

JOINT NEEDS ASSESSMENT OF REFUGEES AND MIGRANTS FROM VENEZUELA IN BRAZIL

2022



Plataforma de Coordenação
Interagencial para Refugiados
e Migrantes da Venezuela

This analysis was carried out between June and July 2022 and published in January 2023 as a joint exercise of several actors of the Interagency Coordination Platform for Refugees and Migrants of Venezuela (R4V). Special thanks go to the refugees and migrants from Venezuela in Brazil who devoted their time to respond to the survey.

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AEBVB - Vale da Bênção Educational
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ASAV - Jesuit Service to Migrants
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ASBRAD - Associação Brasileira de Defesa
da Mulher da Infância e da Juventude

ASOVEAM - Associação de Venezuelanos
e Refugiados no Estado do Amazonas

Associação Compassiva

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Associação Venezuela Global

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AVSI Brasil - Volunteer Association
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CAM - Centro de Atendimento ao Migrante

Caritas Arquidiocesana de São Paulo

Caritas Arquidiocesana do Rio de Janeiro

Cáritas Brasileira

Cáritas Brasileira Regional Paraná

Cáritas Manaus

Caritas Switzerland in Brazil

Casa Venezuela

CIEDS - Centro Integrado de Estudos e
Programas de Desenvolvimento Sustentável

CMDH/RR - Centro de Migrações e Direitos
Humanos da Diocese de Roraima

CORE Response

Fraternity - International
Humanitarian Federation

Fraternity Without Borders

IKMR - I Know My Rights

ILO - International Labor Organization

IMDH - Instituto Migrações e Direitos Humanos

iMMAP

IMPACT (Reach)

Instituto Internacional de Educação do Brasil

Instituto Mana

Instituto Pirlampos

IOM - International Organization for Migration

Irmandade sem Fronteiras

LGBT+Movimento

Missão Paz

Museu A CASA do Objeto Brasileiro

OHCHR/OHCHR - Office of the High Commissioner for Human Rights

PADF – Pan-American Foundation for Development

PAHO/WHO - Pan American Health Organization/World Health Organization

Plan International Brazil

Rede Internacional de Ação Comunitária - Interação

Refúgio 343

Salvation Army

Save the Children Brazil

SOS Children's Villages Brazil

SPM - Serviço Pastoral dos Migrantes Nacional

SPM-NE - Serviço Pastoral dos Migrantes do Nordeste

UN Women - United Nations Entity for Gender Equality and the Empowerment of Women

UNAIDS - Joint United Nations Program on HIV/AIDS

UNDP - United Nations Development Program

UNEP - United Nations Environment Program

UNESCO - United Nations Educational, Scientific and Cultural Organization

UNFPA - United Nations Population Fund

UNHCR - United Nations High Commissioner for Refugees

UNICEF - United Nations Children's Fund

UNODC - United Nations Office on Drugs and Crime

UNOPS - United Nations Office for Project Services

World Vision Brazil

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CONTEXT



1

CONTEXT

Brazil hosts the fifth largest population of displaced Venezuelans in Latin America. It is estimated that more than 400,000 refugees and migrants from Venezuela are currently in Brazil, according to the Federal Police's International Traffic System (STI).¹

On average, 15,000 Venezuelan men and women enter Brazil every month, in similar figures to what was recorded before the COVID-19 pandemic. Of those, most remain in Brazilian territory, a trend confirmed by this Joint Needs Assessment (JNA), whose findings indicate that 94% of respondents intend to remain in the country.

The current context is marked by the worsening socioeconomic situation caused by the COVID-19 health crisis, which has had the most severe impact on the most vulnerable populations throughout the region. The post-pandemic recovery period presents itself as a challenge for refugees and migrants from Venezuela due to the deterioration of housing, employment, health and education conditions registered in the country. Despite facing this scenario, Venezuelan refugees and migrants who have moved to Brazil are welcomed by a highly regarded humanitarian response coordinated by the Brazilian government².

Operation Welcome (*Operação Acolhida*) ensures assistance and protection to refugees and migrants from Venezuela in the states of Roraima - Venezuela's main land gateway to Brazil - and Amazonas. Operation Welcome is coordinated by the Civil Cabinet of the Presidency of the Republic and operated by a logistical-humanitarian task force of the Armed Forces, with the support of UN agencies, civil society organizations and private entities. The federal response is structured around three strategic axes.

- i. Border Management: reception, identification, health surveillance, immunization, document regularization and screening of refugees and migrants from the moment they enter the country in the city of Pacaraima/RR.
- ii. Reception (Shelter and Humanitarian Assistance): sheltering vulnerable refugees and migrants from Venezuela, with the provision of meals, personal hygiene facilities, guidance, training, and leisure activities, as well as basic health care.

¹ https://brazil.iom.int/sites/g/files/tmzbd1496/files/documents/informe-migracao-venezuelana-jan2017-ago1022-v1_compressed.pdf

² In the framework of law n. 13,684, of June 21, 2018, and decree n. 10,917 of December 29, 2021.

- iii. Voluntary Relocation (Interiorization) and Socioeconomic Integration: logistical and operational support to moving refugees and migrants from Roraima or Manaus to other states of the federation, aiming at better conditions for socioeconomic integration in the country.³

In support to this response by the Federal Government, the Interagency Coordination Platform for Refugees and Migrants from Venezuela (R4V), a regional network led by UNHCR and IOM in 17 countries in Latin America and the Caribbean, promotes the articulation of its 55 partner organizations, between UN agencies and civil society organizations. Their relevant contribution strengthens and complements the humanitarian efforts of the Brazilian State, promoting access to rights, basic services, protection, self-sufficiency, and socioeconomic integration of this population, as well as the host community.⁴ The R4V Platform is responsible for preparing a Response Plan for Refugees and Migrants (RMRP)⁵, an instrument that presents the activities planned by the partner organizations as an integrated framework, as well as their financial requirements, to ensure coherence and strengthen the synergy between the humanitarian actions in the region and in the countries where R4V operates. The RMRP establishes strategic response priorities for refugees and migrants from Venezuela identified by each of the R4V Platform sectors and is fed by the Refugee and Migrant Needs Analysis (RMNA)⁶. In order to identify these needs, the R4V Brasil Platform, under the guidance of the Information Management Support Group, carried out this Joint Needs Assessment (JNA) which presents data that guides the ongoing response and the design of future interventions. Furthermore, this joint exercise avoids the duplication of efforts and resources and reduces the strain on the affected population in the face of numerous requests for research and information.

3 BRASIL, Subcomitê Federal para Interiorização; OIM. Deslocamento voluntário de refugiados e migrantes: diretrizes e procedimentos, 2021.

4 <https://www.r4v.info/en/node/247>

5 <https://www.r4v.info/en/rmrp2023-2024>

6 <https://www.r4v.info/es/document/rmna-2022-analise-de-necessidades-de-refugiados-e-migrantes-regional-e-capitulo-brasil>

METHODOLOGY



2

METHODOLOGY

A structured telephonic survey was applied to 800 households (3529 people) in order to assess the main needs of refugees and migrants from Venezuela. The interviews lasted an average of 20 minutes and were carried out between June 6 and July 9, 2022.

For this JNA and to reflect the reality in which Venezuelan people live in Brazil, households were treated as *hogares* during the interview, which means a group of people who live under the same roof and share the same food, even if they do not have blood ties.

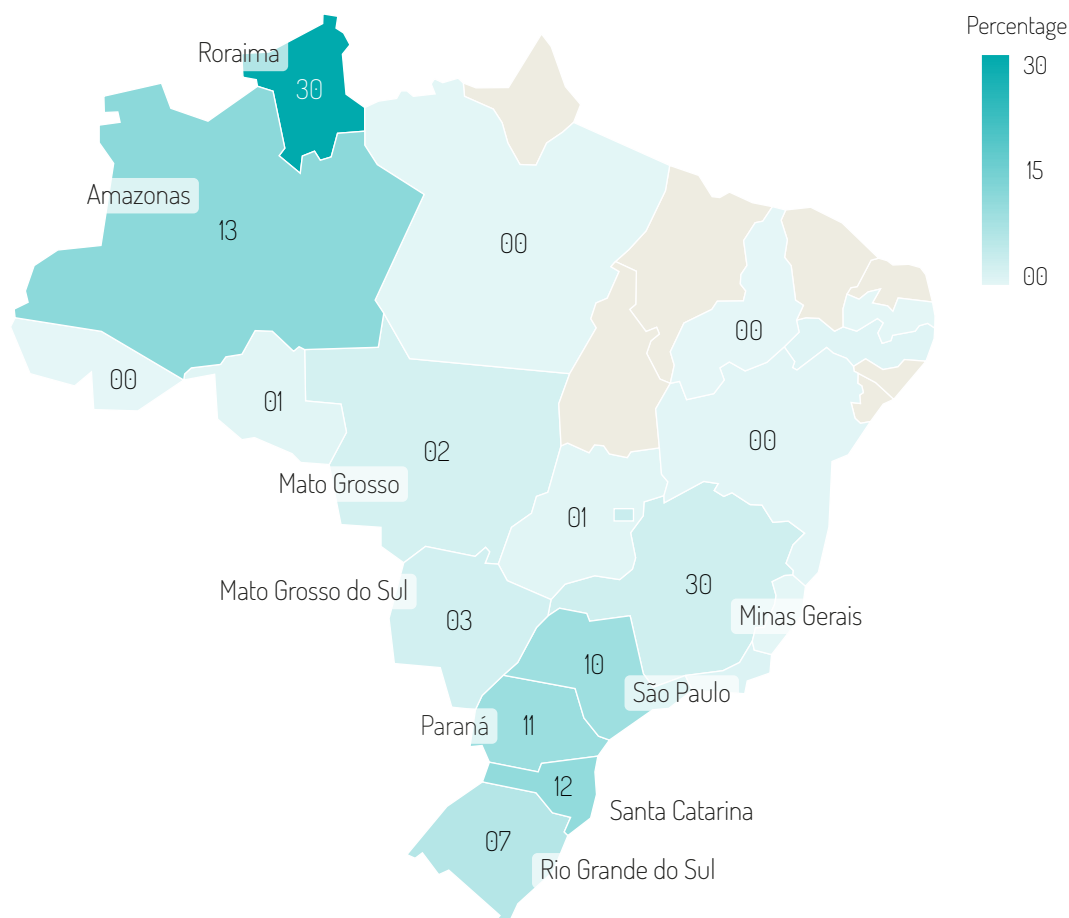
The contacts of Venezuelan households were extracted from two main databases: proGres, which is UNHCR's corporate case management system, and the *Acolhedor* System, which is the official database for registering refugees and migrants from Operation Welcome.

The JNA methodology is based on a sample stratified by state, based on the distribution of the Venezuelan population in Brazil according to official databases⁷. Given the higher proportion of Venezuelan refugees and migrants in the North region, 42% of the total population analyzed resided in the states of Roraima and Amazonas at the time of the survey. The second highest concentration of Venezuelan refugees and migrants is found in the states of Santa Catarina (12%), Paraná (11%) and São Paulo (10%). Sampling stratification is a relevant factor due to the diffusion of the Venezuelan population in the national territory based on the voluntary relocation (Interiorization) strategy, an initiative that aims to positively impact the socioeconomic integration of refugees and migrants. The application of the survey in several Brazilian states allowed comparative analyzes between interiorized and non-interiorized Venezuelan nationals.

The questionnaire for this survey was designed in collaboration with the sector leads of the R4V Platform in Brazil to fill in the information gaps identified after a careful analysis of secondary data. The questionnaire consisted of 46 questions, of which some referred only to the head of the household, while others referred to all the members of the household groups and, finally, some referred to the survey respondents.

⁷ *Cadastro Único de Programas Sociais do Governo Federal (Cad Único); Censo Escolar, Relação Anual de Informações Sociais (RAIS), Cadastro Geral de Empregados e Desempregados (CAGED), interiorização records.*

Distribution of analyzed refugees and migrants by state



Throughout the document, the term “national average” is used to express the average values of the 800 households (3,529 refugees and migrants) sampled for this survey and does not refer to the national average of the total Venezuelan population in Brazil.

The main limitation of the JNA 2022 is that all refugees and migrants interviewed from the available databases have already been assisted by authorities or R4V partners in Brazil. In this sense, sampling cannot be considered probabilistic. Another limitation refers to the fact that women are over-represented among the interviewees, since, in general, they demonstrated more willingness to participate in the research, when compared to men. In addition, phone-based interviews do not provide adequate space to delve into sensitive topics, especially when it comes to needs related to gender, human trafficking, protection and appropriate coping mechanisms. Finally, the exercise was carried out with limited resources, which forced sector leads to choose only a small number of questions per topic. In this sense, additional quantitative and qualitative research is welcome to broaden and deepen the analysis carried out through this JNA.

PROFILE OF HOUSEHOLDS AND ANALYZED REFUGEES & MIGRANTS



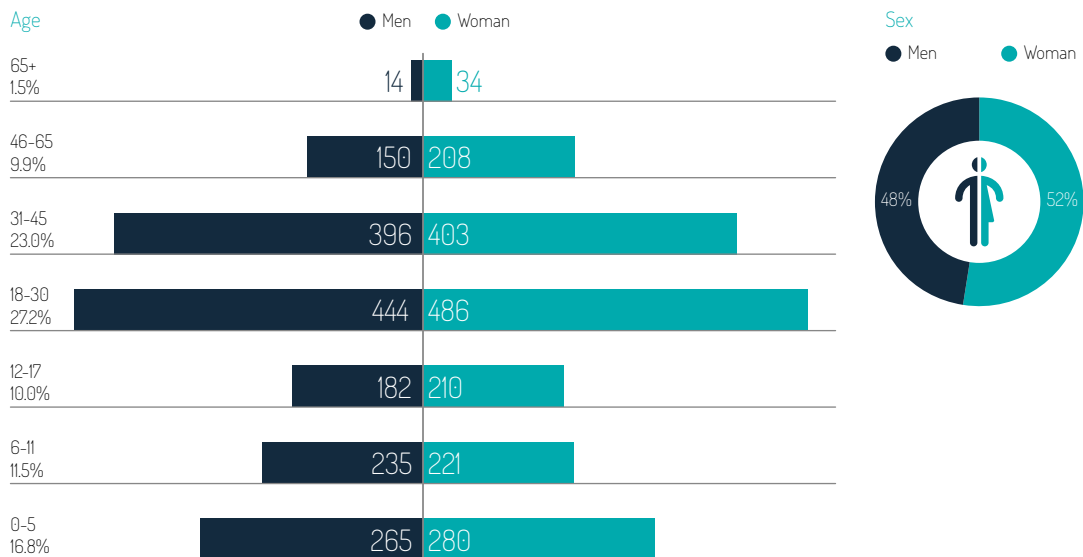
3

PROFILE OF HOUSEHOLDS AND ANALYZED REFUGEES & MIGRANTS

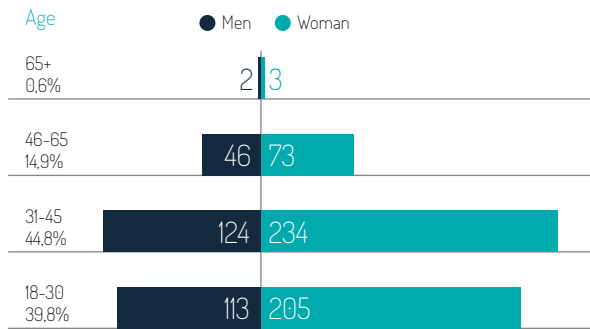
Demographic Profile

This section consolidates the demographic profile of the refugees and migrants interviewed and analyzed and presents detailed information on households with specific needs.

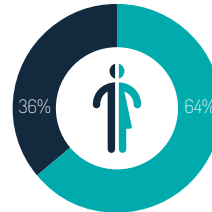
Sex and age distribution - analyzed population



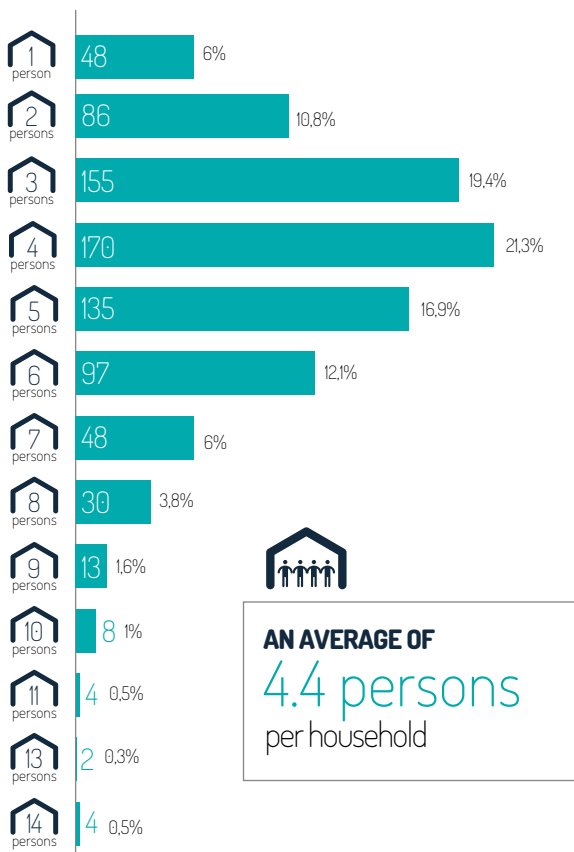
Sex and age distribution - interviewed persons



Sex
● Men ● Woman

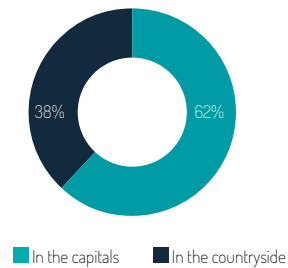


Number of people per household

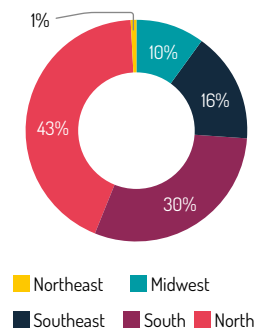


Geographic distribution

Households located in the capitals and in the countryside at the time of the interview



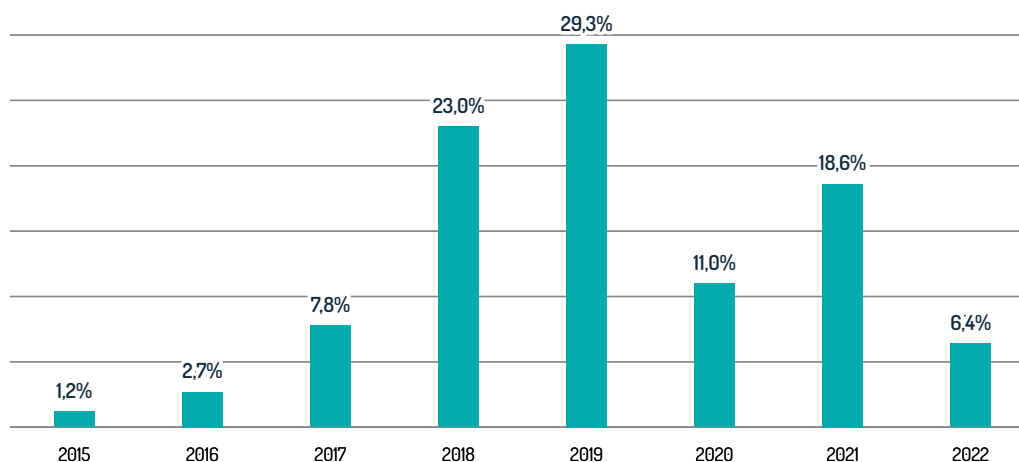
Household per macro regions at the time of the interview



Ethnicity



Distribution of households per arrival year in Brazil



Sex and age distribution - analyzed population

The population pyramid shows that 52% of the 3,529 refugees and migrants analyzed define themselves as women, while 48% identify as men.⁸

61% of the refugees and migrants analyzed are over 18 years old, 26% of these are between 18-30 years old and 23% between 31-45 years old. Children and adolescents from 0 to 17 years old represent 39% of the total population analyzed.

Sex and age distribution - main respondent

Most of the 800 refugees and migrants interviewed are women (64%) and 36% are men. All respondents were adults. 45% of them are between 31 and 45 years old and 40% are between 18 and 30 years old. Respondents over 45 and under 65 make up 15% of the total. Only 1% indicated being over 65 years old.

Household size

On average, households are composed of 4.4 people, against an average of 3.1 people for Brazilian households.⁹

The size of households in the Northeast region is above average (5.2 people), and this also applies to households with at least one indigenous person (5 people).

15% of Venezuelan households share their housing with at least one other household, thus suggesting a situation of overcrowding.

⁸ 01 (one) person identified neither as woman or man, according to self-declaration.

⁹ <https://www.gov.br/mdh/pt-br/navegue-por-temas/observatorio-nacional-da-familia/fatos-e-numeros>

Geographic distribution

The North and South regions in Brazil have the largest shares of refugees and migrants from Venezuela. 43% of them live in the North region (29% in Roraima and 13% in Amazonas), while another 30% live in the South region of the country (12% in Santa Catarina and 11% in Paraná and 7% in Rio Grande do Sul). 16% of households reside in the Southeast region, mainly in the state of São Paulo (10%). 10% live in the Midwest region and only 1% in the Northeast region.

Most households (62%) are located in capitals.

Ethnicity

Ethnicity was assessed based on the principle of self-declaration and on the ethnic categories adopted by the Venezuelan census. Most refugees and migrants analyzed (57%) define themselves as brown.¹⁰ 39% declared themselves white, 4% black and 1% identified themselves as indigenous¹¹.

Date of Arrival in Brazil

Most households surveyed (29%) arrived in 2019, 23% in 2018, 19% in 2021 and 11% in 2020. The remaining 18% arrived in 2015, 2016, 2017 or 2022.

Groups with specific needs

Children and Adolescents

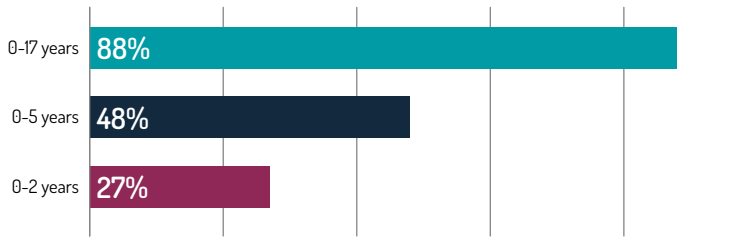
88% of the households interviewed include children and adolescents aged 0 to 17 years. 27% include children aged 0-2 years and 48% include children aged 0-5 years.

School-age children represent 24% of the total population (3,529) and 61% of all children assessed (1,393).

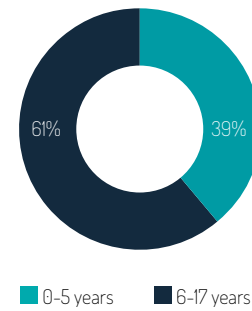
10 According to the IBGE, the official classification in Brazil of people who identify themselves as moreno is brown: [IBGE | Biblioteca | Detalhes | Características étnico-raciais da população: classificações e identidades](#). However, only 4% of respondents declared themselves brown and 53% of respondents as moreno, based on the Venezuelan census. For the purposes of the JNA, these two categories have been grouped together.

11 It is important to mention that telephone interviews may result in an under-representation of indigenous populations.

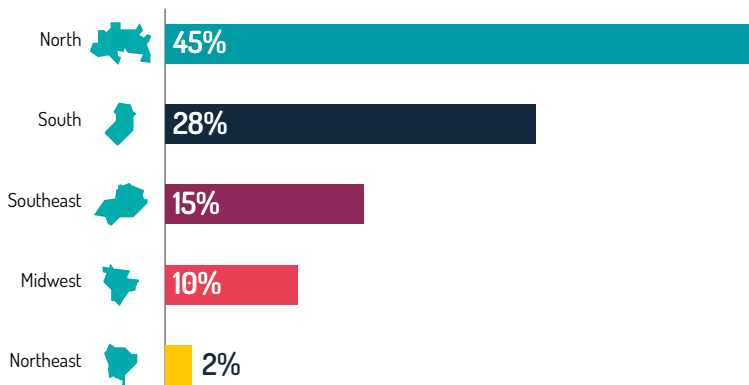
Household with children and adolescents



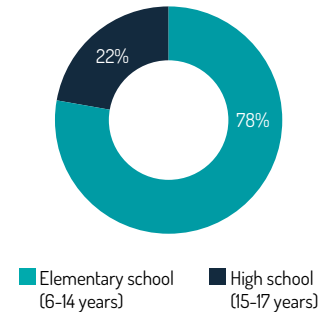
School-age children and adolescents



School-age children and adolescents (6-17 anos) per region



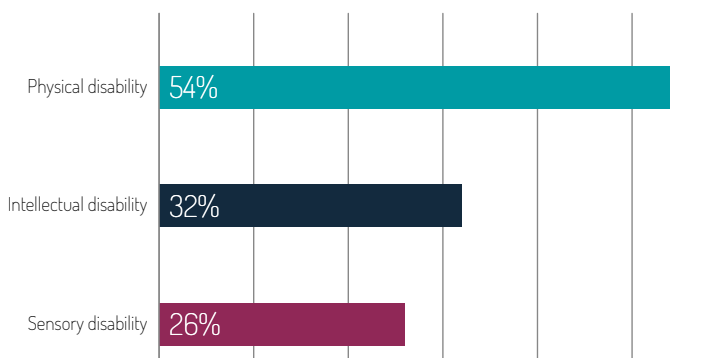
Children and adolescents in elementary school and high school



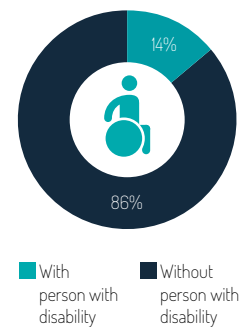
People with disabilities

14% of households reported that at least one member has a disability. Of these, 54% indicated physical disability, 32% intellectual disability and 26% sensory disability.

Types of disabilities



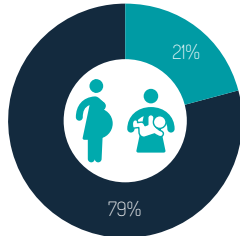
Households with at least one person with disability



Pregnant or breastfeeding women

21% of the households have at least one woman that is pregnant or breastfeeds.

Pregnant or breastfeeds women in the household

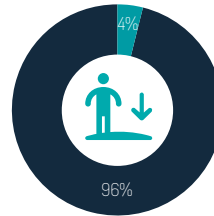


- Pregnant or breastfeeds women in the household
- No pregnant or breastfeeds women in the household

Indigenous people

4% of the households have at least one indigenous person.

Indigenous people in the household



- At least one indigenous person in the household
- No indigenous person in the household

NEED ANALYSIS BY SECTOR



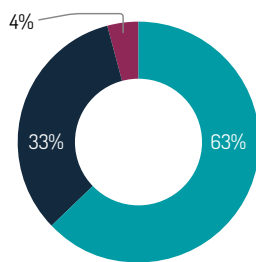
4

NEED ANALYSIS BY SECTOR

Shelter

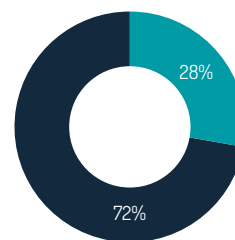
Regarding access to adequate housing, households were asked about their current housing conditions and whether they would have a place to live in the following month.

Households living within and outside shelters



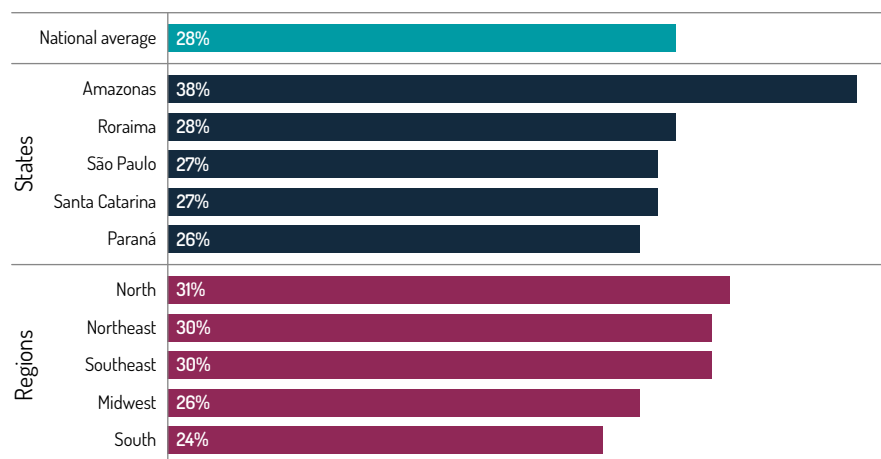
- Households outside of shelters
- Households who have lived in shelters before
- Households living in shelters during the interview

Households with housing insecurity

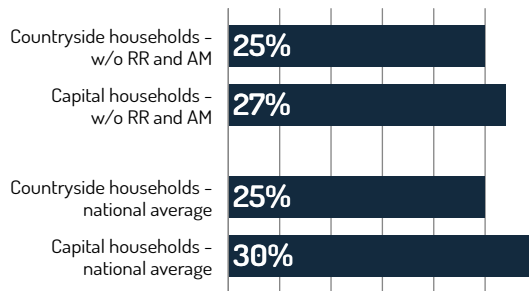


- Households with housing insecurity
- Households without housing insecurity

Housing insecurity



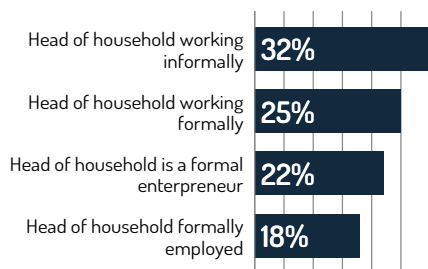
Housing insecurity in capitals vs. countryside



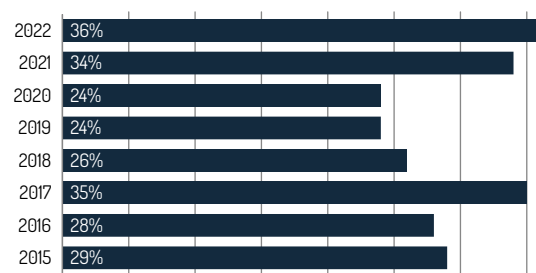
Housing insecurity per household with or without indigenous members



Housing insecurity per work situation of the head of household



Housing insecurity per year of arrival in Brazil



Housing insecurity and type of housing

On average 28% of the households does not know if they will have somewhere to live in the next month. Data shows that only a small proportion (4%) currently lives in shelters, including Operation Welcome, state and local government facilities. On the other hand, 33% have lived in shelters in the past and 63% have no experience in such collective arrangements. In these circumstances, data below on housing insecurity reflects mainly the situation of refugees and migrants from Venezuela who, at the moment of the interview, were responsible for their own housing.

Geographical distribution

In general, unlike what happens with other indicators, housing insecurity is not radically affected by the geographic distribution of refugees and migrants from Venezuela in the five regions of the country. Values below the national average (28%) are observed in the South (24%) and Midwest (26%) regions, while values above this level were registered in the North (31%), Northeast (30%) and Southeast regions (30%). In the case of the North region, the highest levels of housing insecurity are attributed to the weight of the state of Amazonas, where 38% of households do not know if they will have a place to live in the next month. This figure is much higher than what is observed in other states with a high presence of refugees and migrants from Venezuela, such as Roraima (29%), São Paulo (27%), Santa Catarina (27%) and Paraná (26%). Regardless of the state, households located in capitals face more housing insecurity (30%) than households located in the countryside (25%).

Year of arrival to Brazil

Housing insecurity affects Venezuelan households regardless of the year of arrival. While refugees and migrants who arrived in 2021 and 2022 face greater uncertainty when it comes to housing (34 and 36%, respectively), similar levels of housing insecurity are experienced by households who arrived in Brazil in 2017 (35%). Furthermore, Venezuelan refugees and migrants who settled in Brazil between 2019 and 2020 have lower levels of housing insecurity (24%) than those who arrived in 2015 (29%), 2016 (28%) or 2018 (26%).

This evidence suggests that the economic crisis resulting from the COVID-19 virus pandemic, marked by high unemployment rates and price inflation, also affects refugees and migrants who settled in the country before the pandemic. The deteriorating economic environment has impacted the ability of refugees and migrants to cover rent costs, with 61% of respondents naming this expense as their most significant expense. Under these circumstances, many households and individuals who chose Brazil as their destination country in recent years may be experiencing a regression in their levels of socioeconomic integration.

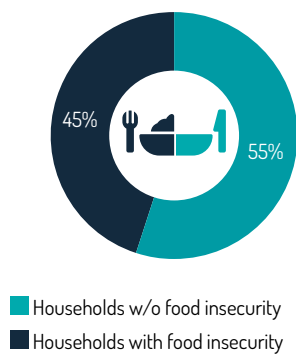
Work situation of head of household

The variable that seems to affect the most the ability of refugees and migrants to find stable housing is the employment status of the head of household. Only 25% of households whose head has a formal source of income (formal employment or formally registered self-employed business) face housing insecurity, against 32% of households whose heads are informal workers. It should be noted that those who have a formal contract live in more stable housing arrangements (18%) than formal entrepreneurs (22%).

Food security

To analyze the situation of food insecurity of refugees and migrants from Venezuela in Brazil, respondents were asked if they had difficulty finding enough food in the last three months and the reasons.

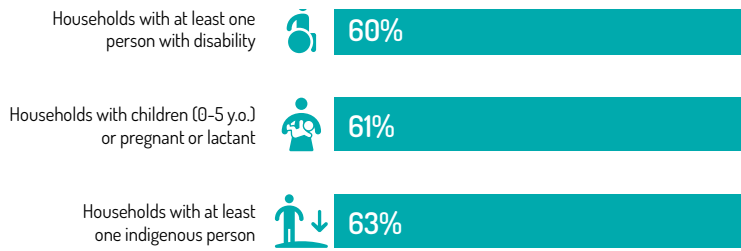
Households with food insecurity



Household with food insecurity per region and state

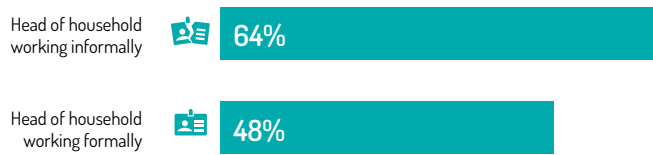


Households with food insecurity per specific needs

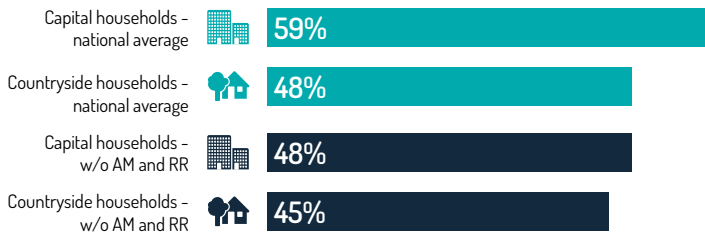


NATIONAL AVERAGE:
55%

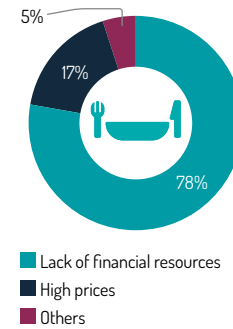
Households with food insecurity per work situation of the head of household



Households with food insecurity in the capitals and countryside



Reasons for food insecurity



Reasons for food insecurity

At national level, 55% of households reported food insecurity, mainly due to lack of financial resources (78%), high food prices (17%) and other reasons, including lack of money for transport and unemployment (5%).

Geographic distribution

In general, households in capitals cities face greater challenges in accessing adequate food (59%) when compared to those living in the countryside (48%). Households in the North region are more affected than the national average (67%), with emphasis on the state of Roraima (71%), followed by Amazonas (61%). In other regions of Brazil, levels of food insecurity are lower, but still significant in the Southeast (48%), South (46%), Midwest (44%) and Northeast (40%). Among the states with the largest Venezuelan presence outside the North region, food insecurity was reported by households residing in Santa Catarina (49%), Paraná (48%) and São Paulo (47%).

Special needs

In addition to geographic considerations, other factors appear to have an impact on the ability of households to access adequate food. In fact, levels of food insecurity higher than the national

average (55%) are observed in households that include indigenous people (63%), people with disabilities (60%), children aged 0 to 5 years (61%) or with pregnant or lactating women (61%)

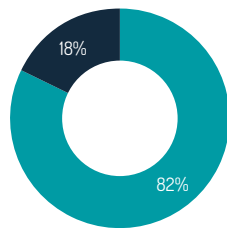
Source of income

Furthermore, as with housing insecurity, access to adequate food is highly dependent on the head of household's work situation. Those groups that depend on informal sources of income face much higher levels of food insecurity (64%) when compared to those with a formal job situation (42%).

Education

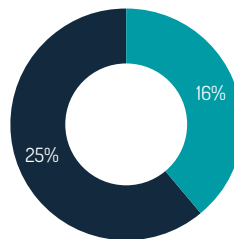
In order to analyse the educational situation of refugees and migrants from Venezuela in Brazil, the respondents were asked about school attendance of children and adolescents as well as the educational level of the heads of household.

Children and adolescents out of school (national average)



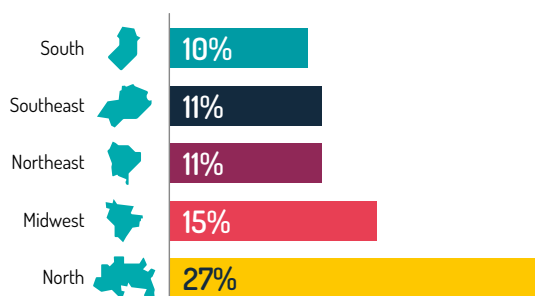
■ Children and adolescents at school
■ Children and adolescents out of school

Children and adolescents out of school (elementary and high school)

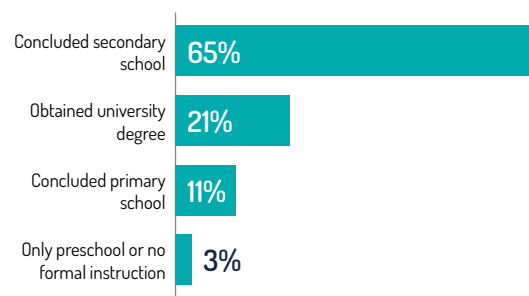


■ High school - 15-17 y.o.
■ Elementary school - 6-14 y.o.

Children and adolescents out of school per region



Educational level of the head of household



Children and adolescents out of school

18% of children and adolescents aged 6 to 17 years are out of school, with no difference in access between boys and girls. Children and adolescents aged 15 to 17 face greater barriers in accessing education, as 25% of them are out of school, when compared to 16% of children and adolescents who should be in primary school (6 to 14 years).

The highest dropout rate for children of all ages is observed in the North region (27%), with Amazonas (29%) surpassing Roraima (27%) in terms of lack of access to education. The South, Southeast and Northeast regions offer the best prospects for school integration for Venezuelan children, with school dropout rates of 10%, 11% and 11%, respectively. The states that are most able to ensure access to education for refugees and migrants are Santa Catarina (with 8% of children out of school), as well as São Paulo and Paraná (both with 10% of school dropouts).

The data also shows that the year of arrival in Brazil significantly influences Venezuelan children's access to the public school system. Those who have lived in the country since 2017, 2018 and 2019 face school dropout rates of 14%, 15% and 12%, respectively, compared to much higher percentages observed for those who arrived in 2021 (30%) and 2022 (36%).

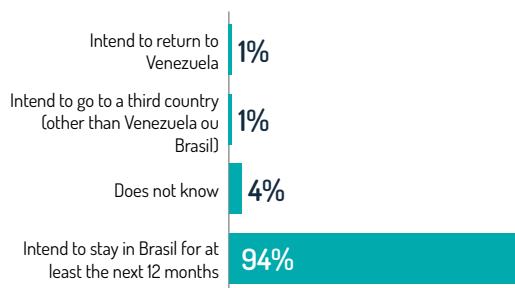
Education level of the head of household

In general, the heads of households in Venezuela have a relatively high level of education, with 65% of them having completed high school and 21% with a university degree. 11% reported elementary school as the highest level of education and 3% attended only daycare or had no formal education.

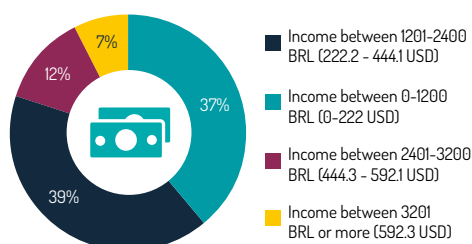
Integration

To assess the socioeconomic integration of refugees and migrants from Venezuela into their host communities, households were asked about their future intentions, as well as their main sources of livelihood, income levels and household expenses.

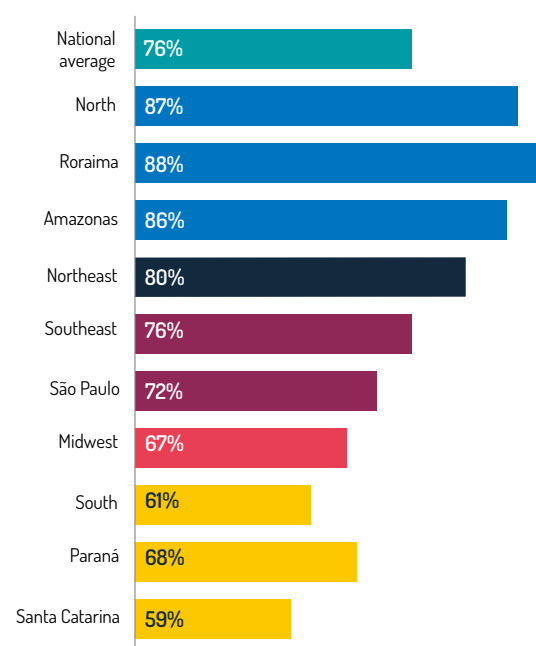
Households per future intentions



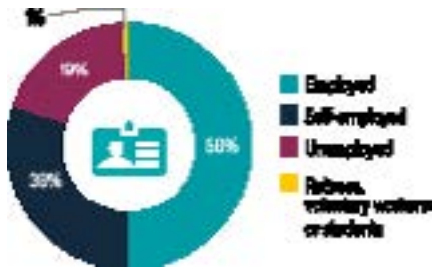
Households per monthly income



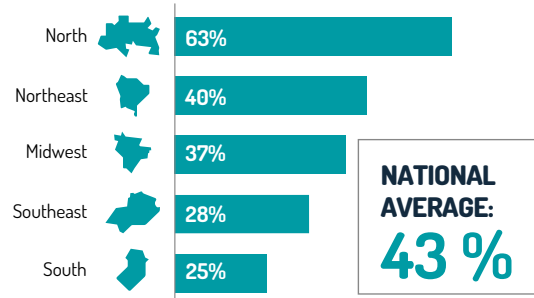
Households with monthly income up to two times the minimum wage per region and main states



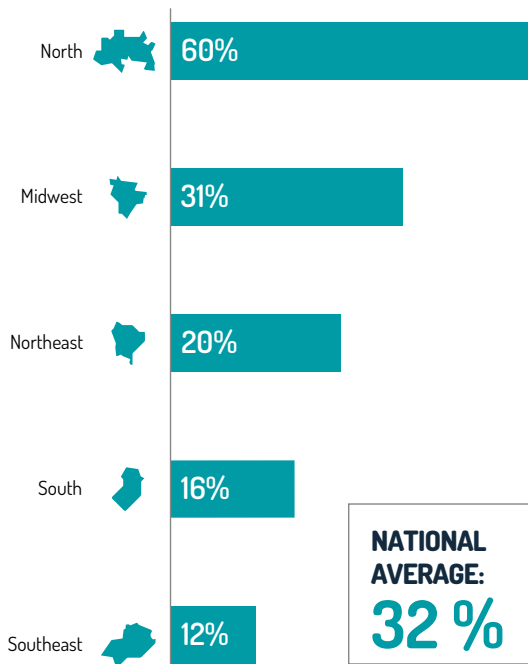
Occupational profile of the head of household



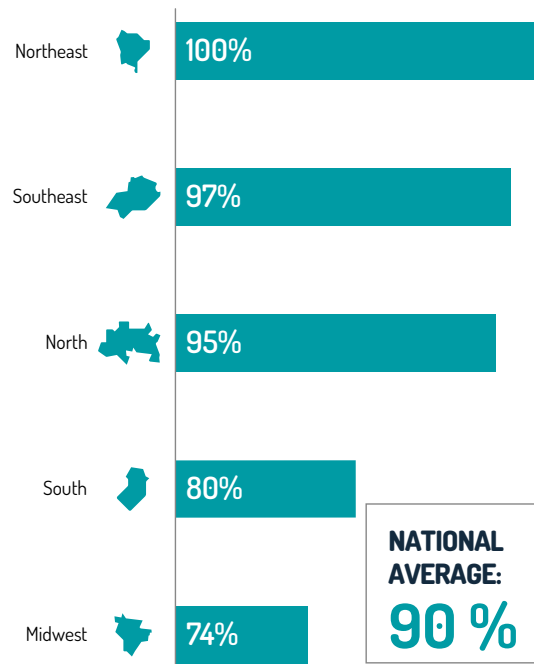
Heads of household working (employed and self-employed) informally



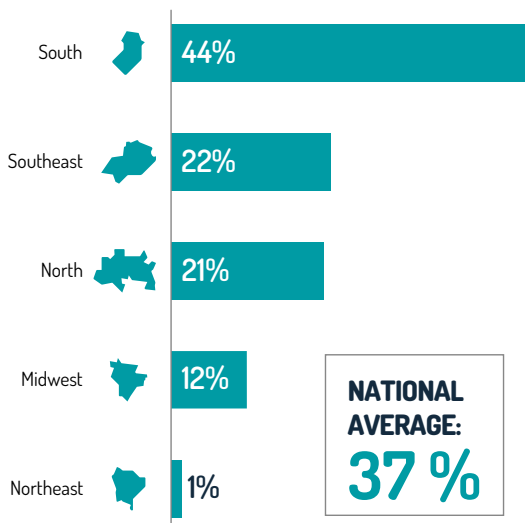
Heads of household employed informally



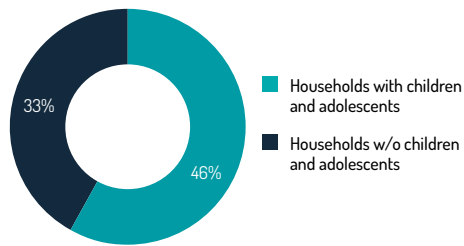
Heads of household self-employed informally



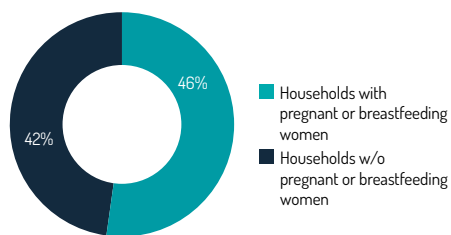
Heads of household working formally (employed and self-employed)



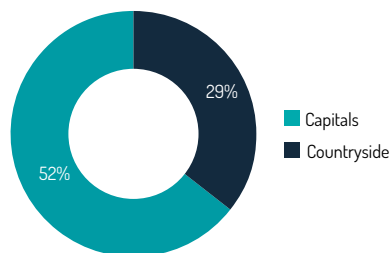
Heads of household working informally per family composition



Heads of household working informally per presence of pregnant or breastfeeding women in the household



Heads of household working informally per local of residence



Future intentions

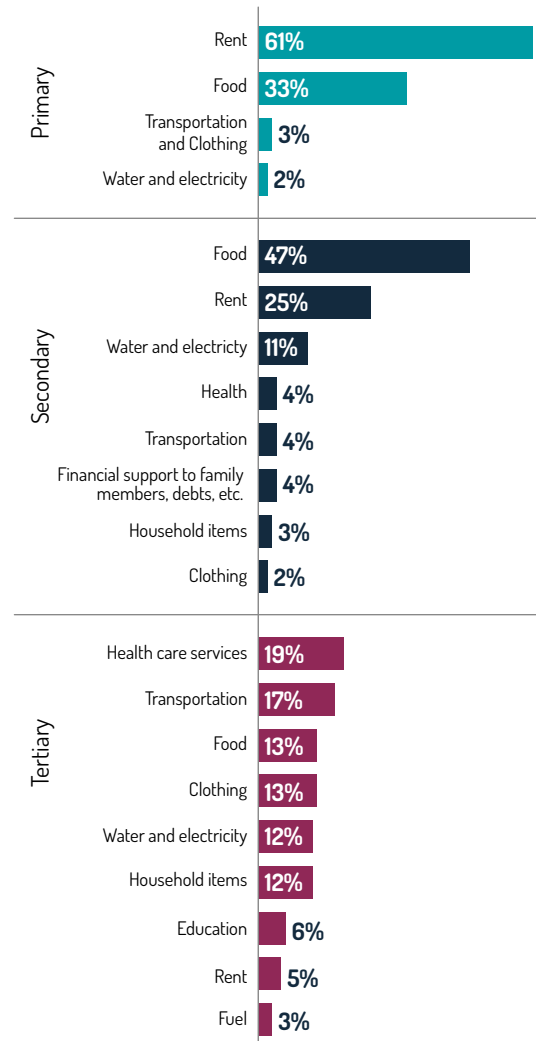
Respondents believe that Brazil is a country that offers sustainable opportunities for local integration. In this sense, 94% of households plan to stay in Brazil for at least the next 12 months, 1% consider returning to Venezuela, 1% consider moving to a third country, while 4% are undecided.

Monthly household income

With an average size of 4.4 people, 76% of Venezuelan households earn up to two Brazilian minimum wages (BRL 2,400; USD 450), with relevant differences based on the geographic distribution of refugees and migrants across the country.

In the North Region, the main entry point for Venezuelans in Brazil, the majority (54%) earn up to one minimum wage (BRL 1,200; USD 220), with a significant portion (34%) earning between one and two minimum wages and only 4% earning up to three minimum wages (BRL 3,200; USD 640). On the other hand, in the South and Southeast regions, the richest in the Brazilian

Main household expenses



federation - and the main destination of the interiorization strategy - the majority earn between one and two minimum wages (45% and 44% respectively), followed by a significant number of households with income of up to one minimum wage (17% and 32% and up to three minimum wages 22% and 14%).

Occupational profile of the head of household

As for the occupational profile of the head of household, at the time of the interview, 50% were employed, 30% carried out an independent economic activity as self-employed, 19% were unemployed and 1% were students or retired. Among the unemployed heads of households, 90% have high levels of education (64% have completed high school and 25% have attained academic degrees), suggesting that highly qualified workers may hesitate to get involved in economic activities that do not match their profile and experience. On the other hand, in a deeper analysis of formally employed and self-employed workers, 43% depend on informal economic activities, of a very precarious and volatile nature, exposing them to risks and violation of rights, including labor exploitation and human trafficking. Nationally, informality affects 32% of workers and 90% of the self-employed, who in most cases sell homemade food and other items on the streets. In addition, there is a higher incidence of informal work among residents of capital cities (52%), compared to those who live in the countryside (29%), as well as in households with children and adolescents (46%), versus those that consist only of adult members (33%).

Geographical distribution

A comparative analysis between different Brazilian regions shows that access to safe and decent work is also more challenging for refugees and migrants from Venezuela who live in the North. In a context of high presence of Venezuelans, combined with very few job opportunities, the heads of household resort to all possible means to provide for themselves and their dependents. This region registers the lowest unemployment rate (16%) but the highest proportion of informal workers (63%), with Amazonas (65%) surpassing Roraima (62%). 41% of the heads of household in the North region are self-employed (42% in Roraima and 39% in Amazonas), of which 95% are informal entrepreneurs. Employed workers make up 40% of the workforce, however, also in this case 60% have informal contracts (62% in Roraima and 65% in Amazonas).

At the other end of the spectrum, the situation seems much better for households living in the South and Southeast regions, where declared unemployment is higher (21% and 20%, respectively), but informality affects only 25% and 28% of the working population. In the South, 60% of heads of households are employed, of which 84% have a formal contract, and only 19% are self-employed, of which 80% work without formal business registration. On the other hand, in the Southeast, 56% are employed, of which 88% have a formal contract, and 22% are self-employed, of which 97% work informally.

Primary household expenses

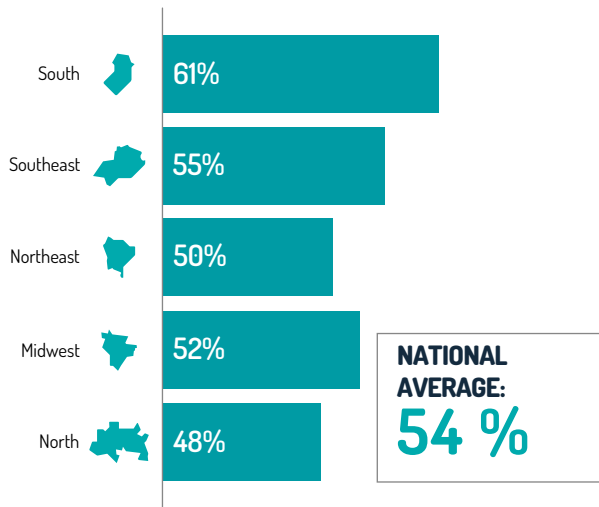
Most households evaluated use their income to cover only the most basic needs. Paying rent was mentioned as the biggest household expense by 61% of respondents and food was reported as the second biggest expense by 47% of them. Electricity and water bills represent the third and

fourth highest expenses for 11% and 12% of households, respectively, while health services and transportation represent the fifth highest expense for 19% and 17% of respondents, respectively.

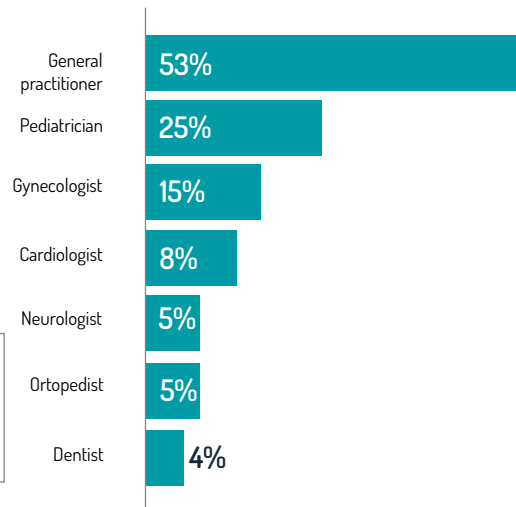
Health

In order to understand the health needs of households, respondents were asked if they needed health care and the difficulties they encountered in accessing these services.

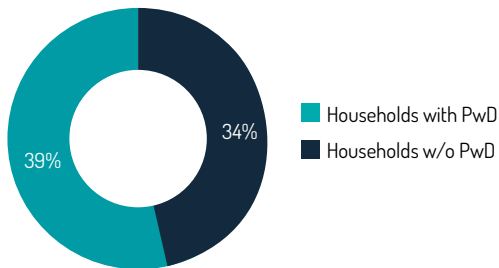
Households with health needs per region



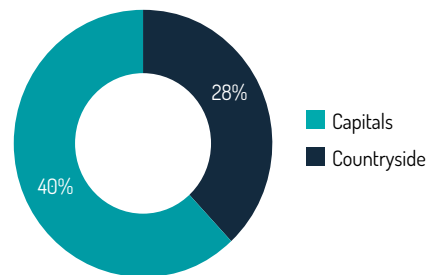
Households per types of health care services required



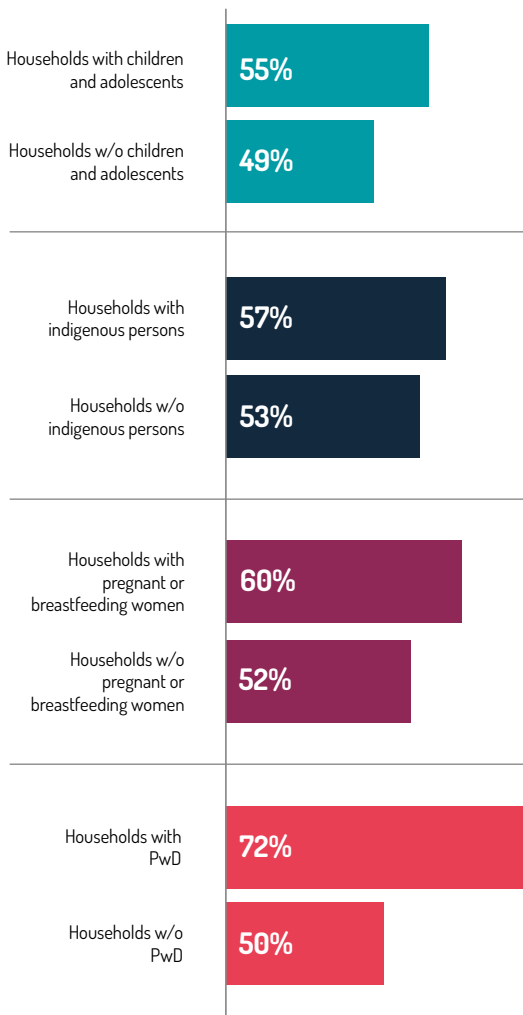
Households with difficulties to access medical services per presence of persons with disability (PwD)



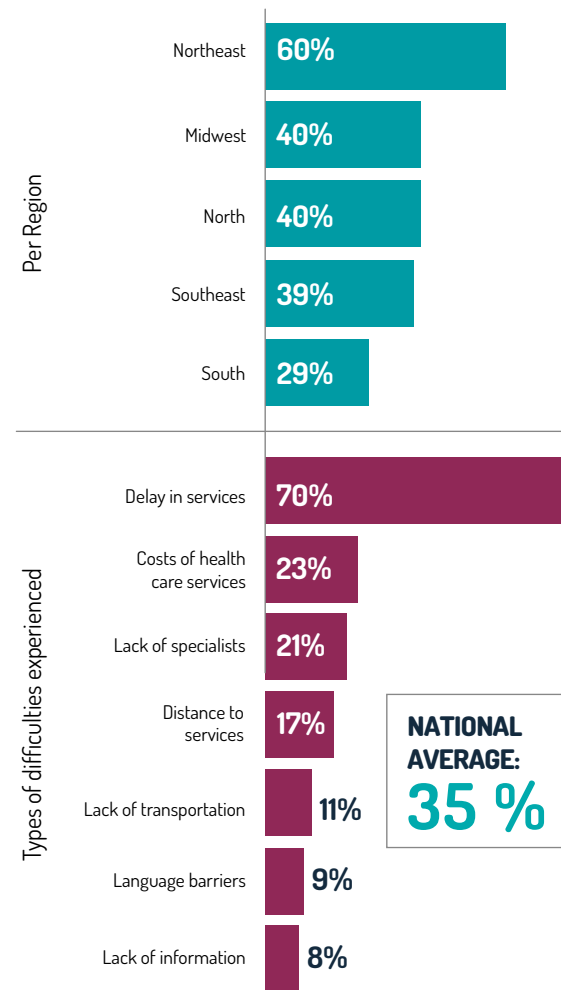
Households with difficulties to access services per local of residence



Households with health care needs per groups with specific needs



Households with difficulties to access health care services per region and type of difficulty



Health care service needs

At national level, 54% of households reported that at least one member required health services in the last three months, needing general practitioner (53%), pediatric (25%), gynecological (16%) and cardiological (8%) medical care, between others. Furthermore, 14% of Venezuelan households have a member with a physical or intellectual disability.

The households with the most health problems are those with children and adolescents (55%, against 49% in households without children and adolescents), indigenous people (57% vs. 53% in households without indigenous people), people with disabilities (72% vs. 50% in other households) and pregnant or lactating women (60% vs. 50%).

Difficulties to access health care services

Approximately one in three (35%) households interviewed reported difficulties in accessing medical care (39% in the case of households with people with disabilities), due to reasons such

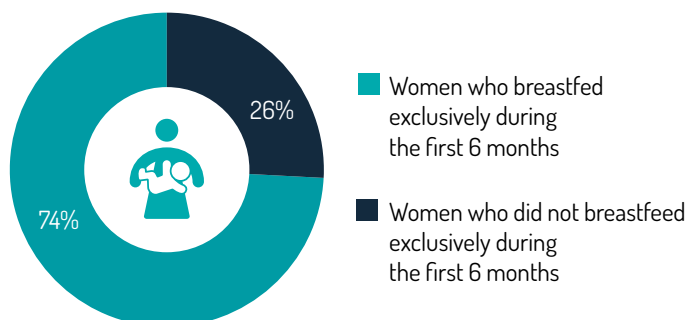
as delays in service provision (70%), high costs (23%), absence of the necessary specialist (21%) and distance from health centers (17%) – factors that also affect the host community – but aggravated by language barriers (9%), discrimination (9%) and lack of information (8%), which are additional issues faced by refugees and migrants from Venezuela.

Once again, households residing in capitals face more difficulties in obtaining medical assistance (40%) than those residing in the countryside (28%). By geographic region, the households with the greatest difficulty in accessing health services are concentrated in the Northeast (60%), followed by the North and Midwest (both with 40%) and the Southeast (39%). The South region seems to offer the most accessible public health system (26%), with emphasis on the state of Paraná (23%). Respondents residing in Amazonas reported having more difficulty accessing medical services (43%) than respondents residing in Roraima (38%).

Nutrition

Despite the recommendation of the World Health Organization (WHO) of exclusive breastfeeding until the baby's sixth month of life and supplemented breastfeeding for up to two or more years, only 74% of the Venezuelan women interviewed breastfed exclusively during the first 6 months, while 26% remaining started weaning before that.

Exclusive breastfeeding during the first 6 months

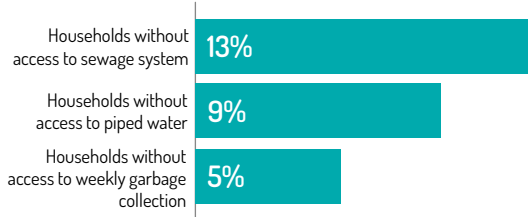


WASH

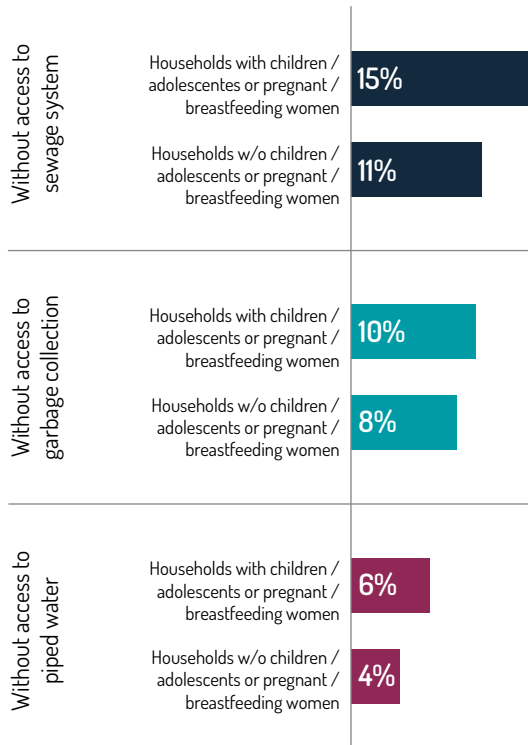
To understand the situation of refugees and migrants in terms of access to water, sanitation, and hygiene (WASH), the interviewees were asked if their homes are served by piped water, sewage system and weekly garbage collection. In addition, this JNA assessed whether in the last three weeks at least one person in the household had diarrhea or dysentery, diseases that are the second leading cause of death in children under 5 years of age in the world and that can be prevented through safe access to water supply services for human consumption, sanitation and adequate hygiene practices.¹²

¹² <https://www.who.int/publications/i/item/9789241564823>

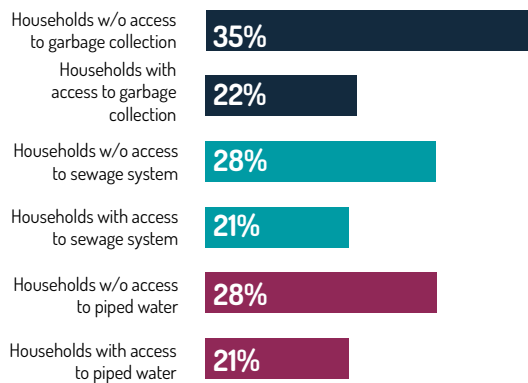
Households without access to basic sanitation facilities



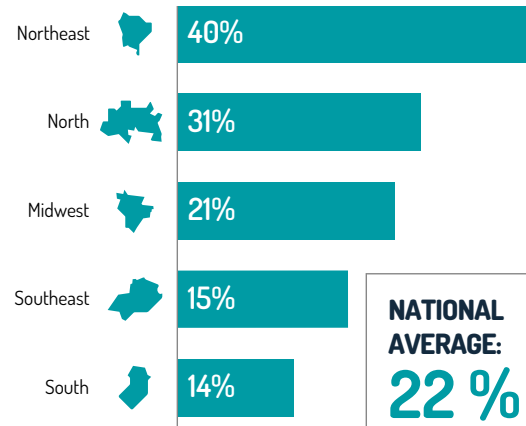
Households without access to basic sanitation facilities per presence of children and adolescents or pregnant and breastfeeding women



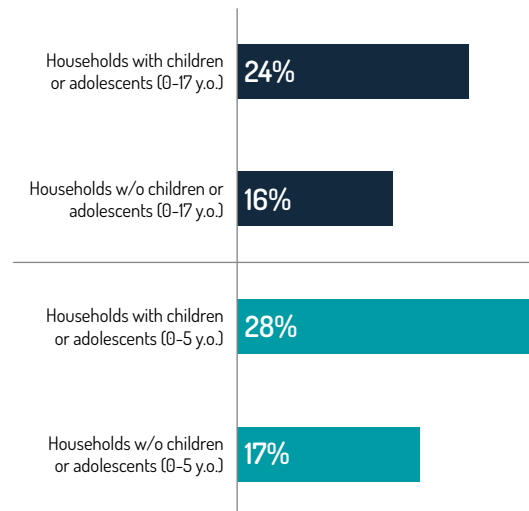
Households reporting diarrhea/dysentery in the three weeks before the interview per access to basic sanitation facilities



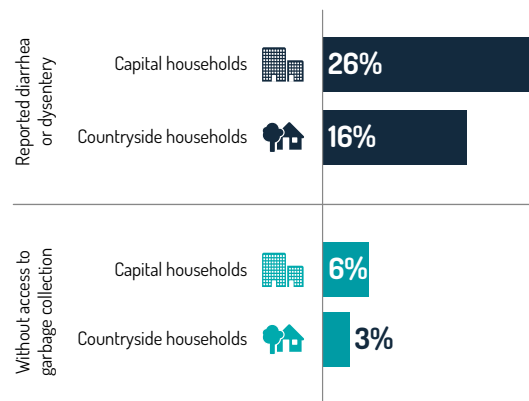
Households reporting diarrhea or dysentery in the three weeks before the interview



Households with and without children and adolescents reporting diarrhea or dysentery in the three weeks before the interview



Households reporting diarrhea/dysentery in the three weeks before the interview per access to basic sanitation facilities and place of residence



Access to WASH services

Regarding basic WASH services, this assessment found that a significant proportion of Venezuelan households do not have access to the sewage system (13%), weekly garbage collection (5%) and piped water (9%).

Households living in the North and Northeast regions are among those that struggle most to find housing equipped with adequate WASH infrastructure. In fact, in the Northeast, 20% of households do not have a sewage system and 10% are not served by garbage collection, although all households reported having piped water. On the other hand, in the North these values reach 19%, 8% and 13%, respectively. Once again, the regions that are better off compared to the national average are the South and Southeast regions, where the lack of access to the sewer network is 9% and 5%, the lack of piped water is 6% and 7%, and the lack of garbage collection reaches 1% and 2%, respectively.

Diarrhea or dysentery

Nationally, 22% of respondents reported that at least one household member had diarrhea or dysentery in the 3 weeks prior to the interview. Among respondents, there is a correlation between the manifestation of these symptoms and the lack of adequate WASH services. For example, 35% of households that reported diarrhea or dysentery do not have access to weekly garbage collection, versus 22% of households that do. Likewise, 28% of the households that reported these diseases do not have a sewage system (vs. 21% in the other households). Furthermore, 28% of the households affected by these diseases do not have access to piped water (vs. 22% of the other households). Consequently, the regions where households reported more cases of diarrhea and dysentery are the Northeast (40%) and North (31%), and those with the fewest cases are the South (14%) and Southeast (15%).

Among refugees and migrants who live in collective shelters, the occurrence of diarrhea or dysentery is higher (31%) when compared to the other respondents who do not live in shelters (22%), which may be because residents of these spaces share collective WASH facilities that are often affected by sewage leaks and other structural problems.

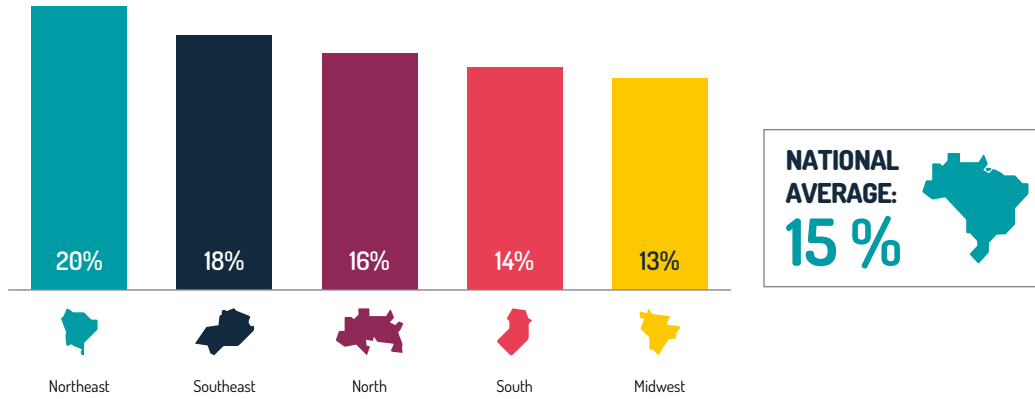
Finally, this JNA found that diarrhea and dysentery affect more households that include children aged 0 to 5 years, who are at increased risk when exposed to these diseases. 28% of households with children in this age group reported diarrhea or dysentery, against 17% of other households. This may be related to the fact that households with such composition also have less access to adequate WASH services than the other households interviewed.

Protection

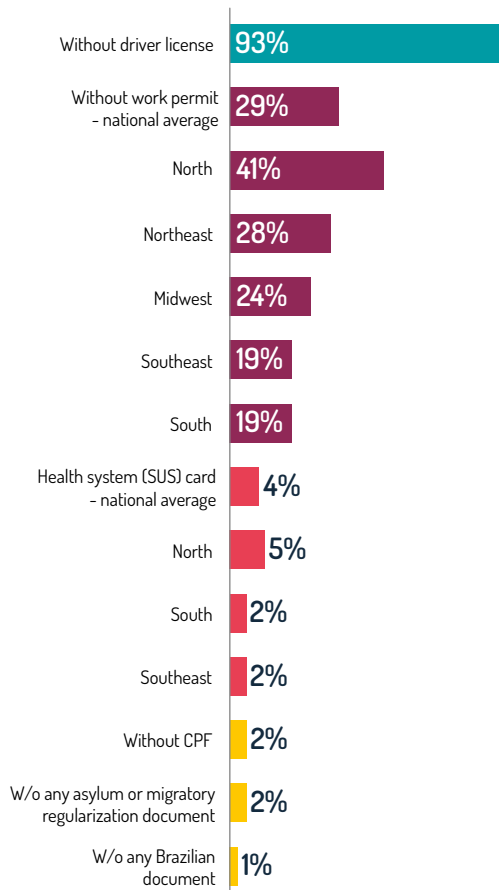
Protection risks and incidents are difficult to assess through telephone interviews, as these are very sensitive matters that require trust and the assurance of confidentiality to be disclosed. Keeping in mind these limitations, this JNA only included questions on the access to documentation, discrimination perceptions and family separation. Family separation in this

result is interpreted as the presence of a child separated or unaccompanied by their legal guardians (UASC¹³).

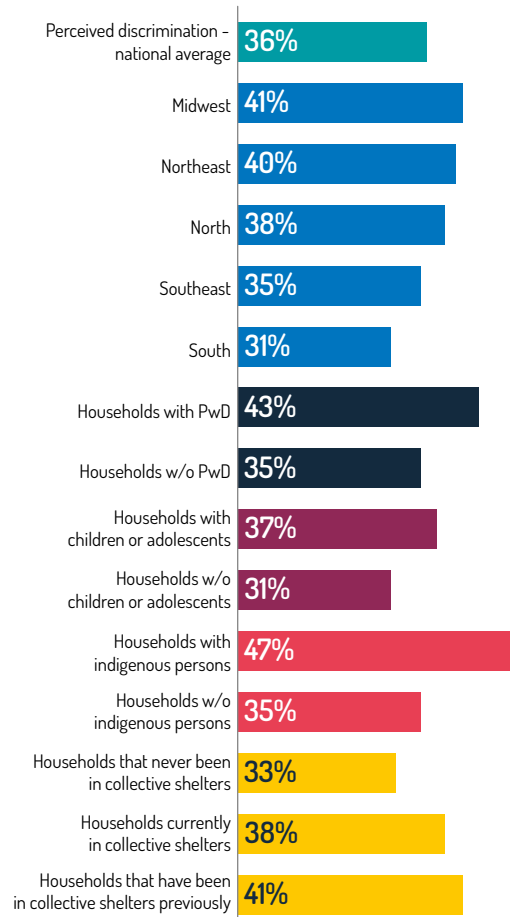
Households with children and adolescents with parents still in Venezuela or in other Brazilian states



Refugees and migrants surveyed without different types of documentation



Households per perceived discrimination



13 Unaccompanied and/or Separated Children.

Documentation

As a result of the solid legal protection frameworks adopted by Brazil, as well as the performance of the Acolhida Operation, which allow most refugees and migrants from Venezuela to have access to document regularization upon their arrival in the national territory, 98% of the assessed population has some type of document, whether as an asylum seeker, recognized refugee, temporary or permanent resident. Of those, 99% have a *Cadastro de Pessoa Física* (CPF), the individual Brazilian taxpayer number that ensures access to a wide range of rights and services, and 96% reported being enrolled in the Unified Healthcare System (*Sistema SUS*).

However, 93% of the adult population (age \geq 18 years) does not have a National Driver's License and 29% of the working-age population (age \geq 14 years) still does not have a Work and Social Security Card (CTPS), the work document required for formal contract by companies and other institutions. In the North region, this proportion of refugees and migrants without CTPS increases to 41%, while in the South and Southeast regions it reaches only 19% each.

Perceived discrimination

More than a third (36%) of households said that at least one of their members suffered discrimination for not being a Brazilian citizen. This perception was stronger in households with at least one indigenous person (47% vs. 35% in households without indigenous people), or with a disabled person (43% vs. 35% in other households), or with children and adolescents (37% vs. 31%). Furthermore, refugees and migrants who have lived or still live in emergency shelters reported more discrimination (41% and 38% respectively) than those who have never been to such collective facilities (31%).

On the other hand, levels of discrimination below the national average were reported in the South (31%) and Southeast (35%) regions.

Family separation

This JNA found that 15% of households include at least one child or adolescent whose parents stayed in Venezuela or who live in another Brazilian state. It was not possible to ascertain whether the caregivers have legal custody of the children, whether they have any family ties with the children, or whether these children underwent Child Protection measures before arriving at their destination, given the sensitive nature of this issue.

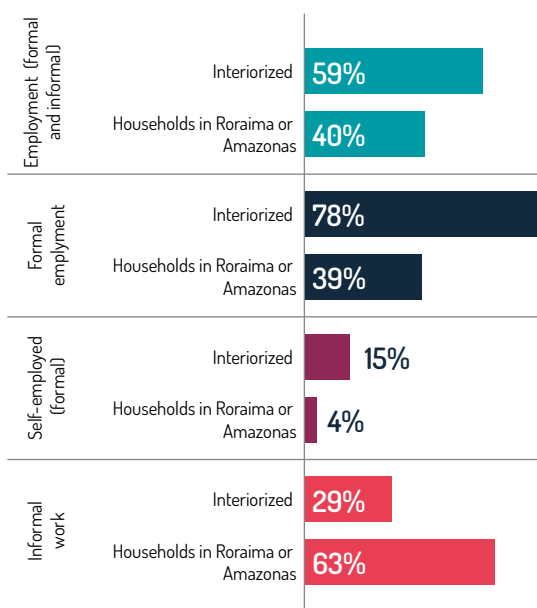
The national average increased from 4% in 2021 to 15% in 2022, indicating the possibility of approximately 120 separated or unaccompanied children. Proportions above the national average were registered in the Northeast (20%), Southeast (18%) and North (16%). This points to a demand for identifying the protection needs of these children and providing support for family reunification for Venezuelan refugees and migrants in their current destination.

Interiorization and humanitarian transportation

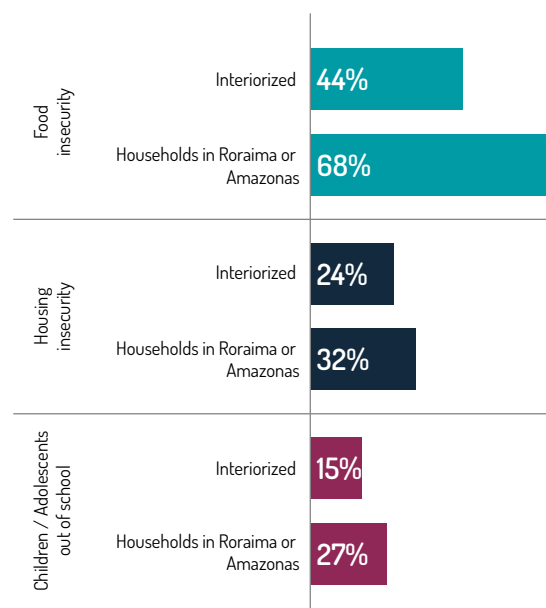
The Interiorization strategy of the Operation Welcome, led by the Federal Government, refers to the voluntary, safe, and orderly relocation of refugees and migrants from Venezuela located in the cities of Boa Vista and Pacaraima (in the state of Roraima) to other cities in Brazil. The Interiorization strategy prioritizes Venezuelan people who are in vulnerable situations, whether they are in or outside of shelters. The strategy aims to provide beneficiaries with better socio-economic inclusion prospects, expanding the possibilities of housing, work, income, education, and social assistance (among other services and benefits) with the support of the federal and municipal public authorities, as well as the R4V platform. The initiative facilitates socioeconomic inclusion in the Brazilian society and reduces pressure on public services in the North region, the main entry point for Venezuelans in the country. The Interiorization strategy is structured into four modalities:

- 1) Institutional (shelter-to-shelter), which consists of relocating refugees and migrants staying in emergency shelters in Roraima to other collective shelters, managed by local public authorities or civil society organizations, in selected destination cities;
- 2) Family reunification, which makes it possible for refugees and migrants to reunite with family members who already reside regularly in another city in Brazil and are willing and able to offer support and housing;
- 3) Social reunification, allowing refugees and migrants to join people with whom they have ties of friendship or affection, or family members whose bond cannot be proven through documentation;
- 4) Job placement, which consists of relocating individuals hired by private companies in other regions of Brazil.

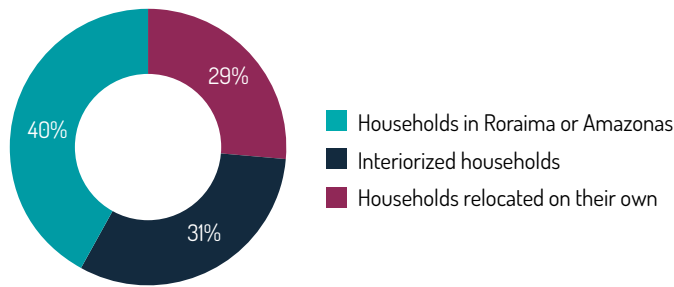
Heads of household interiorized, and households in Roraima or Amazonas per work situation



Interiorized households, and households in Roraima or Amazonas per vulnerability



Interiorized households, households relocated on their own and households remaining in Roraima or Amazonas



Interiorized households

To analyze the opportunities for socioeconomic integration of refugees and migrants, heads of households in Roraima, Amazonas and those who moved to other states in Brazil were interviewed. Households that were relocated to other Brazilian states by the Acolhida Operation (hereinafter referred to as “interiorized”) represent 31% of the total assessed through this JNA. They live mainly in the South region (53%), with a significant presence also in the Southeast (21%) and Midwest (20%) regions. Also participating in this JNA were the heads of households who moved to other states in Brazil on their own, representing 29% of the total interviewed.

For analysis purposes, the interiorized households will be compared with those residing in Roraima and Amazonas. Evidence shows that households that left the northern states (both interiorized and relocated on their own) have more positive results than those that remain in Roraima or Amazonas.

When comparing interiorized to those relocated on their own (who have more financial resources and access to a support network at their disposal), the observed results are similar, pointing to a possible reduction of vulnerabilities as a result of the support provided by the Operation Welcome.

Livelihoods

Only 29% of the heads of interiorized households depend on informal sources of income (vs. 63% of residents in Roraima and Amazonas). 59% of the heads of interiorized households are employed informally and formally (vs. 40% of residents in Roraima and Amazonas), of which 78% have a formal contract (vs. 39% of residents in Roraima and Amazonas). In addition, 15% of the heads of interiorized households who are self-employed were able to formally register their company (vs. only 4% of residents in Roraima and Amazonas).

Education

Children living in interiorized households have better access to education. Evidence shows that 15% of interiorized children from 6 to 17 years old are out of school, compared to 27% of those who live in Roraima and Amazonas.

Food security

Households that were voluntarily relocated with the help of the Operation Welcome reported lower levels of food insecurity (44%) than residents in Roraima and Amazonas (68%).

Shelter

In addition, the interiorized households are in a better situation in terms of shelter. 24% of them reported housing insecurity, against 32% of residents in Roraima and Amazonas.