



INTRODUCTION

Protection background

Refugees and migrants face a range of protection risks exacerbated for people on the move, particularly for groups or persons in more vulnerable situations such as children, women, LGBTI, people with serious medical conditions or indigenous people, among others. As presented in the 2018 Support Spaces mission report, the myriad of protection risks to which Venezuelans are exposed includes, but is not limited to trafficking, survival sex, extortion, exploitation and discrimination while in transit or residing in different countries in the region. The closure of official borders at the Venezuelan side, which lasted from February 23 to May 10, aggravated this situation as it compelled people to enter through irregular crossings. Some have had to pay border officials and irregular groups (i.e. *colectivos*) at the Venezuelan side to be allowed to cross while others have had their belongings confiscated and received threats. These dynamics situation have also affected refugees and migrants who continue to arrive to Brazil requesting protection, assistance and support to respond to their urgent needs and those of their families. According to the official government data, the total number of refugees and migrants in Brazil has reached 123,664 to date.¹

The support of the Federal Government has been key in providing protection and the delivery of assistance to Venezuelans in Brazil. Programs like Operação Acolhida, implemented in partnership between the federal and local authorities, the Brazilian Armed Forces, Non-Governmental Organizations (NGOs), United Nations Agencies, faith-based organizations, civil society actors, among others, provide responses to the urgent needs of many Venezuelans arriving in the country, including legal documentation, emergency shelter, access to rights and services and possibilities of integration. This model, now confirmed it will continue to operate at least until March 2020, serves as a good practice for the emergency response to be replicated in the region. Although the situation of refugees and migrants is still very challenging at the northern border zone and other parts of the country where they are

¹ R4V - Regional Platform web page. <https://r4v.info/es/situations/platform>

settling-in, access to basic services and recognition of their rights is prioritized. Despite the many efforts and response in place, there are still many limitations in terms of funding, available resources and capacities of state institutions and humanitarian actors, added to the continuous arrivals and growing needs of Venezuelans. A concrete example is the situation of people living on the streets, which continues to exist in Boa Vista and Manaus despite the many efforts to open and maintain shelters and provide safe accommodation.

The emerging needs of refugees and migrants arriving to Brazil, their prolonged stay in the country with more challenging prospects of integration, along with other factors, increases sentiments of xenophobia and discrimination by the host community.

Population trends

Population movement has decreased during the closure of the Venezuelan border for the past three months, however Venezuelans continue to enter into Brazil, some with the aim of staying and, others to continue their journey into Argentina, Chile or Peru.

Profiles of the population were reported to have changed over time with characteristics of new arrivals with increased vulnerabilities including serious medical conditions, women and girls at risk, unaccompanied and separated children, victims of trafficking and labour exploitation, GBV survivors, LGBTI (mainly transgender), and more families on the move, including children and women, compared to single men last year. Cases of heightened vulnerability have been identified by case management actors, including people unable to cover their basic needs.



[Posto de Triagem, Boa Vista – Brazil, March 2019]

Families enter Brazil mainly through the northern border community of Pacaraima and then move to Boa Vista, Manaus and main cities across the country. Some of the risks identified along the route inside Venezuela include robbery, loss of belongings, sexual exploitation, gender-based violence, and violence by armed actors. Once in Brazil, people on the move are characterized mainly by men or women who walk, ask for rides (“*cola*”), travel by bus from Pacaraima to Boa Vista, stay there for a couple of months saving some money and then continue their journey by their own means to Manaus and onwards to many different destinations. Some arrive to São Paulo, others that can afford it take a direct flight from Manaus to Argentina. Others take a boat to Belen (\$R200-300) or a bus to Peru from Portobello. Most men go alone first with the intention of bringing later on their wives and children once they are settled.

As part of the relocation process to lessen the burden of hosting towns and sharing of responsibilities, Operação Acolhida provides the possibility of relocating (or “interiorizing”) a certain number of refugees and migrants to different parts of the country, enhancing their possibilities of integration. Specific selection criteria is applied by the receiving cities according to the programs and services available. Although the program offers durable solutions to many Venezuelans, the limited quota for individuals and families, as well as the long waiting period, represent a challenge.

PRIORITIZED INTERVENTION

Based on the protection situation and with the aim to provide a space for front line support for Venezuelan women, men, girls and boys of diverse backgrounds in transit or residing in countries in the region, the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela has prioritized the Support Spaces initiative as one of its interventions (Support Spaces Concept Note 2018).

The Support Spaces – *Espacios de Apoyo* (EA) ensure the provision of integrated and integral services. It includes a minimum package of services such as: 1) Orientation and information sharing; 2) Safe identification and referrals; 3) Psychological first aid and other immediate services; 4) Restoring family links (RFL); 5) Free phone calls and internet connectivity; 6) Child Friendly Space (CFS).

Support Spaces also include Information and Orientation Points along the route and key locations, providing general information and referrals to specialized services. These points do not provide all the services listed above but serve as key information points, static or mobile, linked to the Support Spaces.

PURPOSE OF THE MISSION

As part of the piloting of the Support Spaces initiative, Brazil was visited from 10-18 March 2019 to complete the interagency missions planned in the region. A total of four locations were visited in the country, aiming at: 1) Assessing existing services and suggested changes; 2) Identifying opportunities; 3) Recommending potential locations for Support Spaces and; 4) Moving forward in the implementation. Annexes per location visited are attached to this report:

Annex 1: São Paulo

Annex 3: Boa Vista

Annex 2: Manaus

Annex 4: Pacaraima

As in the previous interagency Support Spaces mission, the main objectives were to:

- Analyse the situation of existing structures in piloting countries that can be identified as “Support Spaces” (*Espacios de Apoyo – EA*).
- Identify key locations where these structures may be established, including support from the Regional Platform to the National/Local Platforms for implementation of the Support Spaces methodology.
- Visit some of the services provided by key actors in these locations and see how to work together to articulate the response at the regional level, harmonizing identification and reference tools, among others.
- Explain to national and local platforms the concept of Support Spaces and the work that is to be promoted from the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela with the aim of enhancing coordination and understanding the structure at the national level.
- Understand the specific risks for persons with specific needs, including children at risk, GBV survivors, women and girls at risk, elderly, LGBTI, among others, and the current response, providing recommendations and inputs.

Participants

The mission was coordinated by the Regional Support Spaces members and organized with the National Platform of Brazil. The participants included United Nations agencies, including IOM, UNFPA, UNHCR, UNICEF and UN WOMEN International and National NGOs, local and state authorities, and other key stakeholders. Individual interviews with Venezuelan men, women and children were also conducted in the locations visited.

Structures visited

- Border entry point
- Reference Centres
- Triage Centres
- Livelihood Centres
- National institutions
- Specialized services
- Child Friendly Spaces
- Information Points
- Temporary Shelters/Accommodation

MAIN FINDINGS

Below is a summary of main general findings identified in all locations. Detailed summaries per location are provided in the attached annexes.

- Interagency coordination structures are in place at the national level and in Roraima and in process of establishment in other main receiving cities.
- Structures providing information, orientation and basic services are in place and have potential to align with the Support Spaces methodology and initiative, aiming at improved regional response.

- There Federal Government is demonstrating a strong capacity to respond to the situation at the northern border but current resources are not always sufficient to cover the existing and increasing needs of different population groups. As in the rest of the region, the international community is supporting in the emergency with different expertise, although limited resources also represent a significant challenge.
- Support from civil society and local networks are in place, including a strong presence of faith-based organizations with experience in social protection.
- Local governments are implementing inclusive community-based interventions with potential for expansion. Support Spaces methodology applied in these spaces would ensure sustainability of the program and help strengthen community-based interventions (outreach volunteer program and community networks).
- There is a need to strengthen the case management system (i.e. Case Management Interagency SOPs, referral pathways, service mapping), to conduct joint case plans with refugees and migrants, looking into enhancing their capacities and helping them find their own solutions.
- There is a need to design a communication strategy, including the development of information and communication material with age, gender and diversity approach and to be distributed at transit, destination and at first entry point in order to help refugees and migrants make informed decisions.

RESPONSE SERVICES

As part of the visits conducted, below includes a summary of some thematic observations during the mission:

Documentation and legal pathways

The border with Venezuela is characterized by two different flows: back-and-forth (pendular) movement traditionally used for the exchange of goods, and displaced Venezuelans that intend to stay in Brazil or move to other countries in the region. The first one has increased with the deterioration of the situation in Venezuela, with more people crossing to Brazil to purchase goods and medicines to cover their basic needs, as well as children to attend schools in Brazil.

Upon arrival, Venezuelans are informed of the option to request asylum or legal residency. From feedback received by Venezuelans and service providers, it is observed that many refugees request residency permit in order to have an ID that will improve their prospects of integration and access to the job market. Asylum seekers comment that the residency card is more widely known and accepted by the employers, compared with the asylum seeker certificate, and that it can also be embarrassing to show this long document rather than an ID card. They also mentioned that they change their claim to residency permit due to the delay in the refugee status determination process in Brazil. Additionally, some families with children below the age of 9 with no documentation or without the exit permit when entering with only one of the parents, resort to requesting asylum on behalf of the child in order to regularize his/her stay, while the parents and other family members request the residency permit.

Persons with Specific Needs, Including Case Management

Identification and referral of cases is in place in all the locations visited, however proper case management services are generally not yet fully operational. Interagency SOPs for GBV case management have been drafted and Child Protection ones are under development. Counter referrals are generally not taking place, which affects the follow up of the cases. Most of the interventions are focused on the provision of assistance to address urgent needs, with limited interventions focusing on building at the same time the capacities of refugees and migrants at individual and community levels, and helping them to find their own solutions.

Among the profiles of cases identified are adolescent pregnant girls, survivors of gender-based violence (GBV), unaccompanied children (mainly boys 15-17 years old), and children with malnutrition, autism and motor deficiency, among others. The latter are generally identified at the Child Friendly Spaces. Older persons at risk living on the streets, indigenous communities including Waraos and Pemones in need of shelter and with serious legal and protection needs have been flagged in Boa Vista, Pacaraima and Manaus. Survivors of gender-based violence (GBV), including women, girls and members of the LGBTI community are assisted by different organizations such as UNFPA, UNHCR and UNWOMEN,

providing them with a safe shelter, a space to meet and access to legal and medical assistance, psychological support and livelihood projects, among others.

Actors involved in the response have flagged the need to develop case management procedures that respond to the needs of people on the move. This includes a systematic identification of specific needs, harmonization of risk level categorizations, proper case plans and follow up, data protection, among others.

Despite the efforts, concerns raised by relevant actors match the ones highlighted in the rest of the piloting countries which include: limited resources and capacity of actors to adequately respond to the needs of Venezuelans; lack of specialized actors working on case management; weak or delayed follow-up on referred cases; the lack of feedback on response mechanisms in place; lack of comprehensive mapping of services; definition of roles and responsibilities are not available at most locations; among others.

- ⇒ **Prioritization System:** Although many have developed a prioritization system (i.e. single mothers, families with children, elderly, among others), in some locations it still needs to be documented, standardized and agreed through inter-agency spaces. Some profiles at risk not considered in some emergency assistance should be further reviewed and included.
- ⇒ **Information Management:** Information on persons accessing services is being recorded by all actors at most sites, although the type of information collected varies between organizations. Data collection tools used by service providers should include standardized fields and questions to analyze and compare on continuous basis risks and caseload demographics. Compilation or report generated per site would also contribute to harmonized data collection and comparison across actors.

Information Services

Information is disseminated in different structures such as the Reference Centres, Screening Centres, Child Friendly Spaces, information points and service centres, among others. Commonly-used information tools include leaflets, banners, TV screens (limited locations), online systems, WhatsApp and Facebook and with the support of outreach volunteers in Boa Vista and Manaus. In the



[Reference Centre, Boa Vista – Brazil]

Reference Centre in Boa Vista an important partnership took place with the Federal University and Erickson which provided the opportunity to have tablets with internet access available for refugees and migrants, as well as a computer lab with classes for adults and children. Pamphlets about access to legal rights and procedures are available, however information about services, activities and opportunities for refugees and migrants could be improved and accessible in order to facilitate information and empowerment opportunities (i.e. free phone calls, Portuguese classes, and psychosocial support activities, among others).

Information programmes include group discussions on nutritional wellbeing, breastfeeding and child care. Pregnant and lactating women are also provided with supplementary nutritional inputs in some locations. Services are usually delivered at main information points, including at Child Friendly Spaces by international organizations and NGOs and coordinated with public Institutions.

Despite the many efforts, misinformation, lack of information and reliable sources of information continue to be a challenge faced by refugees and migrants. As it has been noted in the previous Support Spaces report, information provided in the existing structures sometimes appears to be too general, and does not always address the needs of refugees and migrants. Stakeholders mentioned that sometimes refugees and migrants are interiorized with high expectations and without all the information regarding access to services and assistance at destination point. Stakeholders at the border areas mentioned that not enough information regarding services and assistance in the hosting city is provided at the northern border, which makes it difficult when counselling people that wish to leave those locations. Further content and complemented by information with a national and regional scope on the access to rights, services and procedures is needed to assist people on the move and help them find solutions.

Shelter and Accommodation

Despite the response of local authorities and humanitarian actors on emergency shelter for refugees and migrants, in most of the locations the needs of safe accommodation are higher than the existing resources. Available specialized services for persons with specific needs, including older persons at risk, persons with disabilities, LGBTIs and survivors of gender-based violence, among others, are not enough to respond to the demand. In Boa Vista and Paracaima, there are currently 13 temporary shelters however they are operating at maximum capacity, with people (including families with children) remaining on the streets or establishing informal settlements. In São Paulo and Boa Vista, public buildings in precarious and dangerous conditions are being occupied by some Venezuelan refugees and migrants. Some families are also renting rooms, living in overcrowded conditions with 10/15 people in the same space to reduce costs as they cannot afford to pay the rent. The latter increases sentiments of xenophobia and creates resistance from the local community to rent rooms to Venezuelans, as they have experienced an increased in the number of people occupying their rentals.



[Rondon shelter, Boa Vista – Brazil]

Food and Nutrition

Communal kitchens have been set up in some locations, and refugees and migrants are served breakfast and/or lunch. In Manaus and Boa Vista, individuals and families living outside of the shelters have limited or no options to respond to this need. There is a general lack of established food assistance or cash-based interventions to respond to food security needs, representing a challenge to many families that are living on the streets or are hosted temporarily.

Health Services

Cases of single, pregnant women without access to prenatal services, people with cancer in need of treatment, malnutrition, and people living with HIV, among others have been identified at border area and main reception points. Support is provided with shelter, counselling and access to urgent treatment.

Health services, including pre/post-natal care and HIV treatments in Brazil are provided in cities and guaranteed for all, without distinction of their nationality or migratory status. However access to treatment and medication represent some limitations. Vaccinations are provided at the border point and at key locations such as Triage Centres.

Education

All children can access public education, however some children have limitations with transportation as they have to walk long distances to reach the schools. Some children and adolescents have been exposed to harassment, discrimination and bullying at schools by Brazilian children, being discriminated by the lack of uniforms and shoes.

Access to work

Access to work is a constant challenge faced by refugees and migrants. Less opportunities are available for women, this linked with the limited access to day-care support for children, limits their possibility of accessing formal work. Increased labour exploitation, working more hours and receiving less salary or sometimes working in exploitative conditions in exchange of food has also being reported to service providers. The difficult financial situation increases



[CIC - Centro de Integração e Cidadania do Imigrante São Paulo – Brazil]

family tensions resulting in some cases the husbands leaving their wives and children at border areas in order to search for work in other parts of the country. Tendencies of long-term family separation are increasingly observed. Programs like the interiorization under Operação Acolhida and other programs provide refugees and migrants with the possibility of finding better job opportunities and integration in Brazil. Information and orientation on the job market are present in all locations, some more advanced having livelihood centres accessed by refugees and migrants. As an example in São Paulo, the CIC - Centro de Integração e Cidadania do Imigrante provides Venezuelans, Brazilians and other nationalities with orientation on job placement, access to social security, drafting of CVs, access to education, regularization, vocational training, language classes, among others.

Gender-based violence

Services for GBV survivors are available in all locations and provided with the support of specialized organizations. Response from national authorities is in place, however, challenges regarding the lack of information of service provision and the language constitute barriers to accessing them by the Venezuelan community. Women and girls in particular, are confronted with serious protection risks related to gender-based violence (GBV) and trafficking, incidents of sexual exploitation and abuse (including survival sex), trafficking, physical and verbal abuse, domestic violence, sexual harassment and discrimination have been identified affecting their physical safety, emotional wellbeing, and overall protection. GBV survivors (i.e. domestic violence), fear to report due to the repercussions and lack of credibility of local authorities/institutions. Cases of Venezuelan men, women and members of the LGBTI community resorting to survival sex has been raised by humanitarian actors. Known routes for trafficking passing by Pacaraima and Boa Vista, including involving children.



[Espacio Amigable, Posto de Triagem, Pacaraima – Brazil]

Increased numbers of suicidal thoughts in Venezuelan women was also reported by specialized organizations. Awareness raising on Sexual and Reproductive Health (SRH), maternity, prevention of STIs and HIV take place at Triage Centres and other structures. Psychosocial support, vocational training, empowerment initiatives conducted by NGOs and UN Agencies in the four locations visited (i.e. karate classes, Portuguese classes, women support groups, etc.).

Discrimination and Xenophobia

Increased xenophobia and discrimination towards Venezuelans taking place constantly. Highest peak reported in 2018 in Pacaraima where tensions with host community members escalated and incidents against Venezuelans were reported. In Boa Vista, Venezuelans reported that cars pass by shouting “*fuera Venezolanos*”.

Community mobilization

Active associations of Venezuelans, organized and present in main cities of the country. Some of them have been mapped and participate in community-based interventions. Challenges to identify Venezuelans living outside of shelters remains latent, however very positive efforts have been put in place in the urban context in order to reach out to refugees and migrants, one of them being the Outreach Volunteer program implemented by UNHCR in Boa Vista and Manaus.

OPPORTUNITIES

- ➔ Multiple actors, joint efforts coordinating the emergency response at the various sites.
- ➔ The response services in the four cities visited have the foundational elements for a Support Space. Possibilities of expansion in main receiving cities.
- ➔ Screening Centres and Information points established and operational in strategic locations.
- ➔ National coordination mechanism in place, Protection Working Group (established in May). Local coordination structure in place in Boa Vista and possibility of establishing others in other locations.



NEXT STEPS – WORKING TOGETHER

- ➔ National/local coordination platforms to **define existing or needed structures** (see Annexes attached per location) **to be part of the Support Spaces regional initiative**. Agreed piloting structures to adopt and apply the Support Spaces methodology, including SOPs and tools shared in the Support Spaces toolkit.
- ➔ Prioritize **mobile activities** through Information and Orientation Points available at key service points, including mobile structures (i.e. Support Spaces bus) in urban areas to have regular access and provision of different services in urban and semi-urban locations.
- ➔ National coordination platforms to **share by June 7th inputs for the mapping of services, including confirmation of Support Spaces to be implemented at local level (see recommendation per location in the Annexes)**, with the Support Spaces Regional Coordination group in order to finalize the regional mapping.
- ➔ **Include the Support Spaces initiative as part of the activities of the Protection Working Group at national and local levels**. This includes following up on the interagency coordination and implementation of Support Spaces methodology in each of the prioritized locations.
- ➔ **Use of a regional database for recording assistance and services to people accessing the Support Spaces**. Recording of data fields (i.e.: age, gender, family-size, specific needs, etc.) and delivery of services will improve the generation of data and statistical reports, analysis, individual follow up, avoid duplication of services and assistance, among others.
- ➔ Ensure **referral mechanisms between Support Spaces and other services** (i.e. shelters) is in place using the tools part of the Support Spaces toolkit. Including standardizing procedures for family reunification.
- ➔ Promote Support Spaces and activities linked to it, to be part of initiatives such as **Cities of Solidarities** (i.e. São Paulo).
- ➔ **Promote the identification of training needs and coordinate capacity development activities** to build and reinforce the skills of staff, especially on integral protection, through on-going training and on-the-job coaching. For instance, coordinate support from regional platform groups (i.e. GBV) in targeted trainings activities (in person and/or sharing tools, etc.). The Regional Support Spaces Working Group offers support for capacity building at local level.
- ➔ **Strengthen work with community leaders, associations and groups of Venezuelans, volunteers and host communities through outreach and community-based activities** linked to the Support Spaces. Work strongly in the prevention of xenophobia and the interaction between the Support Spaces and the community. The Regional Support Spaces Working Group offers technical support at national and local level.
- ➔ **Establish a participation, feedback and complaints mechanism in each Support Space** with the support and in coordination with the CwC platform group. A suggestion box, for instance, should be

made available outside each location where services are provided, with the establishment of standard operating procedures for the collection and assessment of feedback.

- ➔ Ensure all persons coming into contact with refugees and migrants in the Support Spaces and other service providers collaborating in this initiative (including guards, kitchen staff) have been trained on, and have read and **signed Codes of Conduct and the Prevention of Sexual Exploitation and Abuse (PSEA)**.

Support Spaces Interagency Platform Group, April 2019