the streets”, says Venezuelan supported by UNHCR in Brazil

Protection and multi-sectoral life-saving assistance to Venezuelans refugees, asylum seekers and other persons of concern  
From 30-Sept-2019 to 30- June- 2020, Brasília, Federal District

“The Venezuelan manicurists Silany, 32 years old, and Francis, 21, arrived in Brazil on April 2020, sharing the same fear: how to make a living during the new coronavirus pandemic, when there's a reduction in job opportunities and income generation caused by physical distancing measures. While they did not let these fears stop them and searched actively for possible employment opportunities, they were unsuccessful.

Without a job prospect in sight, Silany and her family (her husband and three children) went to live with her mother, near Brasília, Brazil's capital. Francis, who was temporarily staying with friends, rented a room and also moved to the Federal District with her partner and her son. The situation was complicated in Silany's mother's home as well. Five other people already lived there. Her mother, who had arrived in Brazil in August 2019 and had been working as a housekeeper, lost her income because of the physical distancing measures. The threat of eviction came knocking at the door when they were three months late with their rent payment. Despite this fragile start, the two Venezuelans persevered. They shared concerns that are common to many refugees and migrants (and Brazilians) who have lost their sources of income due to the reduction of economic activity caused by the COVID-19 pandemic: life goes on, the bills arrive and money is needed to maintain the family with dignity and security.

As a response to the global challenges generated by the new coronavirus and as a way to support the most vulnerable refugee population during the pandemic period, UNHCR is strengthening its emergency financial support program – known as the CBI (Cash Based Intervention). Silany and Francis are among the most recent beneficiaries of this programme. Both received a debit card called "UNHCR Support", with which they can make withdrawals or payments to cover urgent and priority expenses, such as housing, food and health. "This will give us much more peace of mind. We will be able to guarantee the payment of the rent and electricity, as well as diapers and food", said Silany's mother, who accompanied her daughter when she received the CBI programme card at the headquarters of the Institute for Migration and Human Rights (IMDH), which partners with UNHCR to help refugees in the Federal District.”

The selection of the card recipients is based on criteria established by UNHCR and social assistance teams from the partner institutions. To qualify, an applicant needs have certain documents required in Brazil, such as the protocol required to seek asylum, residence and a CPF number. Criteria that will be applied are the applicant's inability to meet basic needs, children who are unaccompanied, people with medical conditions or special needs, elderly people at risk, single parents, and people who are survivors of violence.

UNHCR finances the CBI programme in Brazil thanks to support from donors. These resources supplement specific donations by the United Nations Central Emergency Response Fund (CERF). The fund also finances the distribution of essential non-food items (such as personal hygiene and cleaning kits) and activities to prevent and combat gender-based violence. By 2020, UNHCR's objective is to serve around 15 thousand people through the emergency financial support project, requiring a budget of approximately 2 million US dollars.

*The story was published on the website on 8 May 2020. The beneficiaries featured in the story arrived in Brazil at the beginning of April 2020; they were assessed for cash assistance by UNHCR's implementing partner, Instituto Migrações e Direitos Humanos (IMDH), in the Federal District of Brasília, where they currently reside.*

### **Contact person from agency for follow up.**

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### **Story previously published:**

<https://brasil.un.org/pt-br/85862-without-money-id-be-streets-says-venezuelan-supported-unhcr>

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>ADRA</b>	Adventist Development and Relief Agency
<b>AECID</b>	Agencia Española de Cooperación Internacional para el Desarrollo
<b>AGD</b>	Age, Gender and Diversity
<b>ASA</b>	Asociación Solidaridad y Acción
<b>AVSI</b>	Associação Voluntários para o Serviço Internacional
<b>CAI Matilde</b>	Casa de Refugio Matilde
<b>CASP</b>	Caritas Sao Paulo
<b>CBI</b>	Cash Based Interventions
<b>CRI</b>	Core Relief Item
<b>CCCM</b>	Camp Coordination and Camp Management
<b>CNII</b>	National Council for Intergenerational Equality
<b>CwC</b>	Communication with Communities
<b>DRC</b>	Danish Refugee Council
<b>DTM</b>	Displacement Tracking Matrix
<b>EU</b>	European Union
<b>FFHI</b>	Fraternidade Internacional Humanitarian Federation
<b>FMS</b>	Fundación Mujeres de Sucumbíos
<b>GBV</b>	Gender Based Violence
<b>GENFAMI</b>	Fundación para el Desarrollo Integral en Género y Familia
<b>GoB</b>	Government of Brazil
<b>GTRM</b>	Grupo de Trabajo para Refugiados y Migrantes. Refugee and Migrant Working Group
<b>HIAS</b>	Hebrew Immigrant Aid Society
<b>HI</b>	Humanity and Inclusion
<b>IOM</b>	International Migration Organization
<b>LARC</b>	Long-Acting Reversible Contraception
<b>LGBTQI</b>	Lesbian, gay, bisexual, transgender, queer (or questioning), and intersex
<b>MoU</b>	Memorandum of Understanding
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>NFI</b>	Non-food Item
<b>NGO</b>	Non-governmental organization
<b>NRC</b>	Norwegian Refugee Council
<b>ODS</b>	Objetivos de Desarrollo Sostenible
<b>Opción Legal</b>	Corporación Opción Legal
<b>OVs</b>	Outreach Volunteers
<b>PDM</b>	Post Distribution Monitoring
<b>PITRIG</b>	Documentation and Interiorization Centre
<b>PoC</b>	Person of Concern
<b>PPE</b>	Personal Protection Equipment
<b>PSEA</b>	Prevention and Protection Against Sexual Exploitation and Abuse

<b>PwD</b>	People with Disabilities
<b>R4V</b>	Response for Venezuela – the regional interagency coordination platform
<b>RET</b>	Refugee Education Trust
<b>RMRP</b>	Regional Refugee and Migration Response Plan
<b>SGBV</b>	Sexual and gender-based violence
<b>SGSSS</b>	Sistema General de Seguridad Social en Salud
<b>SJMR</b>	Serviço Jesuíta a Migrantes e Refugiados
<b>TIP</b>	Trafficking in Persons
<b>UASC</b>	Unaccompanied And Separated Children
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>US- PRM</b>	United States- Bureau of Population, Refugees and Migration