

Situation Overview: Profiles of Venezuelan Persons of Concern in Pacaraima, Roraima State

July 2019



REACH Informing more effective humanitarian action

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.

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 town of Pacaraima. It is complemented by individual Situation Overviews for the cities of Boa Vista (RR) and Manaus (AM), 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 21st May and 7th June 2019 in all neighbourhoods in the town of Pacaraima as well as the shelter of Janokoida housing Venezuelan PoCs. Sampling was conducted in two ways based on whether interviews were being conducted in the shelter (abrigo) or within host community neighbourhoods across the town. In the shelter, 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. Interviews were also conducted in places where PoCs in the town 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 Janokoida REACH calculated the sample size based on the size of the shelter population.

Interviews were conducted with adult members of a randomly selected household 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 **294** households (HHs) were interviewed across Pacaraima during the research cycle. Correcting for database and sampling errors the breakdown across the strata was as follows:

Pacaraima

	Representative Sample	FHH	HHwSC
Shelter	86	-	65 *
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 HHwSC in shelters is too small and findings should be considered indicative only. Amongst non-shelter (host community) contexts however, the sample within each stratum 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 **12** Key Informant (KI) interviews. **6** interviews were conducted with public service managers from the health, education, and social assistance sectors. 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 town's various neighbourhoods.

In addition **3** Brazilian community leaders and **3** Venezuelan community promoters were interviewed that represented different neighbourhoods of the town. Brazilian community leaders included presidents of active neighbourhood associations. Venezuelan community promoters were volunteers identified by local civil society organisations implementing activities in support to Venezuelan PoCs in the town.

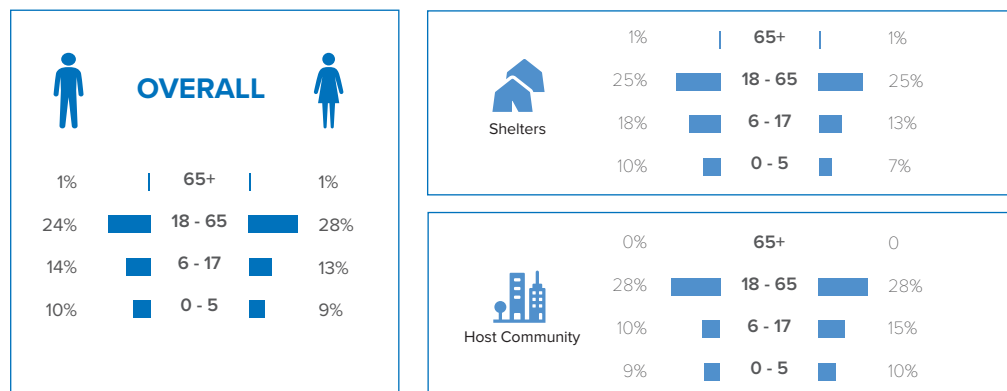
Within this report grey case-study boxes are provided disaggregating the overall dataset for Pacaraima to control for ethnically indigenous households. Note this data combines ethnically indigenous households in both the Janokaida shelter (92% of the sample) and host communities (8% of the total sample) and is at best indicative.

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

DEMOGRAPHIC OVERVIEW

Overall, **69%** of respondents identified as female and **31%** male. Respondents had an average age of **35**. The average household size was **3,28** people per household - with household size in the Janokaida shelter slightly smaller at an average size of **2,29** compared to **3,42** across host community households. The gender breakdown of the overall population had a **52:48** female to male ratio. Children under the age of **17** comprised **46%** of the population, with a female to male ratio of **49:51**.

Figure 1. Demographic breakdown of the population



Respondents indicated that they had been residing in the town of Pacaraima for an average of **11** months, broken down into **9,5** and **16** months for those living in the Janokaida shelter and host community residents respectively.

Across all households, **32%** of respondents indicated having the presence of at least one member of an indigenous community within their family. Note that this figure is heavily influenced by the fact that the ethnic composition of the resident population of the Janokaida shelter is **100%** indigenous. Outside of shelters the reported rate is **3%**.

Table 1. Highest educational attainment across sampled households

	Primary	Secondary	University degree	Diploma	Technical Certification	None
Pacaraima	29%	42%	16%	7%	2%	4%
Shelter	40%	33%	13%	1%	0%	14%
Host Community	20%	46%	18%	14%	3%	0%

	Primary	Secondary	University degree	Diploma	Technical Certification	None
Breakdown (FHH)						
Shelter	-	-	-	-	-	-
Host Community	23%	50%	15%	9%	1%	1%
Breakdown (HHwSC)						
Shelter *	38%	35%	11%	2%	0%	14%
Host Community	21%	44%	20%	14%	2%	0%

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

HOUSING

Across the 7 neighbourhoods in Pacaraima the accommodation breakdown outside of the Janokaida shelter showed that the majority of the population lived in **rented accommodation (65%)**, followed by **borrowed housing (24%)**, **owned property (9%)** and **directly on the streets (homeless) (1%)**.



2 in 5 households in host communities reported an accommodation issue.



1 in 3 households in shelters reported a shelter issue.

The most prevalently reported issues were:



Roof Leakages 73%
General water leakages 32%
Lack of running water 19%
Poor sanitation 16%
No electricity 11%
Unsafe structure 8%
Irregular electrical instalation 5%



Roof Leakages 88%
General water leakages 24%
Overcrowding 8%
Unsafe structure 8%
Lack of running water 4%

1 in 10 households in host communities reported issues related to their landlord or being under the threat of eviction - a figure that does not vary greatly when controlling

for FHH or HHwSC. Across FHHs issues with regards to running water (29%) alongside concerns with the safety of the structure within which they lived (17%) and issues with electricity (10%) were much more prevalent.

ECONOMIC SECURITY

3/4 of all households reported having some source of income, practised by 59% of men and 40% of women between the ages of 18-65. **No cases of children below the age of 17 were reported as working.** That said, **95%** of households also indicated having at least one member actively searching for employment at the time of research. In fact, about **75%** of the working age population was reportedly actively looking for employment at the time of research.

Greater differences emerge when comparing data for populations living inside vs outside of shelters. In fact the percentage of households in the shelter reporting some form of income generation drops to **62%** compared to **89%** in host community contexts. Across those households that reported having some income source, **82%** of those had at least one male aged 18-65 working and **54%** had at least one woman of the same age in host community contexts, compared with **92%** and **23%** of men and women respectively within the Janokaida shelter.

Table 2. Typology of income source practised by households *

	Pacaraima	Shelter			Host Community		
	Overall	RS**	FHH	HHwSC***	RS**	FHH	HHwSC
Formal (contracted) employment	7%	2%	-	3%	12%	4%	10%
Self Employed	61%	65%	-	74%	40%	77%	46%
Uncontracted (steady) employment	31%	29%	-	34%	43%	18%	43%
Informal / day-labour	33%	37%	-	32%	43%	30%	48%
Begging	12%	23%	-	24%	0%	7%	0%
Other****	2%	0%	-	0%	6%	1%	4%
Benefits	5%	8%	-	3%	4%	3%	2%

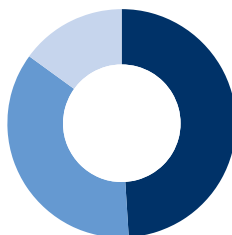
* Note that this question allowed for multiple selections where HH members were involved in different income generation activities

** Random representative Sample (RS)

*** Given the sample size for these population groups these figures should be considered indicative only.
 **** Other income generation practices reported was primarily linked to collecting aluminium cans to be sold to recycling facilities.

Figure 2. Consistency in income

Dependable/Frequently consistent **49%**
 Rarely consistent **36%**
 Not dependable **15%**



32% of households indicated that they believed they could feasibly **sustain the income for the rest of the year**. This confidence was somewhat higher amongst both shelter and amongst host communities residents (**38%**).

Average household income across the town was reported as **614 BRL**³ per month (741 BRL⁴ if data given as < 100 BRL monthly is discounted). Within shelters this is significantly lower at **281 BRL**⁵. Outside of shelters the average earnings were higher at **935 BRL**⁶ with FHH reporting a lower earning potential of **529 BRL**⁷ per month.

Ethnically indigenous households report average monthly earnings of **475 BRL**⁸ per month.

61% of respondents across the town indicated that they worked **more than 5 days per week**, however only **18%** indicated working **more than 48 hour weeks**. In turn, **91%** of respondents indicated that their **salaries were paid on time**. **12%** reported **accidents or injury caused from their jobs**, and less than **2%** reported perceiving behaviour they considered discriminatory or xenophobic being practiced in the workplace.

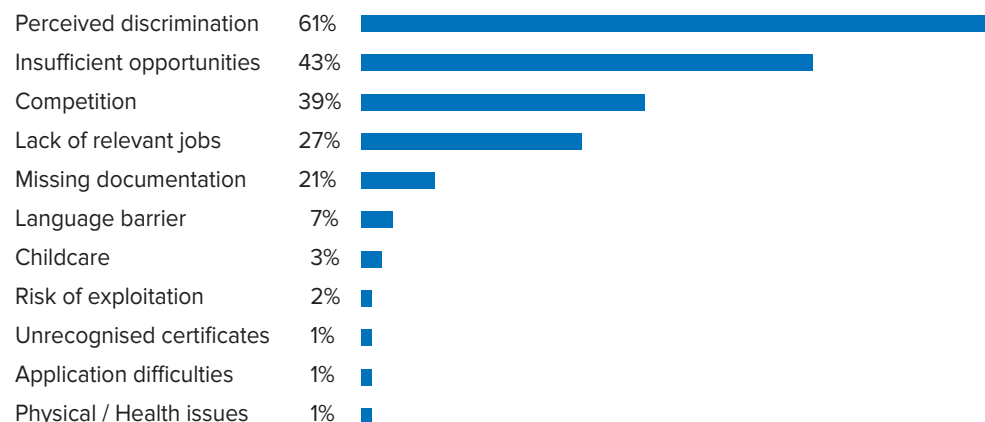
Amongst shelter residents (made up entirely of ethnically indigenous groups) **38%** indicated that they worked **more than 5 days per week**, **21%** indicated working **more than 48 hour weeks**, **88%** indicated that their **salaries were paid on time**, whilst **none** reported **accidents or injury caused from their jobs**, or perceived any form of behaviour they considered discriminatory or xenophobic being practiced in the workplace.

3. Equivalent of ca. US\$ 159 *
 4. Equivalent of ca. US\$ 191 *
 5. Equivalent of ca. US\$ 73 *
 6. Equivalent of ca. US\$ 242 *
 7. Equivalent of ca. US\$ 137 *
 8. Equivalent of ca. US\$ 123 *

* Source <https://treasury.un.org/operationalrates/OperationalRates.php> calculated on 30 June 2019

When asked about the process of finding employment the following responses were recorded related to the challenges / issues faced:

Figure 3. Reported challenges faced by households in finding employment *





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

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 663	(US\$ 171) ⁹
Shelters:	BRL 302	(US\$ 78) ⁹
Host Community:	BRL 896	(US\$ 232) ⁹

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

	Accommodation		Food
Overall (Avg):	BRL 365 (US\$ 94) ⁹	Overall (Avg):	BRL 434 (US\$ 112) ⁹
Shelters:	BRL N/A	Shelters:	BRL 275 (US\$ 71) ⁹
Host Community:	BRL 394 (US\$ 102) ⁹	Host Community:	BRL 534 (US\$ 138) ⁹

9. Source <https://treasury.un.org/operationalrates/OperationalRates.php> calculated on 30 June 2019

Transport

Overall (Avg): BRL 220 (US\$ 57)⁹
Shelters: BRL --
Host Community: BRL 240 (US\$ 62)⁹

Communication

Overall (Avg): BRL 58 (US\$ 15)⁹
Shelters: BRL 43 (US\$ 11)⁹
Host Community: BRL 70 (US\$ 18)⁹

When asked about their **household debt** situation, overall **9%** of households reported being in debt at the time. In shelters the incidence of debt fell to **1%** whilst amongst households living outside of shelters the rate increased to **15%**. Incidence of debt was slightly lower amongst FHH in host communities (**9%**). **One quarter** of debts were held with **informal credit providers**, and about **2 in 3** of households indicated **having some sort of debt either with nearby shops (15%), or family or friends (15%), or landlord and utilities company (27%)**.

Amongst indigenous groups **33%** of households indicated having some sort of debt either with an **informal credit provider local store, or with their landlord and utilities company (22%) or with family and friends (11%)**.

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

Table 3. Debt triggers reported by households

Main reasons given	Shelter	Host Community			Indigenous population***
	RS*	RS*	FHH	HHwSC	
Health costs	0%	14%	11%	18%	11%
Education costs	0%	0%	0%	0%	0%
New family arrivals	0%	0%	0%	0%	0%
Birth of a child	0%	0%	0%	0%	0%
Unforeseen travel	0%	0%	0%	0%	11%
Rent / accommodation	0%	36%	11%	18%	22%
Remittances	0%	7%	33%	9%	0%
Utility bills	0%	7%	11%	9%	0%
Consumer goods	0%	0%	0%	0%	0%
Food	100%	21%	33%	27%	44%
Household NFIs	0%	7%	0%	9%	0%
Other**	13%	7%	0%	9%	11%

* Representative Sample (RS)

** Other reasons given included the cost of purchasing items for re-sale on the street.

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

Finally, respondents were asked whether they sent remittances back to Venezuela. **8%** of households within shelters and **57%** of households outside of shelters sent back remittances. On average respondents indicated that their remittances supported **4,6** people within Venezuela.

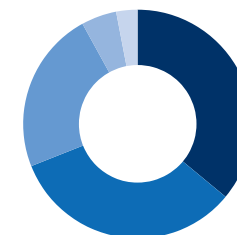
ACCESS TO SERVICES

Humanitarian Assistance

Overall **26%** 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. As might be expected, this figure is much higher in shelters (**50%**) compared to residents outside of shelters where it drops to **14%**. Across host communities, the degree to which households reported assistance did not vary between FHH or HHwSC.

Figure 4. Sources of support given to households

36% UN
33% NGO
23% Church groups
5% Brazilian Army
3% Unsure



Within shelters **93%** of households cited the **UN and NGO** partners as the source of aid they received. Whereas across the town neighbourhoods, **NGOs (46%) and church groups** dominate as the primary source of charitable donations (**38%**).

Social Services

17% 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 drops to **6%** of the population, whilst within host community contexts it rises to **31%** of households.

Ethnically indigenous populations outside of shelters were more likely to seek out social services at the same incidence as the overall non-shelter population (**34%**).

The most popular social protection programme Venezuelan households sought to access was **Bolsa Familia** with **100%** of households reporting visiting CRAS to enquire about the programme. Just **2%** of households reported accessing legal aid services.

56% of those who had sought support from social services indicated that they had experienced difficulties in the process. The most prevalent issues raised across non-shelter resident households included: issues related to **documentation (71%)**, **lack of available appointments (29%)**, and **problems meeting the requirements** for the desired programme / **application rejection (18%)**. Issues related to transportation / distance to access a service unit or lack of information about how to access programmes did not feature in interviewee responses.

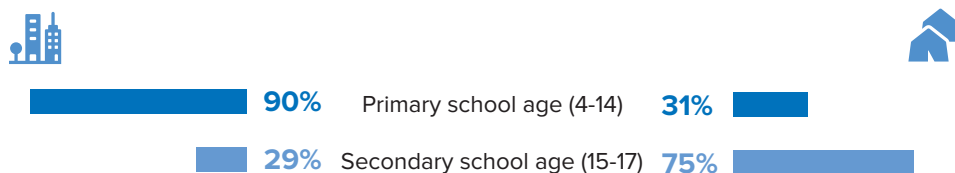
According to KIs, the majority of Venezuelan asylum seekers and migrants in Pacaraima have sought access to cash transfer programmes from the federal government including Bolsa Familia and Criança Feliz. They indicated that these programmes have been able to accessed even by shelterless populations (which have primarily consisted of Warao ethnic groups) who can obtain a declaration form from Operação Acolhida acknowledging their lack of address given their displacement situation. Key informants from social assistance service units pointed out that (i) language barriers; (ii) financial (budgetary) constraints; and (iii) lack of sufficient service professionals in CRAS¹² and CREAS¹³ are the most significant challenges faced in providing services to Venezuelan households.

Education

81% of households indicated having school-aged children (HHwSC). Within shelters **83%** of HHwSC had **at least one or more of their school-aged children in school at the time of the interview** compared to **43%** in host communities.

27% of HHwSC in shelters reported having **at least one or more of their children not enrolled in schools** compared to **45%** amongst HHwSC in host communities.

Figure 5. Households with at least one school aged children not in school per age-group



When asked whether HHwSC had experienced **difficulties in successfully enrolling their children** within the available educational institutions about **27%** of families in shelters

indicated having faced difficulties compared to **56%** of families in host communities. Both shelter and host community residents cited the **lack of vacancies** as their primary challenge (reported in **63%** and **70%** of those households that reported difficulties respectively). Second to vacancy issues, the problem of lack of information in particular featured most prevalently in answers given by residents in shelters (**25%**) compared to their peers outside shelters (**4%**), whilst residents in host community settings reported facing issues with documentation (**57%**) than their shelter peers (**19%**).

Key informants from the department of education in Pacaraima often referenced an increasingly challenging context faced by schools in the town as a result of the high demand for classroom vacancies. Based on their knowledge, public childcare services have a capacity of 120 vacancies and now accommodate 288 children. Casimiro de Abreu School has a capacity of around 600 students and now accommodates around 800 in its classrooms., whilst Alcides da Conceição Lima School has a capacity to attend to 400 students and now serves around 700 children.

KIs noted the relative success achieved in accommodating many of the Venezuelan PoC children into schools in the town. However, this has reportedly led to an overcrowding of classrooms and at times decreased the quality of teaching. This latter point regarding the quality of teaching was particularly raised by KIs from the Venezuelan and Brazilian community. Strategies implemented by schools from Pacaraima to handle the growing demand were: (i) the readjustment of physical spaces with the aim of enlarging classrooms; (ii) more flexible school enrolment timeframes and deadlines, to allow greater opportunity for PoCs to enrol their children irrespective of their arrival date; (iii) trainings to teachers and staff focused on facilitating greater understanding of the humanitarian context in Roraima; (iv) tailored Portuguese classes for Venezuelan children; and (v) simplified enrolment processes requiring only recent academic performance reports or past grades.

KIs from the department of education specifically wanted to raise what they reported as their most critical challenge. Namely, the need to allocate around 500 children that have already been enrolled and registered and are currently sitting on a waiting list. These children are unable to attend classes due to the lack of classroom space in facilities within town.

12. 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 and Carteira do Idoso).

13. CREAS is the Center of Reference of Specialized Social Assistance. It is focused on households and individuals that are considered especially vulnerable (either as a result of psychological, sexual or physical risks) or those whose rights have been violated.

Health

KIs representing health facilities in Pacaraima noted a growing demand by Venezuelan PoCs seeking healthcare services in facilities as early as late 2014 / early 2015. According to those interviewed the challenge has not only been the much higher numbers of patients but the combination of this higher burden of use with a higher degree of complexity of health cases (for example cases of tuberculosis and HIV/AIDS patients seeking treatment). KIs noted that the 2 Basic Health Units (UBS) in particular have seen services such as the distribution of medicines (pharmaceuticals), the provision of vaccinations, and the ability to provide appointments most severely affected. For reference, KIs reported that prior to 2018 a UBS would attend about 8-10 patients in a one-day period. This number has now more than doubled since then as of June 2019.

Pacaraima also has one hospital, which reportedly has seen its obstetric services particularly affected by the influx of Venezuelans. Prior to 2018, the hospital would attend to about 80 births per year, whereas this number was reached in the first half of 2019 alone. Furthermore, KIs highlighted that about 3-4 patients would be transported to Boa Vista per month, whereas this number had already reached 36 transports at the time of interview.

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

Figure 6. Health services sought by households *

	UBS / Basic Health Unit	Hospital	Abrigo Clinic	No Service Required
Shelter	8%	33%	48%	27%
Host Community	34%	53%	1%	35%

* 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 in Table 4.

Table 4. Type of health service sought by households *

Health service	Shelter	Host Community
General medical consultation	90%	92%
Surgery	0%	8%
Pharmaceuticals	63%	60%
Family planning	0%	0%

Vaccinations	44%	32%
Pre/- Ante-natal care	3%	8%
Laboratory services	8%	7%
Medical home care	0%	1%
Dental services	3%	3%

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

Overall, less than **1 in 4** households indicated **facing issues in accessing the desired healthcare service**. Where difficulties were reported, the primary factors pointed overwhelmingly to **lack of availability of appointments (49%), issues with documentation (23%), insufficient medicines / pharmaceuticals (16%) and a lack of doctors (14%)**. Complaints related to distance and lack of availability of medication were reported in a minority of cases to varying degrees.

Venezuelan and Brazilian community leaders interviewed as KIs reported a general sense of dissatisfaction with the quality of health services in Pacaraima. In particular, they cited an inadequate level of attention by health professionals during health appointments. Venezuelan KIs reported a lack of information about when doctors would be available for appointments at UBSs, as they occasionally were not found at the healthcare facilities by users. An additional obstacle was reported in the form of a daily limit of 50 ID cards being issued by the public healthcare system which has particularly affected the ability of Venezuelan PoCs to access health services; confirming what households reported in their interviews.

Persistent daily challenges highlighted by KIs providing health services in Pacaraima were: (i) language barriers (both in relation to Spanish and indigenous languages); (ii) the difficulty of providing services to households living in spontaneous settlements and land occupations outside the local administrative borders of town (as these are not covered by the community health agents); (iii) insufficient supplies at health units; and (iv) the fact that health professionals within the town were generally overworked.

When asked what strategies the healthcare services in Pacaraima were advocating for in order to handle the current patient caseloads, the following answers were given: (i) hiring more health professionals; (ii) rearranging spaces in the available healthcare facilities in order to provide a dedicated space for surgeries (with a focus towards increasing the attendance capacity of obstetric services); and (iii) instituting home-based vaccination services.

Across the sampled population **5%** of households indicated **having a member of their household with a mental disability**. **1 in 3** indicated that their household member was **receiving the necessary care and support** required by their condition - a figure that

was higher amongst populations living in the shelter (**50%**) compared to those in host community contexts (**14%**).

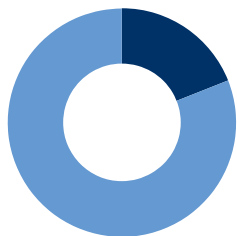
This figure rises to **17%** of households with members **having a physical disability**, with **27%** indicating that their household member **was receiving the necessary care and support** required by their condition - a figure that again was higher amongst populations living in the shelter (**44%**) compared to those in host community contexts (**33%**).

PEACEFUL COEXISTENCE

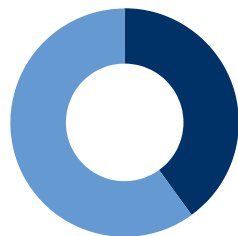
Respondents were asked if they had received any kind of support by neighbours or other members of their community. About **1 in 2** households overall indicated having been supported by their community, with this figure dropping to just over **1 in 3** amongst shelter residents.

The process of integration of Venezuelan asylum seekers and migrants was characterized as “normal” by KIs, although they noted a number of challenges that have particularly affected the town, namely: (i) a lack of community / public spaces in neighbourhoods where integration activities could be organised or, simply where opportunities for interaction with host community members could be facilitated; (ii) incidences of perceived violence / abuse by law enforcement authorities; and (iii) a growing perception of discrimination by members of the host community as a direct result of criminal incidents involving Venezuelans.

Figure 7. Type of community-based support received by households *



19% of residents in host communities considered that they engaged with the local community



40% of shelter residents considered that they engaged with the local community

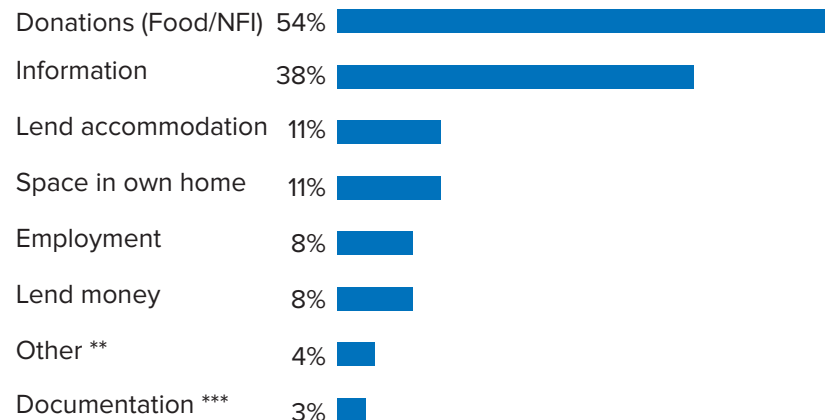
* Note that this question allowed for multiple selections if HHs mentioned more than one form of support.

** Other forms of support noted included moral support, medicines, providing security, provision of WiFi and

repairs.

*** 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 8. Engagement with local community



The primary means by which respondents considered that they participated in the local community included participation in **religious activities / events (53%)**, participation in **recreational / cultural (47%)** and **sporting events (22%)**, and **volunteering (5%)**.

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 **41%** 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 costs of living. Amongst the **59%** 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, and that they intended to return to their previous employment.

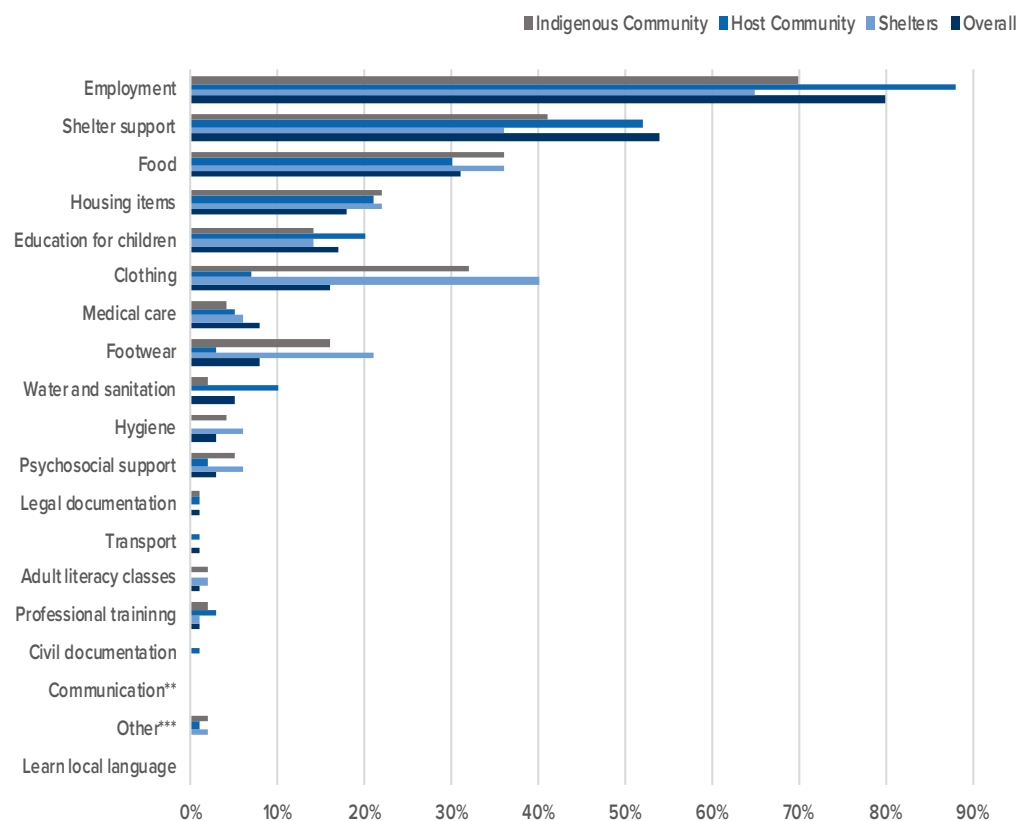


PRIORITY NEEDS

When asked to identify primary needs, households mentioned **employment (80%)**, **accommodation (54%)** and **food (31%)** as their most important needs. Less than **2%**

of households indicated having no urgent needs. Other needs mentioned included housing NFIs, clothing items, and support to access education services.

Figure 9. 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, support to fix / improve accommodation, and family reunification.

Key informants were asked what could be done to improve the humanitarian response in Pacaraima. Amongst the suggestions given, they noted the importance of: (i) facilitating more regular communication / feedback sessions with local stakeholders (community leaders and civil society groups) to facilitate a greater understanding of the specific demands / contextual challenges facing each neighbourhood; (ii) implementing more food / nutrition security programmes targeted at households living outside of shelters; (iii) increasing communications between public institutions and humanitarian actors, as key informants stressed that there was a low level of knowledge regarding the humanitarian response implemented locally; and (iv) setting up workshops and 'dialogue circles' with local residents to facilitate greater awareness of the local humanitarian context.

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).