Situation Overview: Profiles of Venezuelan Persons of

Concern in Manaus, Amazonas State

July 2019





BACKGROUND

Since early 2015, around 3 million¹ Venezuelans have left their country due to ongoing social, economic and political instability. Of those, officials estimate that over 168,357² Venezuelan asylum seekers and migrants (henceforth referred to as Persons of Concern) are living in Brazil. With the passing of time these populations have progressively dispersed into Brazilian communities across Roraima state in the north as well as in key cities around the country. The Federal Government of Brazil initiated an emergency response in April 2018 to support the state of Roraima dealing with the influx of Venezuelans across its northern border. The resulting coordination provided by Operação Acolhida has instituted a number of programmes, among which are shelters for asylum seekers and migrants, as well as a voluntary relocation initiative to help reduce the floating population in border regions.

REACH, in support of the Office of the United Nations High Commissioner for Refugees (UNHCR) and other partners, began profiling Venezuelan Persons of Concern (PoCs) in 2018 using a variety of primarily qualitative tools modelled on an Area-based Approach (ABA). In 2019, the research seeks to increase the understanding of humanitarian actors regarding the living conditions, primary needs, vulnerabilities and coping strategies of Venezuelan asylum seekers and migrants living in host communities and abrigos managed by humanitarian actors in the cities of Boa Vista, Pacaraima and Manaus city.

The focus of this research has been to conduct a socio-economic and vulnerability profiling of the Venezuelan PoC population in such a way that the results are representative of the wider population. This assessment aims to a) facilitate the identification of marked differences in socio-economic and vulnerability profiles amongst different groups of Venezuelan asylum seekers and migrants; b) indicate relevant trends, as well as challenges and opportunities for local integration and durable solutions; and c) enable informed prioritisation of humanitarian support.

This document summarises the key findings and results of the research conducted specifically in the city of Manaus. It is complemented by individual Situation Overviews for the cities of Pacaraima (RR) and Boa Vista (RR), alongside an analytical report that provides a comparative analysis between the three locations and across the different key strata that were the focus of this research cycle.

1. Available at: https://www.unhcr.org/news/press/2018/11/5be4192b4/number-refugees-migrants-venezuela-reaches-3-million.html 2.Available at: https://r4v.info/es/situations/platform

METHODOLOGY

REACH conducted primary data collection between the 29th April and 6th June 2019 in 39 neighbourhoods across the city of Manaus as well as 6 shelters4 housing Venezuelan PoCs. Sampling was conducted in two ways based on whether interviews were being conducted in the shelters (abrigos) or within host community neighbourhoods across the city. In shelters, enumerators used randomly generated lists of households and interviewed residents based on the randomised sequence provided. In host community neighbourhoods, the team used randomly assigned GPS coordinates at which enumerators identified a Venezuelan household with whom to conduct an interview, within a 300m radius of the point. Enumerators conducted a maximum of two interviews per location, by asking the interviewee to point them in the direction where other Venezuelan families were known to reside - provided that they had no family members living in the direction indicated. Given the greater level of complexity and insecurity in the city, interviews were also conducted in places where PoCs in the city are known to converge (i.e. transport hubs, registration centres, squares, street fairs, etc.) where the enumerator team would randomly conduct interviews during a specific window of time. The aim was to ensure a broader catchment of the population and facilitate the achievement of data collection targets.

Sampling was stratified to ensure a representative sample of Venezuelan households at a 95% confidence level, with a 10% margin of error. Where population figures were unavailable for a given stratum, an infinite population size was assumed and used as the basis for the sample size calculation. In shelters REACH calculated the sample size proportionately based on the size of the shelter relative to the total population resident in the targeted locations.

Interviews were conducted with adult members of a randomly selected household

4. The six shelters covered by this research particularly target locations identified by UNHCR and being managed by municipal authorities with support from UNHCR.







using a structured questionnaire provided to trained enumerators via mobile devices. All mobile devices used by enumerators used KoboCollect as the default data collection tool. Once interviews were conducted and the forms were finalised by enumerators, these were uploaded to the server and deleted from the device.

Data in this report is complemented by information collected through semi-structured interviews with Key Informants representing (a) service providers, (b) Brazilian community leaders, and (c) Venezuelan outreach volunteers that act as liaisons between the Venezuelan PoC population and the humanitarian community.

A total of **362** households (HHs) were interviewed across Boa Vista during the research cycle. Correcting for database and sampling errors the breakdown across the strata was as follows:

Manaus

| | Representative Sample | FHH | HHwSC |
|----------------|-----------------------|------|-------|
| Shelter | 86 | 27 * | 70 * |
| Host Community | 96 | 96 | 96 |

* The composition of the resident community in shelters was such that a small minority of women represented the head of their household (FHH) and there were fewer Households with School-aged Children (HHwSC) than in comparable contexts in Roraima. As a result, the sample size for FHH and HHwSC in shelters is too small and findings should be considered indicative only. Amongst non-shelter (host community) contexts however, the sample within each strata included a high enough number of Female Headed Households (FHH) and Households with School-aged Children (HHwSC) to allow for further disaggregation and generate findings generalisable to these two sub-groups at the same precision level as the representative random sample.

This household level data is complemented by a total of 17 Key Informant (KI) interviews. 9 interviews were conducted with public service managers from the health, education, social assistance, and employment bureaus. Interviewees were selected for having a ground-level knowledge of the service context facing individual service units, whilst also understanding the trends and dynamics across the city's various administrative areas (region).

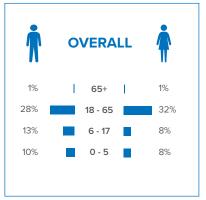
In addition 4 Brazilian community leaders and 4 Venezuelan community promoters were interviewed that represented different areas of the city. Brazilian community leaders included presidents of active neighbourhood associations. Venezuelan community promoters were participants to the UNHCR "Outreach Programme".

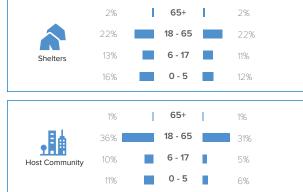
No personal data was collected for the purposes of this research.



Overall, **62%** of respondents identified as female and **38%** male. Respondents had an average age of **34**. The average household size was **4,0** people per household - with very limited variation between shelter and host community households. The gender breakdown of the overall population had a **54:46** male to female ratio. Children under the age of 17 comprised **43%** of the population, with a male to female ratio of **56:44**.

Figure 1. Demographic breakdown of the population





Overall respondents indicated that they had been residing in Manaus for an average of just over **9** months, with those living in shelters reporting having been present in Manaus for an average of almost **10** months.

Across all households, **27%** of respondents indicated having the presence of at least one member of an indigenous community within their family. This figure is significantly different between shelters, where the incidence of indigenous household members is **72%**, and outside of shelters where the reported rate drops to **4%**. It is worth noting when considering this figure, that the largest proportion of shelter samples for this study originated from Alfredo Nacimiento; by far the largest shelter in Manaus dedicated to hosting indigenous communities. As such a direct comparison between shelter and non-shelter figures should factor this natural bias.

Table 1. Highest educational attainment within households

| | Primary | Secondary | University degree | Diploma | Technical Certification | None |
|--------|---------|-----------|----------------------|---------|----------------------------|------|
| Manaus | 15% | 43% | 18% | 13% | 2% | 8% |





| | Primary | Secondary | University degree | Diploma | Technical Certification | None | | |
|-------------------|---------|-----------|----------------------|---------|----------------------------|------|--|--|
| Shelter | 38% | 23% | 9% | 1% | 0% | 26% | | |
| Host Community | 2% | 38% | 34% | 26% | 0% | 0% | | |
| Breakdown (FHH) | | | | | | | | |
| Shelter * | 22% | 30% | 15% | 0% | 0% | 33% | | |
| Host Community | 5% | 52% | 23% | 17% | 3% | 0% | | |
| Breakdown (HHwSC) | | | | | | | | |
| Shelter * | 43% | 17% | 9% | 0% | 0% | 29% | | |

^{*} Given the sample size for these population groups these figures should be considered indicative only.

23%

22%

3%

0%

49%



Host Community

Across the 39 assessed neighbourhoods in Manaus the accommodation breakdown outside of shelters showed that the majority of the population lived in rented accommodation (96%), followed by borrowed housing (3%), and owned property (1%).



1 in 3 households in both shelter and host communities reported an accommodation issue.

The most prevalently reported issues were:



| Internal water leakages | 61 % |
|-----------------------------------|-------------|
| Roof leakage | 30 % |
| Unsafe structure | 21 % |
| Sanitation issues | 13 % |
| Ventilation issues/ Problems with | 6% |
| the landlord/ Security | |



Lack of running water 29% Internal water leakages 23% Sanitation issues 19% Roof leakages 13% Unsafe structure 10% Overcrowding 10% About 1 in 10 households reported issues related to their landlord or being under the threat of eviction. This figure remains broadly similar when disaggregating for FHHs and HHwSC. Across FHHs concerns related to overcrowding were raised by 19% of respondents, a figure almost double that of the overall population and HHwSC. Additionally, FHH were more than twice as likely to raise concerns regarding the structural integrity of their homes (23%) than the overall population.

\$ ECONOMIC SECURITY

Over 80% of all households reported having some source of income, practised by 52% of men and 43% of women between the ages of 18-65. 14 cases of children between the ages of 6-17 working as income generators for their household were identified. In total this reportedly involved some 11 girls and 8 boys, or 9% of the population of girls between 6-17 and 4% of boys of the same age group.

Despite some 80% of households reporting having a source of income, 90% of households also indicated having at least one member actively searching for employment at the time of data collection. Households indicated that it takes an average of 1,5 months to find some form of income generating activity, with shelter populations reporting a slightly longer average of 2,2 months compared to their peers residing in host communities.

Greater differences emerge when comparing data for populations living inside vs outside of shelters. In fact the percentage of households in shelters reporting some form of income generation drops to 78% compared to 95% in host community contexts. Across those households that reported having some income source, 85% of those had at least one male aged 18-65 working and 56% at least one woman of the same age in host community contexts, compared with 68% and 71% of reporting at least one male and woman respectively within shelters.

Table 2. Typology of income source practised by households *

| | Manaus | Shelter | | | Host Community | | |
|----------------------------------|---------|---------|--------|----------|----------------|-----|-------|
| | Overall | RS** | FHH*** | HHwSC*** | RS** | FHH | HHwSC |
| Formal (contracted) employment | 10% | 3% | 0% | 2% | 15% | 7% | 21% |
| Self Employed | 47% | 36% | 33% | 33% | 29% | 53% | 45% |
| Uncontracted (steady) employment | 26% | 12% | 13% | 14% | 24% | 23% | 37% |





| Informal / day-labour | 27% | 17% | 20% | 14% | 37% | 32% | 33% |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|
| Begging | 30% | 85% | 93% | 91% | 3% | 15% | 6% |
| Benefits | 30% | 47% | 33% | 65% | 7% | 8% | 8% |

^{*} Note that this question allowed for multiple selections where HH members were involved in different income generation activities

Figure 2. Consistency in income

Dependable/Frequently consistent **55%** Rarely consistent 35% Not dependable 10%



Only 19% of households indicated that they believed they could feasibly sustain the income for the rest of the year. This confidence was somewhat lower amongst shelter residents (14%) and higher amongst residents in host communities (31%).

Average household income across the city was reported as 869 BRL⁵ per month (943 BRL⁶ if data given as < 100 BRL monthly is discounted). Within shelters this is significantly lower at 546 BRL7 with major variations across FHH (309 BRL)8 samples. Outside of shelters the average earnings were higher at 1.168 BRL9 with FHH reporting a lower earning potential of 877 BRL¹⁰ per month.

77% of respondents across the city indicated that they worked more than 5 days per week, with 44% indicating working more than 48 hour weeks. Note that the figures across shelters were substantially lower with respect to the number of days worked more than 5 days per week (53%) and comparable in terms of the number of hours worked per week (47%), compared to the much higher figures of 82% and 58% respectively amongst their peers living in host community contexts.



reported issues included percieved workplace abuse (4%), one case of alleged sexual abuse, and general safety concerns at the place of work (2%). Figure 3. Reported challenges faced by households in finding employment * Language Insufficient opportunities Missing documentation Perceived discrimination Lack of relevant jobs

70% of respondents indicated that their salaries were paid on time, with the figure amongst non-shelter residents higher at 82%. 15% reported accidents or injury caused from their jobs, with the non-shelter working population more at risk given that 21% reported some form of injury at work. 12% reported perceiving behaviour they considered discriminatory or xenophobic being practiced in the workplace. Other

Childcare issues Other ** Exploitation risks

Application difficulties

Unrecognised certificates

As part of the interview respondents were asked to give an overview of their monthly household costs. These broke down as follows:

| Overall Average Monthly Costs: | BRL | 847 | (US\$ 219) ¹⁰ |
|--------------------------------|-----|-----|--------------------------|
| Shelters: | BRL | 584 | (US\$ 151) ¹⁰ |
| Host Community: | BRL | 981 | (US\$ 253) ¹⁰ |

Respondents were asked specifically about their costs based on four categories: Food, Accommodation, Transport, and Communication.





^{**} Representative Sample (RS)

^{***} Given the sample size for these population groups these figures should be considered indicative only.

^{5.} Equivalent of ca. US\$ 225 *

^{6.} Equivalent of ca. US\$ 244 *

^{7.} Equivalent of ca. US\$ 141 *

^{8.} Equivalent of ca. US\$ 80 *

^{9.} Equivalent of ca. US\$ 302 *

^{10.} Equivalent of ca. US\$ 227 *

^{*} Source https://treasury.un.org/operationalrates/OperationalRates.php calculated on 30 June 2019

^{*} Note that this question allowed for multiple selections if HHs mentioned more than one challenge.

^{** &}quot;Other" includes the need for letters of recommendation by Brazilian peers in support of a job application (mentioned by 42% of those that selected 'other'), and physical or health limitations (reported by 1 in 3 respondents that selected 'other').

^{10.} Source https://treasury.un.org/operationalrates/OperationalRates.php calculated on 30 June 2019



Accommodation

| ÷333. | Eco |
|-------|------|
| | Food |

Shelters:

| Overall (Avg): | BRL 451 | (US\$ 117) ¹⁰ |
|----------------|----------------|--------------------------|
|----------------|----------------|--------------------------|

Overall (Avg): **BRL 479** (US\$ 124)10

Shelters: BRL N/A **Host Community: BRL 424**

BRL (US\$ 116)¹⁰ Host Community: BRL 449

522

(US\$ 135)10

Transport

Host Community:



Communication

Overall (Avg): **BRL 149** $(US$39)^{10}$

BRL 162

Overall (Avg): **BRL 57** (US\$ 15)¹⁰ 38 $(US$10)^{10}$ **Shelters:** BRL

BRL 155 Shelters:

Host Community: BRL 68 (US\$ 18)10

When asked about their household debt situation, overall about 1 in 5 of households reported being in debt at the time. In shelters the incidence of debt fell to 5% whilst amongst households living outside of shelters the rate increased to 43%. The only variation from these figures is seen amongst FHH living outside of shelters (33%), 37% of debts were held informally with friends or family or as credit lines from shops, and 35% indicated having credit lines with shops. About 20% of households indicated being in debt to their landlord and only 10% of households reported holding a loan from a bank (5%) or informal money lender (5%). Within shelters 100% of households held debts with friends and family. As can be expected, the rate of debt with landlords increases to 1 in 3 households across the host community population.

Reasons cited for having to take on debt are presented in the table below.

(US\$ 42)10

Table 3. Debt triggers reported by households

| Main reasons given | Shelter | | | Н | Host Community | | |
|----------------------|---------|-------|---------|-----|----------------|-------|--|
| | RS* | FHH** | HHwSC** | RS* | FHH | HHwSC | |
| Health costs | 25% | 50% | 0% | 10% | 13% | 7% | |
| Education costs | 0% | 0% | 0% | 0% | 0% | 0% | |
| New family arrivals | 0% | 0% | 0% | 6% | 3% | 3% | |
| Birth of a child | 0% | 0% | 0% | 3% | 0% | 0% | |
| Unforeseen travel | 25% | 0% | 0% | 0% | 6% | 10% | |
| Rent / accommodation | 0% | 0% | 0% | 49% | 34% | 48% | |
| Remittances | 25% | 0% | 100% | 5% | 0% | 0% | |



^{*} Representative Sample (RS)

Finally, respondents were asked whether they sent remittances back to Venezuela. About 1 in 5 households within shelters and 2 in 3 households outside of shelters sent back remittances. On average respondents indicated that their remittances supported 3,2 people within Venezuela.



ACCESS TO SERVICES

Humanitarian Assistance

Overall 39% of respondents indicated that their household had received some form of charitable donation (in the form of money, food, or non-food items) in the 30 days prior to the interview. This figure is a little higher in shelters (43%) compared to residents outside of shelters though there is little variation compared to the overall city context (39%). Amongst residents in host communities FHH and HHwSC were slightly more likely to have received assistance than the average Venezuelan household living outside shelters.

Figure 4. Sources of support given to households

| Church | 41% | |
|--|-------------|--|
| Brazilian members of the host community | 18 % | |
| Undefined members of the host community | 17 % | |
| Unsure | 8% | |
| NGO / UN | 8% | |
| Local / Municipal authorities | 6% | |
| Venezuelan members of the host community | 2% | |
| | | |

^{10.} Source https://treasury.un.org/operationalrates/OperationalRates.php calculated on 30 June 2019





^{**} Given the sample size for these population groups these figures should be considered indicative only.

^{***} Other reasons given included the cost of buying products for re-sale on the streets and the cost of equipment and materials for vocational jobs.

Within shelters 22% of households cited church groups as the source of aid they received, followed closely by the Manaus municipality and local Brazilian community members (19%). Across the city neighbourhoods church groups dominate as the primary source of charitable donations (51%), with additional support coming from local Brazilian community members (22%).

Social Services

In Manaus, Venezuelans have access to 20 social assistance facilities (known as CRAS). At CRAS units asylum seekers and migrants have access to registration services (Cadastro Único) and psychosocial support services for vulnerable households (also known as "hosting" service). Recently CRAS in Manaus also created a referral service for professional trainings and job vacancies. Kls noted the first trimester of 2018 as a watershed moment where providers began reporting much high demand for services particularly from Venezuelan asylum seekers and migrants.

43% of respondents indicated that their **household had made use of social services** provided by local authorities and the federal government. Amongst shelter populations this figure rises to **60%** the population, whilst within host community contexts it drops to **30%** of households. The highest reported usage both within and outside of shelters was by HHwSC (**70%** and **40%** respectively). The most popular social protection programme Venezuelan households sought to access was **Bolsa Familia** with over **95%** of households reporting visiting CRAS to enquire about the programme.

74% of those who had sought support from social services indicated that they had not experienced any difficulties in accessing the desired programme. Amongst the 26% who indicated having faced challenges to access services, the most prevalent issues raised included: issues related to documentation (54%), lack of information (29%), and lack of available appointments (22%). Interestingly, issues related to transportation / distance to access a service unit did not feature in interviewee responses despite the city's size.

KIs indicated that the arrival of Venezuelans in Manaus served to exacerbate existing "structural limitations" of the public social assistance sector, such as the deficit in human resources. As demand for social services grew, CRAS units quickly found themselves understaffed. Facing increasing numbers of users, social assistance facilities reportedly select priority cases based on a system that defines a case's "level of complexity".

KIs stressed that the high number of Venezuelans living in the streets and searching for shelter has particularly affected their "hosting" service and demanded increased attention from social service teams to monitor cases of child labour. The latter in turn has led to the overstretching of the "Programa de Erradicação ao Trabalho Infantil – PETI".

KIs representing both the Brazilian and Venezuelan communities stressed that despite the increased demand witnessed by service providers their remains a large information gap within the wider population regarding the location of services and indeed what social services are available to Venezuelans. As such the ability for PoCs to access these services may still not have reached a 'peak'. Access issues are reportedly aggravated by the difficulty many PoCs have to affordable means of transport. In neighbourhoods such as Parque 10, São José Operário and Jorge Teixeira, community leaders report guiding and following up with households that they recognise as being particularly vulnerable and which might benefit from support of CRAS services.

KIs from the department for employment (SINE¹²), identified their services to help match individuals with job vacancies as being particularly relevant to arriving Venezuelan PoCs. They report their clear priority as sensetising companies to encourage the hiring of qualified asylum seekers and migrants and facilitating recruitment of these individuals.

So far in 2019 11 companies from different sectors have been mobilized. However, because of the competitive labour market in Manaus, only 2 of the 46 Venezuelan candidates referred by SINE were recruited despite 32 being selected for interview. According to KIs, this imbalance is likely to persist and represents the most important challenge to overcome moving forwards.

Education

Across the entire sample of households interviewed in Manaus 52% of households indicated having school-aged children (HHwSC). Within shelters 34% of HHwSC had at least one or more of their school-aged children in school at the time of the interview compared to 63% in host communities. According to Kls, the arrival of asylum seekers and migrant children did not affect the ability of the sector to provide services, as the growing demand for school vacancies was relatively evenly spread across all the entire city.

71% of HHwSC in shelters reported having at least one or more of their children not enrolled in schools compared to just under half that figure (40%) amongst HHwSC in host communities.





^{11.} Social Assistance Reference Centers (CRAS) provide registration services for households seeking to access social protection programmes provided by the federal government (such as Bolsa-Família, Minha Casa Minha Vida, Benefício de Prestação Continuada, Carteira do Idoso).

^{12.} The National System for Employment (Sistema Nacional de Emprego) is a public platform and service managed by the Ministry of Economy.

Figure 5. Households with at least one school aged children not in school per agegroup



When asked whether HHwSC had experienced difficulties in successfully enrolling their children within the available educational institutions 48% of families in shelters and 43% of families in host communities indicated having faced difficulties. Both shelter and host community residents cited the lack of vacancies as their primary challenge (reported in 34% and 43% of those households that reported difficulties respectively). Second to the lack of available vacancies in schools in both shelters (31%) and host community settings (40%) were issues caused lack of or improper documentation. KIs independently recognised that many households are faced with needing to pay often very high costs for the translation of any documents required for school enrolment. Both Brazilian and Venezuelan community leaders also independently highlighted the lack of information about the availability and indeed location of school and childcare facilities in their proximity; confirming the data collected at the household level.

Kls representing education providers on their end noted a growing concern around the low levels of school attendance by Venezuelan children. According to them, this issue is caused primarily due to the lack of vacancies in facilities in the vicinity of where Venezuelan households reside (confirming household data), thereby pushing Venezuelan students outwards to more distant schools that are able to accommodate new students.

Kis within the education sector mentioned a number of efforts that have been rolled out in response to the increased migration by Venezuelan PoCs. Topics related to diversity, migration and inclusion have been added to the curriculim of basic schools across Manaus and thematic classes on Brazilian culture and society have been elaborated to support the acclimatisation of the young arrivals. Moreover, many schools now open their sports facilities and recreational areas during the weekend to children, an effort they believe has helped strengthen the integration of Venezuelan children into the local society.

Health

KIs from the department of health noted an increased influx of Venezuelans asylum seekers and migrants using basic health units (UBSs) in Manaus as early back as the first

quarter of 2017. At first they noted that patients tended to be members of the indigenous Warao people primarily seeking treatment for tuberculosis and pre-natal care. Since then, demand has reportedly become much more diverse with particular growth noted in the East region (district) of the city where services in particular have struggled to meet demand.

The percentage of households reporting having accessed health services in just 3 months prior to the interview is broken down by service as follows:

Table 4. Health services sought by households *

| | UBS / Basic Health Unit | Hospital | Abrigo Clinic | No Service Required |
|----------------|----------------------------|----------|---------------|------------------------|
| Shelter | 37% | 14% | 12% | 44% |
| Host Community | 55% | 20% | 0% | 27% |

^{*} Note that this question allowed for multiple selections if HHs mentioned more than one service.

The primary reasons for having sought access to a health service are set out below.

Table 5. Type of health service sought by households *

| Health service | Shelter | Host Community |
|------------------------------|---------|----------------|
| General medical consultation | 85% | 94% |
| Surgery | 4% | 7% |
| Pharmaceuticals | 50% | 26% |
| Family planning | 0% | 1% |
| Vaccinations | 52% | 27% |
| Pre/- Ante-natal care | 0% | 7% |
| Laboratory services | 6% | 11% |
| Medical home care | 2% | 1% |
| Dental services | 2% | 10% |

^{*} Note that this question allowed for multiple selections if HHs mentioned more than one service.

Overall, about 1 in 5 households in shelter and 1 in 4 households residing in host communities indicated facing issues in accessing the desired healthcare service. Where difficulties were reported, the primary factors pointed overwhelmingly to lack of availability of appointments, insufficient medicines, issues with documentation and a lack of information about healthcare services available to them. Complaints related





to perceived discrimination, a lack of doctors, language barriers, and poor levels of service were reported in a minority of cases to varying degrees. Community leaders particularly pointed out in their KI interviews the challenge posed by the language barrier when accessing healthcare. They also confirmed information deficiencies and lack of affordable transportation much like the issues reported with respect to social and education services.

KIs pointed out a number of areas in the city that are particularly affected by the lack of Basic Health Centres (UBS) including: Gilberto Mestrinho neighbourhood, Santa Inês (a community within Jorge Teixeira neighbourhood) and Comunidade Brasileirinho (a community within Puraquequara II neighbourhood). In São José Operário, Parque 10 de Novembro and Jorge Teixeira neighbourhoods UBSs have been trying to pick up the slack by working in collaboration with community leaders to channel the demand for services by local residents to the weekends in order to disperse appointments.

Other strategies reportedly adopted to meet the growing demand include:

- Bi-weekly out-of-clinic visits by health professionals from UBSs to shelters and priority neighborhoods with the aim of monitoring particular cases and providing immunisations:
- Undertaking community health interventions in cooperation with social assistance sectors and UNHCR;
- Conducting epidemiologic surveys in shelters managed by the municipality;
- Enhancing coordination between different UBSs in order to facilitate greater provision of home-based healthcare services to asylum seekers and migrants;
- Increasing medical supplies to UBSs required for rapid tests and vaccinations;
- Hiring translation services facilitate engagement with indigenous communities in shelters and UBSs within the East region; and
- Creating dialogue circles with Venezuelan indigenous communities with the aim of discussing the intersection of healthcare and cultural beliefs.

Across the population 14 households (4%) indicated having a member of their household with a mental disability. Only 14% indicated that their household member was receiving the necessary care and support required by their condition.

This figure rose to 12% of households with members having a physical disability, with 36% indicating that their household member was receiving the necessary care and **support** required by their condition.

In shelters none of the households with a special needs member (irrespective of type) believed they were getting the support they needed, whilst 1 in 3 in host communities felt that they were.

When questioned about future challenges, health service KIs noted concerns with underfunding, the availability of sufficient health professionals (especially following the completion of the Mais Medico program), as well as the challenges to planning posed by the constantly changing environment. In practical terms, they also noted the potential for new health challenges given the fact that new arrivals often do not adhere to treatment plans (i.e. by completing medical cycles) and lack complete immunisations.

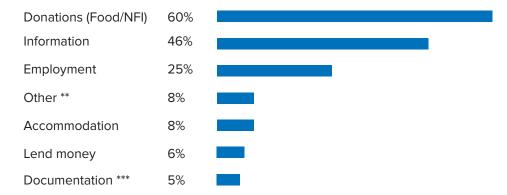
PEACEFUL COEXISTENCE

Respondents were asked if they had received any kind of support by neighbours or other members of their community. About 45% of households overall indicated having been supported by their community, with this figure much higher at 64% amongst those living in host communities, whilst dropping by half to 33% amongst shelter residents.

Kls that identified positive examples of local integration underlined the fact that many Venezuelans actively participate in professional trainings and cultural activities. In Redenção neighbourhood (Center West region) and Aparecida neighbourhood (South region) for example, many PoCs are reportedly participating in free vocational programs provided by local civil society organizations. In Parque 10 and Jorge Teixeira neighbourhoods, a local NGO organised a fair where some PoCs were allowed to sell food and handicrafts. Venezuelan households living in Gilberto Mestrinho neighbourhood are also reportedly benefiting from the presence of a local NGO that provides information about public services.

When discussing potential challenges to integration efforts, the limited availability of housing and high rates of unemployment were described as posing the greatest threat to social acceptance of asylum seekers and migrants.

Figure 6. Type of community-based support received by households *







- * Note that this question allowed for multiple selections if HHs mentioned more than one form of support.
- ** Other forms of support noted included lending telephones / internet for communication, transportation, NFI loans, translation support and childcare.
- *** Documentation refers to support given to help households complete any forms and registration processes required to receive the paperwork needed (employment papers, residence papers, etc.)

Figure 7. Engagement with local community



61% of residents in host communities. considered that they engaged with the local community



56% of shelter residents considered that they engaged with the local community

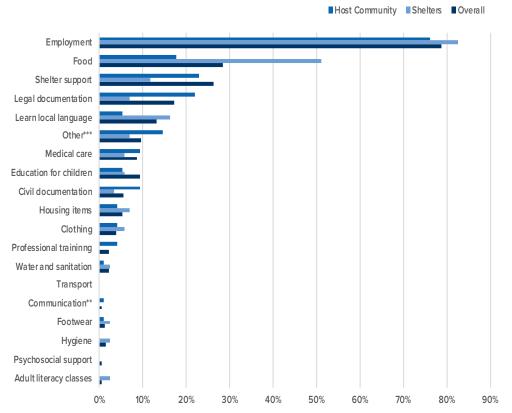
The primary means by which respondents considered that they participated in the local community included participation in religious activities / events (85%), and participation in recreational / cultural (19%) and sporting events (26%).

Additionally, respondents were presented with a scenario in which the situation in Venezuela had improved and the opportunity to return to their country were present to them; would they return? In response, overall 55% of respondents indicated that they would likely remain in Brazil nonetheless, with reasons given including considerations regarding employment, access to services, the presence of family members in the country and the lower cost of living in Brazil. Amongst the 45% who indicated that they would take the opportunity to return, reasons given included that they had always anticipated their return once the situation had improved (their displacement to Brazil was intended to be temporary in nature), the presence of family members back home, return to their previous employment and lower costs of living in Venezuela.



When asked to identify primary needs, households mentioned employment (79%), food (28%) and shelter support (26%) as their most important needs. Less than 1% of households indicated having no urgent needs. Other needs mentioned included support with legal documentation (17%), learning Portuguese (13%), and help with getting their children enrolled into schools / accessing healthcare (9%).

Figure 8. Priority household needs *



^{*} Note that this question allowed for multiple selections if HHs mentioned more than one priority.







^{**} Communication refers to support with telecommunications (mobile phones, internet) as households mention the need to maintain communication with their family members in other locations (including back in Venezuela).

^{***} Other needs focused primarily on financial (cash) support, childcare, family reunification and support for interiorisation

Given the increasing focus of the humanitarian community on the city of Manaus the various key informants interviewed were asked what could be done to improve the humanitarian response in Manaus from their perspective. Their suggestions are listed below:

- Promote cultural fairs with presentations by Venezuelans and Brazilians;
- Set up community kitchens or restaurants where Venezuelans can provide food for asylum seekers and migrants facing particularly vulnerable conditions;
- Create focal points in neighbourhoods to facilitate the re-distribution and donation of perishable food or meals unsold by local businesses;
- · Foster and stimulate cooperatives of Venezuelan workers;
- Expand psycho-social support initiatives to Venezuelan households, with emphasis on the creation of 'listening circles';
- Provision of support and training to civil society organizations from local communities, especially in peripheral areas of the city, given that the main information assistance centres are located in the central areas of Manaus and the majority of Venezuelans face obstacles to move around in the city; and
- Create a "social" travel card useable on public transport services and made available to newly arrived asylum seekers and migrants.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).



