



# Evaluation of effectiveness of the Protection Transfer Arrangement in Central America

EVALUATION REPORT  
DECEMBER 2018

Conducted by:  
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## UNHCR Evaluation Service

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| Evaluation information at a glance            |  |
|---|--|
| <b>Title of the evaluation:</b>               | Evaluation of effectiveness of the Protection Transfer Arrangement in Central America. |
| <b>Timeframe covered:</b>                     | September 2016 to March 2018 <sup>1</sup>  |
| <b>Type of evaluation:</b>                    | Decentralized, rapid evaluation  |
| <b>Countries covered:</b>                     | El Salvador, Guatemala, Honduras, Costa Rica – Regional Office Panama                  |
| <b>Evaluation initiated by:</b>               | Regional Bureau for the Americas and Caribbean   |
| <b>Evaluation manager / contact in UNHCR:</b> | Ms. Emilie Wiinblad Mathez, Evaluation Service   |

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<sup>1</sup> The evaluation covered the period September 2016 to March 2018, however further statistical data has been included until end August 2018.

## Executive summary

### Introduction and background

**The Protection Transfer Arrangement (PTA)**, an innovative protection mechanism, was initiated in September 2016 by UNHCR to respond to the increasing number of people fleeing the North of Central America (NCA) countries - El Salvador, Honduras and Guatemala. The PTA had three objectives:

1. Providing a small number of individuals at heightened risk with a safe access to international protection and solutions;
2. Preventing individuals at heightened risk from taking dangerous routes out of the NCA and undercutting human trafficking; and
3. Fostering regional responsibility-sharing and south-south cooperation.

The PTA mechanism was thus designed around three components 1) an identification and selection process for persons at heightened risk in countries of origin; 2) available quotas or spaces in a receiving resettlement country that can provide durable solution for the individuals and their family members; and 3) a transit country that can offer a safe and temporary stay in a timely manner during finalization of case processing. A Memorandum of Understanding (MoU) was signed between UNHCR, IOM, and Costa Rica in July 2016 to identify and resettle high risk cases to a third country while transiting through Costa Rica for a maximum period of six months. The PTA was initially implemented in El Salvador in 2016 and expanded to Guatemala and Honduras in 2017.

The United States of America made a commitment to accept individuals for resettlement referred through the PTA using their resettlement arrangements and quota, and awarded UNHCR earmarked funding of around USD 2.6M from September 2016 to December 2018 to implement the mechanism. The programme is coordinated by UNHCR, IOM and the Republic of Costa Rica as transit country for the pilot, and with the governments of the countries of origin and participating resettlement countries. For the United States of America, the largest resettlement country, this involves both the Bureau for Population Refugees and Migration of the United States (BPRM), and Department of Homeland Security (DHS), among other partners.

### Purpose, scope and methodology of the evaluation

The evaluation focused on assessing the design, the effectiveness, efficiency and sustainability of the PTA, in accordance with UNHCR Evaluation Guide, the UNEG Norms and Standards and the OECD-DAC criteria. It was requested by UNHCR's Regional Bureau for the Americas and Caribbean (RBAC) to provide the UNHCR Country Offices in the NCA, the UNHCR Regional Office in Panama (ROPAN), the Division of International Protection (DIP)/ Resettlement, and RBAC an independent assessment of what worked well with this innovative mechanism, lessons learned, challenges faced and preliminary results. It has been used to issue a set of formative recommendations for the next phase of the PTA.

This rapid evaluation used mixed methods, combining qualitative and quantitative data, and incorporated gender, human rights, age and diversity considerations. The evaluation took place between April and September 2018 and was conducted by an external and independent evaluator as Team Leader (TL) and a UNHCR staff member with protection and resettlement expertise as Team Member. The evaluation was conducted in close consultation with the UNHCR Evaluation Service (ES) and the PTA managers in the Country Offices and in ROPAN as well as with RBAC in Geneva. The evaluation team reviewed the period from the inception

of the PTA in September 2016 until March 2018, subsequently extended through August 2018<sup>2</sup>. The specific objectives of the evaluation can be consulted in the ToR (Annex 1<sup>3</sup>). The evaluation team reviewed over 200 documents, conducted in-person and phone interviews with a total of 117 (46 male/71 female) stakeholders and visited El Salvador, Guatemala, Costa Rica, and Panama (UNHCR Regional Office in Panama oversees the PTA regionally). A survey was sent to all civil society partners, consortium members and governmental bodies involved in the PTA across the NCA countries and Costa Rica.

## Main findings

### A. PTA design and process

The PTA was described as an innovative process to offer an alternative protection mechanism for people at risk in their country of origin. However, it was also referred to as ‘complicated to implement’ by 99% of surveyed stakeholders. The evaluation found areas for strengthening in both the design and implementation of the PTA in order to improve the identification of PTA cases, reduce risks of fraud and security issues, and bring down processing time.

The evaluation notes that the PTA is a protection and solutions tool, and that it is nonetheless fully reliant on resettlement countries’ own definition of which profiles to include or not. The PTA’s selection criteria have been primarily established taking into account the requirements of two countries, the United States of America as a resettlement country, and Costa Rica as the transit country. The current focus on the selection criteria are therefore based on the main resettlement country’s specific requirements, which may mean that these criteria and the processes could be adapted for other countries. Further, the selection criteria may not respond to the socio-political context of heightened risks in the NCA countries and therefore the PTA may not serve those people who are most at risk, or even “heightened risk”. The complementary In-Country Processing (ICP) is used for those PTA cases where security concerns were raised and was found to provide an alternative for some cases with high risk profiles.

The evaluation notes that the PTA process is complex, with significant time expended at various stages, from identification to resettlement. Further, a significant proportion of cases referred by partners are subsequently rejected by UNHCR Country Offices, indicating some challenges with applying the criteria correctly and fulfil the file preparation requirements. During the period under review, about 32.6% cases referred by partners to UNHCR Country Offices were screened out. While all resettlement programmes are associated with a certain degree of attrition between identification and resettlement, the evaluation concludes that there may be some opportunities for streamlining processes within the PTA for greater efficiency gains.

The main drivers in terms of time taken in the process are at the first stage of interviewing and gathering sufficient documentation, and at the end stages after submission to the resettlement countries. To increase the number of cases successfully resettled in a timely manner, the evaluation found that there needs to be an optimal match between the cases referred from partners with the final selection by a resettlement country. To reach this, both the criteria, the tools and the process of the PTA should be revised, and the capacity of partners improved. Dialogue with resettlement countries may help in reducing the time at different stages.

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<sup>2</sup> Although the evaluation finished primary data collection in May 2018, the period covered was extended through August 2018 in order to integrate updated figures on the PTA.

<sup>3</sup> Annexes are available upon request.

Currently, the distinction between PTA and ICP cases is made after BPRM makes its first assessment, which is often months after the first identification and the subsequent reviews by UNHCR. The evaluation notes that it may be possible to reduce the time taken to process ICP cases if they could be identified earlier as such and submitted to BPRM as ICP.

Six organizations have a partnership agreement with UNHCR in the three participating countries, El Salvador, Guatemala and Honduras, and there was one partner in Costa Rica. In addition, IOM is also engaged in the PTA, as well as in the ICP. Developing partner capacity was found to take more time than expected; and the evaluation notes areas for strengthening partner capacity. The focus on training partners on the use of criteria has been important, however, the evaluation found that partners needed additional technical and financial support to handle more complex security issues, fraud prevention, and data management and monitoring.

Improving data monitoring of the PTA at each phase would ensure that UNHCR Country Offices and ROPAN has information to design targeted training to fill capacity gaps and to focus efforts on reducing the processing time. Such an effort is relevant both for improving quality and quantity of submissions. While steps have been taken to improve monitoring and data collection, these areas are still weak.

## B. Results of the PTA

During the period under review, 140 persons were resettled under the PTA to four resettlement countries, the United States of America (83), Canada (11), Australia (30) and Uruguay (16); and 71 were resettled through the ICP. In addition, 75 individuals have been accepted by a resettlement country but are awaiting their departure from Costa Rica and other 1,885 individuals have been considered for the PTA but were either screened out, rejected by a resettlement country, or are pending a final decision. In line with resettlement in general, the PTA is not subject to ceilings for numbers of persons to be resettled for the programme to be successful, however planning figures (or targets) are in place for referrals and for using the full capacity in Costa Rica. The evaluation however finds that the PTA was unable to fill all the potential spaces in Costa Rica or in the United States of America, and at the same time, it also invested resources in a significant proportion of cases/individuals which were subsequently screened out from the PTA.

The evaluation found that although there are no definite transfer and departure timelines for the PTA, there are clear expectations from stakeholders that transfers would be timely, with waiting periods in the country of origin of no more than 2-3 months and that the number of persons transferred to Costa Rica would better match the capacity there. The evaluation however found that there were significant delays in all stages of the process leading to unintended outcomes, such as psychological effects of the lengthy process and increased budgetary needs for partners.

## C. Costs and sustainability of the PTA

So far, the PTA was financed by earmarked funding from the United States of America<sup>4</sup> and from UNHCR's other resources. The costs in the NCA countries cover safe houses, protection services and staff members that are dedicated to the PTA. The evaluation finds that the PTA has been a costly process for all civil society partners as well as for the UNHCR Country

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<sup>4</sup> The United States of America contribution total \$2,635,381 from September 2016 until December 2018.

Offices. As such, the PTA represented an average of 30% of the overall Country Office's budget for El Salvador, which is significant when the needs in the region are so extensive.

UNHCR's Costa Rica office has been the most expensive operation within the PTA due to the cost of the services provided and the fixed costs. Further, these costs have not been optimised with the lower than required number of PTA cases staying at any one time.

The current costing structures raises questions about the sustainability of the programme. Some stakeholders questioned whether a tool that was primarily seen by some as a resettlement tool would be prioritised over other protection activities. The evaluation found that a more coherent and organizational approach to the PTA as part of a broader protection strategy would be helpful to provide clarity and direction to various offices and staff about how to prioritise the PTA within their overall protection strategies, and allocations.

The ongoing developments in the region and the consistently high numbers of persons seeking asylum from the NCA countries confirms that the PTA must be placed in the context of broader protection efforts, both in country of origin and as part of responsibility sharing among States. In this context, all the consequences should be carefully considered by UNHCR within the regional context, especially the funding constraints and costs, with an eye on the alternatives available, and the priorities of UNHCR for the region.

## Recommendations

A set of high-level recommendations were issued based on the findings of this evaluation. The recommendations are divided in two sections: I) to the current PTA and how it could be improved by the Country Offices, and ROPAN and II) to a next phase of the PTA for higher level considerations by RBAC, ROPAN, DIP and UNHCR's Resettlement Service in Geneva.

## SUMMARY RECOMMENDATIONS

### I) The following recommendations are focused to improve the effectiveness of the current PTA

|   |  |
|---|--|
| <b>Recommendation 1:</b><br>UNHCR ROPAN, Country Offices, RBAC and Resettlement Service | Introduce a Risk Scale which helps define ‘heightened risk’ for the PTA.   |
| <b>Recommendation 2:</b><br>UNHCR ROPAN, Country Offices, RBAC and Resettlement Service | Review and improve the formulation of the PTA criteria in its SOPs and the tools used in the PTA.  |
| <b>Recommendation 3:</b><br>UNHCR Country Offices                                       | Conduct a thorough stakeholder mapping and capacity gap assessment of local partners.  |
| <b>Recommendation 4:</b><br>UNHCR Country Offices                                       | Review the SOPs and conduct regular needs-based trainings.   |
| <b>Recommendation 5:</b><br>UNHCR Country Offices and ROPAN                             | Introduce consistent case management, such as ProGres4, across the participating countries allowing for better monitoring and case tracking. |
| <b>Recommendation 6:</b><br>UNHCR Country Offices and ROPAN                             | Ensure coherent management of the PTA, including budget and expenditure oversight.   |
| <b>Recommendation 7:</b><br>UNHCR RBAC, ROPAN and Country Offices                       | Carefully consider managing the future of the PTA, depending on funding available.   |

### II) The following recommendations are forward looking to improve the design and sustainability of the PTA

|   |   |
|---|---|
| <b>Recommendation 8:</b><br>UNHCR DIP and RBAC          | Clarify how approaches such as protection transfer arrangements can form part of a broader approach to UNHCR’s protection and solutions strategies. |
| <b>Recommendation 9:</b><br>UNHCR RBAC and ROPAN        | Carefully consider the rationale for a transit country versus costs- and explore other countries for transit.                                       |
| <b>Recommendation 10:</b><br>UNHCR DIP, RBAC, and ROPAN | Seek to diversify the pool of resettlement countries for the PTA to continue.   |



## Table of contents

|  |      |
|--|------|
| Acknowledgements                                   | ii   |
| Executive summary                                  | iii  |
| Table of contents                                  | viii |
| 1 Introduction                                     | 10   |
| 2 Evaluation Scope                                 | 11   |
| 2.1 Methodology                                    | 11   |
| 3 Findings on the PTA Design and Process           | 13   |
| 3.1 Context  | 13   |
| 3.2 Initial PTA design                             | 14   |
| 3.3 Current PTA Process                            | 15   |
| 3.4 Conclusions on effectiveness                   | 23   |
| 4 PTA Results in relation to stated objectives     | 25   |
| 4.1 Snapshot of the PTA in the three NCA countries | 26   |
| 4.3 Resettlement                                   | 30   |
| 4.4 Outcomes (intended and unintended) of the PTA  | 30   |
| 4.5 Conclusions                                    | 32   |
| 5 Costs and Sustainability                         | 33   |
| 5.1 Cost of the PTA                                | 33   |
| 5.2 Funding and resource allocation                | 37   |
| 5.3 Conclusions                                    | 37   |
| Recommendations                                    | 39   |

## List of abbreviations

|               |  |
|---------------|--|
| <b>AGD</b>    | Age, Gender and Diversity  |
| <b>AoR</b>    | Area of Responsibility   |
| <b>BPRM</b>   | Bureau of Population Refugee and Migration                           |
| <b>CRPSF</b>  | Comprehensive Regional Protection and Solutions Framework            |
| <b>CSOs</b>   | Civil Society Organizations  |
| <b>DHS</b>    | United States Department of Homeland Security                        |
| <b>ES</b>     | Evaluation Service   |
| <b>GoCR</b>   | Government of Costa Rica   |
| <b>ICP</b>    | In-Country Processing  |
| <b>IOM</b>    | International Organization of Migration                              |
| <b>KII</b>    | Key Informant Interview  |
| <b>MIRPS</b>  | Comprehensive Regional Protection and Solutions Framework in Spanish |
| <b>NCA</b>    | North of Central America   |
| <b>NGOs</b>   | Non-Governmental Organizations                                       |
| <b>PSG</b>    | Particular Social Group  |
| <b>PTA</b>    | Protection Transfer Arrangement                                      |
| <b>RBAC</b>   | Regional Bureau for the Americas and Caribbean                       |
| <b>ROPAN</b>  | Regional office of Panama  |
| <b>RSC</b>    | Resettlement Support Center  |
| <b>SGBV</b>   | Sexual and gender based violence                                     |
| <b>SOPs</b>   | Standard Operating Procedures  |
| <b>UNHCR</b>  | United Nations High Commissioner for Refugees                        |
| <b>UNICEF</b> | UN Children's Fund   |

# 1 Introduction

1. In mid-2016, against the background of increasing numbers of people fleeing violence in the Northern region of Central American countries, UNHCR initiated discussions with select countries on an innovative protection mechanism, known as the Protection Transfer Arrangement (PTA). The aim of the PTA was to provide a small number of people, identified as being at heightened risk within their country of origin, with safe access to protection and a durable solution in a resettlement country, via a country of transit. The PTA mechanism was thus designed around three components 1) **an identification and selection process** for persons at heightened risk; 2) **available quotas or spaces** in a receiving resettlement country who can provide durable solution for the individuals and their family members; 3) and **a transit country** that can provide a safe and temporary stay in a timely manner during case processing. The programme is coordinated by UNHCR and the International Organization for Migration (IOM) and relies on national partners in three countries of origin, El Salvador, Guatemala and Honduras, in a region referred to as the North of Central America (NCA), as well as the participating resettlement countries. It complements or offers alternatives to other, mainly in-country, protection efforts undertaken by local and international organizations and institutions established in these countries.
2. In July 2016, UNHCR, IOM and Government of Costa Rica (GoCR) signed a Memorandum of Understanding (MOU) setting out roles and responsibilities of each party, and foreseeing up to 200 nationals from the three NCA countries to transit through Costa Rica at any one time, for a maximum period of 6 months. The United States of America made a commitment to accept individuals for resettlement referred through the PTA using their resettlement arrangements and quota. The PTA was first piloted by UNHCR in collaboration with El Salvador as country of origin, IOM, the US as the country of resettlement and Costa Rica as country of transit.
3. Chapter 2 presents the evaluation scope and methodology. Chapter 3 introduces the PTA process, the overall design, and the phases of the PTA. Chapter 4 presents the findings related to the results of the PTA while Chapter 5 describes the findings on cost and sustainability. The final part has recommendations for improvement of the PTA in its current application and for the areas needing further consideration in order to improve its usefulness.

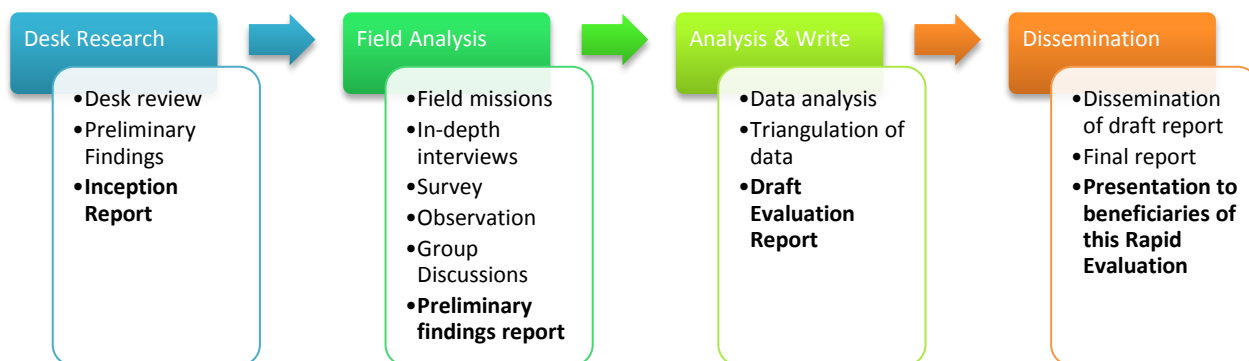
## 2 Evaluation Scope

4. The aim of the evaluation was to assess the results of the PTA, better understand the strengths and weaknesses of the processes to implement the PTA, and generate recommendations to improve its cost-efficiency, effectiveness and sustainability.
5. The evaluation focused on six key questions:
  - i. To what extent was the PTA appropriately designed to achieve its objectives?
  - ii. To what extent was the PTA efficient to achieve its objectives?
  - iii. To what extent has the PTA achieved its objectives and expected results in an effective manner?
  - iv. What preliminary results/impact can be observed by March 2018?
  - v. What needs to be done to ensure the sustainability of the PTA?
  - vi. What lessons can be learned from the PTA experience up to now in order to improve its design, effectiveness, the sustainability and the efficiency?
6. The primary users of the evaluation are the UNHCR's RBAC, UNHCR ROPAN, UNHCR offices in Central America and the Division for International Protection (DIP) in Geneva.

### 2.1 Methodology

#### 2.1.1 Approach

7. The evaluation adopted a phased approach as captured below:



8. The desk review focused on documents provided by the Country Offices, ROPAN and the RBAC. Additional documents were requested by the evaluation team during the field mission (see Annex for list of documents<sup>5</sup>). These were complemented by interviews (in person and through skype and phone calls). A total of 111 (43 male/68 female) stakeholders were interviewed, including UNHCR managers and protection staff in PTA Country Offices (El Salvador, Guatemala, Honduras and Costa Rica) and the Regional Office in Panama; staff at UNHCR's Headquarters; other UNHCR staff in the United States of America and Mexico; civil society organizations; consultants hired by UNHCR, and civil servants from different governments.

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<sup>5</sup> Annexes are available upon request.

9. Field visits were conducted in Guatemala, El Salvador, Costa Rica and Panama, and phone interviews were organized with stakeholders in Honduras and other countries according to stakeholders' locations.

10. The evaluation team was composed of an external and independent evaluator that played the role of the Team Lead (TL) and a UNHCR staff member with protection and resettlement expertise. The UNHCR staff member supported the TL with data collection and analysis during the field mission and reviewed the interim deliverables and final report findings.

11. The selection of interviewees was based on a purposive sampling methodology that was complemented, when deemed relevant and necessary, by a snowball sampling process in the field. A list of stakeholders was initially proposed by the RBAC team in the terms of reference but was complemented at the inception phase by additional stakeholders in order to diversify the sources of information and ensure gender-balance. Interviewees represented PTA case workers, civil society partners, as well as donors, experts, government officials and other stakeholders of the PTA. Finally, the evaluation team administered a survey in Spanish to all cooperating organizations in the PTA, with a response rate above 60%. All data were carefully triangulated in preparing the findings.

12. The evaluation team maintained confidentiality for all stakeholders interviewed, respected security protocols and did not record or video any stakeholder.

**Figure 1: Map 1 Field mission locations**



Source: created by the evaluation team

## 2.1.2 Limitations of the evaluation

13. **Limited access to individuals resettled through the PTA:** Access to resettled individuals was limited for confidentiality reasons. Emails of the resettled people were not available and therefore it was not possible to send a targeted survey seeking their feedback.

14. **Security and safety for all stakeholders** during the field missions in NCA countries led to adaptation of the evaluation field mission methodology. The evaluation team met with civil society organizations in the capital cities of Guatemala, El Salvador, and phone interviews were conducted with other relevant stakeholders from Honduras. Furthermore, risks associated with interviewing PTA case workers, individuals that were awaiting the outcome of PTA and ICP processing as well as select civil society partners and governmental bodies needed to be taken into account.

15. **Non-harmonized data sets:** The data used for case management for the PTA across offices showed some inconsistencies, which limited statistical analyses. For example, the evaluation team observed that ROPAN and the Country Offices as well as the NGOs use different case file numbers for the same cases, based on their own systems and had different approaches to data collection. This was a limitation to the evaluation as the data sets were not comparable or the data sets differed from one country to the other (on cases, number of people resettled through PTA or ICP, as well as for expenditure reports). The evaluation team looked at each country individually in order to try to mitigate this issue and establish an average of the numbers across the three country of origin and the country of transit. Additional data collection process was requested via email and phone calls to obtain clarification on data sets. For consistency this evaluation report uses the consolidated data from ROPAN presented in their statistics.

## 3 Findings on the PTA Design and Process

### 3.1 Context

16. In recent years, the North of Central America (NCA) — El Salvador, Honduras and Guatemala — has seen a significant escalation in acute violence by street gangs and organized criminal groups, leading to increased forced displacement both within and from these countries. The most pervasive types of violence include record high homicide rates<sup>6</sup>, sexual violence, disappearances, forced recruitment by gangs, and extortion, affecting a diverse range of people including boys, girls, women, as well as LGBTI persons<sup>7</sup>. Since 2014, tens of thousands of people have fled the NCA to the United States of America, Mexico, Canada, Belize, Nicaragua, Costa Rica and Panama<sup>8</sup>.

17. In response, UNHCR developed a comprehensive regional protection and solutions strategy for the NCA countries within the framework of the 2014 Brazil Plan of Action<sup>9</sup> and the 2016 San José Action Statement<sup>10</sup>. The strategy includes cooperation with stakeholders in countries of origin to mitigate protection risks and address root causes of displacement; and cooperation with other States in the region to strengthen asylum systems and facilitating access to durable solutions for the most vulnerable persons. One such measure is the PTA. These efforts are now embedded in the Comprehensive Regional Protection and Solutions Framework for Central America and Mexico (CRRF or MIRPS by its acronym in Spanish).

18. The PTA is operationalised in a context with manifold security and protection risks. Safeguards have been defined through: a) Standard Operating Procedures (SOPs); b) anti-fraud procedures; and c) data security protocols and data monitoring. These SOPs and procedures are described below, with findings on what has worked, and what continues to be challenging in implementation of the PTA.

#### The Brazil Declaration

In December 2014, at a ministerial meeting in Brasilia, UNHCR and representatives of 28 countries and three territories in Latin America and the Caribbean adopted a road map to address new displacement trends and end statelessness by 2024.

In the Brazil Declaration and Plan of Action, participants agreed to work together to uphold international and regional protection standards, implement innovative solutions for refugees and other displaced people and end the plight of stateless persons throughout the region within a decade.

The Brazil Declaration builds upon previous regional frameworks, including the 1994 San José Statement on Refugees and Displaced Persons, and came on the 30th anniversary of the Cartagena Declaration on Refugees.

#### The San José Action Statement

Nine countries from North and Central America pledged to work together to strengthen the protection of refugees fleeing Central America, taking a landmark step ahead of the September 2016 Leaders' Summit on refugees and migrants.

In the joint San José Action Statement, the governments of Belize, Canada, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Panama and the United States of America acknowledged the need for stronger protection of asylum-seekers, refugees and internally displaced people in the region. Their commitment was described as a collaborative approach to formulate humane solutions for people in desperate need of life-saving help and a path to assisting the most vulnerable ones in regaining lives of dignity.

<sup>6</sup> For instance, El Salvador was the country with the highest homicide rate in the world in 2015, reporting 6,640 homicides between 1 January and 31 December 2015.

<sup>7</sup> NTCA Situation update, December 2016, UNHCR – [www.unhcr.org](http://www.unhcr.org). See also: UNHCR, Women on the Run: First-hand Accounts of Refugees Fleeing El Salvador, Guatemala, Honduras, and Mexico, 26 October 2015, available at: <http://www.refworld.org/docid/56307e2a4.html>

<sup>8</sup> UNHCR Global Trends 2017 <http://www.unhcr.org/globaltrends2017>

<sup>9</sup> Regional Refugee Instruments & Related, Brazil Declaration and Plan of Action, 3 December 2014, available at: <http://www.refworld.org/docid/5487065b4.html>

<sup>10</sup> UN High Commissioner for Refugees (UNHCR), San José Action Statement, 7 July 2016, available at: <http://www.refworld.org/docid/57a8a4854.html>

## 3.2 Initial PTA design

19. Initially, the PTA had a stated aim of providing persons at heightened risk in the NCA countries with a safe avenue to access protection abroad, rather than resorting to other alternatives, such as using smugglers, or fall in the hands of traffickers. Those foreseen to be prioritised were individuals and/or family units with specific profiles, such as women at risk, members of the LGBTI community and judicial and legal officials. Individuals meeting the profiles were to be initially identified by local actors already working with the affected populations in their country of origin, who would document the cases to show both the protection needs and risk profiles. A PTA pilot commenced in September 2016 with the development of a first set of draft SOPs.
20. **The first draft SOPs referred to the profiles or criteria** as “at-risk women with children; members of the LGBTI community, including survivors of sexual and gender-based violence (SGBV); judicial and legal officials, including Public Defenders, Public Prosecutors, and lawyers; human rights defenders; and other vulnerable family units”. This draft also laid out the full process for the PTA including the steps for different stakeholders from identification of a person at heightened risk to his/her final resettlement.
21. In line with the MoU signed in July 2016 with Costa Rica, there were additional steps foreseen of pre-approval for resettlement by the United States of America, as well as in-country pre-screening interviews and medical screening by IOM, in line with US processes, prior to referral to Costa Rica. The case processing steps between different entities, including different UNHCR offices, were also specified in the MoU.
22. For those cases that met relevant criteria, the draft SOPs foresaw that the cases would be further documented and completed by UNHCR before an official submission to the GoCR, and that “the GoCR will develop criteria for the approval or rejection of cases”<sup>11</sup>. These steps including quick assessments by UNHCR’s office in Costa Rica to ensure that the cases meet the criteria for PTA referral to Costa Rica. For those determined not to be appropriate for PTA in Costa Rica, a referral from UNHCR in the NCA country to PRM for in-country processing was foreseen, but the criteria or steps were not further detailed<sup>12</sup>.
23. Once cases were reviewed by UNHCR ROPAN to ensure that risk profiles were met, the cases would be submitted to the US government who would then carry out security checks through their Regional Resettlement Support Centre (RSC). The GoCR would review these cases prior to authorizing the transfer<sup>13</sup>.
24. A “full implementation of the PTA was foreseen to begin in January 2017”<sup>14</sup>. Some of the experiences from the implementation of the PTA pilot in El Salvador<sup>15</sup>, at the end of 2016 and in early 2017, led to a revision to adapt the SOPs and a detailed draft was prepared for Guatemala in May 2017 and for Honduras in November 2017<sup>16</sup>. Importantly, the revised SOPs included the process and criteria for both the PTA and for the ICP. SOPs were adapted for each country based on the different partners’ set up and context and training was provided both by the Country Offices and Department of Homeland Security (DHS). The SOPs, from identification to resettlement, remained the same as in El Salvador.

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<sup>11</sup> In the implementation these additional steps were not enforced as the GoCR is accepting cases based on the pre-approval by participating resettlement States and is not adding their own screening layer to the process.

<sup>12</sup> Draft SOPs for the PTA, Costa Rica, 5 September 2016, UNHCR [Internal] page 4.

<sup>13</sup> Draft Discussion paper on the PTA, 13 June 2016, UNHCR [Internal]

<sup>14</sup> Draft SOPs for the PTA, Costa Rica, 5 September 2016, UNHCR [Internal]

<sup>15</sup> The evaluation could not confirm the start or end date of the pilot.

<sup>16</sup> Draft SOPs for PTA to transit through Costa Rica or Processed in Country, May 2017, UNHCR Guatemala and ROPAN, [Internal], Draft SOPs for PTA to transit through Costa Rica or Processed in Country, November 2017, UNHCR El Salvador [Internal]

## 3.3 Current PTA Process

### 3.3.1 Identifying and selection of persons for the PTA

25. In all three countries, the starting point is identification of persons at 'heightened risk'. The November 2017 SOPs includes annexes with guidance on the criteria to select individuals for referral for either the PTA and the ICP. The document states that the aim is to "facilitate the identification of prioritized profiles of persons targeted and persecuted at particularly heightened risk"<sup>17</sup>.
26. There is no further definition of 'heightened risk'. The SOPs outline three sets of criteria (or considerations) to apply, which are:
  - 1) **"Profiles that would not be adequate for the PTA program referred to transit through Costa Rica"** also called "Limitations to the PTA". These seven criteria reflect the types of profiles who would not be admissible in the United States of America, such as "gang members, ex-gang members or affiliates", "persons that trafficked drugs or regularly consume illegal drugs" or "unaccompanied and separated children with custody issues";
  - 2) **"Nexus for PTA cases"**, outlining three groups identified for potential nexuses. The three nexuses are: "membership to a particular social group" (PSG), "political opinion" and "religion", drawing on language from the international framework for refugee protection. Examples in the SOPs for individuals within these groups are "civilian witnesses and/or informants"; "child survivors or at risk of violence, including Sexual and Gender-based Violence (SGBV)"; "women and girls at risk or survivors of SGBV", or those who can show that "violence inflicted by gang members has a nexus to the applicant's actual or imputed political opinion";
  - 3) Six **"Prioritized profiles for the PTA"** which are a sub-set of 13 profiles identified as "risk profiles who may be in need of international refugee protection" in UNHCR's Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from El Salvador<sup>18</sup>. The selection of six profiles was done to match criteria for the PTA set by both the GoCR and the United States of America. These six profiles included in the PTA, are further described with additional 'filters' for selection, based on clauses provided by both countries.
27. The six prioritized profile categories as defined in UNHCR's eligibility guidance are: 1) "Informants, witnesses and victims of crimes committed by gangs and other organized criminal groups, or by members of the security forces"; 2) "Children and youth with certain risk profiles or in specific circumstances"; 3) "Women and girls with certain profiles or in specific circumstances"; 4) "Individuals of diverse sexual orientation and/or gender identity"; 5) "Journalists and human rights defenders especially those working on issues related to organized crime and corruption" and 6) "Family members, dependents, other members of households, and employees of persons falling within the previous risk".
28. As set out in the SOPs and as noted above, these six profiles are further described based on inclusion and exclusion clauses set by the GoCR and the United States of America. The risk profiles include for instance, specific forms of persecution risks, such as exposure to 'domestic violence' or 'harm', or being witnesses, or being victims of violence, or be a member of the LGBTI community. When these six profiles and other considerations are applied during assessment, there are three challenges, first, the concepts are complex to use, as there are overlaps between the three sets of criteria; secondly, conceptually, partners are likely to apply the most restrictive definition in order to increase the likelihood of approval; and thirdly, given

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<sup>17</sup> 2017 SOP for PTA El Salvador: Annex II (File name: PTA profiles. Doc name: "Prioritization of cases for the PTA referred to transit through Costa Rica") and Annex III (File name: ICP profiles. Doc name: "P-1 Central America Processing Case Profiles").

<sup>18</sup> UNHCR Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from El Salvador, 15 March 2016, HCR/EG/SLV/16/01, available at: <http://www.refworld.org/docid/56e706e94.html>. The six profiles included in the PTA are also identified as profiles of risk of persecution in UNHCR's Eligibility Guidelines for Honduras and Guatemala.



that the most restrictive of the definitions was found in many cases to be the criteria from the United States of America, referral from partners could be limited to this most narrow criterion.

29. The SOP's Annex III describes broadly-defined profiles of persons who, having been screened out for PTA referral (for example for security reasons), may nevertheless be considered by the US for resettlement through what is referred to as 'in-country processing'. The annex sets out that "priority should be given to referrals for women, children (particularly unaccompanied children), or family units that are at risk". The profiles description includes both the relevant 'protection ground' such as political opinion or membership of a particular social group; and a 'general characteristics' description outlining the type of individuals who may be considered and the type of harm they may have faced or at risk of facing. There are overlaps with the categories set out in the annex with PTA profiles.

#### EXAMPLES of NARROWING DOWN OF ELIGIBILITY

1. One group in UNHCR's eligibility guidance included as meeting PTA criteria, is "informants, witnesses and victims of crimes committed by gangs and other organized criminal groups, or by members of the security forces". The United States of America further narrowed this category to be only for "civilian witnesses", "who have assisted law enforcement", "against violent gangs that threaten communities", as per the guidelines.
  2. Another example is UNHCR's profile of "children and youth with certain risk profiles or in specific circumstances". People at particular risk are described as those including of forced disappearance and murder in UNHCR's eligibility guidelines; with the rationale that they may be targeted for recruitment into the gangs or may simply be seen to belong to a territory of a rival gang and thus be at risk. For this category, The United States of America narrowed this category to "children viewed as property by virtue of their position within a domestic relationship". Keeping in mind that in addition the child or young person must also not fall within the in-admissible criteria such as where there are custody issues, or where the young person regularly consumes illegal drugs or have even affiliations with gangs, the full list of criteria might apply to a very small number of children.
30. There are no ceilings per se for how many cases or individuals a partner organization can refer to UNHCR for the PTA, nor is there a ceiling on how many UNHCR can submit to the resettlement countries as long as they are within resettlement quotas. However, for budget calculation purposes a planning target of 120 cases referred from partners to UNHCR Country Offices per country per year has been set. During the period under review none of the partners and UNHCR met this target.
31. There is neither "hard" data available nor any systematic outreach possible to determine the proportion of the total population that is at risk in the areas where the PTA is applied. Potential PTA cases are first identified by organizations or individuals working directly in affected communities based on the organizations' own understanding of heightened risk and their knowledge of the PTA criteria. Considering the security risks and the extremely volatile situation both partners and individuals are in, this non-formalised outreach was considered by different stakeholders as the most appropriate approach to initial identification. Other approaches might jeopardise peoples' safety and risk fraudulent cases coming forward. Nevertheless, one feature of the PTA is that a more systematic approach to finding persons at heightened risk, or considering identification of persons at higher risk than others, is challenging.
32. Applying the criteria requires going through various components and layered definitions, each requiring consideration by the partner organizations. Partners have received basic training in the application of the criteria and are further assisted with interview guidance by ICMC deployees. The interview guidance sets out what general information about the individual and his/her family needs to be collected, the information needed on events of persecution and

finally provide specific questions to ask, which are focussed on the in-admissibility, or exclusion, aspects of the case.

33. Despite these efforts of providing guidance and training, the evaluation found that the different criteria in the SOPs were challenging to apply. In particular, most key informants were unsure about what constituted 'heightened risks' and considered this to mean a life and death situations where people could no longer live in their homes due to persecution and/or threats to their lives. Further, there is an inherent incongruity between identifying people at risk in the NCA countries and the restricted definitions of the six profiles as described above, specifically the in-admissibility grounds of the United States of America. The in-admissibility grounds in particular were seen as an obstacle for persons at high risk to benefit from the PTA, and stakeholders found that the profiles did not respond to the socio-political context of heightened risks in the NCA countries. Further, the SOPs' reference to nexuses and the interview guide's questions on persecution both make references to the refugee framework; in a non-refugee context, this application potentially adds to confusion. Finally, interviews revealed that 'heightened risk' and "meeting the criteria of the PTA", created confusion. In applying the SOP criteria, the admissibility criteria from the United States of America were the first ones applied, and sometimes the only considerations applied.
34. Partners interviewed mentioned that there was no systematic way of reflecting considerations for any in-country solution available in the PTA tools. Once the partner has pre-identified that a person was at risk, they had to apply the different criteria mentioned above. In cases where these criteria would exclude individuals from the PTA, they might be eligible for in-country solutions.
35. For example, for LGBTI cases, interviewees stated that, in the context of the NCA countries, many LGBTI community members may also be at very high risk of being involved in sex-work, prostitutions or being victims of trafficking, and issues of gang affiliations also often arise. Many such individuals initially referred for the PTA were routinely screened out due to the inadmissibility grounds of the United States of America; or, for some reason or another, were referred for ICP in order to carry out additional scrutiny (for example, prostitution and other sex-work are exclusion grounds for the United States of America for which waivers could be available).
36. While it was outside the scope of the evaluation to do a full PTA file reviews and there is no systematic monitoring data on the profiles of cases at the different stages of the PTA, both the desk review and interviews showed that the majority of cases referred as potential PTA cases, by the partners, were women and adolescents who were victims of gang violence and/or domestic violence; or witnesses to crimes. This corresponds well with the reality that 5 out of 11 of the partners have a mandate to focus on supporting women victims of domestic violence, and children and adolescents at risks.
37. Women and children at risk are among the groups to which the PTA can offer protection and resettlement solutions. Interviews revealed that issues related to gang affiliation was problematic for these cases. The socio-political context in the NCA countries is such that those women and children at risk often have either explicit or implicit affiliation with gangs, especially if they have lived in areas controlled by gangs. For women in particular, concerns about in-admissibility due to potential gang affiliation, and/or prostitution are prevalent. For single parents, there may be concerns about custody. For single parents traveling with minors, additional documentation is required.
38. For those who had engaged in sex work and prostitution, additional interviews are needed in order to determine whether any sex-work had been voluntary or forced, a pivotal point for admissibility under US legislation. In the context of the NCA countries, these cases are frequent and it is difficult to find protection solutions to women who have been associated with gangs from a young age.
39. A thorough review of the criteria for the PTA, the interview guidance provided, and the referral form found that the PTA tools lack coherence and have been structured in a way that may not facilitate the use of the criteria effectively. There are also some areas where it may be useful to seek further dialogue with involved resettlement States about their criteria.

The table below shows the current outline in the three main tools

| Criteria or considerations in the SOP   | Criteria or considerations in Interview Guide  | Criteria or considerations in PTA referral form  |
|---|--|--|
| <p><b>Limitations to the PTA</b> (seven inadmissibility criteria (United States of America))</p> <p><b>Nexus for PTA cases</b> (three from the 1951 Convention)</p> <p><b>Prioritized profiles for the PTA</b></p> <p>(Six profiles each with a three-layered definition (UNHCR, GoCR, United States of America))</p> | <p><b>Step 1</b> General profile of the person/family</p> <p><b>Step 2</b> Events of the persecution</p> <p><b>Step 3</b> Potential for protection in country – other solutions</p> <p><b>Step 4</b> Information on exclusion acts</p> | <p><b>Step 1</b> General profile of the person/family</p> <p><b>Step 2</b> Protection Situation prompting the PTA referral – with assessment</p> <p><b>Step 3</b> [If relevant] Assessment of exclusion Acts</p> <p><b>Step 4</b> Specific needs</p> |

40. Specifically, the PTA tools themselves are not sufficiently clear and do not fully reflect the criteria and clauses, and these are not fully aligned with one another at the different steps in the assessment. The desk review also showed that the interview guidance and the PTA referral form present a different set of considerations from what is in the SOP definition of the criteria.

### 3.3.2 Steps in the PTA process

41. According to the evaluation, the PTA was described as an ‘innovative process’ to offer an alternative protection mechanism for people at risk in their country of origin; it is however also referred to as ‘complicated to implement’ by 99% of surveyed stakeholders. The following unpacks the issues at each step of the process.
42. The great majority of stakeholders found that the PTA process was too lengthy, with a median of 8 months for PTA cases. According to key informants, some ICP cases have taken up 14 months (maximum length) to resettle to the United States of America. Reasons offered for the amount of time taken are described below, and related to the steps in the critical stages of the process.
43. As mentioned above, cases are identified for PTA assessment and screening through partners’ outreach and protection work as well as through referral by other first-contact individuals or organizations working more loosely in support of the PTA as described above. After the first assessment and screening, an assessment report is written up in a designated PTA referral form. The form assumes that all PTA cases are submitted on an ‘emergency’ basis, and therefore requires further assessment of the protection situation and, if relevant, exclusion considerations. During the phase of identification and referral, those interviewed and referred to UNHCR are not aware that they are considered for the PTA. The time it takes to screen and conduct interviews can take up to three months and more if the individuals are not in the capital cities where the partners have their headquarters and carry out all PTA’s related activities. Where there is a need to secure documents for the file, whether simply birth certificates, passports or other civil documentation; or more complex documents, such as custody papers from a court, the process will take longer. The partners are supported financially by UNHCR for their ongoing protection work and for managing safe houses in connection with the PTA. These resources can be used for individuals with more immediate risks while their case is being considered.
44. UNHCR has PTA focal points/staff in all of the three Country Offices and one dedicated P3 PTA staff person in ROPAN. At the time of the evaluation, all the NCA offices had dedicated ICMC/IUNV staff who acted as country focal points/staff. They reviewed the cases referred by partners, carried out interviews and managed the case file. These staff are employed for a period of 6 to 8, or 12 months. They also undertook case management and administrative tasks related to the cases. In addition, they were supported by Protection Officers in each of the Country Offices. In preparing the file, the PTA focal point ensures that the principle of

family unity and dependency is respected in accordance with UNHCR standard guidance and interview all cases and conducts an assessment regarding the suitability of the case for submission<sup>19</sup>. A case can take anything from one to four months to process at this stage, with a median period of 2 months. The evaluation also found from the desk review and key informant interviews, that it took time for the ICMC deployees in each country of origin to adjust to the PTA processes and to learn 'on the job'.

45. It was highlighted during the evaluation that it was difficult to hire qualified staff that speak Spanish and have required experience with resettlement and/or protection work. Moreover, the ICMC personnel is deployed for a period of 6 to 8 or 12 months only and need time to be trained on the PTA process. Recruitment for the UNHCR offices, in general, was said to be difficult due to the language and the fact that some of the offices are new in that region.
46. The complete file is shared with UNHCR ROPAN by the UNHCR Country Office, where further reviews of all the cases are undertaken to ensure the referrals are well developed and that the case is properly explained and clear. If needed, case files can be sent back to the UNHCR Country Office for further iteration and clarification. According to key informant interviews and the desk review, the evaluation found that the review of the referral forms by ROPAN can take a median of 20 days from review to submission to BPRM. The review by ROPAN of a form can take from one to six hours and have multiple versions (up to three). UNHCR ROPAN has one P3 resettlement expert to undertake the review of the referral forms.
47. Once completed, the case file is shared with the Government focal points of the resettlement country (ies). Cases to be submitted to the US are sent by UNHCR/ROPAN to the DHS/PRM focal points for pre-selection. US/BPRM reviews the submitted files. At this stage, BPRM also determines whether a case is considered as ICP, or PTA, or rejected. Their decision is communicated to UNHCR ROPAN and IOM, and UNHCR ROPAN shares the information with the UNHCR Country Offices, who then inform the partners. Individuals are informed as well for the first time about the decision. IOM, in its capacity as contracted by the US government, carries out pre-screening interviews at this stage, and then security checks and gang vettings are initiated by DHS. Key informants during the evaluation referred to this phase as the most unpredictable in terms of time. Respondents stated that it can take up to six months and that the average was three months. Some high-profile cases were processed within four weeks but that was an exception. In the meantime, the individuals are either in safe houses, in hotels or in their own home- in some cases - and the protection services are ongoing.
48. For both the ICP and PTA, there are several procedural steps related to security and medical checks and pre-departure arrangements that need to be completed before individuals can be transferred to either Costa Rica or the US. In the context of Latin America, the US has IOM undertake such pre-screening and interviews to ensure that the files are complete and accurate. This pre-screening process is not specific to the PTA but is applied for all resettlement cases going to the United States of America. In Central America, IOM manages this aspect of the program. Only once cases have been tentatively accepted by the United States of America, does IOM conduct medical checks as part of the departure process. IOM's role further includes logistical support (transport and visa preparations) for both PTA and ICP cases.
49. IOM no longer has offices in each of the NCA countries but has an office in El Salvador. When the number of referred PTA cases is sufficiently high, IOM El Salvador sends its team to interview individuals in Guatemala and in Honduras. In their capacity as the Resettlement Service Center (RSC) for the US pre-screening process, IOM officers are deployed to conduct interviews, ensure that medical checks have been done, and review that all the documents are originals. Cases that successfully pass the US pre-screening and gang vetting process can be submitted to the GoCR for their review and approval of transfer (PTA) or have their interview with USCIS scheduled in the country of origin (ICP). The checks undertaken by IOM provide certain guarantees (paperwork checked, medical checks completed, admissibility

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<sup>19</sup> UNHCR Operational Guidance Note on Resettlement Case Composition

criteria checked) to BPRM. This phase was found by the evaluation to take a median time of 3 months. During the final stage, IOM organizes the onwards travel to either Costa Rica for the PTA cases, or directly to a resettlement country for the ICP cases.

50. If the case is to be processed through the PTA, UNHCR's Country Office sends the information to Costa Rica that individuals will be arriving within 10 days. The UNHCR Country Office in Costa Rica sends the cases to the GoCR's immigration office so visas can be issued (within 5 days). Once issued, IOM is alerted in order to prepare the travel logistics with the partners. The individuals are transferred to safe locations and given their visas and instructions to be transferred to Costa Rica.
51. If the case is ICP, UNHCR Country Office informs the partners that the individuals will be staying until their files are reviewed again by BPRM for security checks. Should the individuals pass these checks, an interview by DHS will be organised during the next selection mission ('circuit ride'). In the meantime, individuals are kept in locations considered to be safe.
52. For both ICP and PTA cases, DHS carries out final selection interviews during selection missions referred to as 'circuit rides' in either the country of transit or in country of origin<sup>20</sup>. 'Circuit rides' refer to trips undertaken by DHS staff members from Washington DC (United States of America), on an ad hoc basis when the numbers of people to be interviewed are sufficiently high to justify deployment of staff. They travel to Costa Rica and the countries of origins to conduct interviews with individuals that have been identified as either PTA or ICP. At the time of the evaluation field mission, the next circuit ride was scheduled to take place at the end of June/beginning of July 2018. The uncertainty around the timing and the frequency of these interviewing trips led to increased time for resettling individuals from Costa Rica and others from their country of origin. According to the evaluation findings, based on key informant interviews and the desk research, all cases that were interviewed as PTA were 100% approved by DHS and amongst those interviewed as ICP, 18% were rejected by DHS.

### 3.3.3 In-country partner roles and engagement

53. In 2015, UNHCR had already strengthened its presence in El Salvador, Guatemala and Honduras to support the Governments in addressing the protection needs of people of concern<sup>21</sup> and was working with local partners in all three countries prior to initiating the PTA. UNHCR set up a structure whereby PTA cases would be identified by 11 local partners already working with persons at risk in their communities. Partners are selected based on a number of factors, including their standing in the community and their outreach to different regions both in the capital and outside. To the knowledge of the evaluation team, a wider capacity assessment was not carried out. In addition to these partner organizations working directly with UNHCR within a partnership agreement framework, a wider group of trusted institutions, organizations and community representatives were engaged to do initial identification of individuals, and channel these through the PTA partners. Such institutions include Ombudsman Offices, legal aid clinics, Human Rights groups and institutions, faith-based organizations and/or individuals working in communities with individuals at risk.
54. More specifically, in El Salvador, where UNHCR had prior partnership agreements in place with three organizations, the PTA activities were included in these agreements. The organizations are well-established in the country with parishes and outreach in different regions outside of the capital city. They are trusted by the population and receive referrals from their respective networks.

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<sup>20</sup> The circuit rides were initially set up in relation to the United States of America's "Central American Minors Program" program- focused on the NCA countries. When this program was at its peak operations, circuit rides were more regular, and IOM had offices in each of the countries to support this. Since the program was cancelled by the United States of America's administration, IOM had to close offices in Guatemala and Honduras and DHS' circuit rides have become more infrequent.

<sup>21</sup> UNHCR Global Appeal 2016-2017, p. 66, available at: <http://www.unhcr.org/564da0e60.html>

55. In Guatemala, the PTA preparation time was short and UNHCR had a limited and more recent presence. A consortium was set up with a lead agency that was already a UNHCR partner working on protection issues. As consortium lead, the organization receives PTA referrals and cases from two other organizations for review prior to submission to UNHCR.
56. In Honduras, the PTA was organized across two consortia in different parts of the country. There is one consortium in Tegucigalpa and another one in San Pedro Sula in an area dominated by criminal networks and generalized violence. In both cities, the consortium leads receive referrals from different organizations and contacts in their network. UNHCR has partnership agreements with these different referring entities but not for the PTA. Hence, the consortium-lead partners manage the flow of referrals, the financial distribution of funds and the reporting to UNHCR, for those partners in the consortium.
57. Partners use the interview process to prepare files for referral to UNHCR Country Offices. In addition to preparing these files, partners can offer individuals protection in safe locations. Part of the protection services they offer to individuals in need of a place in a safe house include medical and psychological support, food and shelter, and advice on their options – either legal, internal relocation, international resettlement options or humanitarian evacuations in some situations. The PTA partners have recruited psychologists, and social workers to offer the additional support that PTA individual require.
58. During the time it takes for the review of the referred cases by UNHCR, BPRM and IOM; partners provide the individuals with needed care such as medical and psychological support and housing and food, as well as ensuring activities and schooling for children in the country of origin. These costs are estimated for the purpose of planning and budgets for 2-3 months which are covered in the agreements with UNHCR.
59. Partners are also involved in logistical arrangements and support, which can be extensive depending on the concrete arrangements. IOM and partners are responsible for organizing the logistics (visa, hotels and transport) when individuals are to be transferred to Costa Rica. In ICP cases, similar logistical arrangements are needed.
60. In addition, to the concrete activities of the PTA, partners have had to integrate new procedures and considerations in relation to security protocols, information management and fraud prevention. This has required training and capacity development of staff and is ongoing as improvements are needed and implementation demands continuous monitoring.
61. While fraudulent cases have not been recorded yet, there is a risk of fraud in the PTA, as is the case with resettlement more broadly. One way to address this risk has been to keep the PTA low-profile. Partners are very aware of managing fraud-related risks and issues related to pressures and other types of undue influence. Partners have received information on what do to in case of a fraud, but ongoing efforts are required from UNHCR to support partners in these cases. It is the understanding of the evaluation team that there were internal discussions during the inception phase of the PTA about whether to proactively inform individuals and communities about the PTA, as it could be a way of ensuring persons at heightened risk are better identified. However, for concerns about fraud as well security and case load management reasons, the partners, UNHCR Country Offices and ROPAN agreed it would be best not to do so. As such the current modality is seen as keeping the numbers manageable while minimizing risks of both fraud and safety issues. The interviews and the surveys confirmed that it was best to keep the PTA low profile, and that the challenges with identification were not so much that there were few people at risk but more from factors

**Examples:** the number of cases referred to UNHCR Guatemala in 2017 by the consortium of partners was of 55 but only 20 cases were submitted to ROPAN for final review. In El Salvador, 96 cases were referred as of January 2018 (until May 2018) but 59 were rejected. Only 38 were under review and 28 were being reviewed by ROPAN. According to interviews and documentation review, this discrepancy came from a surge of case submission by one of the consortium organization in December 2017, which felt the pressure to meet the annual quota and filed 70 cases that were void of documentation. So, the numbers appeared as 92 cases had been submitted so far in 2018 but in reality, the number of valid and full cases was much lower This 'success rate of passing the ROPAN check' is of 36%, which means that 74% of other cases referred by partners were dropped during the several layers of review in Guatemala and of 29% for El Salvador.

associated with the types of profiles, inadmissibility clauses and civil society organizations' training.

62. Another critical procedural factor to avoid fraud and minimize security breaches, is to ensure correct data entry, data safety and data monitoring. The example shows how due diligence in data entry, management and analysis is critical for UNHCR Country Offices, ROPAN, IOM and DHS to have a clearer picture of the numbers of individuals seeking protection, being referred, then being reviewed and identified as PTA or ICP.
63. For certain cases, special documentation needs add to the file preparation, often resulting in legal procedures that can take up to a year. Documents for case files also have to be originals, which have to be obtained from town halls where individuals were born. According to interviews, this represents a risk for the partners and the individuals, as physical travel to potentially unsafe locations is required. In addition, the procedural steps can draw attention to the person seeking protection, thereby placing them and the PTA partners at risk of being attacked by the persecutors. Therefore, developing the referral file was perceived by key informants as 'cumbersome', costly, lengthy and risky, or unsafe. These issues incurred additional costs and delays according to partners; potentially contradicting the idea of transferring the people swiftly outside of their country of origin to a transit country for safety.
64. Furthermore, according to key informants and observation, the PTA protection measures for LGBTI community members are not adequate, as there are neither specific safe houses for LGBTI persons, nor sufficiently adapted health care services focused on LGBTI's health issues. As such, those who were considered at heightened risk were likely to need more immediate solutions and were, according to those interviewed, potentially likely to leave the country through other means. To address this concern, the evaluation found that partners requested financial support to undertake additional tasks of providing support to pending PTA cases, in particular to cases with specific needs, such as LGBTI or children and adolescents at risk.

### **3.3.4 Transit Country Roles and Engagement**

65. In Costa Rica, UNHCR is implementing the PTA in partnership with an organization that offers services (English classes, psychologists and activities for individuals of the PTA, housing, food, transport support for medical visits and other support the people need).
66. As set out in the MOU between UNHCR and Costa Rica the temporary stay must not last more than 6 months and there should be no more than 200 individuals for the PTA in Costa Rica at any given moment. While a total of 122 PTA individuals transited through Costa Rica in 2017, and were further resettled to third countries, the planning figures for 2018 is set at 390 persons. As of May 2018, 43 individuals have been transferred to Costa Rica, leaving the transfer facilities reserved for the PTA under capacity.
67. During the period under review for this evaluation, it was found that the partner in Costa Rica was not at any time at its full capacity<sup>22</sup>, whether with regards to number of cases or budget. Of the 122 PTA beneficiaries who transited through Costa Rica in 2017, 53 individuals stayed six months, while 69 individuals stayed less than two months, including 27 individuals that only stayed one month. Regarding the latter their short stay in Costa Rica was less costly budget wise.
68. The evaluation found that Costa Rica does not accept cases which have not been pre-approved for resettlement by a resettlement country. As such, meeting the immediate protection needs of the individuals at heightened risk are more challenging when the resettlement criteria are driving the decision to transit people to Costa Rica.

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<sup>22</sup> 600 individuals per year, no more than 200 individuals at any given time.

### 3.3.5 The In-Country Process

69. The PTA mechanism was complemented by an In-Country Process, implemented as a solution to address cases that required additional vetting from BPRM and DHS. If cases are identified as ICP by BPRM, they remain in their country of origin for further scrutiny, investigation and vetting by the United States of America. Once these additional steps are completed, a final interview is conducted by DHS, also in the country of origin during the 'circuit ride' missions, after which they are accepted to travel to the United States of America directly. ICP cases will, therefore, not transit through Costa Rica. DHS carries out the interviews in the country of origin based on their own schedule.
70. With the current set-up, the ICP is based on the same initial identification modality as the PTA and relies on the resettlement places available to UNHCR. The processes differ only during the final stages of screening, security check and actual resettlement. Due to the initial steps of the ICP and the PTA being similar, the evaluation found that many partners and UNHCR colleagues were unclear on whether the ICP was an alternative to the PTA and raised questions about the value added of sending people to a transit country. On the other hand, some informants who saw the ICP as part of the PTA speculated on whether there could be a proactive identification of ICP cases by UNHCR, so as to minimise delays and confusion about roles. Further the evaluation noted some confusion with the identification, tracking, reporting and monitoring of cases among different stakeholders.

## 3.4 Conclusions on effectiveness

71. One of the key findings of the evaluation is that while the PTA is first and foremost seen as a protection and solutions tool by the partners in NCA countries, it is fully reliant on resettlement spaces, as well as resettlement countries' own definition of which profiles were deemed admissible. Currently, the PTA focuses on selection criteria placed by two countries, the United States of America as the resettlement country, and Costa Rica as the transit country. Both the process stages and the selection criteria are skewed toward the main resettlement country's specific requirements, which might limit the potential for the PTA to be adapted to other countries.
72. Even in its current focus, some criteria, especially defining who is at "heightened risk", have become unclear and difficult to apply. A key conclusion is that, as these are now formulated, they do not fully respond to the breadth of the heightened risk profiles in the NCA countries, bearing in mind the current socio-political context. Therefore, the PTA may not serve those people who are most at risk, or even "heightened risk". The complexity of the process meant that the process was very time-consuming at different stage from identification to resettlement and took longer than had been expected. The most time-consuming process steps were at the first stage of interviewing and gathering sufficient documentation, and at the end stages after submission to the resettlement countries. In particular, there is a need to review the high number of cases referred by partners that are subsequently rejected by UNHCR Country Offices. In the absence of clearer criteria and processes for PTA, as well as clarity on how best to include the PTA as part of broader protection response in a Country Operation's, the evaluation found ambivalence and some disagreements amongst Country Offices on how the PTA's effectiveness could be improved and better managed. Dialogue with resettlement countries may help in reducing the time at different stages.
73. The evaluation finds that, in order to increase the number of cases successfully resettled in a timely manner there needs to be an optimal match between the cases referred from partners with the final selection by a resettlement country. Currently, the number of cases that were resettled through PTA/ICP represent 10% of the total cases initially referred from partners. At the same time, the evaluation finds that the PTA was unable to fill all the potential spaces in Costa Rica or in the United States of America. About 32.6% cases referred by partners to UNHCR Country Offices are screened out, which may imply that there may be opportunities to seek efficiencies at this stage, as it requires considerable resource to prepare files for each case.



74. Developing partner capacity was found to take more time than expected; and the evaluation notes areas for strengthening partner capacity. The focus on training partners on the use of criteria has been important, however, the evaluation found that partners needed additional technical and financial support to handle more complex security issues, fraud prevention, and data management and monitoring. The evaluation found that fraud prevention was insufficiently developed and emphasized during trainings and the implementation phases of the PTA. Finally, the evaluation found that partners need more financial support to undertake the additional tasks of providing support to pending PTA cases, in particular to cases with specific needs, such as LGBTI or children and adolescents at risk. A reduction in process time would significantly reduce this burden.
75. Although the fact that the PTA is unknown and that people are not informed about it from the onset is likely to minimize potential fraudulent referrals, it also keeps people in an unclear process, which had other consequences for the partners. Training was valued by partners. However, the evaluation findings bring out that more is needed to streamline the PTA tools and better structure the protection assessment logic. Improving case management and data monitoring of the PTA at each phase would offer UNHCR Country Offices and ROPAN the needed information to design targeted training to fill capacity gaps. This is relevant both for improving quality and quantity of submissions, as partners are neither meeting the planning of 10 cases per country per month, nor are the referral forms, submitted by UNHCR Country Offices to ROPAN, of a sufficiently high-quality to ensure high acceptance rates. While steps have been taken to improve monitoring and data collection, these areas are still weak.
76. Initiating a dialogue with the GoCR as the only transit country, with a view to revising their requirements to ensure all PTA individuals will be resettled in a third country before they are transferred, might also increase the effectiveness of the PTA.
77. Currently, the distinction between PTA and ICP cases is made after BPRM makes its first assessment, which is often months after the first identification and the subsequent reviews by UNHCR. The evaluation notes that it may be possible to reduce the time taken to process ICP cases if could be identified earlier as such and submitted to BPRM as ICP.

## 4 PTA Results in relation to stated objectives

78. As mentioned earlier, the PTA aims to achieve three objectives: 1) to provide a small number of individuals at heightened risk with a safe access to international protection and solutions; to prevent a small number of individuals at heightened risk from taking dangerous routes out of the NCA and undercutting human trafficking; and 3) to foster regional responsibility-sharing and south-south cooperation.
79. During the period under review, 140 persons were resettled under the PTA to four resettlement countries to the United States of America (83), Canada (11), Australia (30) and Uruguay (16); and 71 were resettled through the ICP. Six organizations have a partnership agreement with UNHCR in the three participating countries, El Salvador, Guatemala and Honduras, and one partner is involved in Costa Rica. IOM has agreements with UNHCR and took part in the PTA, as well as the ICP. In addition, 75 individuals have been accepted by a resettlement country but are awaiting their departure from Costa Rica and other 1,885 individuals have been considered for the PTA but were either screened out, rejected by a resettlement country, or pending a final decision.
80. The PTA does not have ceilings on numbers of persons to be resettled. However, UNHCR uses different figures and estimates for planning and management purposes. The evaluation found that there are three components (components 1 and 3 apply to all RST operations) influencing the number of persons resettled and that this number in turn influences the cost per person ratio in different phases of the PTA.
- 1) Number of resettlement places provided by a third country;
  - 2) Capacity and acceptance of the transit country (so far only Costa Rica with 600 individuals per year maximum and 200 at any same time); and
  - 3) Capacity of both the PTA partners and UNHCR offices to identify suitable cases/individuals at any given time to meet the full capacity of both 1) and 2).
81. PTA documents do not formulate specific time-frames for different stages. All stakeholders interviewed for the evaluation noted the significance of timeliness of interventions in order to meet the objective of finding safety for people who need an urgent solution. There was also anecdotal evidence that where the processing time was considered long, individuals at heightened risk left their country of origin before the process was completed, and there was corroborated evidence that in particular people from the LGBTI community had such pressing protection needs, with very limited in-country protection that they often had to resort to other urgent measures.

## 4.1 Snapshot of the PTA in the three NCA countries

### 4.1.1 El Salvador



**Population figures:** 6,172,011 (July 2017 estimates)



**PTA in place:** since September 2016



**Key contributors to violence:** Gangs, criminal networks, gender-based violence, lack of respect for LGBTI rights and their protection, human rights violations, poverty and corruption, widespread impunity.



**PTA partners:** UNHCR has partnership agreements with three civil society organizations involved in the identification of cases and one with IOM for pre-departure arrangements and travel logistics. UNHCR has scaled up its operational capacity in El Salvador over the past two years in response to assistance and protection needs, and has an operating agreement with the government which does not, however, explicitly refer to the PTA.

#### The PTA in Numbers: El Salvador<sup>23</sup>

| Indicator  | Cases | Individuals |
|--|-------|-------------|
| <b>UNHCR Planning figures</b>                                    |       |             |
| Annual number of cases to be resettled under the PTA             | 120   | 360         |
| <b>Referrals (September 2016 – August 2018)</b>                  |       |             |
| Cases referred to UNHCR Country Office by Partners               | 404   | 1,309       |
| Cases submitted by UNHCR Country Office to ROPAN for review      | 291   | 689         |
| Cases referred by ROPAN to resettlement countries                | 180   | 563         |
| Cases pending ICP decisions from resettlement countries          | 31    | 97          |
| <b>Rejections</b>  |       |             |
| Cases referred under the PTA rejected by resettlement countries. | 10    | 32          |
| <b>Transfers and Resettlement</b>                                |       |             |
| Cases pending resettlement in Costa Rica under the PTA           | 17    | 46          |
| Cases resettled under the PTA                                    | 38    | 133         |
| Cases resettled under ICP  | 24    | 71          |

<sup>23</sup> All figures used in the Snapshot are from the onset of the PTA/ICP in the specific country until end August 2018. Of the resettled IPC cases 8/18 cases/individuals were initially processed for the PTA, but due to the timing of the selection mission ('circuit ride'), the individuals were resettled directly out of their country of origin and therefore indicated here as ICP

## 4.1.2 Guatemala



**Population figures:** 15,460,732 (July 2017 estimates)



**PTA in place:** since August 2017



**Key contributors to violence:** Gangs, criminal networks linked to human and drug trafficking, poverty, proliferations of weapons and corruption.



**PTA partners:** UNHCR works with a consortium composed of three civil society organizations with a work focus on human rights defenders, youth, women and teenagers. A fourth organization refers LGBTI persons to the consortium. UNHCR has an agreement with IOM for pre-departure arrangements and travel logistics. UNHCR is present in Guatemala and has an operating agreement with the government but not specific to the PTA.

| Indicator  | Cases | Individuals |
|--|-------|-------------|
| <b>UNHCR Planning figures</b>                                    |       |             |
| Annual number of cases to be resettled under the PTA             | 120   | 360         |
| <b>Referrals (August 2017 – August 2018)</b>                     |       |             |
| Cases referred to UNHCR Country Office by Partners               | 140   | 467         |
| Cases submitted by UNHCR Country Office to ROPAN for review      | 61    | 178         |
| Cases referred by ROPAN to resettlement countries                | 49    | 148         |
| Cases pending ICP decisions from resettlement countries          | 1     | 1           |
| <b>Rejections</b>  |       |             |
| Cases referred under the PTA rejected by resettlement countries. | 2     | 4           |
| <b>Transfers and Resettlement</b>                                |       |             |
| Cases pending resettlement in Costa Rica under the PTA           | 7     | 21          |
| Cases resettled under the PTA                                    | 2     | 7           |
| Cases resettled under ICP  | 0     | 0           |

### 4.1.3 Honduras



**Population figures:** 9,038,741 (July 2017 estimates)



**PTA in place:** since September 2017



**Key contributors to violence:** Gangs, Criminal Networks, high impunity amongst public security forces, corruption



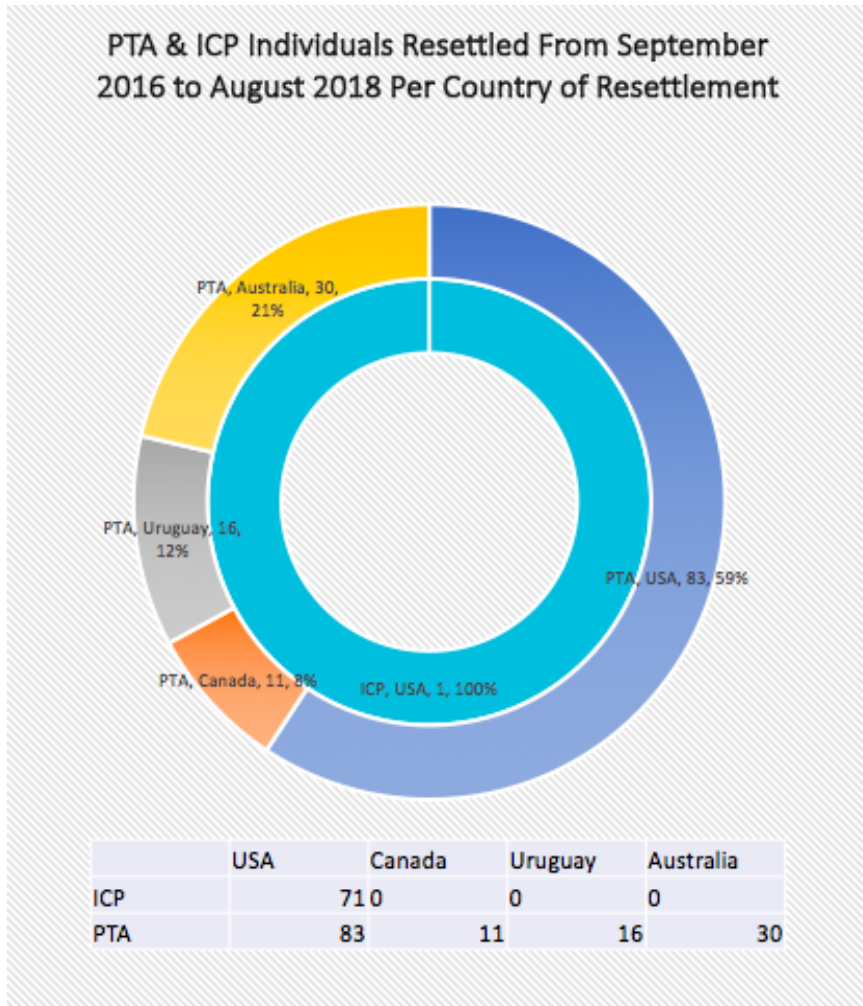
**PTA partners:** The PTA is organized around two consortiums of civil society organizations as well as agreements directly with other partners: one is in Tegucigalpa and the other in El Progreso. UNHCR has an agreement with IOM for pre-departure arrangements and travel logistics. UNHCR is present in Honduras and has an operating agreement with the government but not specific to the PTA.

| Indicator  | Cases | Individuals |
|--|-------|-------------|
| <b>UNHCR Planning figures</b>                                    |       |             |
| Annual number of cases to be resettled under the PTA             | 120   | 360         |
| <b>Referrals (September 2017 – August 2018)</b>                  |       |             |
| Cases referred to UNHCR Country Office by Partners               | 103   | 395         |
| Cases submitted by UNHCR Country Office to ROPAN for review      | 49    | 159         |
| Cases referred by ROPAN to resettlement countries                | 25    | 74          |
| Cases pending ICP decisions from resettlement countries          | 4     | 15          |
| <b>Rejections</b>  |       |             |
| Cases referred under the PTA rejected by resettlement countries. | 1     | 4           |
| <b>Transfers and Resettlement</b>                                |       |             |
| Cases pending resettlement in Costa Rica under the PTA           | 2     | 8           |
| Cases resettled under the PTA                                    | 0     | 0           |
| Cases resettled under ICP  | 0     | 0           |

Figure 2: Review of PTA Numbers September 2016 to August 2018

| Indicator  | El Salvador |             | Guatemala |             | Honduras |             | Total |             |
|--|-------------|-------------|-----------|-------------|----------|-------------|-------|-------------|
|  | Cases       | Individuals | Cases     | Individuals | Cases    | Individuals | Cases | Individuals |
| <b>UNHCR Planning figures</b>                                    |             |             |           |             |          |             |       |             |
| Annual number of cases to be resettled under the PTA (targets)   | 120         | 360         | 120       | 360         | 120      | 360         | 360   | 1,080       |
| <b>Referrals</b>   |             |             |           |             |          |             |       |             |
| Cases referred to UNHCR Country Office by Partners               | 404         | 1,309       | 140       | 467         | 103      | 395         | 647   | 2,171       |
| Cases submitted by UNHCR Country Office to ROPAN for review      | 291         | 689         | 61        | 178         | 49       | 156         | 401   | 1,023       |
| Cases referred by ROPAN to resettlement countries                | 180         | 563         | 49        | 148         | 25       | 74          | 254   | 785         |
| <b>Rejections/Withdrawn and pending cases</b>                    |             |             |           |             |          |             |       |             |
| Cases rejected/withdrawn while under review at Country Offices   | 148         | 500         | 48        | 151         | 16       | 57          | 212   | 708         |
| Cases pending different stages - Country Offices                 | 37          | 120         | 31        | 138         | 44       | 179         | 112   | 437         |
| Cases rejected/withdrawn while under review by ROPAN             | 16          | 56          | 2         | 3           | 1        | 4           | 19    | 63          |
| Cases pending different stages - ROPAN                           | 23          | 70          | 10        | 27          | 23       | 81          | 56    | 178         |
| Cases referred under the PTA rejected by resettlement countries. | 10          | 32          | 2         | 4           | 1        | 4           | 13    | 40          |
| Cases pending ICP decisions from resettlement countries.         | 31          | 97          | 1         | 1           | 4        | 15          | 36    | 113         |
| <b>Transfers and Resettlement</b>                                |             |             |           |             |          |             |       |             |
| Cases pending resettlement in Costa Rica under the PTA           | 17          | 46          | 7         | 21          | 2        | 8           | 26    | 75          |
| Cases resettled under the PTA                                    | 38          | 133         | 1         | 7           | 0        | 0           | 39    | 140         |
| Cases resettled under ICP  | 24          | 71          | 0         | 0           | 0        | 0           | 24    | 71          |

## 4.2 Resettlement



82. During the period under review four countries offered resettlement places for the PTA. They were: the United States of America, Canada, Australia and Uruguay. The United States of America was the first country engaged in the PTA and the only country taking cases in 2016, however Canada, Australia and Uruguay took cases during 2017 on a pilot basis. At the time of the evaluation, only the United States of America had taken cases in 2018.

83. All the participating resettlement countries allow UNHCR to submit PTA cases within the existing resettlement quotas.

84. Per data available to the evaluation, currently the United States of America is the only country accepting PTA

cases within their resettlement quota although at the time of the evaluation it was uncertain whether the current administration would continue or not accepting PTA cases. However, it had been implied that should more cases be referred each month, the circuit rides could potential be increased. The evaluation notes that since then additional commitments have been received from three resettlement countries, including the United States of America, to accept PTA cases.

## 4.3 Outcomes (intended and unintended) of the PTA

### 4.3.1 Positive outcomes

85. **Added Value of the PTA:** Most key informants viewed the most significant value from the PTA in that it offered a safe and sustainable solution to people at heightened risks. Other solutions were mentioned but lacked this durable aspect that is critical for people to be able to rebuild their lives in a new country.

86. **The stabilizing effect of the transit country:** It was found by the evaluation team, that spending time in a transit country was viewed as calming and enabling the people to begin to recover from their traumatic experiences. People were said to be calmer during interviews and were given the opportunity to prepare for the next phase of their lives in their future country of resettlement.
87. **Raised awareness on LGBTI's specific protection needs:** UNHCR Country Offices conducted training on LGBTI protection needs for the PTA. It was found that it raised a certain awareness amongst the partners about the needs of LGBTI individuals.

## Negative consequences

88. **Psychological effects:** Based on data collected by the evaluation team, it appears that the lengthy process had severe psychological consequences on a small number of people/families that were kept in safe houses for periods that can go beyond two to three months (viewed as the maximum time that people could be kept in safe houses, according to partners' psychologists). While civil society organizations have taken mitigating measures by partnering with Doctors without Borders and other medical associations to provide medical support and medication, the situation remains concerning.
89. **Withdrawal of people from the process:** The evaluation team heard from partners that many people left the process after several months, possibly because they needed an immediate escape out of the country. Some of these people (35 cases across the three countries of origin, according to the desk review and surveys) who left the process either used dangerous routes or had their own means to travel abroad.
90. **Increased budgetary needs:** Another unexpected result is the significant increased budgetary needs for the civil society organizations affected in particular by the processing delays and the high number of ICP cases. Originally presented as a 'two to four months process' maximum, civil society organizations had budgeted accordingly and most of them have a two-month safe house capability. Hence, some of the existing safe houses were not sufficient nor equipped to host high-risk level cases like those of the PTA for longer periods of time. Hostels, hotels and other safe houses were rented as the PTA unfolded in El Salvador. In Guatemala and in Honduras, hotels are used to host PTA cases but alternative housing through churches in other locations of the countries where the PTA cases come from are being researched to reduce costs and provide a more appropriate environment. However, because the actual time-frames in the PTA are considerably longer, partners have had to seek alternative solutions and funding either through money or in-kind contributions from other international organizations such as Doctors without Borders, or the International Red Cross.
91. **Weak security protocols:** Due to security concerns, civil society organizations had to integrate stricter security protocols in dealing digitally and when moving cases for medical emergencies or other urgent needs. According to data collected, there are no security protocols in place that are common to the partnering civil society organizations in each country. Communications via phone were not always carefully handled and weak security protocols were followed.
92. **Rejected cases:** Another issue raised during implementation was the question of what to do with cases that were rejected or stalled over 6 months or a year. The civil society organizations have a mandate to help and offer protection to people in such circumstances. As a result, when cases are rejected, the question falls on them and the UNHCR Country Office to seek alternative ways to help these people and offer the best support they can. Although both the civil society organizations' stakeholders and UNHCR were aware of this



potential issue, during implementation, concerns were raised regarding challenging logistical, security and budgetary issues which affected how they could support those people rejected.

## 4.4 Conclusions

93. The evaluation found that there are clear expectations from stakeholders that transfers would be more timely than has been actual practice, with waiting periods in the country of origin of no more than 2-3 months and that the number of persons transferred to Costa Rica would better match the capacity there.
94. Finding a better fit between the needs for protection and solutions in a timely manner for persons at heightened risk and the available transfer and resettlement spaces has been identified as central to improving the results. Other sections in the report describe the challenges regarding criteria and process; however, the need for better adapted and more immediate protection measures remain. In the absence of such protection, people at high risk of violence or death will continue to seek safety through unsafe routes. The ICP was found to create such an alternative, in some ways, as it is better adapted to consider people where there are concerns about gang involvement or other security related concerns and is therefore better placed to respond to the needs of persons at risk in this group.
95. The ongoing developments in the region<sup>24</sup> and the consistently high numbers of persons seeking asylum from the NCA countries confirms that the PTA must be placed in the context of broader protection efforts, both in country of origin and as part of responsibility sharing among States. In this context, the negative consequences should be carefully considered, especially as stakeholders noted that participation in the PTA may risk drawing resources from other protection work carried out by a partner organization.

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<sup>24</sup> See for instance: Migrant caravan: What is it and why does it matter? BBC, 30 October 2018, <https://www.bbc.com/news/world-latin-america-45951782>

## 5 Costs and Sustainability

### 5.1 Cost of the PTA

#### 5.1.1 Overall Facts and figures

97. UNHCR costs associated with the PTA are at Country Operations level, at the Regional level for ROPAN, and to a lesser extent at headquarters level where existing staff resources are utilized.

98. The total costs for implementing the PTA is based on the reported cost figure for 2017 and 2016: USD 1,943,427<sup>25</sup> and USD 253,068, as well as the estimated 2018 budget figure: USD 1,635,450<sup>26</sup>. **The total expected costs<sup>27</sup> for the PTA during 2016-2018 is thus USD 3,831,945.**

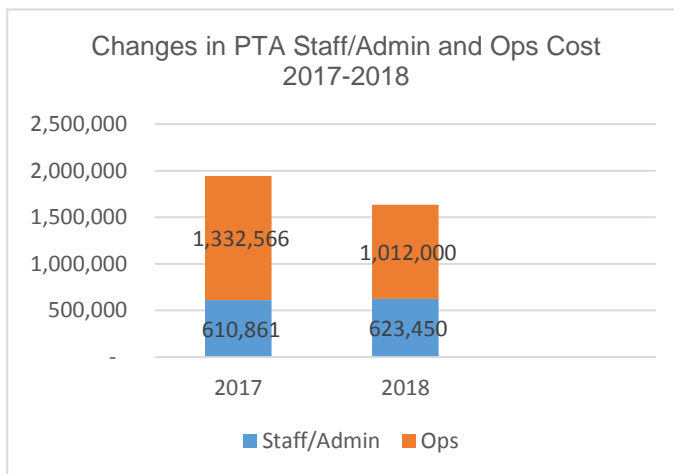
99. Of this amount, approximately 32 % is for dedicated staff and administrative support within UNHCR, while 68 % are covering the operational costs of the seven implementing partners, who have a partnership agreement with UNHCR in El Salvador, Guatemala, Honduras and Costa Rica.

100. The operational costs cover partner staff and expenditures associated with logistics, food and services such as housing, health and education.

101. According to interviews and the desk research, UNHCR's initial budget had to be revised as expenditures were increasing for the PTA, notably because civil society partners needed more financial support to compensate for the increased processing times and other unforeseen expenses related to security and health needs of the people.

102. There is a small increase foreseen in the 2018 budget for staffing and administrative costs, estimated at USD 623,450, or 38% of the total budget estimate of the PTA.

103. With this funding, it is planned that human resources will cover dedicated ICMC or DRC Resettlement Experts in all NCA countries, as part of the Protection Team, as well as a dedicated P3 Regional Resettlement Officer at Regional level with ROPAN, and a G6 staff and part time National Officer in Costa Rica.



**Figure 3: Changes in PTA Costs 2017-2018**

**Figure 2 2018 Budget Estimate: Variable Costs in**

<sup>25</sup> 2017 End-year report, Protection Transfer Arrangement (PTA), Bureau for the Americas, 2 March 2018, Annex 1 – 2017 total expenditure.

<sup>26</sup> UNHCR Funding Proposal 2018, Protection Transfer Arrangement (PTA) in the Americas (excluding 7% programme support costs).

<sup>27</sup> All figures for 2016- 2017 are reported expenditure, while 2018 are budget estimates, the total costs used for the full period are therefore a mix of both the actual expenditure and the foreseen expenditure.

|              | Costa Rica     | El Salvador    | Guatemala      | Honduras       | ROPAN          | Total            |
|--------------|----------------|----------------|----------------|----------------|----------------|------------------|
| 2016         |                | 253,068        |                |                |                | 253,067          |
| 2017         | 430,555        | 390,301        | 150,000        | 148,500        | 824,071        | 1,943,427        |
| 2018         | 518,967        | 331,191        | 313,798        | 303,683        | 167,811        | 1,635,450        |
| <b>Total</b> | <b>949,522</b> | <b>974,560</b> | <b>463,798</b> | <b>452,183</b> | <b>991,882</b> | <b>3,831,944</b> |

Source: Reported figures: 2017 expenditures and 2018 budget, as well as information from UNHCR offices

### 5.1.2 Costs in the NCA countries

104. The costs in the respective NCA countries vary significantly both year on year and in relation to each other. It is noted that the costs and expenditures cover different periods of time and operational realities as major factors driving these differences. In examining the monthly costs in relation to the numbers of cases/individuals resettled through either PTA or ICP, the evaluation team notes variations among the NCA countries. As the two tables below show, although the cost per month is highest in El Salvador; the cost per individual 'actually departed', either through the PTA or the ICP, is lower in El Salvador than in Guatemala and Honduras.

|                    | Total cost in USD | Months <sup>28</sup> | Cost per months in USD |
|--------------------|-------------------|----------------------|------------------------|
| <b>El Salvador</b> | 974,560           | 28                   | 34,806                 |
| <b>Guatemala</b>   | 463,798           | 17                   | 27,282                 |
| <b>Honduras</b>    | 452,183           | 16                   | 28,261                 |

105. Honduras has the second highest cost with \$28,261 per month and has not yet resettled anyone. The cost per person, while only indicative, is of \$4,078 per person for El Salvador and \$51,314 per resettled person in Guatemala. These figures do not include the costs incurred in Costa Rica. These figures may understandably, contribute to the perception held by stakeholders that PTA process is expensive.

|                    | Total cost USD <sup>29</sup> | PTA/ICP individuals resettled | Cost per individual is USD |
|--------------------|------------------------------|-------------------------------|----------------------------|
| <b>El Salvador</b> | 831,951                      | 204                           | 4,078                      |
| <b>Guatemala</b>   | 359,199                      | 7                             | 51,314                     |
| <b>Honduras</b>    | 350,955                      | -                             | -                          |

<sup>28</sup> PTA began in September 2016, while Guatemala began in August 2017 and Honduras in September 2017.

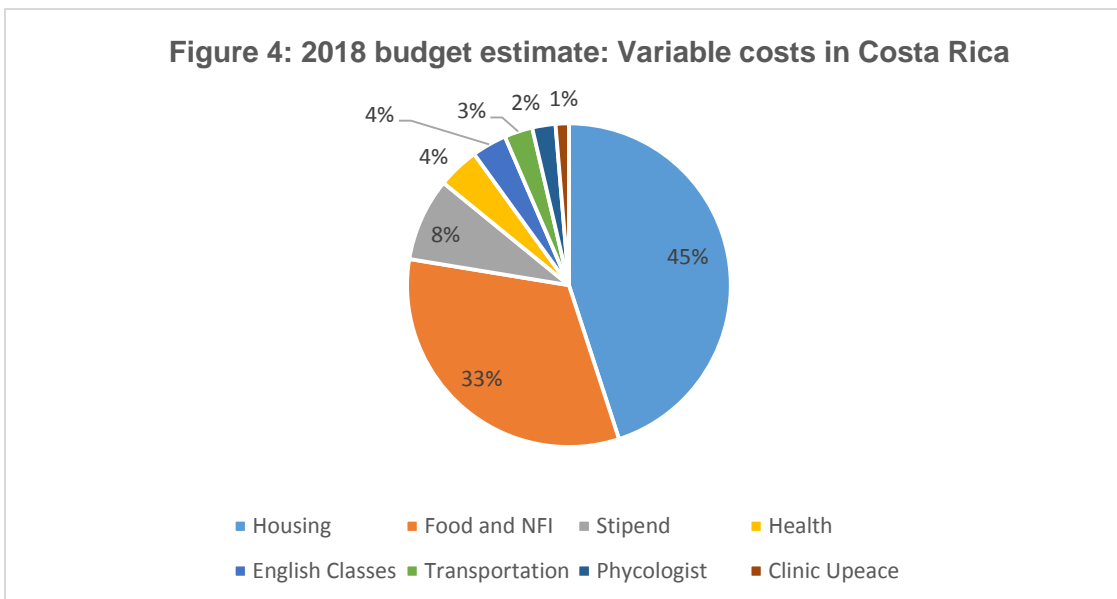
<sup>29</sup> The cost here is calculated based on 2017 expenditure and 2018 monthly prorated budget multiplied by eight months as the resettlement figures are as reported for end-August.

106. The main costs related to the PTA in country are partner and UNHCR staffing; and funding provided to the partners to cover logistical aspects of the PTA, such as transport to safe houses and remote locations to obtain documents when required; running of safe houses as well as other food and non-food item support. These costs are affected by any delays where sensitive cases are spending time in their country of origin and needing support, either for preparation of files, or checks (for example to obtain documents in a given case or carry out interviews or re-interviews). With significant investments in preparation of cases, and considerable time taken before resettlement actually occurs, partner organizations' costs have been driven to be higher than was originally planned. The evaluation notes that even with a more streamlined process where organizations are better able to use the criteria, so they match the different expectations of decision-makers in the PTA, there will continue to be significant in-country costs involved.
107. According to interviews and the desk research, each Country Office had to revise its initial budget for the PTA as expenditures were increasing and civil society partners needed more financial support to compensate for the increased processing times and other unforeseen expenses related to security and health needs of the people.
108. In sum, the PTA was found to have significant costs associated in the countries of origin, especially associated with hosting people in safe houses or alternative solutions for long periods of time (more than normal times for all civil society partners). Additional costs are also added when people are identified as ICP and need to remain in their country of origin until a decision is made by DHS. In that time, they are still in need of protection through safe houses or hotels, so also incurring costs.

### **5.1.3 Costs related to transit in Costa Rica**

109. The PTA is referred to in documents and by stakeholders interviewed as "resource intensive" in Costa Rica. Costa Rica's cost includes UNHCR's Country Office staff costs dedicated to the PTA, and the civil society partner that hosts the PTA cases in Costa Rica. The partner was selected by UNHCR as the local civil society partner and offers a wide range of services. Some of the services, such as English and psychological support, are required in the MoU with the GoCR and therefore these costs have to be factored in when the partner presents its annual budget to UNHCR. Other services partially paid by UNHCR include food, housing, thematic workshops such as on 'gardening' or 'what to expect in the country of resettlement' sessions and other crafts activities. The partner covers part of these costs through partnerships they have with suppliers or other entities. The partner had to negotiate tight payment terms with food suppliers as UNHCR's payments are not paid regularly but rather at the end of the year, and therefore had to adapt and negotiate certain payment modalities with its suppliers.
110. In the MoUs with the GoCR, visas and social security rights (giving PTA beneficiaries free access to medical services) were extended by Costa Rica under the condition that UNHCR and the local partners take upon themselves to cover the rest of the costs (the partner costs, transportation from airport to the facility housing the individuals and visa processing).

**Figure 4: 2018 budget estimate: Variable costs in Costa Rica**



Source: UNHCR 2018 budget estimate for the partner in Costa Rica

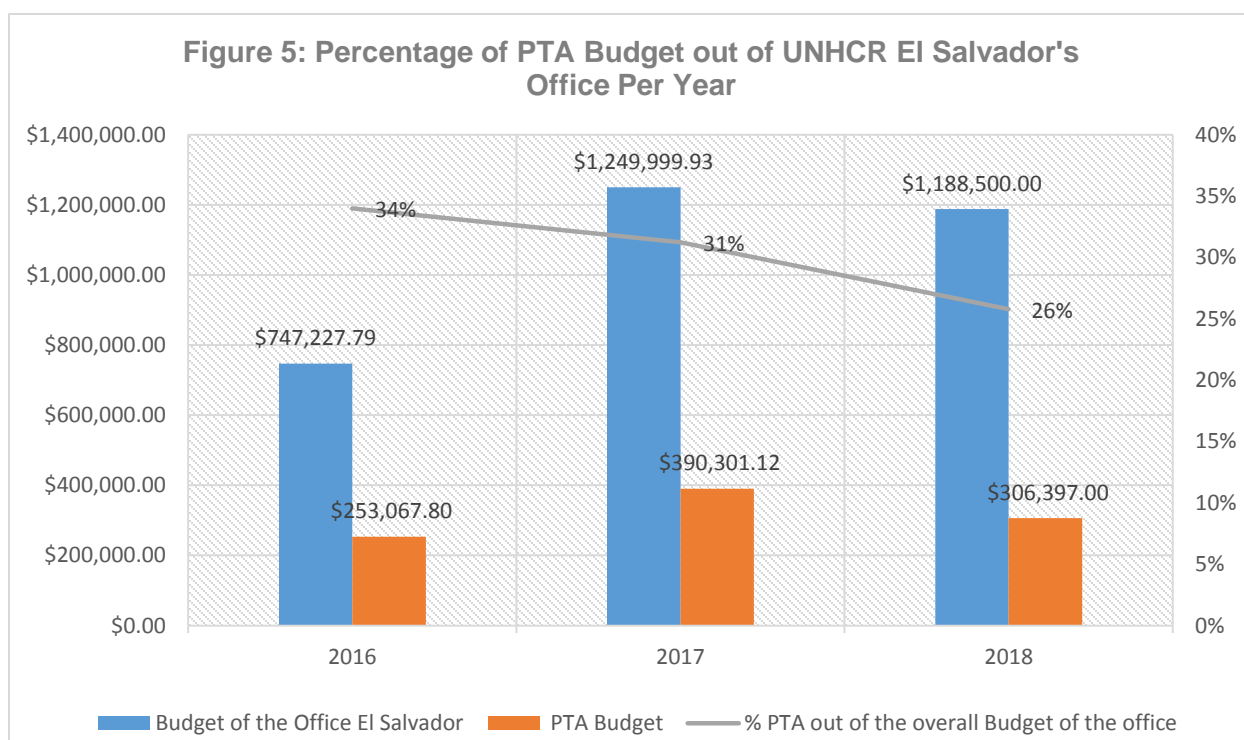
111. There are two main aspects of the partner costs: fixed costs, which have to be covered irrespective of the number of PTA beneficiaries using the facilities, and variable costs, which are directly linked to the number of individuals being serviced. It is logical that the total cost per individual is reduced when the facilities' usage is maximized.
112. In other words, operational costs for the PTA partner are relatively high when there are no or very few PTA beneficiaries on the premises. According to UNHCR Costa Rica office's budget forecast for the PTA the most cost-efficient per capita would be USD 393 should there be 104 people in the hosting facility at any given time. The most expensive is USD 3,182 for four people present at the facility. This cost also includes administrative and salary costs of UNHCR staff of the Costa Rican Country Office, but these are just estimates based on known partner fixed costs (partner PTA staff + administrative costs) and other expenses (such as housing, health, food and basic items for instance). However, an optimal usage of the partner's facility is difficult to obtain, mainly because each NCA country does not submit the planned 10 cases per month, as initially foreseen.
113. In addition, to the costs covered by UNHCR, the partner has costs requiring financing from other sources, including in-kind. The evaluation found that the partner was considered to be resourceful and able to manage the budgetary constraints. The partner also had to develop its own 'on-boarding materials' to receive the PTA beneficiaries, as well as find housing, negotiate with food suppliers to reduce costs and manage the budgets. According to the desk review and interviews, the agreement between UNHCR Costa Rica and the partner has been negotiated several times and the funds are disbursed every three months. As a result, the PTA staff at the partner is hired on three months contracts and the disbursement of funds is irregular and often more towards the end of the year when the UNHCR Costa Rica has received its own funds. This was found to put financial pressure on the part of the partner to manage fixed costs and maintain their PTA trained staff.
114. Many key stakeholders interviewed questioned whether UNHCR should continue to rely on Costa Rica as a country of transit for the PTA, due to the costs, the transit time in the country, time it takes to transfer individuals to Costa Rica and the rather high numbers of ICP cases, indicating that there are alternatives.

115. While these concerns expressed were confirmed as challenges by the evaluation, the evaluation also found that the stay in Costa Rica had some very specific benefits. As such, according to interviews and surveys, the people interviewed by BPRM in Costa Rica appeared to be more at ease. The PTA beneficiaries in Costa Rica were also pleased with most courses they received. The course ‘what to expect in the country of resettlement’ was the most appreciated amongst key respondents as it helped them prepare and be less anxious about their future.

## 5.2 Funding and resource allocation

116. At the time of the evaluation, the PTA has relied significantly on earmarked contributions from the United States of America, totalling USD 2,635,381. This included a contribution for 2017 of USD 999,931 and for 2018 a contribution of USD 1,635,450. While the total expenditures for 2018 will not be known until the closure of the accounts, in 2019, the 2017 PTA expenditures exceeded the earmarked contribution by USD 943,496 which therefore had to be covered through reallocation of resources from other UNHCR activities.

117. Although the PTA is aligned within UNHCR’s regional priorities and a partial absorption of the PTA in the overall budget of each country has been discussed, UNHCR’s offices must prioritize the PTA or find other sources of funding to cover the full costs, including exploring earmarked funding. In all three countries, the PTA is a significant proportion of the total budget (see figure below for El Salvador example).



Source: Evaluation team based on collected data during the field mission

## 5.3 Conclusions

118. The PTA can be considered costly relative to other costs in the sub-region for all civil society partners and in many respects as well for the UNHCR Country Offices. So far, PTA

was financed by earmarked funding from the United States of America with a total of more than \$2.6 M since September 2016 until December 2018. The remaining amount of some \$943,000 has been funded through UNHCR funding. The evaluation also concluded that the total cost per individual in each NCA has been quite high with \$51,314 /per individual in Guatemala since its inception in 2017 and \$4,078/per individual in El Salvador. In Honduras no individual has yet been resettled.

119. The costs in the NCA countries cover safe houses, protection services and staff members that are dedicated to the PTA. The evaluation notes that the PTA represented an average of 30% of the overall Country Office's budget for El Salvador, which is significant. In Costa Rica, these costs are associated with housing, English courses, psychological support and other services, and are the highest in the PTA. Costs are driven considerably by fixed costs such as housing that remain the same whether there are 200 people or none on the partner premises. UNHCR Costa Rica's Country Office calculated that 104 individuals are the most efficient number with a cost per individual of \$393. Until now a maximum of 90 individuals have stayed at premises in Costa Rica at any given time (at the time of the evaluation 43 individuals were present). UNHCR's Costa Rica office has been the most expensive operation within the PTA due to the factors mentioned above.
120. UNHCR should consider how to improve the process for the phase after December 2018 as people are already being processed and it might take several more months to be resettled. The current funding from the United States of America is supposed to end in December 2018 but might be extended.
121. The current costing structures raises questions about the sustainability of the programme. Some stakeholders questioned whether a tool that was primarily seen by some as a resettlement tool would be prioritised over other protection activities. The ongoing developments in the region<sup>30</sup> and the consistently high numbers of persons seeking asylum from the NCA countries confirms that the PTA must be placed in the context of broader protection efforts, both in country of origin and as part of responsibility sharing among States. In this context, the consequences should be carefully considered, especially as stakeholders noted that participation in the PTA may risk drawing resources from other protection work carried out by a partner organization. In particular, UNHCR could compare the costs of ICP vs PTA and the relevance of having a transit country. The evaluation noted that ICP cases might be increasing due to the context and the profiles of the people referred. The funding constraints and high costs have therefore to be considered further by UNHCR within the regional context, the alternatives available, and the priorities of UNHCR for the region.
122. The evaluation found that a more coherent and organizational approach to the PTA as both a protection and resettlement tool would be helpful to provide clarity and direction to various offices and staff about how to prioritise the PTA within their overall protection strategies. The financial and budgetary constraints therefore need to be considered within the regional context and the priorities of UNHCR for the region.

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<sup>30</sup> Op. Cit. note 25

## Recommendations

The recommendations are divided in two sections: I) to the current PTA and how it could be improved by the Country Offices, and ROPAN and II) to a next phase of the PTA for higher level considerations by RBAC, ROPAN, and DIP.

### RECOMMENDATIONS REGARDING THE IMPLEMENTATION OF THE PTA – IMPROVING EFFECTIVENESS

#### Recommendation 1: UNHCR ROPAN with Country Offices, RBAC and Resettlement Service: Introduce a Risk Scale which helps define ‘heightened risk’ for the PTA.

Introducing a risk scale could not only be useful for partners but could also help resettlement countries understand better the situation of the individuals referred in the PTA and address some of the issues found above in relation to the profiles and selection criteria. Such a risk scale could distinguish levels of risk from death threats, as the highest risks and needing to be relocated immediately, to life threatening events such as physical and verbal abuses that require protection but are not death threats. UNHCR has a Heightened Risk Identification Tool (HRIT), which could be adapted for the PTA.

#### Recommendation 2: UNHCR ROPAN with Country Offices, RBAC and Resettlement Service: Review and improve the formulation of the PTA criteria in its SOPs and the tools used in the PTA.

While criteria for final selection by resettlement countries may not be possible to change, improving the flow and alignment between the different steps in the assessment, clarifying concepts and definitions, and harmonising the structure of the different tools would make them easier to use. The outline below is suggested for consideration.

| Suggested outline of the assessment flow to be followed in the PTA   | Comments   |
|--|--|
| <p>General profile of the person/family</p> <p><b>Step 1:</b> Assessing the protection needs<br/>Heightened risk assessment<br/>Protection solution in country<br/>Special needs</p> <p><b>Step 2:</b> Prioritized profiles for the PTA (currently six profiles based on United States of America criteria - could be others in line with UNHCR risk profiles)</p> <p><b>Step 3:</b> Assessing admissibility and limitations of particular resettlement countries</p> <p><b>Step 4:</b> (If refugee related considerations are required) – assessment of how the harm the person is assessed to be at risk of relates to convention grounds (any of the five) could follow</p> | <p><b>Step 1:</b> Heightened risk assessment would be the first step for partners, using a risk guide to assess the level of risk.</p> <p>Only where in-country solutions is not available to mitigate the identified risk, would further PTA considerations be appropriate and special needs could be identified.</p> <p><b>Step 2:</b> For those found to be at heightened risk of harm, with no in-country solution, an assessed in relation to the PTA profiles criteria accepted by resettlement countries could follow.</p> <p><b>Step 3:</b> For those falling within these profiles, specific resettlement country restrictions should be considered such as in-admissibility criteria.</p> <p><b>Step 4</b> Convention related considerations could be assessed only if required and could be the final step.</p> |



This separation of the steps would enable partners to tailor the selection to different resettlement country criteria, allowing for PTA cases to be submitted to States which have other admissibility or exclusion criteria. This approach could also allow for a better assessment of the different barriers to the PTA as a basis for dialogue with participating States. For instance, the evaluation learned that while most of the United States of America's requirements are not changeable, the GoCR was open to receiving disaggregated data about the profiles of people that actually benefited from the PTA in order to better assess the impact of the PTA and adjust if needed and possible.

**Recommendation 3: UNHCR Country Offices: Conduct a thorough stakeholder mapping and capacity gap assessment of local partners.**

PTA's civil society partners in each country were selected based on their reputation, their long-standing presence in each of these countries and protection expertise working with certain profiles, as well as in some cases a pre-existing partner agreement with UNHCR. While these selection criteria have their merits, they have resulted in a considerable number of ineligible individuals. Moreover, partners also receive additional referrals from their own networks from all over the country; these networks can be governmental or related to the churches, and can help identify cases that are sent to UNHCR Country Offices. Further expansion or coverage outside of the country capital can help increase the number of cases per month in order for the project to be more cost-efficient and effective. For that objective, UNHCR Country Offices need to conduct a thorough stakeholder's mapping exercise. This exercise should take place every year in order to ensure due diligence, effective partnership, and a clearer understanding of power relations within the partnering organizations. Such process is critical to identify strategic partners and avoid fraud, corruption and security breaches. Furthermore, this mapping should be combined with a capacity gap assessment to understand the level of staff, numbers of staff, recruitment needs, and capacity needs with respect to PTA identification and protection demands. These findings will help country offices prepare training plans accordingly and more efficiently. The expected outcomes of such recommendation are the identification of a group of organizations chosen for their mandate but also for the type of profiles of people they help that could be closer to PTA admissibility criteria. This mapping can also help widen the web of organizations across the country and especially in sensitive areas, where criminality is high, and it can help define clearer engagement terms and roles between the partners and UNHCR Country Offices; for instance, revisit the consortium model in Guatemala and define training plans for each of these partners in each country.

**Recommendation 4: UNHCR Country Offices: Review the SOPs and conduct regular needs-based trainings.**

Communications and exchanges of best practices and valuable learnings amongst Country Offices, including Costa Rica, could be improved. To that end, a first step should be for UNHCR Country Offices to strengthen SOPs through regular and planned exchanges of lessons learned and best practices amongst Country Offices and ROPAN. This could include considerations of whether a pre-screening by UNHCR is suited before partners invest in developing the full referral file. Finally, UNHCR Country Offices should coordinate more closely with the partner organizations and offer them on-going training on case identification, self-care, security protocols, international protection and refugees' mechanisms. Online trainings could be an option to reduce staff time investment in training for both ICMC and UNHCR Country Offices.

**Recommendation 5: UNHCR Country Offices and ROPAN: Introduce consistent case management, such as ProGres4, across the participating countries allowing for better monitoring and case tracking.**

At the time of the evaluation, data is not collected systematically, templates are not standardized (including for case management) and the terminology is not mainstreamed across PTA partners and UNHCR offices. It is critical for data analysis and for closer management and strengthening the effectiveness of the PTA that a standardized monitoring process is crafted and agreed upon by UNHCR Country Offices, ROPAN and RBAC. Better monitoring could also serve as the basis for more targeted capacity development to improve the partner assessment and referrals where data show particular weaknesses and clear data sets could strengthen the efforts to identify resettlement countries and potential donors. Better evidenced cases could also support identification of protection needs in the NCA countries and special requirements for LGBTI community as well.

**Recommendation 6: UNHCR Country Offices and ROPAN: Ensure coherent management of the PTA, including budget and expenditure oversight.**

While the PTA in each of the three countries has been developed based on the same Concept Note and MoU with Costa Rica, and the SOPs have clear similarities, the PTA is not managed with consistency. In particular budgets and expenditure are dispersed based on plans and agreements between the civil society partners and UNHCR Country Offices without much planning among the offices and with ROPAN. As such templates and the reporting tools and methods are not streamlined across the three offices, or within the office in Costa Rica. Consistent and coherent needs assessment and monitoring of the outputs (such as creation of safe houses, services to individuals with PTA cases, staffing costs, etc.) would be required every year to improve results and mitigate risks, while budgets and the expenditures should be closely reviewed, every six months to ensure financial due diligence, monitor the cost of each office and partner, and take corrective steps as required.

**Recommendation 7: RBAC, ROPAN and UNHCR Country Offices: Carefully consider managing the future of the PTA, depending on funding available.**

The evaluation found a high level of reliance of and investment in the PTA mechanism from partners, both financially and with human capital. Civil society partners in each country are working with other entities to supply the services to support the PTA process; they have recruited new staff members; they are renting additional safe houses and seeking alternative solutions if needed; and have developed other services to protect these individuals. All of this raise expectations that the PTA will continue. Furthermore, cases take an average of 8 months and ICP even longer. These individuals involved in the PTA have some expectations in terms of the outcomes. Although they are not informed from the onset, they are mid-process, and may suffer negative consequences if the PTA was to be discontinued or reduced in scope. It is therefore critical for the Country Offices, ROPAN and the RBAC to think about responsible implementation, including managing expectations regarding the capacity and spaces available for PTA, and to ensure that cases in process are followed through or alternative solutions found.

## LOOKING FORWARD: RECOMMENDATIONS REGARDING THE DESIGN and SUSTAINABILITY OF THE PTA

**Recommendation 8: UNHCR's Division of International Protection and RBAC: Clarify how approaches such as protection transfer arrangements can form part of a broader approach to UNHCR's protection and solutions strategies.**

The evaluation found that the PTA could have benefited from a coherent organizational approach as both a protection and resettlement tool. Such coherence allow better cooperation among offices; including on how best to implement the mechanism. The evaluation also found that this lack of clarity influenced considerations on whether to prioritize the PTA activities over other protection work for UNHCR's persons of concern, when there was insufficient earmarked funding.

**Recommendation 9: RBAC and ROPAN: Carefully consider the rational for a transit country versus costs- and explore other countries for transit.**

The evaluation underlined the high costs incurred in relation to the transit phase of the PTA. The transit country was initially seen as offering a more immediate option for transfer out of a country of origin for persons at heightened risk and allow resettlement countries to then process a request while the persons were in safety. It was designed to offer a stabilising time with a range of services to support individuals and their families. The current process of the PTA does not allow for immediate transfers to safety and has been found costly overall. A thorough cost-benefit analysis should be conducted with clear data sets for expenditures and the rational for the transit country should be reviewed. Other transit countries could potentially be explored that have willingness to take cases who may eventually require protection on their territory and/or which are less costly.

**Recommendation 10: RBAC, ROPAN and DIP (RST): Seek to diversify the pool of resettlement countries for the PTA to continue.**

The evaluation found that the main country of resettlement was the United States of America. While other countries (Australia, Uruguay and Canada) have participated with receiving a few individuals in 2017, they had not yet expressed<sup>31</sup> the firm commitment for receiving PTA individuals in 2018. As found in the evaluation the PTA is fully dependent on available resettlement spaces. Finding different resettlement countries can also help with the selection criteria that could become less marked by the United States of America's admissibility and inadmissibility clauses.

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<sup>31</sup> At the time of the evaluation data collection.