



**USING A HOLISTIC AND
INTERSECTIONAL EMPOWERMENT
STRATEGY FOR EFFECTIVE
COMMUNITY-BASED PROTECTION
OF INDIGENOUS PEOPLES**

**A promising practice on age, gender and diversity
in Brazil**



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Cover photo: Warao indigenous persons were involved in UNHCR's participatory workshops in the indigenous reception centres in Manaus.

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Title: Using a holistic and intersectional empowerment strategy for effective community-based protection of indigenous peoples.

Programme objective: To achieve effective community-based protection (CBP) of indigenous peoples, as individuals and collective groups.

Dates: May 2019 – December 2021.

Population groups: Indigenous refugees, asylum-seekers and migrants from Venezuela living in Brazil.

Partners: Among others, four partners in shelters; Brazilian municipal, regional and national authorities; and Brazilian and international non-governmental organizations (NGOs) and civil society organizations (CSOs).

OVERVIEW OF PROGRAMME

Since 2019, UNHCR Brazil has based its work to provide indigenous persons of concern from Venezuela with protection and durable solutions on four thematic pillars: (i) access to territory, services and basic rights; (ii) community-based protection; (iii) exit strategies and livelihoods; and (iv) advocacy. It has targeted over 3,500 indigenous persons of concern (out of a total of 5,799 in the country as at October 2021). Their ethnicities are primarily Warao¹ (69%), Pemón (26%), and E'ñepa (3%). The CBP strategy combines diversified interventions towards both indigenous groups, and local authorities and supporting actors, in a holistic and intersectional² manner, tailored to the specific context of this population in Brazil. In this way, indigenous persons of concern to UNHCR are engaged in solutions and can benefit from improved services, access to territory, durable solutions and more. UNHCR has given special attention to pregnant adults and adolescents, individuals with serious health conditions, and older persons.

CONTEXT

Since 2015, Brazil has seen a sharp rise in the number of refugees, asylum-seekers and migrants it hosts from Venezuela.³ Among them are an **estimated 5,799 Venezuelans from multiple indigenous ethnicities**. They are just some of the more than 54 million indigenous persons living in the Americas and the Caribbean – over 8.5% of the population – approximately 1 million of whom live in Brazil. Indigenous peoples are structurally disadvantaged by both historical and ongoing dynamics of exclusion and discrimination.⁴ In 2020, UNHCR Brazil undertook a **national-level analysis of the situation of indigenous persons from Venezuela, using participatory assessments and data disaggregated by age, gender and diversity (AGD) characteristics**. In addition to confirming the number of persons of concern, this analysis identified several issues.

¹ See <https://reporting.unhcr.org/sites/default/files/The%20Warao%20in%20Brazil%20-%20contributions%20from%20anthropology%20to%20the%20protection%20of%20indigenous%20refugees%20and%20migrants%20SP.pdf>.

² Intersectionality means taking into account how multiple AGD characteristics interact with one another to affect individuals' and groups' situations. See www.unhcr.org/age-gender-diversity/.

³ For the most up-to-date information, see <https://www.r4v.info/en/node/247>. The Brazilian Government applies the extended refugee definition to persons affected by the situation in Venezuela, which includes indigenous persons from Venezuela who apply for refugee protection in Brazil. For context, see <https://www.unhcr.org/venezuela-emergency.html>.

⁴ See www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_735678.pdf.

All the **indigenous groups analysed suffered from:**

- ▶ the hardships of being **forcibly displaced from their ancestral territories of origin**, often living in temporary shelters in their host country;
- ▶ **a high prevalence of preventable and treatable diseases, and of preventable deaths** (60 in 2020 i.e. a high 1.5% of the then 4,000-strong population), due to diseases such as tuberculosis and pneumonia, and malnutrition;
- ▶ **a lack of culturally sensitive information** about the rights of indigenous peoples and refugees in Brazil.
- ▶ a **language barrier** – many indigenous persons from Venezuela do not speak Portuguese, Brazil's primary everyday language, which hinders their access to important information;
- ▶ **weakened social and cultural ties** within their communities due to continued displacement and loss of stable territory; and
- ▶ **social isolation during COVID-19 quarantine and/or lockdowns.**

Indigenous persons from different AGD groups identified specific challenges:

- ▶ Adolescents feared the continued physical violence within families and the negative impact of alcohol consumption in the community.
- ▶ Women highlighted gender-based violence (GBV) including sexual violence, and having to beg for food and money in the street given their lack of access to decent work opportunities.
- ▶ Persons with disabilities noted a widespread lack of accessibility to basic services.
- ▶ Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) persons experienced insecurity in some neighbourhoods, police violence, GBV, discrimination, and insufficient knowledge about Brazilian protection laws (such as their own rights as refugees, indigenous persons and LGBTIQ+ persons).

Humanitarian action, including UNHCR's interventions, had shortcomings, including the following:

- ▶ **Protection expertise was limited, and there was a lack of policies and specific programmes targeting indigenous peoples.**
- ▶ **Local protection networks lacked guidance** on refugees and on engagement with indigenous peoples, leading to major intercultural misunderstandings. These networks comprise staff from municipal services (such as social workers and health care providers), NGOs and CSOs, and they play major roles in supporting community-based protection (CBP).
- ▶ **Only one UNHCR partner was working with indigenous communities on CBP.**

- ▶ **There was a lack of dedicated focal points focusing exclusively on issues specific to indigenous communities.** In cities with an established humanitarian response to the Venezuelan crisis and consequent forced migration, **there were gaps in the response**, even though a large number of stakeholders already participated in the response for forcibly displaced indigenous persons in many sectors, such as UN agencies, national and international NGOs and CSOs, and federal and municipal authorities.

UNHCR Brazil **adopted a community-based protection strategy specific to Venezuelan indigenous communities.**

Brazil operation: UNHCR and partners.

-  UNHCR Country Office
-  UNHCR Sub Office
-  UNHCR Field Office
-  UNHCR Field Unit
-  Protection
-  Reception Sites
-  Documentation
-  Information Management
-  Cash Assistance
-  Integration
-  Education
-  Telecommunications



RESOURCES AND PARTNERSHIPS

Key partners in UNHCR's CBP strategy for indigenous communities include:

-  **municipal, State and federal authorities**, in a variety of sectors (such as shelter; health; social assistance; education; water, sanitation and hygiene [WASH] and justice) and cross-cutting issues (such as human rights and urban planning);
-  **a partner that provides technical expertise** and develops CBP approaches in municipal shelters alongside UNHCR, namely Instituto Mana;
-  **partners managing shelters**, namely Fraternity – International Humanitarian Federation (FFHI), and the Jesuit Refugee Service (JRS);
-  **Brazilian and international NGOs** that contribute to specific activities, such as Médecins Sans Frontières (MSF); and
-  **other UN agencies**, such as the United Nations Children's Fund (UNICEF) and the International Organization for Migration (IOM).

To carry out this CBP strategy, UNHCR Brazil **drew on existing partners and resources and incorporated some additional resources** such as dedicated staff and a dedicated budget. UNHCR called on its partners that manage shelters hosting indigenous persons of concern to work on CBP. UNHCR Brazil then provided **additional funds and support** to these partners so that they could work closely with indigenous communities on the CBP strategy.

UNHCR Brazil has also **designated focal points for indigenous issues who dedicate 100% of their time to working locally with indigenous communities**. UNHCR has worked on CBP for indigenous communities **directly** in four States **and remotely** in two others. In the four States where UNHCR and its partners work directly, at least 20 staff have been spending more than 55% of their time working with indigenous persons in shelters, spontaneous occupations, indigenous land and private houses.



*Indigenous Warao refugees participate in a communication workshop, promoted by UNHCR and partner Instituto Mana.
© UNHCR/Felipe Inaldo*

PROCESS AND ACTIVITIES

The overarching orientation of the CBP strategy was **to increase the focus on communities, to adopt a holistic approach in order to meet protection and other needs, and to combine a variety of interventions.** The guiding principles of the strategy are:

An **intercultural approach** to emergency response and the post-emergency phase.

A **CBP approach to support indigenous communities**, drawing on methodologies that have been proven to work for indigenous groups both from Venezuela and in Brazil.



1. COMMUNITY ENGAGEMENT FOR PARTICIPATION AND LEADERSHIP

In 2020, UNHCR conducted a **participatory assessment by organizing round tables on protection with 302 diverse indigenous participants in five locations.** Topics of discussion included GBV, child protection and protection of LGBTIQ+ persons. Participants had diverse AGD characteristics: 47% were women, 33% men, 12% girls and 8% boys, and adult participants included older persons and persons with disabilities.

Multiple indigenous ethnicities from Venezuela were represented (including E'ñepa, Kariña, Pemón and Warao) and members of a Brazilian indigenous host community participated in one session. LGBTIQ+ persons were also among the indigenous participants.



A Warao child is involved during a participatory workshop in the indigenous reception centres in Manaus.
© UNHCR/Felipe Iraldo



2. COMMUNICATION WITH COMMUNITIES DURING THE COVID-19 PANDEMIC

UNHCR **strengthened its communication** with indigenous communities from the start of the COVID-19 pandemic. Focus on this increased when public health restrictions were imposed in Brazil.

Information session as a general assembly

In June 2020, UNHCR's Roraima office and partner FFHI organized an **information session in the form of a general assembly** with 183 displaced indigenous persons, on COVID-19 health and safety protocols (the assembly itself applied COVID-19 preventive measures). They informed participants about a new municipal decree that further restricted movement in the city, and reinforced messages on COVID-19 transmission and prevention in the indigenous languages.

UNHCR's communication with the indigenous population entailed **improving communities' capacities** to:

- ▶ better communicate using media;
- ▶ use the information they receive more effectively; and
- ▶ communicate autonomously and interactively, taking questions, spreading self-produced reliable and updated information in their own languages, including about COVID-19, and interviewing guests for their shows such as humanitarian workers.

Capacity-building and radio for two-way communication

UNHCR Brazil worked with indigenous communities to **adapt, generate and broadcast their own messages** on protection issues (e.g. COVID-19) in the communities. This was effective in raising awareness among the community at large. Radio was the most effective medium for communication, since many indigenous persons have never been to school but often listen to the radio to stay engaged.

UNHCR started implementing the radio initiative with the community in 2020, at the beginning of the pandemic. UNHCR **embraced edu-communication, a grass-roots approach** that takes into account:

- ▶ the importance of subjectivity in how individuals and media interact
- ▶ culture and political dimensions in communication practices
- ▶ the centrality of individuals (rather than technologies).

UNHCR Brazil supported an **indigenous community radio show**,⁵ **broadcast live once weekly in shelters** for Warao refugees and migrants in two cities. It took the following steps:

1. UNHCR identified an interested group of persons in each location. Each shelter's radio team was made up of 57 persons (35 men and boys, and 22 women and girls, including one older person). They divided into groups and discussed agendas and topics of community interest.
2. UNHCR Brazil trained these groups on the tools and technology.
3. UNHCR used the radio to discuss the community's role in addressing issues of concern to the community through AGD and CBP approaches. For example, UNHCR engaged women and youth in the prevention of GBV and sexually transmitted diseases. The radio mobilized adults and youth to produce participatory content: information, news about sports and celebrities, and entertainment (music, and singing by call-in listeners).

For this radio project, a **budget of US\$ 1,000** was needed for microphones and loudspeakers for all four participating shelters. To finance this, UNHCR used flexible, non-earmarked funding from donors such as the Bureau of Population, Refugees, and Migration (PRM) at the State Department of the United States of America, and the European Union (EU). To support capacity development and content production, UNHCR partnered with the Institute Mana, the Municipal Secretary for Women, Social Assistance and Citizenship (SEMASC), and MSF.



Warao indigenous youth interview UNHCR's senior protection assistant during communication workshops in the indigenous shelters in Manaus. © UNHCR/Felipe Irnaldo

⁵ See <https://www.acnur.org/portugues/2020/05/14/transmissao-do-bem-radio-comunitaria-engaja-refugiados-e-migrantes-indigenas-em-manaus/>.



3. ENGAGEMENT WITH INDIGENOUS CULTURES THROUGH COLLECTIVE ACTIVITIES

Indigenous communities living in shelters asked UNHCR and partners in four locations to **support “cultural cinema” sessions** using copyright-free audio-visual documentaries about the indigenous peoples living in the shelters, **to facilitate the intergenerational transmission**

of knowledge about indigenous cultures. Community members emphasized the importance of indigenous children and adolescents knowing their country and communities of origin, and using audio-visual materials was a more child-friendly way of achieving this.



Indigenous community in a shelter watches a Warao film about the culture and way of life in the “caños” (small rivers) in the Delta do Amacuro. © UNHCR/Sebastian Roa

Adapting sports initiatives to foster participation by indigenous persons served to both support indigenous cultures and facilitate discussions about respect, gender equality, and a culture of peace, both between outsiders and indigenous communities, and within indigenous communities. In one shelter, UNHCR’s partner and the Brazilian Armed Forces collaborated with the shelter’s

sports committee to organize and promote what they called the “Warao Olympic Games”. Games included volleyball, soccer, chess and dominos. In another location, UNHCR and partners integrated cultural sports into activities intended to foster discussions with and among indigenous communities about cross-cutting themes such as gender and a culture of peace.



4. WORK ON HEALTH ISSUES WITH COMMUNITIES AND HEALTH-CARE PROVIDERS

Strengthening initiatives on health with both communities and service providers

UNHCR protection teams (focal points for indigenous issues) and partners focused on CBP and jointly carried out continuous, targeted work to address the high prevalence of preventable deaths. This included activities such as:

- ▶ online webinars on child protection, indigenous health, education, intercultural approaches and indigenous rights; and
- ▶ involvement of indigenous community members to bridge the cultural gap, help identify and prevent illness within indigenous communities, and to act as intermediaries between their communities and the local health-care networks (using intercultural health approaches).

Guide for communication between indigenous peoples and health professionals

UNHCR and its partner FFHI used **participatory methodologies to produce a short multilingual guide with drawings in order to facilitate communication between health professionals and the indigenous Warao and E'ñepa people in Brazil.**⁶ The guide provides medical and cultural information, tips for communication, and sample

scripts for dialogue on common interactions between health-care providers and indigenous peoples. The guide was produced in Portuguese, Spanish and the two relevant indigenous languages (Warao and Panare). It was distributed in hard-copy and electronic format to health professionals. The guide aims to help health professionals to provide accurate information and culturally appropriate care to indigenous peoples.

The guide is the result of **strong collaboration with the population.** Within UNHCR, teams from multiple thematic areas – protection, health, WASH and shelter – consulted with Warao and E'ñepa groups in one location (Boa Vista) about their most urgent health-related needs to inform the guide's contents. Next, UNHCR consulted with both indigenous communities to gauge the population's general views and ensure that the guide was user-friendly and effective. Then, UNHCR and FFHI adopted a participatory methodology, whereby indigenous community members and leaders volunteered to produce and translate written and visual content, including drawings that represent these communities' understanding of illnesses and their environment. UNHCR also collaborated with health professionals and the Brazilian Ministry of Health on the guide's content and approval.



5. CAPACITY DEVELOPMENT

In collaboration with the Brazilian Government, UNHCR developed two guides:

1. A **general guide** for municipal authorities, focusing on best practices to provide a humanitarian response to indigenous refugees and migrants.⁷
2. A **more specific guide for social workers**, to enhance their engagement with indigenous communities through a CBP approach.⁸

In addition, UNHCR provided **continuous training on issues specific to indigenous peoples** (protection guidance with indigenous communities, anthropological information, international and national legislation, specific services to indigenous persons in urban areas) for UNHCR field teams, partners and local protection networks, as well as stakeholders working with indigenous communities. UNHCR also promoted **networks, links and dialogues** between indigenous communities of persons of concern and local protection networks, local host community actors, Brazilian indigenous peoples' organizations, and Brazilian supporters and experts on these issues.

⁶ Available from www.r4v.info/pt/document/brasil-comunicacao-sobre-saude-com-indigenas-warao-e-eneqa.

⁷ Available from www.acnur.org/portugues/wp-content/uploads/2021/10/WEB-Guia-Protacao-comunitaria-de-pessoas-indigenas-refugiadas-e-imigrantes.pdf.

⁸ Available from www.acnur.org/portugues/wp-content/uploads/2021/10/WEB-Guia-de-referencia-para-o-trabalho-social-com-a-populacao-indigena-refugiada-e-imigrante.pdf.

ACHIEVEMENTS, RESULTS AND IMPACT

The implementation of the CBP strategy resulted in a number of **achievements and protection dividends in 2020 and 2021**:

- ▶ **Preventable deaths decreased** by 60% from 2020 to 2021. Furthermore, in 2021, unlike 2020, the main cause of death was old age rather than preventable factors.
- ▶ The **number of reported protection cases and conflicts in UNHCR shelters decreased from 2020 to 2021**. For example, in Manaus, UNHCR received 59 reports of protection problems and conflicts in 2021, compared with 308 in 2020. This is not thought to be a result of decreased reporting of problems, as UNHCR strengthened its complaint and feedback mechanisms in 2021. Rather, it shows that CBP efforts have tangible outcomes in the empowerment of community leadership, conflict resolution strategies, and community discussions on issues of violence such as GBV.
- ▶ **Conflict resolution and dialogue noticeably improved in the shelters**. Communities' self-organization and the increase in community-based activities – especially the leadership school, the shelter management committees and the the sport activities – all created spaces conducive to conflict resolution and ongoing dialogue among families, indigenous leaders and shelter managers.
- ▶ The maps created by outreach volunteers **improved trust and two-way communication with resource and service providers**.
- ▶ The **number of humanitarian actors working on CBP with indigenous populations increased** from one to five between 2019 and 2021, in four locations.
- ▶ **Local protection networks strengthened their capacities** to work on CBP with indigenous refugees and migrants.
- ▶ UNHCR and its partners developed **culturally sensitive and linguistically appropriate communication products using multimedia** (videos, audio and images) to inform indigenous communities about COVID-19 and their rights as indigenous persons and refugees.
- ▶ Communities developed action plans to ensure CBP, and UNHCR supported them in **identifying protection risks and responses tailored to each specific location**.



Two popular sports among the Warao population are volleyball and football. Groups participate in sports activities in the shelters. © UNHCR/Felipe Irmaldo

Enabling factors

- 💡 **Quantitative and qualitative data and knowledge that are disaggregated by AGD characteristics** offers important insights into both protection needs and solutions. **Intersectional disaggregation and analyses** make it easier to identify profiles within the indigenous populations that may face specific protection problems and offer guidance to develop appropriate solutions. They also shed light on social, economic and political structures that require dedicated action by UNHCR and other actors.
- 💡 **Designing multifaceted interventions that complement one another** was necessary to holistically support indigenous peoples.
- 💡 **Investing in protection processes with the community** that go beyond the community's most basic and/or short-term needs (such as shelter or documentation) was essential.
- 💡 **A comprehensive understanding of the underlying causes** of indigenous communities' protection risks, needs and preferences was crucial.

Adverse factors and constraints

- 💡 It was **difficult to systematize data collection and assessments across states within the country due to a lack of staff and resource capacity and the size of the country**, which prevented UNHCR from meaningfully comparing information from the different locations. Despite this, in cities with a UNHCR presence, UNHCR and its partners continually engaged with indigenous communities, and took AGD-sensitive needs and priorities into account. In cities without an UNHCR presence, UNHCR organized small group assessments with indigenous persons with the support of local protection networks.
- 💡 **Prevailing negative community practices normalized protection concerns, such as GBV against girls.** Yet, women and girls continued to identify GBV as a serious protection concern.
- 💡 Some partners and local authorities, particularly those in shelters, **were not sufficiently aware of power imbalances and discrimination within indigenous communities and over-relied on designated community leaders.** They relied on indigenous leaders to be the community "peacemakers" based on their perceived status as family leaders, to the detriment of the inclusivity of the committees intended to manage conflicts.
- 💡 **A gender perspective was not sufficiently integrated** into the design and implementation of the strategy, although progress has now been made on gender mainstreaming.

TIPS FOR REPLICATION AND SCALING UP

- ✓ **Embed this promising practice into contextualized medium- and long-term work** for the protection and integration of indigenous persons of concern, conducting it in an inclusive way that involves host communities, authorities and civil society partners at the local, regional and national level. This should be reflected in a strategy with priorities, and structured action plans.
- ✓ **Systematically use CBP approaches and tailored communication channels that are adapted to working with forcibly displaced indigenous peoples.** Use different media to share information, such as community radio, videos, newspapers and murals.
- ✓ **Consider the fact that indigenous peoples are diverse,** with differences in their world views, life courses, and experiences of forced displacement between and within communities. Communities are also divided in their affiliation and leadership structures depending on their previous location in their territory of origin, and on their family relations, which are both political and emotional relationships in their internal organization.
- ✓ **Consider power relations and inequalities based on AGD characteristics within indigenous communities.** Bear in mind that indigenous leaders' opinions do not always represent the whole community.
- ✓ **Always apply an AGD approach to CBP work, so that exchanges with communities do not centre on a select few leaders** but consult different and diverse groups within a community. Work on inclusive leadership and solid community representation.
- ✓ **Prioritize community-based approaches for effective protection.** Indigenous populations are structured around extended families and communities. Protection should therefore be based on:
 - ➔ identifying power structures at the family and community level, to find the best approach for first contact and avoid misunderstandings or conflicts;
 - ➔ identifying risks (GBV, excessive alcohol and drug use) jointly with communities, and mitigating these through tailored strategies that consider communities' views on these risks as well as AGD approaches; and
 - ➔ promoting spaces for the peaceful coexistence of local indigenous communities and indigenous refugees and migrants, so that they can share experiences and knowledge about political challenges, culture, and links to local networks of actors and resources.
- ✓ **Use tailored, culturally sensitive and inclusive communication channels.**
 - ➔ **Involve communities through effective, inclusive and consistent communication.** This is essential to strengthen dialogue between communities and authorities.
 - ➔ In shelters, **prioritize participation, inclusion, learning and adaptation** to community needs.
 - ➔ **Develop materials and channels that provide culturally adapted information on their rights, access to services, processes, and ongoing projects,** to ensure indigenous communities' full access to information and basic rights.

MORE INFORMATION

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On promising practices more generally:

To learn about how and why to categorize an operational practice as a promising practice, emerging practice or case study, please refer to the two-page distinction table⁹ extracted from the methodology and background document¹⁰ on collecting practices and case studies.

You are welcome to submit new case studies and practices through this online form.¹¹

⁹Internal resource. Available from <https://bit.ly/3ATt3MN>.

¹⁰Internal resource. Available from <https://bit.ly/34exy8O>.

¹¹Internal resource. Available from <https://bit.ly/34eS1dt>.

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