



PICTURE OF A SAVE-EX BENEFICIARY FAMILY

**BASELINE REPORT**

***SEGURIDADE ALIMENTARIA PARA  
VENEZOLANOS EXTENDIDA (SAV-  
EX)***

**BRASILIA/DF  
February 2020**

**Execution:** Consultoria em Planejamento e Avaliação de Políticas Públicas - IPLANVS  
Condomínio Ville de Montagne – Qd 7 – Casa 3 – 71680-357 – Brasília/DF  
Phone: (61) 3263-7464  
Email: [manoeltimbo@gmail.com](mailto:manoeltimbo@gmail.com) / [i.planvs@gmail.com](mailto:i.planvs@gmail.com)

**General Coordinator**

Antonio Manoel Timbó Lima Gomes

**Technical Coordinator**

Tilcia Kelen Santos Araújo

**Operational Coordinator**

Verona Marcelle Silva Machado

**Statistician**

Antonio Eduardo Rodriguez Ibarra

**Typing**

Albani José Mota Figuera

## LIST OF ACRONYMS

ADRA – Adventist Development & Relief Agency

CMA - World Food Summit

DHAA - Human Right to Adequate Food

FAO - Food and Agriculture Organization of the United Nations

FCS - Food Consumption Score

FNM - Adult Female no Adult Male

INSAN - Food and Nutrition Insecurity

HHS - Household Hunger Scale

MNF - Adult Male no Adult Female

M&F - Adult Male and Adult Female

rCSI -Reduced Coping Strategies Index

RR - Roraima

SAN - Food and Nutrition Security

SAV-EX – Seguridad Alimentaria para Venezolanos Extendida

USAID - United States Agency for International Development

## EXECUTIVE SUMMARY

The work presented here aims to determine the baseline values of key outcome level indicators of the Food Security for Venezuelans – Extended (SAVEX) program by collecting data comparable to what will be collected during the end-line survey to determine the level of change on outcome indicators between baseline and final evaluation. This will help the program to revise and adjust, if necessary, the end-line targets for project indicators and to assess the prevailing conditions of the beneficiary population at the onset of the program based on the needs that the project will respond. For this purpose, more than 700 km were covered, along the entire migratory corridor that started in the municipality of Pacaraima, followed by Boa Vista, Iracema, and closing up through the last municipality of the State of Roraima, Rorainópolis, also known as the exit door of the migratory corridor.

The experience of food and nutritional insecurity was clearly evident among the beneficiaries who, in the last 12 (twelve) months, experienced hunger, both in Venezuela and in Brazil. From this experience many ended up being extremely traumatized.

Regarding the indicators, the following realities were identified: the reduced CSI was 25.4 points and with this there is a situation of food and nutritional security considered good for the group of respondents, since the lower the score the better is the food security situation. It may be surprising that for a project that has started so recently, one already finds such a high food security index for this indicator. To assess this indicator, it is necessary to understand that 15% of the total respondents are beneficiaries who live in two indigenous reserves in the municipality of Pacaraima. It is a group that differs significantly from the other beneficiaries of the project, since they live in places where it is possible to extract a minimum of food for survival;

The HHS, on the other hand, deals with the number of times beneficiaries experienced hunger in the last 30 days prior to the survey, the result of which was 1.12 points, which characterizes them with little or no hunger. The majority (60.4%) of those interviewed falls into the category of little or no hunger. Moderate or severe hunger affects more almost two out of five families (39.6%).

Regarding the Food Consumption Score (FCS), which is characterized by food diversity, food frequency and the relative nutritional importance of different food groups, these are the results: among the least consumed food groups are fruits, vegetables and legumes as well as nuts, according to the highest percentages in consumption between 1 or 2 days a week. This is undoubtedly an indicator to be systematically monitored throughout the implementation process of the SAV-EX program. Regarding the source of food, most of the respondents (88.1%) had food purchased or food aid as their primary source. Among the secondary sources, food purchased is still the most representative, but donated (15.3%) and borrowed (7.2%) also have a greater share. The FCS gross score considers a percentage of 82.3% of the category of frequency of food consumption per head of household, a number analyzed as acceptable, and 6.5% borderline and 11.2 poor

It is a project that despite having only a month of its implementation already identifies some positive points. However, many are the challenges of meeting targets and measuring indicators, so it is extremely important that during the execution of this project

the monitoring team is attentive to systematically monitoring the evolution of the main indicators, since beneficiaries live in different cities and experience different realities. In addition to those who live in municipalities in the State of Roraima, this project also includes immigrants who have been relocated to other Brazilian states through the process of interiorization.

### **Limitations**

The fact that beneficiaries of the SAVEX program had already received at least one distribution of food vouchers at the time when the Baseline questionnaires were applied and field data was collected might affect the findings of this study.

### **SUGGESTIONS FOR PROJECT MANAGERS:**

- Regarding healthy eating guidelines, we suggest that, as well as the nutrition information folder, the project's nutritionist can work with beneficiaries to prepare a recipes book with recipes that contemplates regional native food products such as: banana, plantain, tucumã, buriti, pupunha, cupuaçu, soursop, pineapple, watermelon, bacaba and açaí, manioc (and its by-products: cassava flour, gum, carimã pasta), corn, black pepper, kale, parsley, green scent, chives, kale, arugula, lettuce, tomatoes, sweet potatoes and peppers. This can be distributed, and beneficiaries can be trained to use these products more appropriately in food, since they are native foods and end up being cheaper than other products from other states;
- Urgent coordination with shop owners in the municipality of Iracema is necessary, as it was found that no commerce in that location accepts the Sodexo card, causing beneficiaries to travel to the municipality of Mucajaí, which is approximately 39.7 km away, to use their electronic voucher card to purchase food;
- It is very important that the project coordinator is able to ascertain the fact raised by beneficiaries in a Focus Groups held in Boa Vista that points out a situation of price differentiation in the *Compre Bem* Supermarket, when the payment method is the Sodexo Card, since this attitude disrespects the national legislation of consumption relation.
- There is an urgent need for coordination between the project managers and the *Atacadão* Supermarket chain, so that the Sodexo card is accepted at this establishment, since this supermarket offers the most competitive prices the municipality of Boa Vista;
- The hiring of an agronomist for the project who can support families who are interested in creating productive backyards (in the form of a pilot project), and thus can establish gardens and orchards for the production of vegetables and fruits in their own homes. There were several reports that they end up not buying these products, as they are the most expensive items in supermarkets;
- Train field officers on public health policies, as many beneficiaries asked if they could use the card to buy medicines for illnesses, however they are medicines distributed in the public health service, however, without their knowledge.

# LIST OF FIGURES, GRAPHS AND TABLES

## FIGURES

Figure 1: Focus Groups' Route

## GRAPHS

Graph 1: Gender of respondents

Graph 2: Age group of respondents

Graph 3: Gender and age group of respondents

Graph 4: Number of persons living with the respondents

Graph 5: Number of people living with respondents by gender

Graph 6: Gender of people living with respondents

Graph 7: Age group of people living with respondents by head of household gender

Graph 8: Average strategies used and total reduced CSI by head of household's gender

Graph 9: Average HHS by head of household's gender

Graph 10: HHS Hunger categories by gendered household

Graph 11: Types of Food Sources

Graph 12: Frequency categories of food consumption – FCS by gendered household

## TABLES

Table 1: Sample Size

Table 2: Focus Groups per municipality and numbers

Table 3 - Average size of the families by gendered households

Table 4 – Affirmative food insecurity questions in the last 12 months by gender

Table 5 – Affirmative food insecurity questions in the last 7 days by gender

Table 6 - Reduced CSI by head of household's gender

Table 7 - Reduced CSI by gendered household

Table 8 – Household Hunger Scale (HHS) frequencies

Table 9 - HHS by head of household gender

Table 10 - HHS by gendered household

Table 11 – Food frequency by type

Table 12 - Reduced FCS by gendered household

# SUMMARY

<b>INTRODUCTION AND CONTEXT .....</b>	<b>8</b>
<b>I. SURVEY METHODOLOGY .....</b>	<b>9</b>
<b>1. Quantitative Data .....</b>	<b>9</b>
<b>2. Qualitative Data.....</b>	<b>11</b>
<b>II. RESULTS, DISCUSSION AND ANALYSIS .....</b>	<b>13</b>
<b>1. Profile of Respondents .....</b>	<b>13</b>
<b>2. Profile of residents in respondent households .....</b>	<b>15</b>
<b>3. Food Insecurity .....</b>	<b>17</b>
<b>4. Reduced Coping Strategies Index (rCSI).....</b>	<b>19</b>
<b>5. Household Hunger Scale (HHS).....</b>	<b>22</b>
<b>6. Food Consumption Score (FCS) .....</b>	<b>25</b>
<b>III. CONCLUSIONS AND RECOMMENDATIONS .....</b>	<b>29</b>
<b>ANNEXES</b>	

## INTRODUCTION AND CONTEXT

For the purposes of this work, among the phases of the political cycle, the ex ante evaluation of policies and programs was highlighted, which appreciates the policies with regard to their “rising, through ex ante analysis, in order to verify, fundamentally, whether this respond to a well-defined and pertinent problem. As a result, it is observed whether there is a clear objective of intervention and if this intervention really proposes a design that can be effectively achieved.”<sup>1</sup> After all, “it is expected that a well-designed program will result in the aggregation of social value for its recipients or to solve a problem situation.”<sup>2</sup>

Will the project from its implementation process account for the indicators it intends to achieve?

This question is of fundamental importance in the final evaluation process, but as we are now in the initial evaluation process, without a doubt, a methodology that contemplates the application of Baseline, will be of great value for the identification and measurement of the main indicators to be objects of the Food Security for Venezuelans - Extended project (SAVEX) whose main objective is the implementation of a “food security strategy for 10 months centered on 12,860 Venezuelans in Boa Vista, 4,200 Venezuelans experiencing food insecurity in six (6) cities along the migratory corridor of Roraima (Pacaraima, Amajari, Mucajaí, Iracema, Caracarái and Rorainópolis). The project will also provide 1,985 hot meals daily to Venezuelan immigrants in food insecurity in Boa Vista for 270 days, which means that SAVEX will bring direct food assistance to a total of 21,445 Venezuelan immigrants in food insecurity who are outside public shelters. In addition to this, SAVEX will also support relocated Venezuelans for the first three months of their move to other states in Brazil.”<sup>3</sup>

In the whole process of this Baseline survey, the concepts that define the theme of Food and Nutrition Security (SAN), Food and Nutrition Insecurity (INSAN) were considered, as well as the Human Right to Adequate and Healthy Food (DHAA). These concepts are well defined and consolidated, even in the Brazilian Constitution of 1988, when the right to food among any citizen living in the country advocates among social rights.

“Today the concept adopted in Brazil on food and nutritional security consists of “realizing the right of everyone to regular and permanent access to quality food, in sufficient quantity, without compromising access to other essential needs, based on health-promoting food practices that respect cultural diversity and that are

---

<sup>1</sup> Avaliação de políticas públicas: guia prático de análise ex ante, volume 1: Instituto de Pesquisa Econômica Aplicada. – Brasília : Ipea, 2018. v. 1 (192 p.)

<sup>2</sup> GIOVANNI, Geraldo Di; NOGUEIRA, Marco Aurélio (Org.). Dicionário de políticas públicas. 3ª. Edição. São Paulo: Editora Unesp, 2018.

<sup>3</sup> ADRA, Baseline Scope of Work. Seguridade Alimentária para Venezolanos – Extendida (SAV-EX). Brasil. Novembro 2019 (mimeo).

environmentally, culturally, economically and socially sustainable”. LEAO (2013, p. 13)<sup>4</sup>.

As well as dialoguing with the concepts adopted at the World Food Summit (CMA), which was formally approved worldwide and states the following: “food security exists when everyone has, at all times, access to physical, social and economic safe, sufficient and nutritious foods that meet their daily energy needs and food preferences to lead an active and healthy life (translation by the consultant).”<sup>5</sup>

The Human Right to Adequate Food (DHAA), “is exercised when every man, woman and child already exercises alone or in common with others, has physical and economic access, at all times, to adequate food or the means to obtain it.”<sup>6</sup>

This right to a healthy diet is considered by the various United Nations agencies, as well as by other international entities, as a human right of all and seeking to guarantee the food and nutritional security of these populations is a duty of the State as well as the responsibility of society.

Thus, throughout its methodological course, this baseline study aims to make available to the managers of the SAVEX project a comparison study that can compare moment one of the project with the final moment after execution of the project so that in the final evaluation the main indicators of results and impacts can be identified.

## I. SURVEY METHODOLOGY

Different methodological approaches were used in data collection, including qualitative and quantitative methods, survey of primary and secondary data from the SAVEX program. The survey of primary data was done through field work, application of a standard questionnaire, structured interviews and focus groups with beneficiaries. The collection of secondary data was done through document analysis: the initial work plans and other existing technical documents.

### 1. Quantitative Data

The quantitative data evaluation process included the application of a questionnaire to a group of beneficiaries. The basic questionnaire that constituted the methodological process and was applied to the beneficiaries was provided by ADRA and this consultancy did not interfere in this document. The consultant trained a team in the correct application of the instrument.

---

<sup>4</sup> LEÃO, Marília (Org.). *Direito Humano à Alimentação Adequada e o Sistema Nacional de Segurança Alimentar e Nutricional*. Brasília, DF: ABRANDH, 2013, 263p.

<sup>5</sup> FAO. *Cómo mejorar el impacto de políticas de estado para el logro del ODS 2*. Documento dirigido a asesores/as de los Frente Parlamentario Contra el Hambre de América Latina y Caribe. Santiago - Chile, 2019

<sup>6</sup> FAO. *Cómo mejorar el impacto de políticas de estado para el logro del ODS 2*. Documento dirigido a asesores/as de los Frente Parlamentario Contra el Hambre de América Latina y Caribe. Santiago - Chile, 2019

From the questionnaire, the three main FFP standard indicators were extracted: household hunger scale, reduced coping strategy index and food consumption score as proposed in the Baseline Scope of Work.

The sample as proposed in the Baseline Scope of Work was respected according to Table 1:

**Table 1: Sample Size**

Municipalities in Roraima	Sample Weight %	Project HHs	Sample Size = 642
Boa Vista	75%	2559	482
Amajari	1%	34	6
Iracema	2%	68	13
Mucajaí	2%	68	13
Caracarái	2%	68	13
Pacaraima	15%	512	96
Rorainópolis	3%	102	19
	<b>100%</b>	<b>3412</b>	<b>642</b>

Source: Baseline Scope of Work. Segurança Alimentária para Venezuelanos – Extendida (SAVEX).  
Brasil - Novembro 2019

The register used consisted of 3,303 households distributed among the six SAVEX identified geographical areas of implementation in Boa Vista and the other six municipalities in the interior of Roraima, namely: Pacaraima, Amajari, Mucajaí, Iracema, Caracarái and Rorainópolis. The register was assembled with the lists of the 1st and 2nd electronic voucher card distributions. As this is a ten-month project based on this first survey that serves as a baseline for the others, the characteristics of the sample were quite specific.

A simple random probabilistic sample was used, using the Feed the Future Sample Size calculator, made available by USAID, considering a set of households that might not be contacted at the end-line for a series of reasons (migration, mortality, etc). A total of 642 households were drawn. In each city, a systematic interval of 5 was used with looping from a random initial number. The sample was performed with a 95% confidence interval and a margin of error of  $\pm 5\%$ . The non-response percentage was set at 10% to calculate the sample size.

The survey was designed in December 2019, but field work was conducted between January 6<sup>th</sup> and January 23<sup>rd</sup> 2019. The average duration of the interviews was 12 minutes and 32 seconds, while the median time (for 50% of the interviews) was 10 minutes.

The research database had some missing information that could be deduced in order to make it as complete as possible to avoid loss of information. A typical case of these situations is where the sex of one of the respondents was missing. In this case, we asked the project's field team to collect this data since they have direct contact with beneficiaries. Both the initial registration and the database were treated and worked using the statistical software SPSS in its version 25.

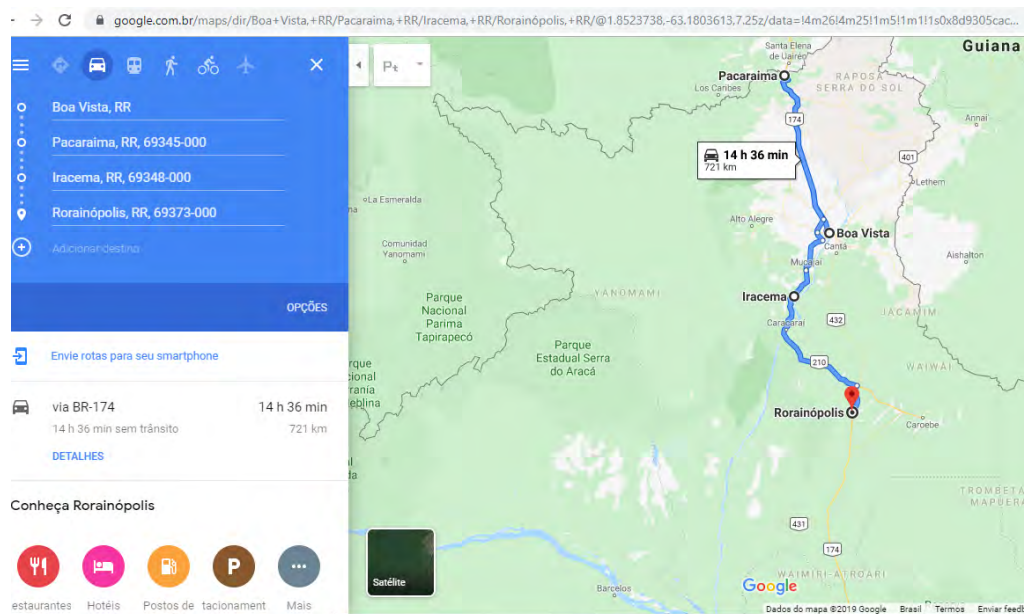
## 2. Qualitative Data

Focus groups were held with project beneficiaries (mixed groups of male and female participants aged between 18 and 70 years old and preferably household heads or those directly responsible for using the food voucher cards), using the methodological aspects of focus groups throughout the process in addition to participatory strategies.

The focus group discussions were conducted based on specific themes related to the project, following questions and guiding words. Participatory techniques were used with a reflective and experiential objective that allowed measuring and evaluating the main indicators focused on the theme of food and nutritional security, food and nutritional insecurity and the perception and experience with hunger from a qualitative framework with a focus on analyzing the dimensions of food and nutritional status of the project's beneficiaries.

For this activity, more than 700 km were covered, as shown in figure 1, in the entire migratory corridor that started in the municipality of Pacaraima, a brief stop in Boa Vista - capital of the state of Roraima, and then through to Iracema and concluding the process in the last municipality of the State of Roraima, Rorainópolis. Rorainópolis is also known as the exit door of the migratory corridor as it borders with the state of Amazonas and is a common route taken by Venezuelans who leave Roraima to other states in the northern region of Brazil.

Figure 1: Focus Groups' Route



Source: Elaborated by the Consultant from google maps

In the consultancy's work plan, it was proposed to hold 08 (eight) focus groups in four municipalities, which would total 120 participating beneficiaries. However, it was only possible to carry out a total of 07 (seven) focus groups, since the team could not have access to the community where the beneficiaries were in Pacaraima, where two focus groups were planned, due to the non-permission of the Brazilian Army for security reasons.

Thus, the focus groups took place as follows, the four municipalities initially planned were contemplated and distributed as follows. These focus groups were carried out in different cities in the State of Roraima: Boa Vista, Pacaraíma, Iracema and Rorainópolis. The process of choosing these 4 (four) cities was as follows:

- **Boa Vista** - city with the largest number of migrants and also the city with the largest number of beneficiaries as well as the capital of the Roraima (3 focus groups);
- **Pacaraíma** - city that is the main gateway for Venezuelan immigrants to the country and where the Brazilian and Venezuelan border is located (1 focus group);
- **Iracema** - city located in the middle of the migratory corridor (1 focus group);
- **Rorainópolis** - is the southernmost town in the state of Roraima and one of the main outlets migrants use to relocate to other states in Brazil, especially into the northern region, such as Amazonas and Acre (2 focus groups).

Based on this sample, the entire state of Roraima was covered.

**Table 2: Focus Groups per municipality and numbers**

MUNICIPALITIES	NUMBER OF FOCUS GROUPS PLANNED	NUMBER OF FOCUS GROUPS PERFORMED	TOTAL OF PARTICIPANTS
<b>Boa Vista</b> – City with highest number of beneficiaries	03	Areas: Uniao Santa Tereza Santa Luzia	24 20 15
<b>Pacaraima</b> – Border town (gateway to Migratory Corridor)	02	Sorocaima	15
<b>Iracema</b> – Middle of the Migratory Corridor	01	Iracema (01)	16
<b>Rorainopolis</b> – Border town exit door for the Migratory Corridor	02	Rorainopolis (02)	12 16
<b>TOTAL</b>	<b>08</b>	<b>07</b>	<b>118</b>

Source: Elaborated by the Consultant

Table 2 shows that despite the lack of a focus group in Pacaraima, the number of participants in the groups was not compromised, as only two of what was initially expected were missing. As a complementary strategy to quantitative activities and focus groups, 05 (five) home visits were carried out with the families who are assisted by the SAVEX project.

The team responsible for carrying out this work was composed of the following professionals: a sociologist and specialist in the evaluation of public policies and in food and nutrition security (general coordinator of the consultancy), a social worker (technical coordinator), a lawyer (operational coordinator) and a doctoral student in sociology (specialists in qualitative and statistical analysis).

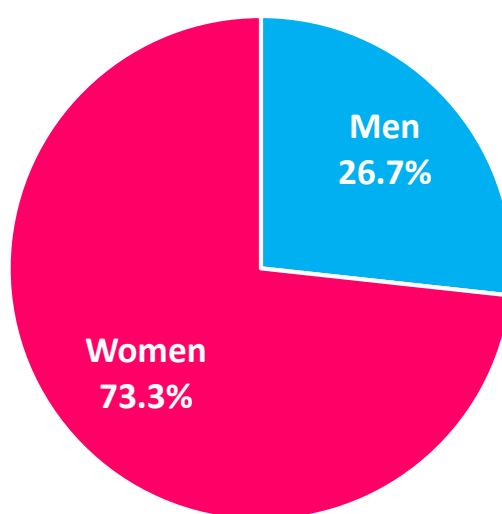
## II. RESULTS, DISCUSSION AND ANALYSIS

This section presents the main results of the 642 households drawn, which represented 3,412 beneficiary households. The latter households comprise 11. This last total of households comprises 11,691 people.

### 1. Profile of Respondents

As expected, women represent the vast majority of respondents (73.3%), while men, only 26.7%. Therefore, approximately three out of four respondents were women.

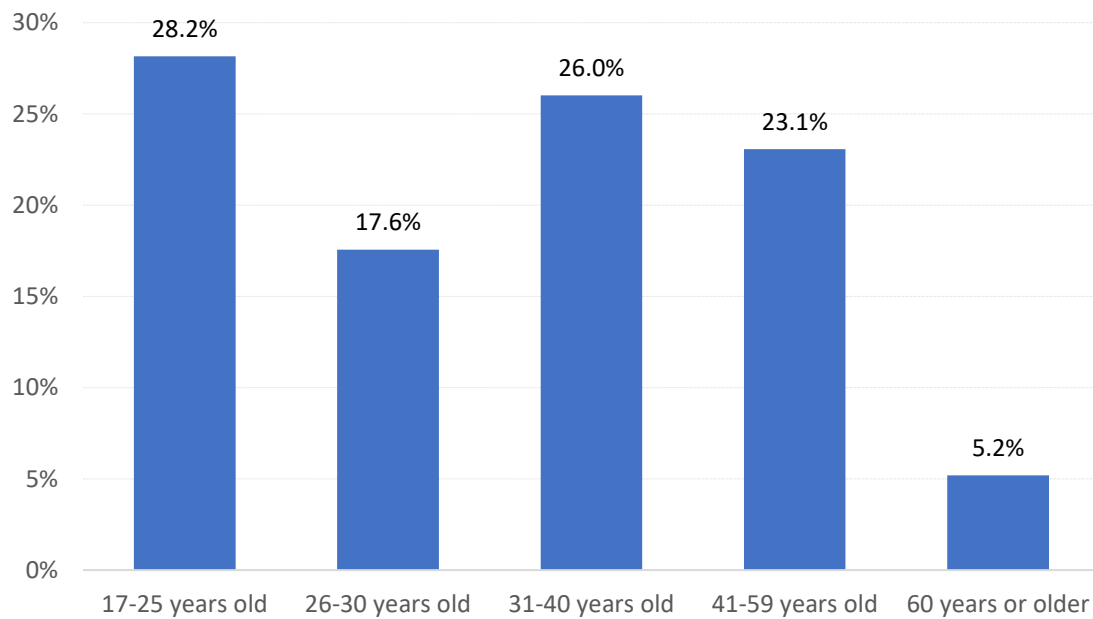
Graph 1: Gender of respondents



Source: Elaborated by the consultant from the result of the quantitative research (2020)

The average age of respondents was 35 years. Considering half of the respondents, the average age of this group (median) was 32 years. Graph 2 shows the distribution of respondents according to age groups. There is a predominance in the age group between 17 and 25 years old (28.2%), followed by people between 31 and 40 years old (26%).

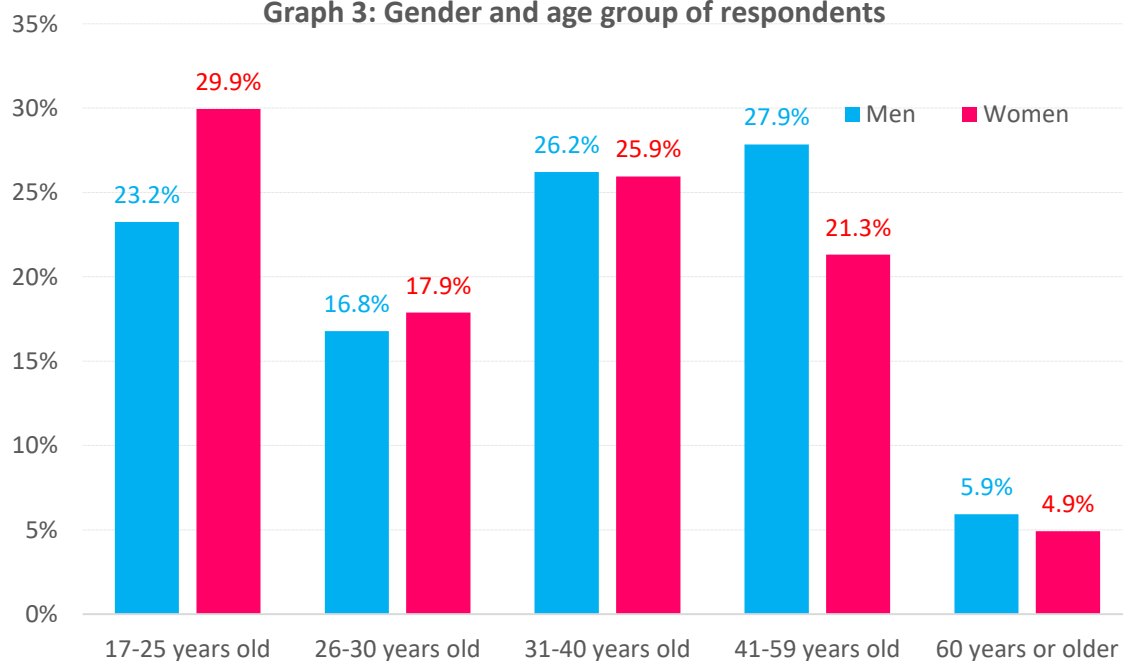
Graph 2: Age group of respondents



Source: Elaborated by the consultant from the result of the quantitative research (2020)

Analyzing the information disaggregated by gender of the respondent, it was observed that the average age among men is higher (36 years) than among women (34 years). At the median age, that is, half of men and half of women, the difference is slightly greater (35 and 31 years, respectively). This higher average is mainly impacted by the representation in the age groups between 31 and 59 years of age, as shown in Graph 3.

Graph 3: Gender and age group of respondents



Source: Elaborated by the consultant from the result of the quantitative research (2020)

## 2. Profile of residents in respondent households

In Graph 4, it is observed that practically three out of four households in this specific population have up to 4 household members. The percentage of households with a total number of people between 5 and 9 was 25.7%.

The average size of the household, therefore, is 3.43 persons (table 3).

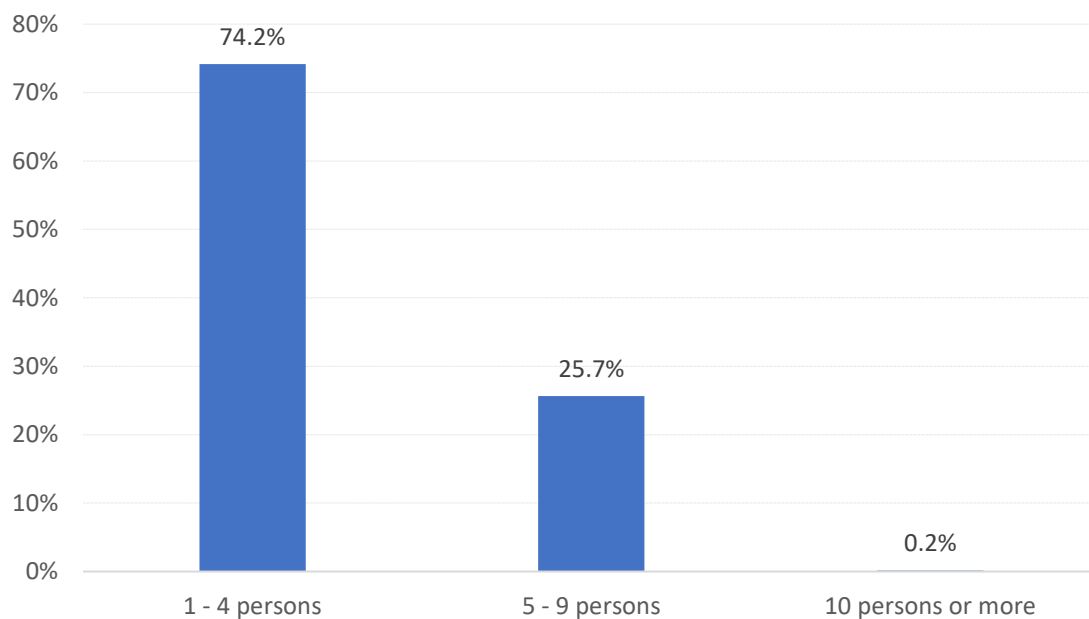
**Table 3: Average size of the families by gendered households**

	Average size
F&M	4,15
FNM	2,55
MNF	2,01
Total	3,43

Source: Elaborated by the consultant from the result of the quantitative research (2020)

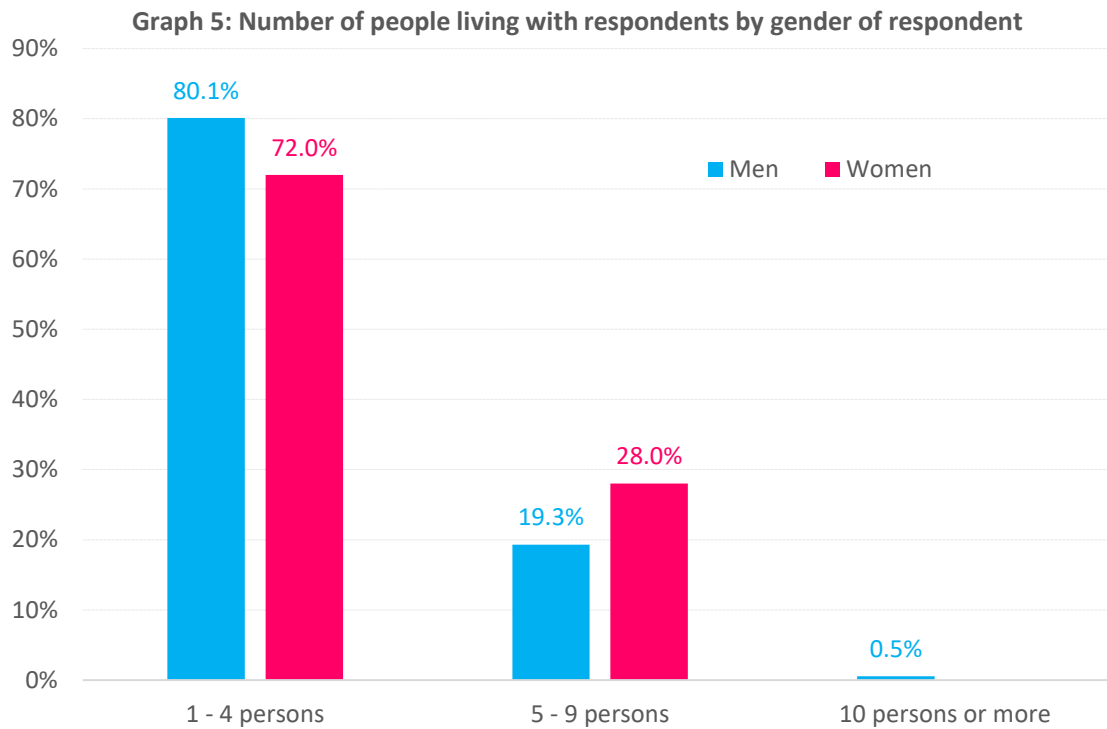
This is an extremely important data to be analyzed in the final evaluation process, if there was a significant change in the composition of the number of people in the households, as there is a cultural tradition among Venezuelan immigrants to bring other family relatives closer to them once there is an improvement in their social vulnerability situation.

**Graph 4: Number of persons living with the respondents**



Source: Elaborated by the consultant from the result of the quantitative research (2020)

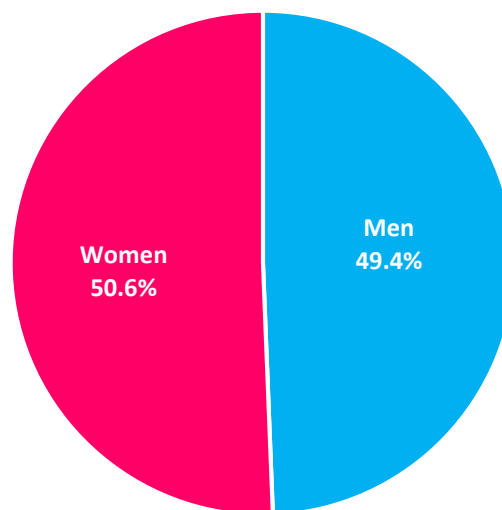
In households between 5 and 9 people, there is a prevalence of women in the position of household head, as shown in Graph 5.



Source: Elaborated by the consultant from the result of the quantitative research (2020)

When analyzing the sex of people who live with the interviewees, there is a slightly higher number of women (50.6%) than men (49.4%), according to Graph 6.

**Graph 6: Gender of persons living with respondents**

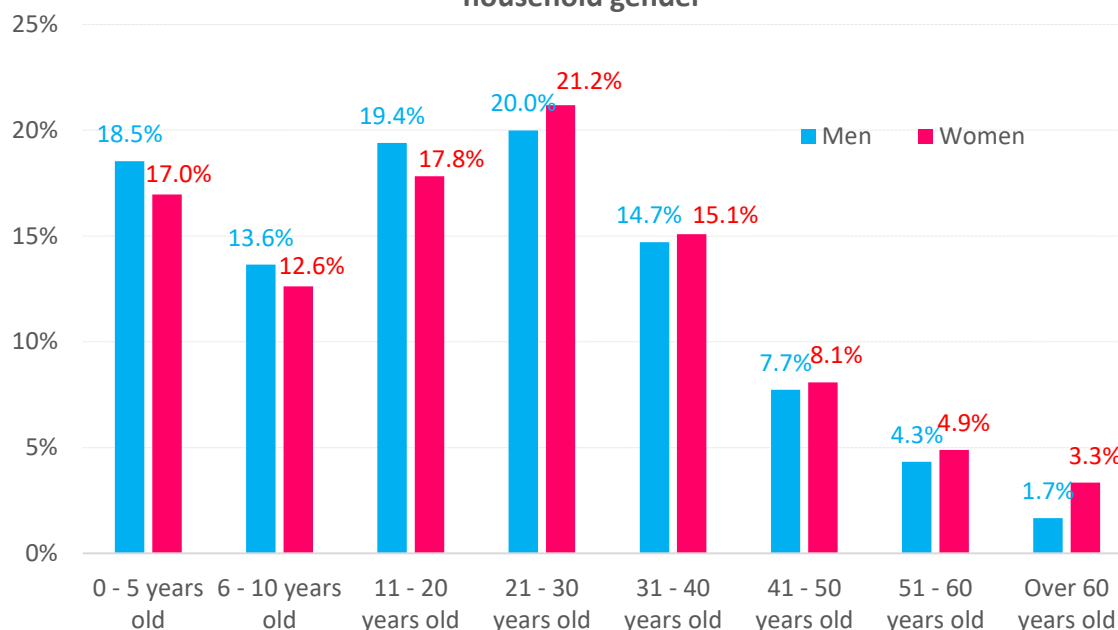


Source: Elaborated by the consultant from the result of the quantitative research (2020)

The age group of people living with the interviewee is diverse, ranging from children under the age of 01 years old to the elderly over 60 years old, however, the age group that has a slightly higher profile is that of young adults between 21 to 30 years, both for men and women. It should also be noted, in the data presented in Graph 7, that

approximately one third of this population is composed of children up to 10 years old (32.1% in households where the man is the household head and 29.6% among women).

**Graph 7: Age group of persons living with respondents by head of household gender**



Source: Elaborated by the consultant from the result of the quantitative research (2020)

It is important to mention that of the total number of people who make up the SAVEX register, 49.5% of them are children and adolescents up to 20 years of age. About 78% of all families have a member within this age group.

The large presence of children and young people in the families of beneficiaries is well exemplified in the discussions of the focus groups when asked what are the main reasons that caused the beneficiaries to migrate to Brazil, the main answers were: alternative for survival due to the lack of job; economic situation, lack of medication; disrespect for human rights; and mainly, the search for food for the family, aiming at a better quality of life, in order to raise their children with dignity.

### 3. Food Insecurity

Regarding food insecurity in the last 12 months, the question that most affected the interviewees was whether there was a time when they worried about running out of food due to lack of money or other resources. And the least distressing was if they had to spend a whole day without eating due to lack of money or other resources.

This situation of experiencing food and nutritional insecurity was also evident in the activities of the focus groups. The focus groups' participants are living in Brazil in the period between 06 months to 04 and a half years and in all seven focus groups there was unanimity among the beneficiaries who, in the last 12 (twelve) months, lived in a situation of hunger, both in Venezuela and in Brazil.

When beneficiaries were asked about "what is it like for them to live an experience food insecurity", we tried to systematize these ten points:

1. Not having a nutritious and balanced diet;
2. It is the biggest day-to-day concern, it is a feeling of dying a little every day and then there comes sadness, despair and the worst moment is when depression arrives;
3. It is desperate to see children hungry every day and the worst is to see that they are getting malnourished over the months;
4. Food insecurity and hunger cause an emotional instability and disrupts the whole family, especially when you have children and do not know what to do;
5. It is the most desperate and strong situation, especially when you have to take care of your parents, children and grandchildren;
6. It is total instability;
7. It is one of the most extreme situations that anyone can go through;
8. It is a mixture of anxiety, pressure and instability.
9. It is having to wake up later to skip breakfast, for example; because there is no way to make all the meals of a day and so cheat hunger and
10. It is seeing your children in total malnutrition.

In the focus group in Rorainópolis, a beneficiary reported how she managed to reframe the challenges of food and nutritional insecurity in an experience and a lesson in solidarity when she reported: “I buried my mother and a niece in Venezuela, who died of hunger. Today, here in Brazil, I live with my husband who is working, and I also do informal work. With the card, the food purchased is enough to feed both of us. On the days that there is something left, the surplus, I make small portions and go out donating to Brazilians who live in a situation of hunger. After what I've lived, I can't see anyone going through hunger.”<sup>7</sup>

When we come across reports like these, in which from the eight questions the experience of food insecurity was unanimous for seven of the questions, it is evident that the situation experienced by these immigrants is not a myth but a sad reality of Venezuelans that has worsened since the political and economic crisis increased.

“During my first months in Brazil my refrigerator was so empty that it looked like I was selling it”.<sup>8</sup>

There were many reports of children who experienced malnutrition, extreme hunger and even some who fell dead due to lack of food, as well as patients who had no access to any medicine.

There are no major differences in food insecurity in the last 12 months if we compare the responses by sex (see Table 3), however it is observed that women presented a slightly higher average percentage than that of men in most questions. The question with the greatest difference was the relative question of whether they had to spend a whole day without eating due to lack of money or other resources, in which women had a lower percentage than men (41.7% vs. 54.8%, respectively).

---

<sup>7</sup> Testimony of a beneficiary of the project during focus group, held on January 10<sup>th</sup> 2020, in Rorainópolis - RR

<sup>8</sup> Testimony of a beneficiary of the project during focus group, held on January 13<sup>th</sup> 2020, in Boa Vista – RR

**Table 4 – Affirmative food insecurity questions in the last 12 months by gender**

	Men	Women
1. Was there a time when you were worried that you'd run out of food or lack of money or other resources?	97.0%	98.5%
2. Couldn't eat healthy, nutritious food because of a lack of money or other resources?	97.0%	97.0%
3. Did you eat only some types of food due to lack of money or other resources?	96.4%	96.8%
4. Did you have to skip a meal because there wasn't enough money or other resources to get food?	91.1%	92.0%
5. Did you eat less than you thought you should because of lack of money or other resources?	92.8%	95.7%
6. Did your home run out of food due to lack of money or other resources?	88.7%	88.0%
7. You were hungry but didn't eat because there wasn't enough money or other resources for food?	86.3%	85.8%
8. Did you go a whole day without eating due to a lack of money or other resources?	54.8%	41.7%

Source: Elaborated by the consultant from the result of the quantitative research (2020)

On the route of the migratory corridor, it is very clear that the situation of food and nutritional insecurity among women is greater than among men. In these municipalities, the courage to fight for the improvement of the situation of food and nutritional insecurity is a constant for parents, but women show that more concern and anxiety than men in trying to solve this sad situation.

“It is sleepless nights and a lot of concern to know that when I wake up, I will witness the face and cry of my hungry children. Then, what I managed to gather from food, I first feed my children, the husband and lastly the surplus I feed myself. Sometimes there was almost nothing left, but just seeing my children with me, I already felt gratified”.<sup>9</sup>

There are several studies that point out that “there is a consensus that children and women are more vulnerable to hunger and malnutrition”.<sup>10</sup>

#### 4. Reduced Coping Strategies Index (rCSI)

In relation to the frequency index of the reduced coping strategy (rCSI), which is based on the frequency during the last seven days in which one of the coping strategies of food restriction is used, the results described in Table 4 were obtained.

**Table 5 – Affirmative food insecurity questions in the last 7 days by gender**

	Never	1 – 2 days per week	3 or more days per week	Daily
A) Need to rely on less preferred or cheaper foods	13.7%	33.0%	44.1%	9.2%

<sup>9</sup> Testimony of a beneficiary of the project during focus group, held on January 10th 2020 in Iracema – RR

<sup>10</sup> SILIPRANDI, Emma. "A alimentação como um tema político das mulheres," *Ariús, Campina Grande* 18 (1) (2012).

B) Had ask for food or depend on help from a friend or family member to feed	28.8%	49.8%	19.7%	1.7%
C) Limited size of portions in meals	23.4%	37.0%	31.7%	7.9%
D) Restricted adult food intake so that young children could eat	35.9%	35.9%	24.3%	3.9%
E) Reduce the amount of meal eaten in a day	25.3%	46.5%	23.6%	4.6%

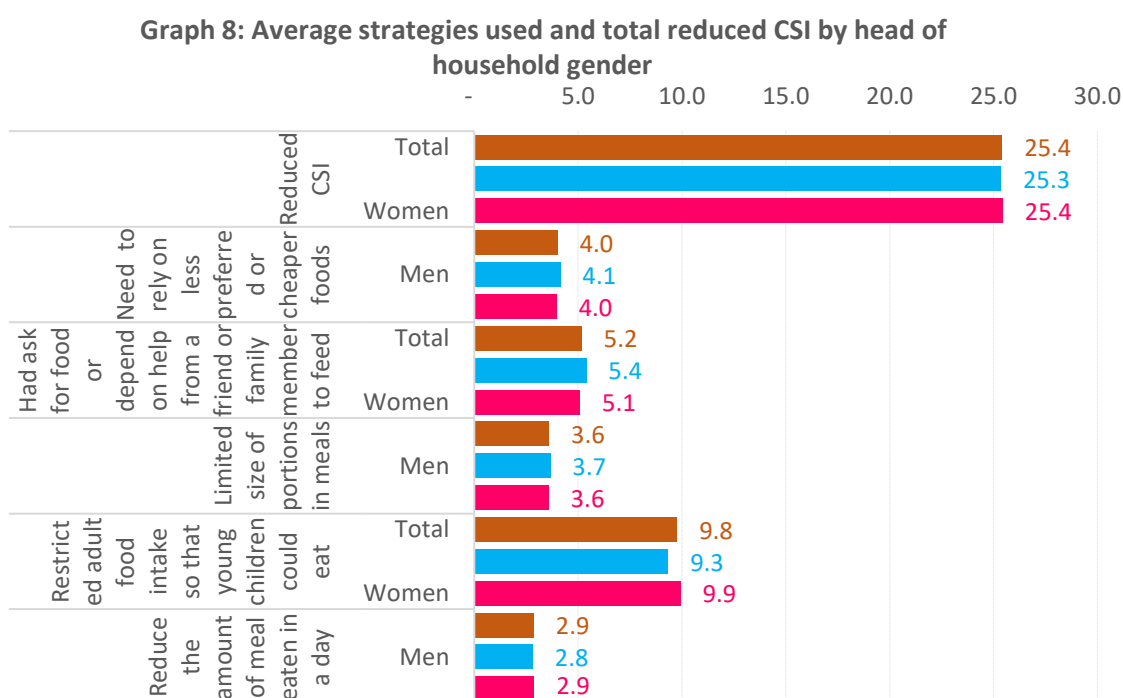
n = 642

Source: Elaborated by the consultant from the result of the quantitative research (2020)

The most common strategies used are:

- Need to rely on less preferred or cheaper foods – 86.3%;
- Limited size of portions in meals – 76.6%;
- Reduce the amount of meal eaten in a day – 74.7%;
- Had ask for food or depend on help from a friend or family member to feed – 71.2%;
- Restricted adult food intake so that young children could eat – 64.1%.

Disaggregated by sex, the averages of each of the strategies used, as well as the general average of the reduced CSI, are shown in Graph 8.



Source: Elaborated by the consultant from the result of the quantitative research (2020)

The average total household score (reduced CSI), with the appropriate weights (expansion factor) was 25.4 points, with a median of 23 points and standard deviation of 13.3 points. Considering the 95% confidence interval, the result is between 25.0 and 25.9 points.

**Table 6 - Reduced CSI by head of household's gender**

	Mean Rcis	Median	Variance	Std. Deviation	95% Confidence interval	
					Lower limit	Upper limit
Total	25.4	23	175.7	13.3	25.0	25.9
rCSI Men	25.3	22	190.9	13.8	24.4	26.2
Women	25.4	23	170.2	13.0	24.9	25.9

Source: Elaborated by the consultant from the result of the quantitative research (2020)

With this total rCSI of 25.4 points, we have a situation of food and nutritional security considered good for all respondents, since the lower the score, the better the situation of food security. The data in Table 5 above also reveal that among households headed by women, the average score is higher than among men. As already mentioned in the item dealing with food and nutritional insecurity, women have a fundamental role in improving their families' food and nutritional security indexes.

**Table 7 - Reduced CSI by gendered household**

	F&M	FNM	MNF	Total
Mean	25.5	24.4	26.5	25.4
St. Dev.	0.3	0.4	0.6	0.2
CI (95%) Lower	24.9	23.6	25.3	25.0
CI (95%) Upper	26.1	25.3	27.6	25.9
Median	24.0	20.0	23.0	23.0
Number	2,045	836	531	3,412

Source: Elaborated by the consultant from the result of the quantitative research (2020)

Regarding the coping strategies most used by the beneficiaries, it can be said that from the data collected that in percentage terms were characterized in the following ways: you need to trust less preferred or cheaper foods (86.3%), limited size of portions at meals (76.6%), reduced the amount of meal consumed in one day (74.7%), ordered food or depended on the help of a friend or family member to feed (71.2%) and restricted the intake of adult foods, so that children can eat (64.1%).

With that, it is clear that among the interviewees the main strategies found were: a change of diet to cheaper and less preferred foods, then they chose to limit the size of the meals and also reduced the amount of meal consumed in one day. From this experience it can be said that “people generally know how much is “enough” and look for the best options to guarantee what they eat. People start to change their consumption habits when they anticipate a problem. They don't wait until the food is done”(translation by the consultant).<sup>11</sup> To exemplify this concept a little, which is already consolidated in

<sup>11</sup> CHRISTIAENSEN, Luc, BOISVERT, Richard. On Measuring Household Food Vulnerability: Case Evidence from Northern Mali. Working Paper. Department of Agricultural, Resource, and Managerial Economics, Ithaca, New York: Cornell University. 2000

the literature, there is an example reported by a beneficiary: “our desire is so great to make the most from food we even discovered that we can make arepa from couscous flour”<sup>12</sup>

It may be surprising that for a project that has started so recently, such a high food security index has already been found for this indicator. To analyze this indicator, it is necessary to report the qualitative discussions of the focus groups, as well as taking into account the aspect that 15% of the total respondents are beneficiaries living in the municipality of Pacaraima.

This group of beneficiaries live in two indigenous reserves: Sorocaima II and Tarau Parú, composed of Brazilian and Venezuelan indigenous people (these are beneficiaries of the project) of the Taurepang ethnic group.

This group is totally different from the other Venezuelans who are the main public of the project, who are Venezuelan immigrants who are in total social vulnerability and for whom the main reason to leave their country was related to lack of access to food as well as ways of finding alternatives to prevent them from experiencing hunger.

There are indigenous and also a few non-indigenous people in this community and because it is an indigenous reserve, despite the existing challenges, it is a place where “there is a plantation of manioc, corn, pepper, some fruits like orange, some vegetables too, we produce flour, tapioca and you can hunt and there are also fish in the river. Despite this we have many nutritional challenges, but we manage this survival since we live in these lands that are indigenous and we produce something.”<sup>13</sup>

During focus group discussions, a disparity between the reality of this group and the other beneficiaries of the project was very clear. And when this difference was identified, the groups were asked how the SAVEX benefits were used, a beneficiary replied in the following way: “the card has been fundamental to have a diversification in food, we were advised to have healthier meals otherwise we will eat the wrong way. It is no use having rice and spinach here and eating just that for a whole week. Today we can go to the market and buy with this resource that we receive the complement of what we do not produce such as pasta, chicken, rice and other industrialized products. So, this resource is an important one to complement our food.”<sup>14</sup>

## 5. Household Hunger Scale (HHS)

The HHS is a measure of food access for families, it is built around 3 questions about the perceptions of a household in varying degrees of hunger by the number of times they have experienced hunger in the last 30 days prior to the survey. The higher the HHS, the more severe the hunger.

---

<sup>12</sup> Testimony of a beneficiary of the project during focus group, held on January 13th 2020 in Boa Vista – RR

<sup>13</sup> Testimony of a beneficiary of the project during focus group, held in January 9th 2020 in Sorocaima II – Pararaíma – RR

<sup>14</sup> Testimony of a beneficiary of the project during focus group, held in January 9th 2020 in Sorocaima II – Pararaíma – RR

**Table 8 – Household Hunger Scale (HHS) frequencies**

	Never	Rarely (1-2 times)	Sometimes (3-10 times)	Often (more than 10 times)
1) In the past month, was there a day where there was no food to eat at all?	45.7%	28.7%	21.6%	4.0%
2) In the past month, did you or any household member go to sleep at night hungry because there was no enough food?	62.8%	26.1%	10.9%	0.2%
3) In the past month, did you or any household member go a whole day and night without eating anything at all because there was not enough food?	89.3%	4.5%	6.1%	0.2%

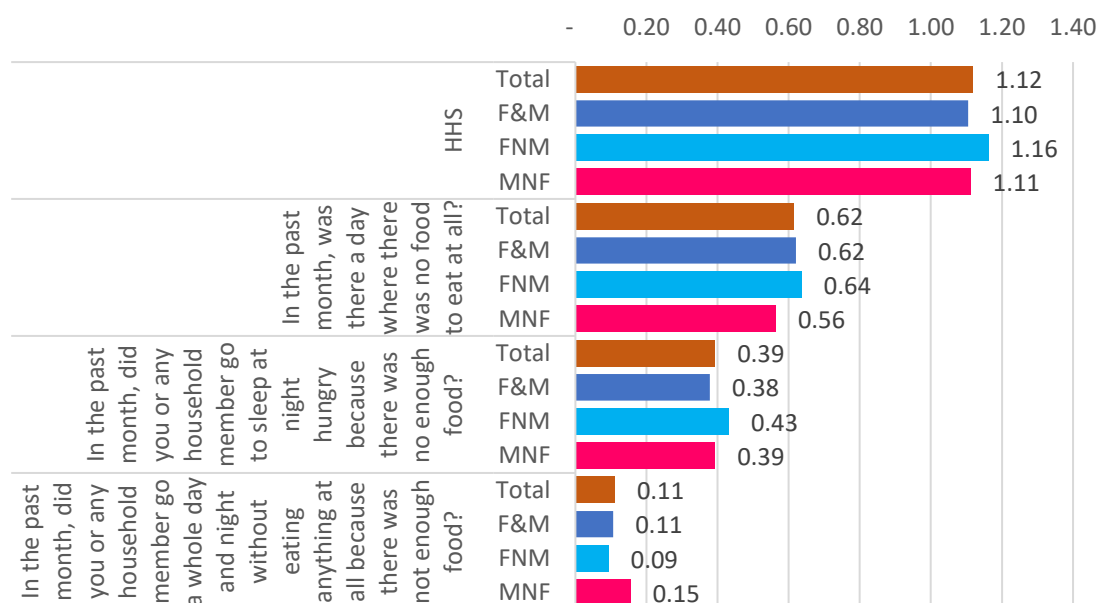
n = 642

Source: Elaborated by the consultant from the result of the quantitative research (2020)

The affirmative answers to HHS are:

- Was there a day where there was no food to eat at all – 54.3%;
- Did you or any household member go to sleep at night hungry because there was no enough food – 37.2%;
- Did you or any household member go a whole day and night without eating anything at all because there was not enough food – 10.7%.

Segmented by gendered household, the averages of each of the hunger scale issues, as well as the overall HHS average is shown in Graph 9.

**Graph 9. Average HHS by gendered household**

Source: Elaborated by the consultant from the result of the quantitative research (2020)

The average HHS of all respondents was 1.12 points, with a median of 1 point, and standard deviation of 1.09 points. The 95% confidence interval has a lower limit of 1.08 and an upper limit of 1.16.

**Table 9 - HHS by head of household gender**

	Mean HHS	Median	Variance	Std. Deviation	95% Confidence interval	
					Lower limit	Upper limit
Total	1.12	1.00	1.20	1.09	1.08	1.16
HHS	F&M	1.10	1.00	1.22	1.11	1.15
	FNM	1.16	1.00	1.05	1.02	1.24
	MNF	1.11	1.00	1.30	1.14	1.21

Source: Elaborated by the consultant from the result of the quantitative research (2020)

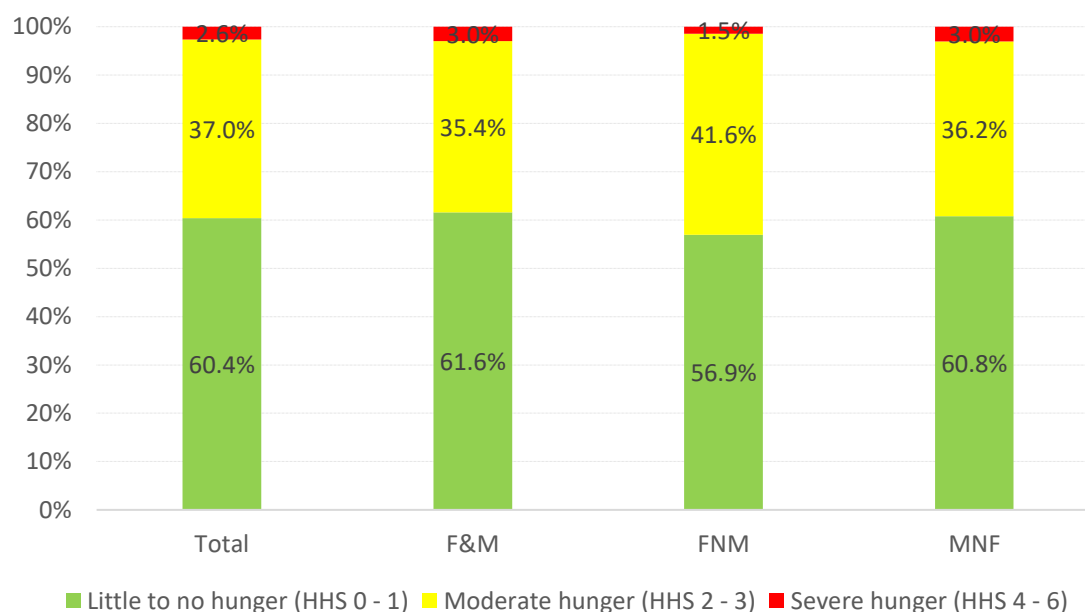
**Table 10 - HHS by gendered household**

	F&M	FNM	MNF	Total
% of households with Moderate to Severe HHS Score	35,7%	37,2%	33,9%	35,8%
Number	385	157	100	642

Source: Elaborated by the consultant from the result of the quantitative research (2020)

The gross HHS score ranges from 0 to 6 points. Gross scores are tabulated in the following categories: (0-1) little or no hunger; (2-3) moderate hunger; and (4-6) severe hunger.

**Graph 10: HHS Hunger categories by gendered household**



Source: Elaborated by the consultant from the result of the quantitative research (2020)

The majority (60.4%) of those interviewed falls into the category of little or no hunger. Moderate or severe hunger affects more almost two out of five families (39.6%).

It is important that this indicator is not analyzed in isolation, since when the questionnaires were applied, as well as the focus groups, the beneficiaries had already received the first installment of food aid resources through the SAVEX electronic voucher card.

This is made very clear from the statements of some beneficiaries such as those described below:

“With the card, it is possible to have at least three meals: breakfast, lunch and dinner.”<sup>15</sup>

“In this last month I live better than other Venezuelans, because with SAVEX I am able to have a more nutritious and diversified diet. And when I compare it with my life a year ago, in the one month I receive the Sodexo card it is as if I have improved my life more than 1000%.”<sup>16</sup>

## 6. Food Consumption Score (FCS)

FCS is a composed score based on food diversity, feeding frequency and relative nutritional importance of different food groups. Nine different food groups are analyzed: basic foods, legumes and nuts, vegetables, fruits, meats, dairy products, sugars, oils and condiments.

<sup>15</sup> Testimony of a beneficiary of the project during home visit in depth interview held in January 13th 2020 in Boa Vista - RR

<sup>16</sup> Testimony of a beneficiary of the project during focus group, held in January 10th 2020 in Iracema - RR

Regarding this indicator, it is important to analyze these products consumption frequency over the last seven days. It is an indicator that allows qualitative and quantitative assessment of individual and other family members' consumption. It is also important to understand how the food is purchased and the food diversity of the interviewees.

**Table 11 – Food frequency by type**

	Never	1 – 2 days per week	3 or more days per week	Daily
1. Main staples: maize, rice, sorghum, other cereals; tubers; plantains.	0.9%	15.1%	44.9%	39.1%
2. Pulses Beans, peas, groundnuts and cashew nuts	10.8%	35.2%	43.6%	10.4%
3. Vegetables (vegetables and leaves)	8.6%	35.8%	45.8%	9.8%
4. Fruits	11.8%	42.1%	35.8%	10.3%
5. Meat/fish: beef, goat, poultry, pork, eggs and fish	2.0%	24.6%	46.3%	27.1%
6. Milk, yogurt and other dairy products	10.3%	25.7%	36.7%	27.3%
7. Sugar and sugar products, honey	2.8%	22.2%	26.8%	48.1%
8. Oils, fats and butter	2.8%	26.7%	34.3%	36.2%
9. Condiments	15.2%	21.1%	26.4%	37.3%

n = 642

Source: Elaborated by the consultant from the result of the quantitative research (2020)

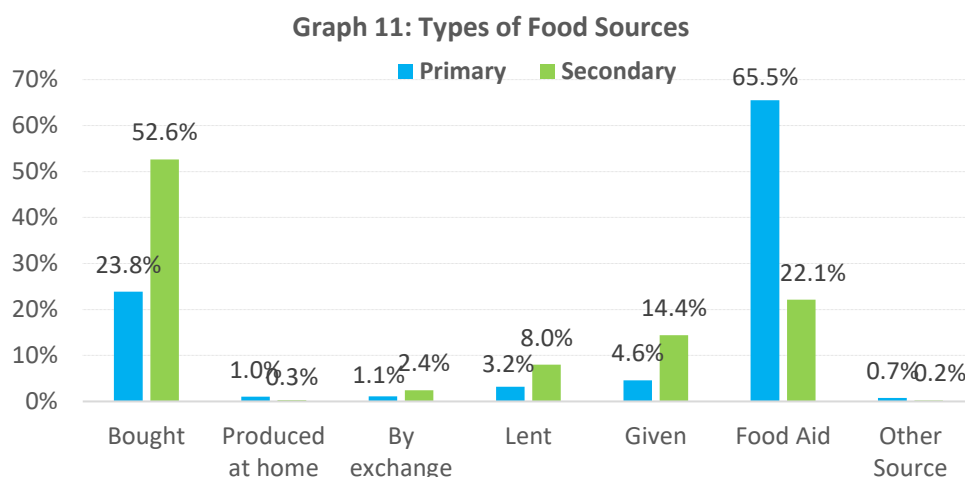
Among the least consumed food groups are fruits, vegetables and legumes and nuts, according to the highest percentages in consumption between 1 or 2 days a week.

According to some beneficiaries, the low consumption of fruits and vegetables is due to high prices: “is the least consumed because they are the most expensive in the local supermarket, so we often choose to consume other foods, usually industrialized ones, so as not to spend all the money on the card”.<sup>17</sup>

This is undoubtedly an indicator to be systematically monitored throughout the implementation process of the SAV-EX program. There are still some challenges regarding adequate, diversified and healthy food.

Regarding the source of food, most of the respondents (65.5%) food aid as their primary source. Among the secondary sources, food purchased is still the most representative (52.6%), but donated (14.4%) and borrowed (8.0%) also have a greater share.

<sup>17</sup> Testimony of a beneficiary of the project during focus group, held in January 13th 2020 in Boa Vista – RR



Source: Elaborated by the consultant from the result of the quantitative research (2020)

It may seem contradictory that there is a high rate of food purchased, since the beneficiaries do not have financial resources. I was clear from focus group discussions that beneficiaries were confused with the food source options provided when the survey was applied as for them using the Sodexo voucher card in supermarkets is the same as purchasing food. Undoubtedly, food aid is the main source of access to food for Venezuelan migrants and this is made even clearer in their statements during focus group discussions:

- “The main source of sustenance and purchase of food for families is through the SAVEX food card”.<sup>18</sup>;
- “The food aid card will help me to prosper in the future. Today the money I earn from daily fees is to pay for courses for my children”.<sup>19</sup>;
- “Without the benefit of the card, I would not be able to resume my life: I arrived here and was exploited by Brazilians, I was cleaning and did not get paid for work. Without the card I would not be able to buy quality food, as I need to have quality food, because I have chemotherapy and I have to eat healthy food”<sup>20</sup>
- and
- Today the SAVEX resource is responsible for everything that I, my wife and my seven children eat”.<sup>21</sup>

The FCS gross score ranges from 0 to 112 points, with families being classified into three groups based on their weighted scores: (0-21) poor; (21,5-35) borderline; or (35.5-112) acceptable. Graph 13 shows the frequencies found, pointing out that only 22.1% of families are in a borderline situation or are underfed.

Certainly, this indicator, despite considering a percentage of 82.3% of the frequency of food consumption per head of household considered acceptable, it is

<sup>18</sup> Testimony of a beneficiary of the project during focus group, held in January 13th 2020 in Boa Vista – RR

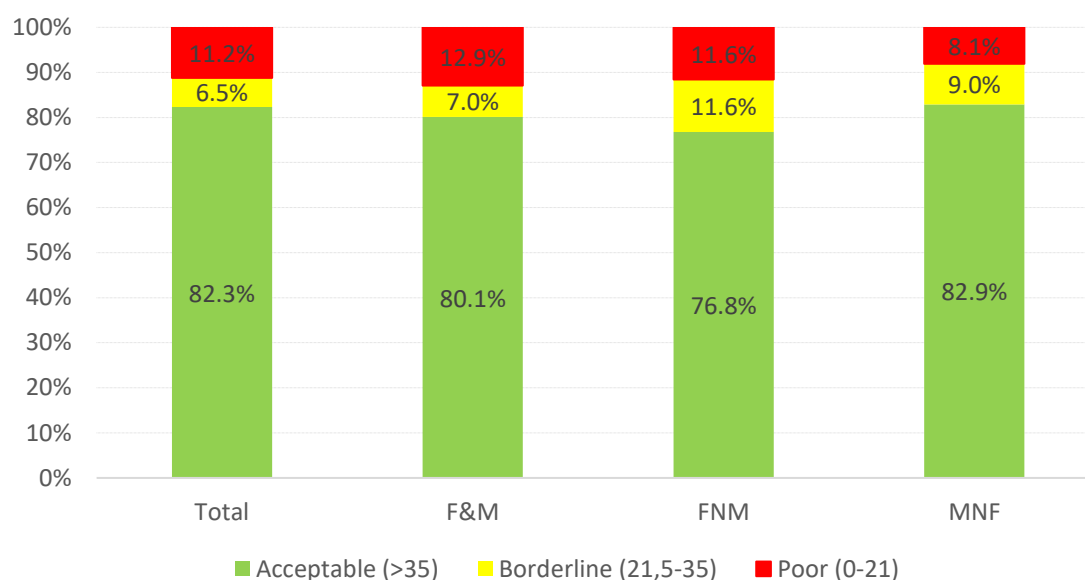
<sup>19</sup> Testimony of a beneficiary of the project during focus group, held in January 13th 2020 in Boa Vista – RR

<sup>20</sup> Testimony of a beneficiary of the project during home visit in depth interview held in January 13th 2020 in Boa Vista – RR

<sup>21</sup> Testimony of a beneficiary of the project during home visit in depth interview held in January 10th 2020 in Iracema - RR

important that a relationship be made with the result generated in Table 10, where it is clear that families do not have a daily diet rich in fruits, legumes and nuts. It is very common that these beneficiaries end up opting for other types of cheaper foods that are not necessarily nutritious.

**Graph 12: Frequency categories of food consumption – FCS by gendered household**



Source: Elaborated by the consultant from the result of the quantitative research (2020)

**Table 12 - Reduced FCS by gendered household**

	F&M	FNM	MNF	Total
Mean	61.1	60.1	62.5	61.1
St. Dev.	0.6	0.9	1.0	0.4
CI (95%) Lower	60.0	58.4	60.4	60.2
CI (95%) Upper	62.2	61.9	64.5	61.9
Median	64.0	66.0	65.5	65.0
Number	2,045	836	531	3,412

Source: Elaborated by the consultant from the result of the quantitative research (2020)

But despite the challenges reported in the previous paragraph, it was possible to identify some positive aspects that demonstrate that in just one month of carrying out this project there is already a significant change in the life and food reality of the beneficiaries. This statement is exemplified by a set of testimonials from beneficiaries:

- “In the refrigerator of my house, due to the card today it is possible to have fruits, meats, cheese, butter, lettuce”<sup>22</sup>;

<sup>22</sup> Testimony of a beneficiary of the project during home visit in depth interview held in January 10th 2020 in Iracema - RR

- “We are five people in the family and my husband and I are unemployed and even in this situation due to having the card, we no longer see ourselves with such a concern to live without food, especially for my three-year-old daughter”<sup>23</sup>;
- “My life with the project has already improved a lot, in a previous situation I was pushing myself a lot, because the expenses were many: gas, rent, electricity and water. So, I deprived myself of having a good diet and providing for my children, as there was little left for food.”<sup>24</sup>

A fact that drew attention is that in a home visit this consultancy came across an interesting episode. At the time of the interview with the couple responsible for the household, it was reported that in that family there are ten beneficiaries of the project: the parents and seven more children and that one of the daughters, now 13, after seeing that the family started to have a minimum of food, from the voucher resources, had the initiative to help the parents and contribute to the food of the seven siblings by planting onions in a small garden in the backyard, coriander, garlic and lettuce. And that these foods are now a supplement to feed the ten members of the households.

### III. CONCLUSIONS AND RECOMMENDATIONS

The old Roraima of the riches of the *garimpos* today is a metaphor out of place with the arrival of a huge population of Venezuelan immigrants (men, women, the elderly, children, the sick) who arrive full of pain, the main one being: HUNGER who also experience and victims of xenophobia.

The mentioned fact of xenophobia is even more serious because it is institutionalized, since a law was recently approved by the City Council of Boa Vista that prohibits the assistance of foreigners to health. This Law “guarantees the maximum limit of 50% of public health services available to foreigners”<sup>25</sup>, says the text.

With this Baseline research process of the SAVEX project, it can be concluded that in just one month of implementation, almost all of what is consumed by the beneficiary families comes from SAVEX resources.

The situation of food and nutritional security of the beneficiaries who live in Pacaraima, precisely in the indigenous areas, differs from the other beneficiaries of the project, since most of them are indigenous and live in a community that produces some food the use of the voucher resources becomes a complement to what they already produce in the community.

The Venezuelan beneficiaries of SAVEX who live in Rorainópolis – the last municipality of the Migratory Corridor – live in this city in its entirety because some family members were already living in this place. As they did not find jobs in other

---

<sup>23</sup> Testimony of a beneficiary of the project during focus group, held in January 10th 2020 in Rorainópolis– RR

<sup>24</sup> Testimony of a beneficiary of the project during home visit in depth interview held in January 13th 2020 in Boa Vista – RR

<sup>25</sup> MADEIRO, Carlos. <https://noticias.uol.com.br/cotidiano/ultimas-noticias/2020/02/16/lei-saude-venezuelanos-justica.htm> - accessed on February 7th 2020.

municipalities, they chose to join their families, in addition, it is a city with a lower cost of living as compared to Boa Vista.

And the beneficiaries who live in the municipality of Iracema, despite being a city with a lower cost of living, are unfortunately unable to purchase food in the local commerce ending up having a higher expense, as they have to commute to a neighboring municipality, causing, obviously, extra expenses, aggravating their situation.

It is a project that despite being only at a month of its implementation already identifies some positive points, however many are also the challenges of reaching and measuring indicators in addition to what was placed at the beginning of this conclusion. Therefore, it is extremely important that in the course of the execution of this project the monitoring team is attentive to the systematic monitoring of the evolution of the main indicators, since the group of beneficiaries live in different cities and realities. In addition to those who live in municipalities in the State of Roraima, this project also includes immigrants who have relocated to other Brazilian states from the process of interiorization.

### **SUGGESTIONS FOR PROJECT MANAGERS:**

- Regarding healthy eating guidelines, we suggest that, as well as the nutrition information folder, the project's nutritionist can work with beneficiaries to prepare a recipes book with recipes that contemplates regional native food products such as: banana, plantain, tucumã, buriti, pupunha, cupuaçu, soursop, pineapple, watermelon, bacaba and açaí, manioc (and its by-products: cassava flour, gum, carimã pasta), corn, black pepper, kale, parsley, green scent, chives, kale, arugula, lettuce, tomatoes, sweet potatoes and peppers. This can be distributed and beneficiaries can be trained to use these products more appropriately in food, since they are native foods and end up being cheaper than other products from other states;
- Urgent coordination with shop owners in the municipality of Iracema is necessary, as it was found that no commerce in that location accepts the Sodexo card, causing beneficiaries to travel to the municipality of Mucajaí, which is approximately 39.7 km away, to use their electronic voucher card to purchase food;
- It is very important that the project coordinator is able to ascertain the fact raised by a beneficiary in a Focus Group held in Boa Vista that points out a situation of price differentiation in the *Compre Bem* Supermarket, when the payment method is the Sodexo Card, since this attitude disrespects the national legislation of consumption relation.
- There is an urgent need for coordination between the project managers and the *Atacadão* Supermarket chain, so that the Sodexo card is accepted at this establishment, since this supermarket offers the most competitive prices the municipality of Boa Vista;
- The hiring of an agronomist for the project who can support families who are interested in creating productive backyards (in the form of a pilot project), and thus can establish gardens and orchards for the production of vegetables and fruits in their own homes. There were several reports that they end up not buying these products, as they are the most expensive items in supermarkets;
- Train field officers on public health policies, as many beneficiaries asked if they could use the card to buy medicines for illnesses, however they are medicines distributed in the public health service, however, without their knowledge.



## ANNEX 01: QUANTATIVE ASSESSMENT INSTRUMENT



ADVENTIST DEVELOPMENT  
AND RELIEF AGENCY

SEGURIDADE ALIMENTARIA PARA VENEZOLANOS  
EXTENDIDA (SAV-EX)

### Baseline Survey

January, 2020

#### INTERVIEWER INFORMATION

Enumerator: \_\_\_\_\_

District: \_\_\_\_\_

City/Town: \_\_\_\_\_

Contact number \_\_\_\_\_

Date: \_\_\_\_\_  
(day/month/year)

Duration of the survey:

Starting time (hour)	Ending time (hour)

Hello. My name is \_\_\_\_\_ and I work for ADRA Brazil. We are conducting a survey on the SAVEB project. The information we collect will be used for the project's planning, implementation and evaluation. You have been selected to be interviewed for this survey and we would really appreciate your participation. The survey usually takes between 20 to 30 minutes. Your participation is voluntary and you can finish the survey at any time or decide not to answer a particular question. Your answers will be confidential. Do you agree to participate in the survey?

0 = No If Not, STOP here. / \_\_ /

1 = Yes If yes, continue with the interview.

**"Now I would like to ask you some questions to get some overall information".**

**A. HOME DEMOGRAPHY**

Name and Surname _____		
Gender: _____		
Age: _____		
ID Number: _____		
Address: _____		
Telephone number: _____		
Are you head of household? <span style="color: red;">(If no, ask hygiene promotion questions)</span>		
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">1. Yes</td> <td style="padding: 2px 10px;">2. No</td> </tr> </table>	1. Yes	2. No
1. Yes	2. No	

How many people are living with you?	How old are they?	Total Males	Total Females
	0-5 years old		
	6-10 years old		
	11-20 years old		
	21-30 years old		
	31-40 years old		
	41-50 years old		
	51-60 years old		
	+60 years old		

**I would like to ask some questions about food intake in your home during the last 7 days. (disaggregated by the gender of the head of the family)**

**B. COPING STRATEGIES INDEX**

<b>Nbr.</b>	<b>In the last 7 days, if there have been times when you did not have enough food or money to buy it, how often did your home had to:</b>	<b>Raw score</b>	<b>Universal severity weight</b>	<b>Weighted Score = Frequency X Weight</b>
	<b>Relative Frequency Score</b>			
<b>9</b>	Relying on less preferred and less expensive foods?		1	
<b>10</b>	Borrow food or depend on the help of a friend or relative?		2	
<b>11</b>	Limit serving size at mealtime		1	
<b>12</b>	Restrict adult food consumption so that children could eat?		3	
<b>13</b>	Reduce the number of meals in a day?		1	
	<b>TOTAL HOME SCORE - Reduced CSI</b>		Add the total of each individual strategy	

**I would like to ask you about the food situation in your home during the last month.**

**C. HOUSE HUNGER SCALE**

<b>Nbr</b>	<b>QUESTIONS AND FILTERS</b>	<b>ANSWER CODE</b>	<b>Notes</b>
<b>15</b>	In the last month, was there a day when there was no food to eat?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	If not, go to question Nbr 17
<b>16</b>	In the last month, how often did this happen?	<input type="checkbox"/> 1. Rarely (1-2 times) <input type="checkbox"/> 2. Sometimes (3-10 times) <input type="checkbox"/> 3. Often (more than 10 times)	
<b>17</b>	In the last month, did you or any member of your household went to sleep at night hungry because there was not enough food?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<i>If not, go to question Nbr 19</i>
<b>18</b>	In the last month, how often did this happen?	<input type="checkbox"/> 1. Rarely (1-2 times) <input type="checkbox"/> 2. Sometimes (3-10 times) <input type="checkbox"/> 3. Often (more than 10 times)	
<b>19</b>	In the last month, did you or any member of your family spend a day and a night without eating anything because there was not enough food?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<i>If not, go the question about average food consumption</i>
<b>20</b>	In the last month, how often did this	<input type="checkbox"/> 1. Rarely (1-2 times)	

happen?	<input type="checkbox"/> 2. Sometimes (3-10 times) <input type="checkbox"/> 3. Often (more than 10 times)
---------	--

**D. FOOD CONSUMPTION SCORE**

5.	I would like to ask you about the different foods that your household members have eaten in the last 7 days (for each food, ask what was the main source of each food consumed in the last 7 days, as well as the second main source of food, if applicable)			
	Food	DAYS food consumed in the last 7 days.	Food sources (see codes below)	
			Primary	Secondary
5.1	Basic foods (corn, rice, sorghum, other cereals; tubers; green plantain)			
5.2	Legumes and nuts (beans, peas, peanuts and other nuts)			
5.3	Vegetables (vegetables and leaves)			
5.4	Fruits			
5.5	Meat / fish (beef, goat, chicken, pork, eggs and fish).			
5.6	Milk (milk, yogurt and other dairy products)			
5.7	Sugar (sugar and other sugar products, honey).			
5.8	Oil (oils, fats or butter)			
5.9	Condiments			

Food source codes:

Sources	Codes
Purchased	1
Home grown	2
By exchange	3
Borrowed	4
Donated	5
Food Aid	6
Another source (Specify)	7

Thank you very much for your participation in this survey!

## ANNEX 02 - PHOTOGRAPHIC RECORDS

### Researchers Training



### Focus Group with beneficiaries – Pacaraima



Focus Group with beneficiaries – Iracema



Focus Group with beneficiaries – Rorainopolis 1



Focus Group with beneficiaries – Rorainopolis 2



Focus Group with beneficiaries – Boa Vista 1



Focus Group with beneficiaries – Boa Vista 2



### Focus Group with beneficiaries – Boa Vista 3



### Home Visit - Iracema



Home Visit - Pacaraima



Home Visit - Boa Vista



Home Visit - Boa Vista



### **ANNEX 03 - ASSESSMENT TEAM:**

#### **I. General Coordinator – Antonio Manoel Timbó Lima Gomes:**

Expert in Public Policy Assessment by the Brazilian Legislative Institute of the Federal Senate. Author of the parliamentary assessment and planning methodology. Graduated in Social Sciences from the State University of Ceará. Extensive experience in the legislative power (Federal Senate and House of Representatives), as well as in the federal, state and municipal executive power.

In the parliament, was the advisor to several Joint Parliamentary Fronts of the National Congress, including the Joint Parliamentary Front of Food and Nutrition Security.

Consultant for international organizations (UNESCO, FAO, and UNDP) and governments: federal, state and municipal.

Among the assessment activities of public policies and programs has the following experiences:

Member of the consultative team of the Bahia Productive Program assessment process, hired by VP Functional Nutrition (2019);

Consultant for ex-ante assessment of the priority policies of the National Secretariat of Specialized Health Care to the Ministry of Health (2019);

Consultant-Coordinator of the final assessment process of the Indigenous Portfolio Program, focusing on food and nutritional security of indigenous peoples, through UNDP consultancy (2012);

Consultant for the assessment of the implementation of the National Food and Nutrition Security System, hired by the Brazilian Action for Nutrition and Human Rights - Abrandh (2012);

Consultant for the assessment process of the food and nutrition security policies indicators of the Northeast states, hired by FAO (2011).

Experience in Social Sciences, focusing on Political Sciences, acting on the following subjects: planning, monitoring and evaluation Ex-Ante and Ex-Post of public policies, legislative impact, government planning, parliamentary advice, regional development, methodology of planning and evaluation of parliamentary mandates, public policies for development and social inclusion, organization of parliamentary cabinet, food and nutrition security and electoral systems. Focus on the following subthemes: education, family farming, territorial development, environment, water resources, watersheds, poverty alleviation strategies, regional economy, food security, poverty alleviation, political reform, advocacy, stakeholder mapping and National Congress leadership.

#### **II. Technical Coordinator - Tílcia Kelen Santos Araújo:**

Bachelor of Social Work from the Northern University of Paraná, with theoretical and practical knowledge in management and execution of Social and Research Projects. Social consultancy skills; ability to raise funds, ability to manage conflict and negotiation; dynamics; facility for public and private institutional articulation; compromised; creative; ethic; leadership ability; as well as interpersonal understanding and empathy, teamwork skills.

Acted as Technical Coordinator of the Sanitary Sewage Project of the 4th and 5th stages, in the city of Boa Vista.

Coordinator of the Opinion Survey Research Team of the 5th Stage Sanitation Project.

Participated as technical coordinator responsible for the Ajuricaba Project - Minha Casa Minha Vida - Entities, managed by a Non-Governmental Organization, as well as coordinator of the Final Survey of the Social Technical Project evaluation.

Advising and consulting experience in production process by the National Service of Industrial Learning-SENAI / RR.

Experience as Judicial Expert in the area of Social Work, 3rd Court of Federal Justice.

### **III. Operational Coordinator - Verona Marcelle Silva Machado:**

Bachelor of Laws, from the Cathedral College, has theoretical and practical knowledge in Public Policy, ability in Project Management.

Fundraising in the public and private sphere.

Experience with UNDP projects, and the Sustainable Development Goals (SDGs).

Participated in the implementation of the Early Childhood Public Policy - Family Welcoming Program - FQA.

Program CRACK – É POSSÍVEL VENCER (IT IS POSSIBLE TO WIN) - Ministry of Justice.

Implementation of Projovem Trabalhador - Ministry of Labor, CEU Square - Ministry of Cities and Social Development.

Municipal Coordinator (2013-2016) UNICEF Seal, Tratamento Fora de Domicílio Infantil – TFD.

Manager of the Social Assistance Reference Center - CRAS (for its acronym in Portuguese), Child and Adolescent Services Manager in Boa Vista.

Experience with the Federal Government Agreement System - SICONV (for its acronym in Portuguese).

### **IV. Statistical Analysis Officers – Antonio Eduardo Rodriguez Ibarra:**

Bachelor in Social Sciences from University of São Paulo, Masters in Sociology from University of Brasilia and currently enrolled in the Doctorate in Economy at State University of Campinas. Worked at the Applied Economics Research Institute (IPEA) for seven years. Later, worked for thirteen years at Statistics and Socioeconomic Studies Interunion Department (DIEESE). Was the national coordinator of Bolsa Família Program and helped the design of the Brazil without Poverty Plan at the Ministry of Social Development. Expert in quantitative data and analysis.