



PICTURE OF A SAV-EX BENEFICIARY FAMILY - BASELINE

**ENDLINE
REPORT**

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



PICTURE OF A SAV-EX BENEFICIARY FAMILY - ENDLINE

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LIST OF ACRONYMS

ADRA – Adventist Development & Relief Agency

DHAA - Human Right to Adequate Food

DHANA - Human Right to Adequate Food and Nutrition

FCS - Food Consumption Score

HHS - Household Hunger Scale

INSAN - Food and Nutrition Insecurity

rCSI -Reduced Coping Strategies Index

RR - Roraima

SAV-EX – Seguridade Alimentaria para Venezolanos Extendida

SWAN - Settlement, WASH and Non-Food Assistance for Venezuelan Migrants in Brazil

EXECUTIVE SUMMARY

This is the final evaluation of the Food Security Program for Venezuelans-Extended – SAV-Ex, implemented by the Adventist Development and Relief Agency - ADRA Brazil.

This program is an intervention that aims to generate food security for a group of Venezuelan migrants in a social vulnerability situation and food and nutritional insecurity.

In ten months of implementation of this project, 18,748 beneficiaries were assisted. This group of migrants live in several municipalities in the State of Roraima, precisely in six cities comprising the migratory corridor: *Pacaraima, Amajari, Mucajaí, Iracema, Caracarái, Rorainópolis* and *Boa Vista*. In addition to this group, the project also assisted beneficiaries who were incorporated from another intervention implemented by ADRA Brazil, the SWAN project. In the initial moment of this incorporation, these beneficiaries received a three-month food aid. Along with these interventions, SAV-Ex also supported another group of vulnerable migrants made up of creole and indigenous Venezuelans of the *Eñepa, Kariña, Pemon* and *Warao* ethnic groups. The meals are distributed during breakfast, lunch and dinner, and an average of 400 meals per shift are served daily.

Assessing the project, it can be said that it has managed to achieve its proposed objectives in relation to generating food security and reducing the food insecurity of its beneficiaries.

Qualitative and quantitative methods were used for the evaluation process, in addition to innovative tools and approaches for at-distance data collection along with the generation of evidence already adapted to circulation restrictions and social interaction during the COVID 19 health emergency. The quantitative assessment covered the sample range of 706 households, and all areas of geographic implementation of SAV-Ex Program. The qualitative assessment included structured interviews with technicians from the project's implementing entity, partners, and other stakeholders, as well as a group of 116 project beneficiaries. The entire methodological assessment process included the concepts in force in national and international laws defining the themes of Food and Nutrition Security (FNS), Food and Nutrition Insecurity (FNIN), as well as the Human Right to Adequate and Healthy Food (HRAHF) and the Human Right to Adequate Food and Nutrition (HRAFN).

Regarding the project's indicators, the following assessment is made: on the frequency index of the reduced coping strategy (rCSI), which is based on the frequency in which during the last seven days one of the coping strategies of food restriction is used. In the final evaluation a total average household score (reduced CSI) was obtained). With the proper weights (expansion factor), it was 17.2 points, which is considered a satisfactory food and security situation for all beneficiaries, given that the lower the score the better food security situation. An important data to be considered is that 6.4% of households obtained rCSI 0 (zero) and only 2.4% obtained the highest rCSI score of 56 points.

Considering the results found at endline, the SAV-Ex program managed to surpass the planned index as a target to be reached, which was to reach a total rCSI of 20 points, as well as this same score for FNM, MNF and M&F households.

The Household Hunger Scale (HHS) indicator that analyses the aspects in terms of household food access is based on three questions about household perceptions on varying degrees of hunger, by the number of times they have had experienced hunger in the last 30 days prior to the survey. Unlike the previous indicator, the higher the index, the more severe hunger is. Most respondents (76.9%) fall into the category of little or no hunger. Moderate or severe hunger affects about two thirds of families (23.1%), being less common in male households (10.9%). It is worth

noting that moderate or severe hunger showed a significant reduction of 16.5 percentage points, between the initial and the final study (from 39.6% to 23.1%).

Regarding the targets to be met by the program, some points deserve reflection: for the aspects of moderate hunger the total rate that the project should reach would be 30%. The project managed to advance further, as it had a lower rate than planned, reaching 21.6% of beneficiaries with moderate hunger. This is extremely positive as it has improved the planned rate even further by reaching 8.4% above the target moving those beneficiaries up to the category of little or no hunger. Regarding the severe hunger indicator, the program was unable to reach the total target of zero. However, the program still has a very low percentage in this group, at 1.5%.

Regarding the other disaggregation of this indicator, in relation to moderate hunger, the program's performance was better than planned, only in relation to severe hunger it did not reach its targets, with the exception of the MNF disaggregation which managed to reach the planned target.

Concerning the Food Consumption Score (FCS), which is characterized by food diversity, food frequency and the relative nutritional importance of different food groups, the following results were obtained: among the least consumed food groups are fruits, vegetables and leaves, and legumes and grains, according to the highest percentages of “never consumes” and consumption between 1 or 2 days a week. Thus, there are still some challenges regarding adequate, diversified, and healthy food.

Regarding the primary food source consumption, food purchasing, or food aid corresponds to 93%. Among secondary sources, purchased foods is the most common (60.7%), but donated (13.3%) and borrowed (9.9%) also have an important share. The 70.7% FCS frequency of food consumption per head of household category of is acceptable, 9.1% borderline and 20.2% poor. As a result, there are 29.3% of families in a borderline situation or inadequate nutrition. The result of this indicator deserves some reflections, ranging from the project's implementation process to the final evaluation. The project's first funds endowment for the beneficiaries were made in November 2019 and on February 6, 2020. With only three months of implementation of the SAV-Ex project, “measures to deal with the public health emergency of international importance were decreed in Brazil due to the coronavirus, responsible for the 2019 outbreak”. The project was implemented mainly in restricted complex pandemic periods, seven months rather than in normal times, three months. Thus, it is known that the food security sector has undoubtedly been one of the most affected by the pandemic, since 1 in 5 households surveyed had at least one resident who claimed to have been contaminated by COVID-19. According to interviewees' perception, working was by far the aspect of everyday family life most affected by the pandemic. Most of the SAV-Ex project beneficiaries are informal workers, and it is known that this sector is one of the most affected.

It is considered by 9 out of 10 beneficiaries that there was an increase in the cost of food due to the pandemic. Among these beneficiaries, the biggest consequence of COVID19 occurred in nutrition was the increase in expenses, followed by the need to eliminate certain foods from meals to suit the household budget.

Consequently, one can affirm that the FCS and HHS indicators could have had better performance and evolution, reaching better results in this final assessment if the pandemic had not occurred.

This is a program that is currently fundamental since many of the beneficiaries have lost jobs and today this is the only benefit, they have to survive.

Based on this final evaluation, we present below a set of suggestions that we consider important for the effective guarantee of food security in new programs or interventions for this purpose with vulnerable groups such as Venezuelan migrants:

1. SUGGESTION TO IMPROVE THE SET OF PROJECT INDICATORS

We propose that for the next interventions, it is vital to institutionalize mechanisms for systematic monitoring of food consumption, with a focus on the effective food security of the participants, as well as to create mobilization instruments with the beneficiaries of the project and that it be truly effective and efficient. in order to provide families with food consumption that is truly focused on food security and the human right to food and adequate nutrition.

With this final assessment, it is clear that the sole use of pamphlets and, during the pandemic, dissemination of informative cards via WhatsApp, demonstrated that these information tools are not yet sufficient to sensitize beneficiaries to greater consumption of nutritious foods such as fruits and vegetables and thereby achieving the planned targets of program indicators, such as the Food Consumption Score.

Thus, it is suggested that the creation of manuals be supported and that they be published on a virtual platform with a food security section. In this section, there could be guidelines that include:

1. Guidance for the full use of food with recipes that are preferably linked to the food and cultural habits of program beneficiaries;
2. Incentive guides for the cultivation of vegetables and legumes that have easy and quick crops with a focus on urban and peri-urban agriculture;
3. Educational materials on nutrition and adequate and healthy food;
4. Healthy cooking guides;
5. Guide to Brazilian foods that can be used in typical Venezuelan cuisine;
6. Guiding seasonal calendar indicating the periods (months) of fruits, vegetables and legumes production that are mostly produced in the State of Roraima such as: banana, orange, watermelon, pineapple, mango, lemon and coconut; as these are cheaper in the period in which they are produced. This would encourage a diversification of food intake and an adequate and healthy diet;
7. Sharing of information on prices and supermarkets that provide more affordable food items.

2. SUGGESTIONS FOR THE HOT MEALS DISTRIBUTION

1. Hiring a collaborator/ staff member to accompany hot meals and to articulate with local leaders and prepare the place for the distribution;
2. Training of employees and volunteers who work in logistics, space organization and food distributions to improve service provision;
3. Develop an efficient control for the distribution of hot meals;
4. Improvement in the space where food is distributed;
6. Training of volunteers in serving techniques and in the amount of food to be served;
7. Reinforce procedures for the importance of hand washing, as it was observed that Venezuelans do not sanitize their hands prior to food distribution;
8. Need to use technology to control how many people have to eat as currently this is done manually. For example, using a beneficiary flow control application or software.

3. SUGGESTIONS FOR FOOD SECURITY INTERVENTIONS

1. Professionalization of the nutrition team focused on DHANA;
2. Articulate with other organizations that work with food security projects and initiatives and that have experience with urban and peri-urban agriculture and that can support the project with possible partnerships for the training of beneficiaries in vegetable cultivation techniques that produce quick and easy crops, similar to the experience of one program beneficiary illustrated in annex 8.
3. Encourage the consumption of fruits, vegetables and food produced in the State of Roraima:
4. That the food security programs dialogue with other policies, such as health, social assistance, agriculture that are being implemented by other organizations;
5. Promote effective articulation with the social protection network, such as the National Food and Nutrition Security System, with the Unified Social Assistance System and Unified Health System, and from there identify issues that can be supported and articulated by governmental organizations with the beneficiaries of the program, as well as supporting possible beneficiaries who have chronic diseases, women victims of violence and LGBTQIA + population.

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INTRODUCTION AND CONTEXT

In recent years, the economic crisis and political instability experienced in Venezuela, has led to an increasingly accentuated migration process to several countries in South America of men, women, and children. Consequently, these migrants have left their country searching for survival alternatives in other regions. Brazil is one of those countries that has received a significant number of Venezuelan migrants. The State of Roraima is one of the states with the largest presence of the Venezuelan population, since it is the gateway to Brazil, and not only in its capital, Boa Vista, but in several municipalities throughout the migratory corridor. Initially, the presence of these immigrants was restricted to the State of Roraima. Today, this situation has completely changed, and Venezuelan migrants are being identified throughout the national territory. According to the Thematic Atlas-Venezuelan Migrations, at least 1,291 of the 5,570 Brazilian municipalities, approximately 23%, have at least one immigrant from Venezuela.

According to this study, the "migratory process is divided into three surges of Venezuelans fleeing who arrived in Brazil in recent years, like more than 5 million fellow countrymen. The first migratory current, in 2012 and 2014, was characterized by highly qualified immigrants and most of them settled in the southeastern region of Brazil. The second -from 2015 to 2017, was also made up of middle class Venezuelans, such as engineers, technicians and teachers, and the last current, which started in 2018 with the worsening scenario in Venezuela, has been formed by immigrants of poor conditions, many of them migrating with their families and settling in Roraima.”¹ Thus, these Venezuelans staying in Roraima, in addition to poverty and vulnerability, bring together serious problems of food and nutritional security. Seeking to contribute to the reduction of the serious impacts from this reality on the lives of this group of Venezuelan immigrants, in November 2019, as a continuation of other interventions, the implementation of the Food Security Program for Venezuelans- Extended – SAV-Ex (for its acronym in Portuguese) began.

1. METHODOLOGY

The entire methodological process contemplates, from the analysis of the program and project cycle, the use of the ex post evaluation methodology and considering the following steps: baseline comparative methodology, objectives, implementation, monitoring and evaluation with a focus on the main results such as: indicators generated and target achievements, impacts and lessons learned. The evaluation of this initiative combines qualitative and quantitative methods, in the initial phase (“ex ante” or “baseline”) and in the final phase (“ex-post”). This included a survey questionnaire and the review of primary and secondary program data.

¹ <https://www1.folha.uol.com.br/mundo/2020/09/imigrantes-venezuelanos-estao-em-23-dos-municipios-brasileiros.shtml> - access on Thursday, October 15, 2020

The entire process of implementing methodological strategies was agreed upon during planning meetings with the technical team from ADRA's Brazil Regional Office in Roraima.

Documentary analysis was carried out: of the initial work plans, program's implementation and monitoring reports and other existing technical documents, which were provided by the program's implementation team.

In the whole process of this consultancy, the national and international concepts and legislation that define Food and Nutrition Security (SAN) and Food and Nutrition Insecurity (INSAN) were considered, as well as the Human Right to adequate and Healthy Food (DHAA) and the Human Right to Adequate Food and Nutrition (DHANA). These concepts are well defined in international literature and in the Brazilian Constitution of 1988, which advocates social rights and the right to access food to any citizen, Brazilian or migrant who is in the country. Today, the concept adopted in Brazil on food and nutritional security consists in "meeting the right of everyone to regular and permanent access to food of good quality, in sufficient quantity, without compromising access to other essential needs, based on health-promoting food practices that respect cultural diversity and that are environmentally, culturally, economically and socially sustainable."² 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."³ Additionally, the DHANA "must be considered in its two dimensions: the right to be free from hunger and the right to food and nutrition."⁴

These rights to healthy food are considered by the various United Nations agencies, as well as by other international entities, a human right of all and guaranteeing food and nutritional security for vulnerable populations is a duty of the State as well as society's responsibility.

The main objective of this consultancy was to assess, from an ex post perspective, the Food Security for Venezuelans – Extended project (SAV-Ex) program, implemented by ADRA and is based on the following principles:

- evaluation was ex post and summative; despite having contemplated methodological aspects of ex anti, such as the analysis of the documentation and the results of the baseline;
- autonomous external evaluation by the team responsible for conducting the process;
- participatory evaluation, with a strategy of incorporating the views of the team responsible for the implementation of the program at ADRA, the network of partners, as well as stakeholders and also contemplated the view of the beneficiaries from their experiences and experiences with the project;
- the evaluation verified the scope of the proposed objectives and results, but also the unforeseen and potentializing results of the program and
- the evaluation considered, the criteria of efficiency, effectiveness, equity and sustainability.

² LEÃO, Marília (Org.). *Direito Humano à Alimentação Adequada e o Sistema Nacional de Segurança Alimentar e Nutricional*. Brasília, DF: ABRANDH, 2013, 263p.

³ 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

⁴ SANTARELLI, Mariana; BURITY, Valéria. *Informe DHANA 2019*. Brasília: FIAN Brasil. 2019. 102p.

It is important to exemplify that the entire methodological process that will be presented below already includes innovative tools and approaches for remote data collection and thus the generation of evidence already adapted to mitigation measures of social distancing during the COVID-19 pandemic.

1. Quantitative Data

A) Questionnaires

For the collection of responses to the quantitative assessment, the same baseline questionnaire was used with some adaptations, such as the inclusion of specific questions about the households' coexistence with Covid-19, since there are already several studies prepared by different agencies such as the Food and Agriculture Organization of the United Nations – FAO⁵, United Nations Development Program, in addition to the International Organization for Migration and the United Nations High Commissioner for Refugees⁶ that focus mainly on migration and refugee. In addition, by the Brazilian government, on the impacts of the pandemic on the food and nutritional security of households nationally.

The questionnaires were applied to program beneficiaries in the municipalities of the State of Roraima (Boa Vista, Amajari, Iracema, Mucajai, Caracarai, Paracaraima, Rorainópolis) that make up the migratory corridor, and also to a portion of beneficiaries of another program implemented by ADRA (SWAN program) and who have been interiorized to other Brazilian states.

The questionnaires applied to the beneficiaries who live in the municipality of Pacaraima, Roraima were the only ones carried out in person, since these two communities do not have a cell phone signal, and ADRA's local team provided the support for this to happen. Moreover, some program beneficiaries live in three indigenous reserves (Sorocaima I, Tarau Parú and Bananal) that are only accessible to Brazilian government representatives and humanitarian organizations.

B) Sample

The sample universe consisted of all households and areas of geographical implementation of the SAV-Ex program.

The sampling process was based on the guiding document of the consultancy for the endline, the Statement of Work (SOW) Seguridad Alimentaria para Venezolanos – Extended (SAV-EX) in Brazil, July 2020.

The final sample estimate is led by the Household Hunger Scale (HHS)⁷ indicator. The Feed the Future comparative proportions TopUp sample-size calculator was used to calculate the sample size. See attached calculator.

⁵ FAO. <http://www.fao.org/americas/noticias/ver/pt/c/1273231/> - accessed on September 10, 2020.

⁶ ACNUR. <https://www.acnur.org/portugues/2020/07/10/acnur-e-wfp-alertam-para-fome-e-desnutricao-de-refugiados-na-africa-durante-pandemia/> - accessed on September 10, 2020.

⁷ The HHS indicator led the sample estimate as the FCS estimate (FCS sample was used in the baseline survey) would have to be large with over 3,000 respondents to be statistically significant. The parameters used for the endline were

n initial, actual **642**

P1, actual **0.396**

P2, target **0.30**

1 - α **0.95**

Z1- α **1.64**

1 - β **0.8**

Z1- β **0.84**

D actual **2**

K inflation Factor to apply to n initial, actual at time point 2 **0.88**

The sample was calculated at household level with an initial sample size of 564; and a final number of households to sample at 706, which includes an anticipated household non-response rate of 20%. Within cluster samples made up of municipalities in Roraima and those interiorized under the SWAN project, a simple random sample (SRS) was used to select direct participants from the program beneficiary register.

Data collection for the survey was carried out by telephone at this stage, as already mentioned above, due to social distancing measures imposed by the covid-19 pandemic. Thus, the final sample was 706 households, 662 of whom live in the municipalities of the State of Roraima and 44 who live in other states of Brazil after the interiorization through the SWAN program. Care was taken to include in the sample the group of beneficiaries who participated in the baseline survey as a priority, and with this we have a greater robustness that will enable the performance of a comparative study between the two moments (initial and final).

For the analysis of the results, the interviews carried out were weighted according to the same baseline criteria. Weights were adjusted to correct non-response, either due to the respondent's refusal or due to the impossibility of locating the household randomly selected in the sample. The sample was selected taking as parameters the 95% confidence interval and an error margin of $\pm 5\%$.

For the beneficiaries of the SWAN program, which were interiorized, all 07 (seven) states (Amazonas, Bahia, Minas Gerais, Mato Grosso, Paraná, Santa Catarina and Rio Grande do Sul) were included in the sample.

Below is the sample size table:

Table 1: Sample Size

Municipalities in Roraima	Project Households	Sample Weight %	Sample Size = 706
Boa Vista	3878	71	502
Amajari	82	2	11
Iracema	94	2	12
Mucajái	206	4	27
Caracaráí	156	3	20
Pacaraima	395	7	51
Rorainópolis	299	5	39

based on the baseline actual and the endline estimate (LOA). It needs to be noted that the parameters used for the baseline survey were a low estimate.

Relocation under SWAN Project	340	6	44
	5450	100%	706

Source: Designed by the consultancy based on the document Final Evaluation Statement of Work Food Security for Venezuelanos - Extended (SAV-Ex). Brazil, August 2020.

2. Qualitative Data

Structured interviews were carried out with technicians from the program's implementation team, partners and other stakeholders that are related to the theme of food security with Venezuelan migrants living in Brazil. These interviews were conducted through the virtual meet broadcast platform.

The following program implementation work groups were interviewed: coordination of the SAV-Ex program, monitoring team, field officers' team, administrative team and the team responsible for hot meals and nutrition. In total, 25 (twenty-five) people participated in the interview activities.

In addition to this group that was directly involved with the implementation of the SAV-Ex program, representatives of the coordination and monitoring of the SWAN program were also interviewed, who also have a relationship with the SAV-Ex program, since for a period SWAN's interiorized beneficiaries received food vouchers once they were interiorized.

Interviews were conducted with partners and other stakeholders that included representatives from the offices of the International Organization for Migration – IOM and *Caritas Brasil*, these are two humanitarian organizations that have dialogue and partnership with the SAV-Ex program.

A) Qualitative Evaluation with Beneficiaries

Due to social isolation measures, it was not possible to carry out face-to-face focus group discussions with project beneficiaries. Thus, they were carried out virtually from a random selection of beneficiaries, using the WhatsApp tool as the driving force behind this activity.

The choice was made at random and priority was given to the participation of men and women who were household heads aged between 20 and 70 years. Household heads have a main role as family providers of families and in this sense are fundamental for understanding the levels of food and nutritional security of their household. For this, a set of key and global questions (Annex 03) about the project was sent to selected beneficiaries and the answers were returned in audio form. The whole process of this activity had **FOOD** as a guiding element in the group discussions, as well as **FOOD SECURITY**, **HUNGER** and **PANDEMIA**.

From then on, this consultancy carried out an analysis of the data generated from the responses sent by the beneficiaries with the support of a specialized qualitative methodology software, MAXQDA 2020.

As already mentioned in the previous item, the group of beneficiaries living in the municipality of Pacaraíma were not included in this activity, since in indigenous villages

there is no internet signal, which makes it impossible for beneficiaries to send information via WhatsApp.

The choice of participants was made at random and priority was given to the participation of male and female beneficiaries who were household heads and aged between 20 and 70 years.

Table 2: Beneficiaries Group Sample

Municipalities	Total Number of Participants
Boa Vista	45
Amajari	8
Iracema	8
Mucajaí	12
Caracaraí	10
Rorainópolis	15
Relocation under SWAN Project	18
TOTAL	116

Source: Designed by the consultancy

Study Limitations

Despite the achievement of the planned objectives for both qualitative and quantitative samples, we know that a final assessment study remotely has some limitations. These limitations basically reflect the change in the methodology of the interviews and the pandemic moment we are going through.

1. In terms of methodology, while in the baseline the face-to-face approach was used and worked well as there is usually more time for beneficiaries to share their stories. For the endline, due to the pandemic and the rules of social distancing the interviews were conducted over the phone, which could lead to errors, even though some information has been verified.
2. This is not an impeccable method, especially since the interviewer does not see the interviewee. Using the phone also restricts the amount of time available and how focused the respondents are, which can result in some reasonably large differences between the two results.
3. When issues are related to aspects of SAN, another challenge that arises is the psychological and social factors that affect many heads of households because they live in a situation of social vulnerability and the possibility of food insecurity. Such threats are reflected in feelings of shame and immobility in the face of this situation.

However, some statistical experts consider that “to reduce possible inconsistencies, one of the possible solutions is to increase the number of people heard on the methodology by telephone. Because they argue that the larger the sample, the smaller the error.”⁸ This aspect reassures this consultancy since there was an increase of 10% in the sample size when comparing the baseline and the endline.

⁸ <https://politica.estadao.com.br/noticias/eleicoes.entenda-as-diferencas-entre-pesquisas-eleitorais-presenciais-e-por-telefone.70002465734> – accessed on September 08, 2020.

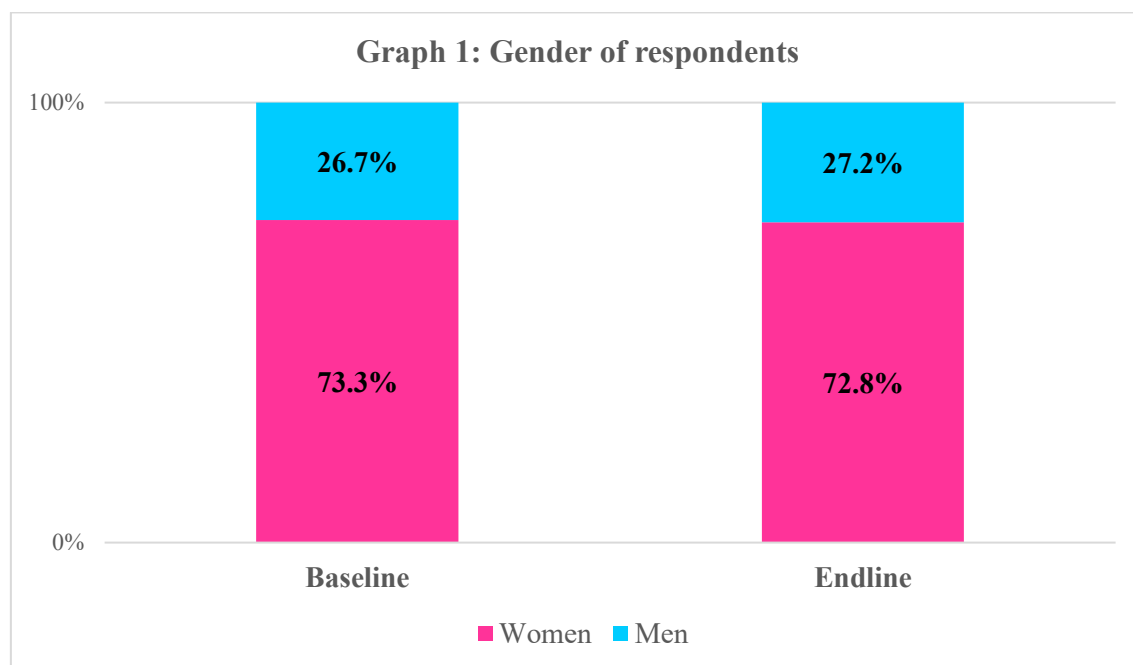
Any sample survey cannot represent only the sampled unit, but it represents the entire population. As the SAV-Ex program is not static, but dynamic, the total number of households and individuals being assisted change over time. This means that, during the baseline, the total number of individuals sampled represented “X” households, each with a specific research weight to represent the entire population presented at that time. At any time in the future, the number of household’s change, which changes the general profile of households at that time representing “Y” households. This means that, at point t and point t + 1, these research weights will necessarily have different weights because they represent different populations. In the results presented comparatively using the baseline and the endline, the weights used were those of the latter, which may explain some differences presented in the baseline.

Regarding qualitative data in a face-to-face focus group, it is more productive and with more significant results where it is also possible to analyze the reactions from participants’ reflections.

II. RESULTS, DISCUSSION AND ANALYSIS

1. PROFILE OF RESIDENTS IN RESPONDENT HOUSEHOLDS

As expected, women represent the majority of respondents. In both the baseline and endline surveys, women were about 73% of the people interviewed.



Source: Designed by the consultant from the results of the quantitative research (2020).
Sample=642 respondents (baseline)/706 respondents (endline).

The average age of respondents is 35 years old, both in the baseline and endline surveys. Considering half of the respondents according to the age distribution, the median

age observed was 32 years in the baseline and 33 years in the endline. Regarding the age distribution in groups of respondents in the baseline, there was a concentration of respondents between 17 and 25 years old (28.2%), while in the endline, the group between 31 and 40 years old was the most frequent (32.0%). In both surveys, respondents up to 40 years old were approximately 72% of respondents.

Before starting the analysis of the indicators, it is important that the results related to the profile of household members are presented, as this data is important so that any aspects related to nutritional food security can be analyzed, after all, to measure the indicators it is necessary to know the average family size, as well as the age of household members.

Graph 2, below shows that 70% of the households surveyed have up to four residents. A higher proportion of households with more residents, five to nine, was observed at the endline level (31.7%). This is a characteristic very present in Venezuelan migrants living in Brazil today and this is very characteristic in beneficiaries' statements such as this "we started to have a little more to eat, we have already tried to bring some other family members who are in Venezuela. There the situation is very difficult and here with what the project provides us we already bring children, parents or other relatives."⁹

This average household size did not increase so much compared to other endlines of food security programs. One of the factors responsible for this is that due to the pandemic, Brazil's borders with other countries were closed. According to studies by the Organization of American States, it is estimated that "about 111,000 Venezuelans returned to their home country from Brazil and Colombia due to the Covid-19 pandemic. Many of the refugees were dependent on informal income and saw their living conditions affected by the coronavirus."¹⁰

The table below indicates that the average household size is between 3.43 and 4.84.

Table 3: Average size of the families by gendered households

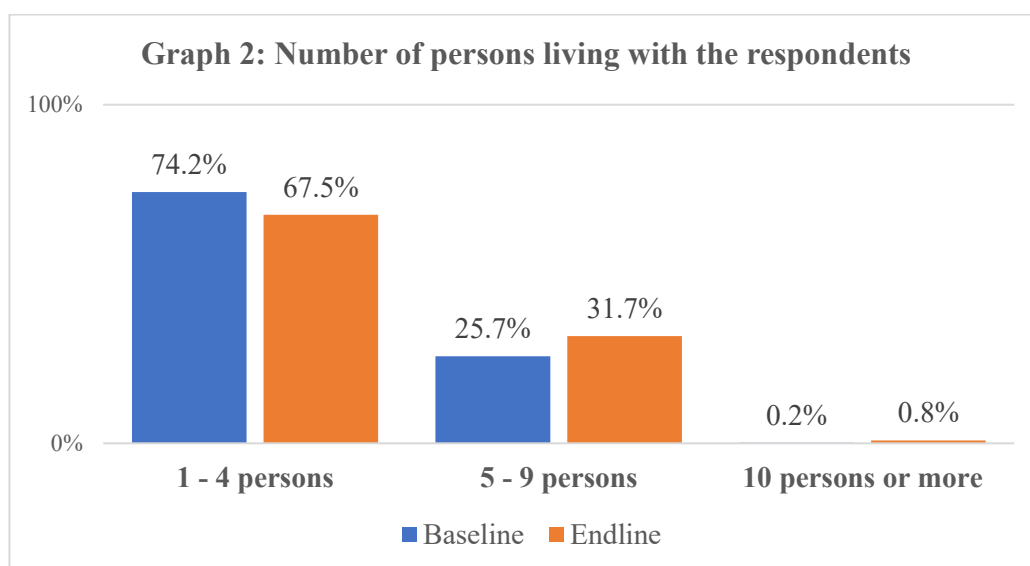
	Average size	
	Baseline	Endline*
F&M	4,15	5,21
FNM	2,55	4,06
MNF	2,01	3,05
Total	3,43	4,84

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

* Considers the number of people who live with the respondent plus the respondent

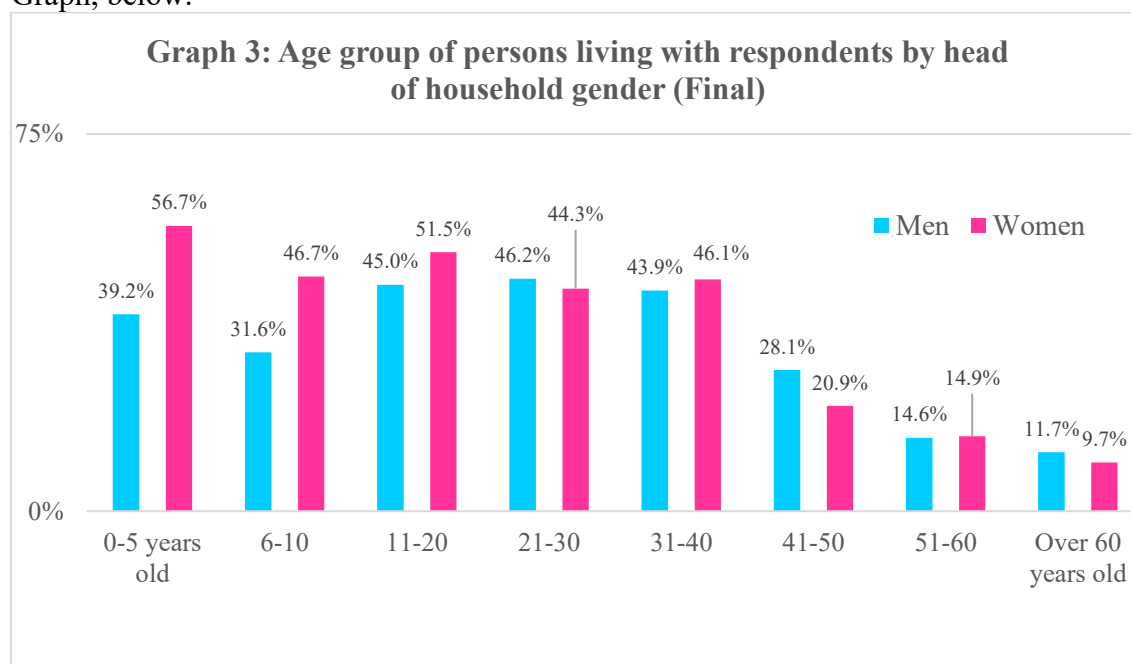
⁹ Roraima, Boa Vista beneficiary's statement collected at a virtual focus group in October 2020.

¹⁰ <https://veja.abril.com.br/mundo/com-a-pandemia-cerca-de-6-000-venezuelanos-voltaram-do-brasil/> - accessed on October 12 2020.



Source: Designed by the consultant from the result of the quantitative research (2020).
Sample=642 respondents (baseline)/706 respondents (endline).

It is common for people of different age groups to compose households, ranging from children under 5 years old to elderly people over 60 years old. Household members between 21 and 30 years old were slightly more frequent at baseline level, whereas at endline level, household members were distributed in similar proportions between 11 and 40 years old. It is important to note that in households headed by women, children, adolescents and young people from 0 to 20 years old are more common. Also in 57% of households headed by women, there are children from 0 to 5 years old, as shown in the Graph, below.



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

2. ANALYSIS OF PROGRAM INDICATORS

2.1. Reduced Coping Strategies Index (rCSI)

In relation to the reduced coping strategy index (rCSI), which is based on the frequency during the last seven days in which any of the coping strategies of food restriction is used, the results obtained at endline level are described in Table 4 below:

Table 4 – Affirmative food insecurity questions in the last 7 days

	Never	1 – 2 days per week	3 or more days per week	Daily
A) Need to rely on less preferred or cheaper foods	16,2%	21,3%	31,0%	31,5%
B) Had to ask for food or depend on help from a friend or family member to feed	42,6%	33,9%	16,7%	6,8%
C) Limited size of portions in meals	30,7%	16,0%	31,8%	21,4%
D) Restricted adult food intake so that young children could eat	60,0%	13,4%	14,6%	12,0%
E) Reduce the amount of meal eaten in a day	42,0%	14,7%	25,3%	18,0%

Source: Designed by the consultant from the result of the quantitative research (2020).
Sample=706 respondents (endline).

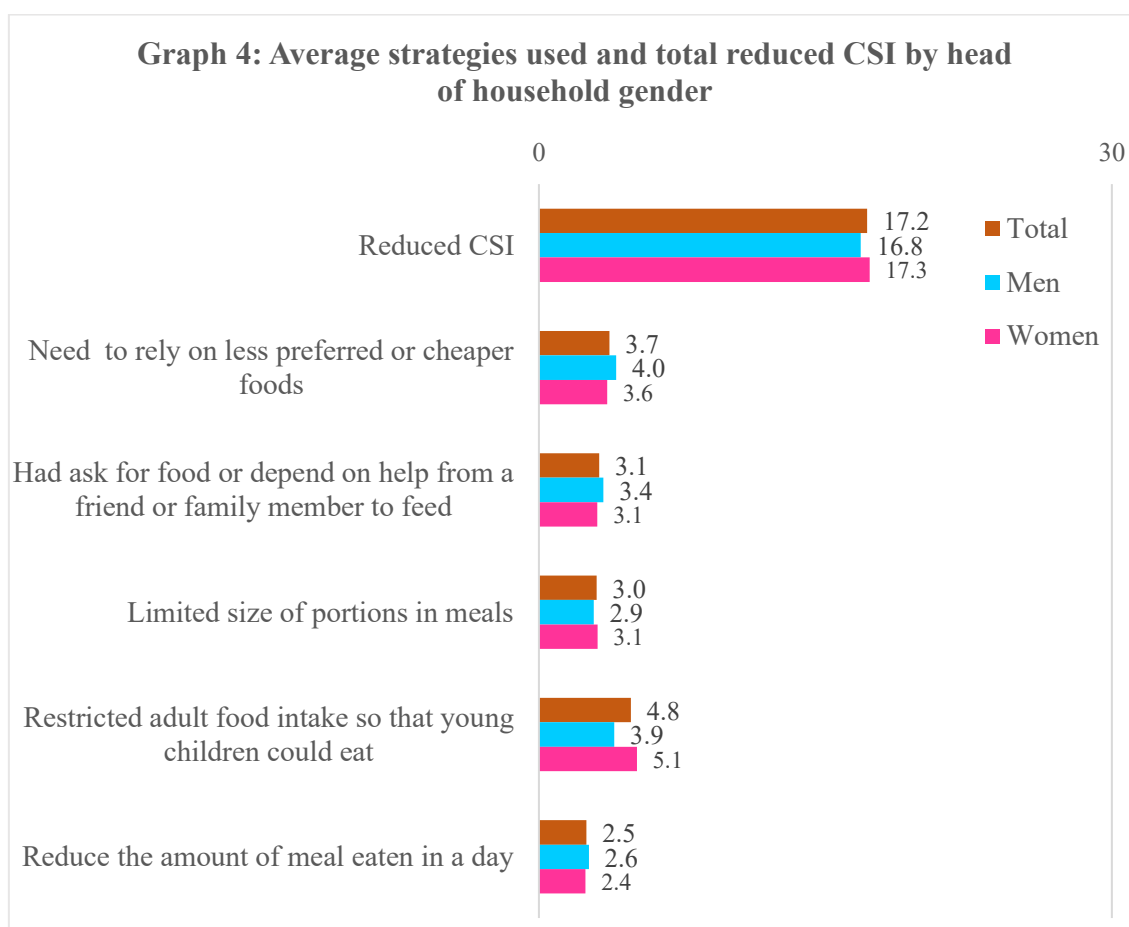
It is observed that the most common strategies used are the following:

- Need to rely on less preferred or cheaper foods – 83,8%;
- Limited size of portions in meals – 69,20%;
- Reduce the amount of meals eaten in a day – 58,0%;
- Had to ask for food or depend on help from a friend or family member to feed – 57,4%;
- Restricted adult food intake so that young children could eat – 40,0%.

The highest percentages were those that deal with the need to have less preferred or cheaper foods (83.8%) and limited the portion sizes at meals (69.20%). This type of experience is an extremely common attitude in vulnerable groups. It is already known that “socioeconomic factors in a specific way play a central role in defining what people eat and are determinants of choices, as well as food motivations. Thus, people generally know how much is “enough” and seek to find options to guarantee what to eat.”¹¹

Disaggregating by gender of respondents, the averages of each of the strategies used, as well as the general average of the reduced CSI, are shown in Graph 4:

¹¹ MORAES, Jéssica Maria Muniz. Porque as pessoas comem o que comem? Comparação das motivações para comer entre dois contextos socioeconômicos díspares no Brasil. Dissertação de Mestrado: Universidade de São Paulo. São Paulo, 2017. 131p.



Source: Designed 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 17.2 points, with a median of 14 points and standard deviation of 13.3 points. Considering the 95% confidence interval, the result is between 16.2 and 18.4 points.

With this total rCSI of 17.2 points, we have a situation of food and nutritional security considered satisfactory for all beneficiaries, since the lower the score, the better the situation of food security.

Table 5 - Reduced CSI by household head gender

	Mean rCIS	Median	Variance	Std. Deviation	95% Confidence interval	
					Lower limit	Upper limit
Total	17,2	14,00	177,1	13,3	16,2	18,2
rCSI Men	16,9	14,00	202,8	14,2	14,9	18,9
Women	17,3	14,00	167,7	12,9	16,2	18,4

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

An important data to be described is that 6.4% of households obtained a score of 0 (zero) in the rCSI and only 2.4% obtained the highest score of 56 points in the rCSI.

The data in the table above also reveal that among households headed by women, the average score is higher than among men. This is a totally predictable situation, since it is a consensus in several studies that women have a fundamental role in improving their families' food and nutritional security indexes, where they often end up not eating to feed their families.

The data in Table 6 also confirm the situation of greater food insecurity among women: in households where there are no adult men, the average score is higher than in those where adult men and women live together and in households where only adult men live.

Table 6 - Reduced CSI by gendered household

	F&M	FNM	MNF	Total
Mean	17,3	17,4	15,6	17,2
St. Dev.	13,5	12,7	12,9	13,3
CI (95%) Lower	16,2	15,1	12,1	16,2
CI (95%) Upper	18,5	19,6	19,1	18,2
Median	14,00	15,00	13,0	14,0
Sample	540	128	55	723

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

To conclude the information for this indicator, with the data in the Table above, it can be said that the program managed to surpass the planned target of reaching a total rCSI of 20 points, as well as this same score for FNM, MNF and M&F headed households.

2.2. Household Hunger Scale (HHS)

The HHS is a measure that analyzes the aspects related to food access for families, it is built around three questions about the perceptions of a house 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.

In percentage terms, affirmative responses from HHS were: Was there a day where there was no food to eat at all (53.7%), did you or any household member go to sleep at night hungry because there was no enough food (21 , 5%) and did you or any household member go a whole day and night without eating anything at all because there was not enough food (11.7%).

This result, when compared to the baseline level, already shows a substantial improvement mainly in the experience related to did you or any household member go to sleep at night hungry because there was no enough food, at endline this type of experience is 21.5% and at baseline it was 35.5%, a decrease of 14%.

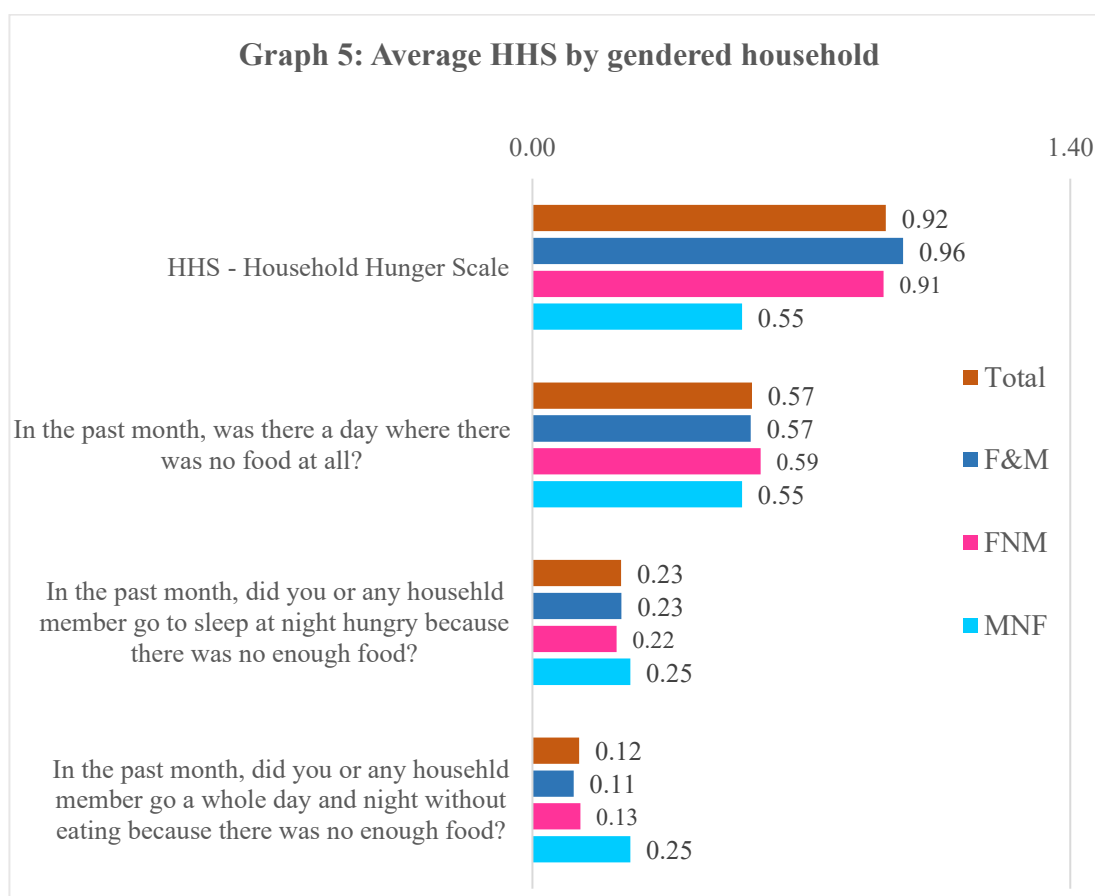
Table 7 – Household Hunger Scale (HHS) frequencies

	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?	46,3%	30,3%	19,9%	3,5%
2) In the past month, did you or any household member go to sleep at night hungry because there was not enough food?	78,4%	10,9%	9,1%	1,5%
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?	88,2%	6,6%	4,7%	0,4%

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

Sample=706 respondents (endline).

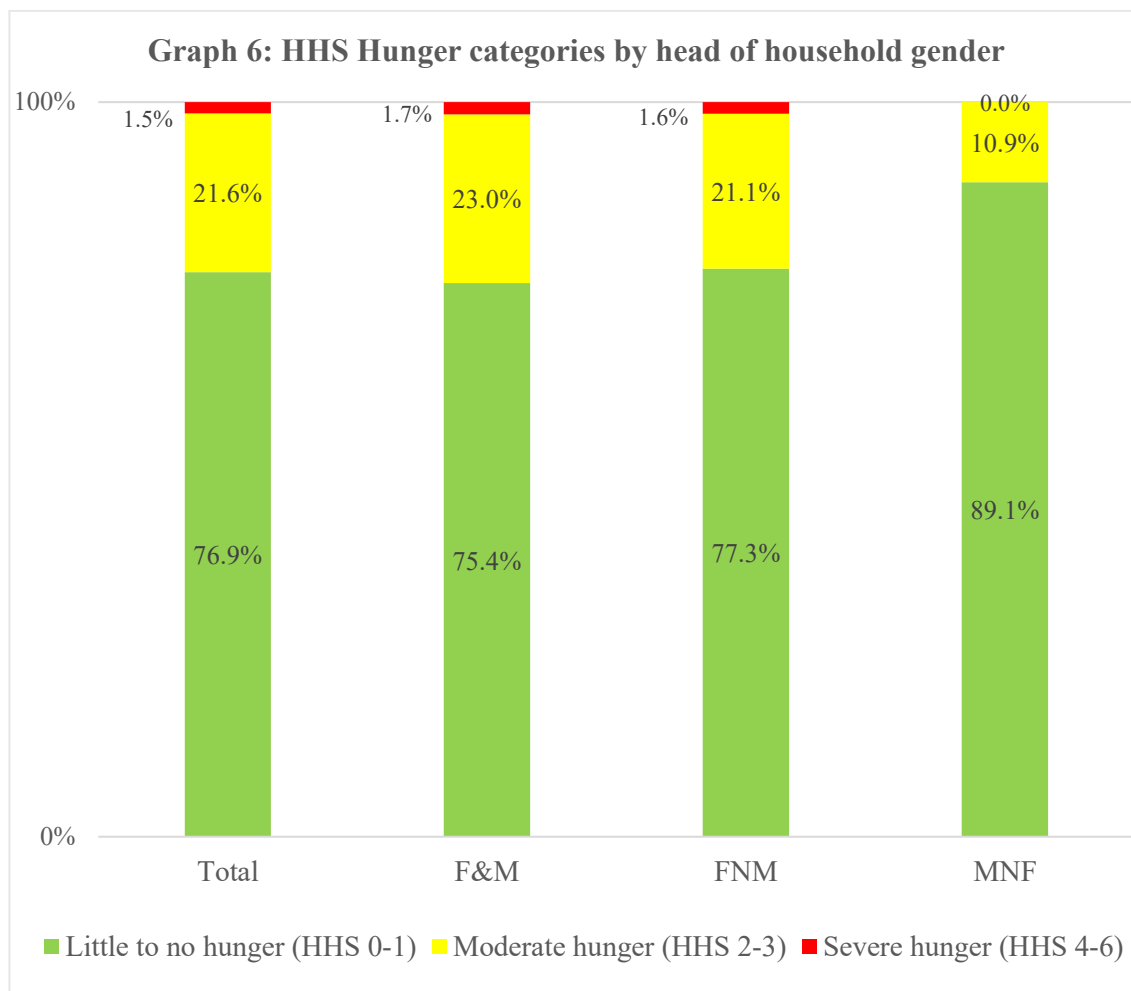
Disaggregated by sex, the averages of each of the questions on the hunger scale, as well as the general average of the HHS are shown in Graph 5:



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

The average HHS of all respondents was 0.92 points, with a median of 1.00 points, and standard deviation of 1.06 points. The 95% confidence interval has a lower limit of 0.84 and an upper limit of 0.99. The results reinforce the evidence of a situation of greater food insecurity in households headed by women. As previously mentioned, a common situation in any reality and food security projects.

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.



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

The majority (76.9%) of respondents fall into the category of little or no hunger. Moderate or severe hunger affects about two thirds of households (23.1%), being less common in male headed households (10.9%). It is worth noting that moderate or severe hunger showed a significant reduction, of 16.5 percentage points, when comparing baseline and endline results (from 39.6% to 23.1%).

Regarding program targets, some points deserve a reflection:

1. For the aspects of moderate hunger, the total index that the project should reach at endline level would be 30%. The project managed to advance further, as it had a lower rate than planned, reaching 21.6% of beneficiaries with moderate hunger. This is extremely positive as it has improved the planned index even further by moving 8.4% of the total program beneficiaries in the moderate hunger to the category of little or no hunger;

2. With regards to severe hunger, the program did not achieve the total target of 0 program beneficiaries in this category. Nevertheless, the program has managed to reach a very low percentage in this group, which is 1.5%.

If we consider the reality of Brazil today, the beneficiaries of the program are in a better situation than the Brazilian population and the population of the northern region of the country – where the state of Boa Vista is located. Brazil is currently experiencing serious problems with regards to food and nutritional security. According to data from the Brazilian Institute of Geography and Statistics, which just presented the Family Budget Survey, “the scenario of food insecurity has been frequent in Brazil and that situation today only in the northern region of the country with families in total restriction of food insecurity is 10.2%.”¹² The former director-general of the United Nations Food and Agriculture Organization, the situation in Brazil today is “extremely worrying and the country is returning to the Hunger Map. Today 4.6% of the population live in severe hunger.”¹³

Regarding other program targets for this indicator in relation to moderate hunger, the program’s performance was better than planned. In relation to severe hunger the program did not reach the target, except for the MNF category where the target was met. The Table below shows the planned targets and the indexes that were reached at endline.

Table 8 – Comparison of the HHS indicator between the planned and achieved target at endline

	PLANNED TARGET	TARGET REACHED AT ENDLINE LEVEL
TOTAL		
Moderate	30%	21,6%
Severe	0	1,5%
FNM		
Moderate	32%	23%
Severe	0	1,7%
MNF		
Moderate	27%	10,9%
Severe	0	0
M&F		
Moderate	26%	23%
Severe	0	1,7%

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

2.3. Food Consumption Score (FCS)

¹² BRASIL. <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/28903-10-3-milhoes-de-pessoas-moram-em-domicilios-com-inseguranca-alimentar-grave> - accessed on October 02, 2020.

¹³ GRAZIANO DA SILVA, José. <https://valor.globo.com/opiniao/coluna/por-que-o-brasil-voltou-ao-mapa-da-fome.ghtml> - accessed on October 02, 2020.

The FCS is a score that considers the basis of food diversity, food frequency and the relative nutritional importance of different food groups. Nine distinct food groups are analyzed: staple foods, legumes and nuts, vegetables, fruits, meats, dairy products, sugars, oils and condiments. In this indicator, it is important to analyze the frequency of consumption of these products over the past seven days. It is an indicator that allows for qualitatively and quantitatively assessment of individual consumption and that of other members of household. It is also important to understand the form of food acquisition and the food diversity of respondents.

Table 9 – 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.	1,1%	29,0%	26,2%	43,6%
2. Pulses Beans, peas, groundnuts and cashew nuts	7,1%	51,7%	26,8%	14,4%
3. Vegetables (vegetables and leaves)	6,6%	54,1%	26,8%	12,4%
4. Fruits	18,5%	47,6%	23,5%	10,4%
5. Meat/fish: beef, goat, poultry, pork, eggs and fish	4,0%	31,3%	32,5%	32,2%
6. Milk, yogurt and other dairy products	9,1%	40,0%	30,3%	20,6%
7. Sugar and sugar products, honey	2,2%	27,5%	32,9%	37,3%
8. Oils, fats and butter	2,1%	38,0%	22,4%	37,5%
9. Condiments	8,0%	33,7%	20,9%	37,3%

Source: Designed by the consultant from the result of the quantitative research (2020).
Sample=706 respondents (endline).

Among the least consumed food groups are fruits, vegetables, leaves and grains according to the highest percentages of “never consumes” and consumption between 1 or 2 days a week.

The endline comes to the same conclusion as the baseline, in relation to the consumption of fruits, vegetables, leaves and grains. These items remain the least consumed. However, despite this challenge that remains, it is important to exemplify that there was an improvement in percentage terms of consumption (Table 10). Of course, it is not yet an ideal percentage.

To analyze this food consumption indicator, we identified in the virtual focus groups some statements by beneficiaries about the high cost of these food items and that many beneficiaries ended up choosing to purchase products with lower cost:

“With the pandemic, open markets closed and the price of fruits and vegetables ended up increasing in supermarkets here in Boa Vista. I had never seen the price of these foods get so expensive ”; ¹⁴

¹⁴ Roraima, Boa Vista beneficiary’s statement collected at a virtual focus group in October 2020

“For my family it was a very big challenge to buy fruits and vegetables because always in places that accepted the card it is more expensive than at *feiras livres* and for me it still has a more complicated situation: the card is not accepted here in Iracema, Roraima. So, we gathered a group of beneficiaries who rented a car to go shopping in the neighboring city. So, we ended up buying what is cheaper and we still have the expense of renting the car. That’s why we don’t consume so many vegetables and fruits.”¹⁵

“With the card, I learned how to manage my family’s budget, because when we lived in Venezuela, my husband was doing this and now I am the one who controls everything, so with the SAV-Ex card today I have bought the most expensive foods like meats and chickens and sometimes fruits and vegetables that weren’t that expensive, and now, with the pandemic, these vegetable products have increased prices a lot.”¹⁶

“These foods that I receive with the card are essential for me to be able to feed my three daughters, I know it is not enough, but with what we buy we supply the family’s basic food needs. I always try to make the equitable distribution of the types of food and thus balance the food in our home, but it is being very difficult to acquire the healthiest foods at this time, as they became very expensive. I’m getting the impression that eating now is more expensive here in Boa Vista.”¹⁷

“Today I have managed to acquire eggs, pasta, beans, margarine and a little bit of vegetables and cassava through the project. I think these are very nutritious foods and have a tremendous number of vitamins. And here in Brazil I learned to value a dish of rice and beans because I know that it cures many needs.”¹⁸

This is the third food security program for this specific target public, however, this reality is not only a challenge of food consumption for the program’s beneficiaries: it is a reality about the food consumption of the most needy populations. According to IBGE data, based on the latest survey by the Brazilian Scale of Food and Nutritional Insecurity, published in September this year, it states that “expenditure on food points out that the majority of spending between food groups decreases as levels increase of food insecurity. In other words, people who have greater restrictions on access to food consumption spend less on certain products, such as fruits, meats and dairy products.”

The sources of food acquired in the last seven days by the households shows how households acquired the food consumed by them. These sources are divided into primary and secondary sources and are divided into purchased, produced at home, exchanged, borrowed, given by food aid organizations or other means.

Regarding the primary source of food, for purchase or food aid corresponds to 93% of the food consumed. Among secondary sources, purchased foods are the most

¹⁵ Roraima, Iracema beneficiary’s statement collected at a virtual focus group in October 2020

¹⁶ Roraima, Rorainópolis beneficiary’s statement collected at a virtual focus group in October 2020

¹⁷ Roraima, Boa Vista beneficiary’s statement collected at a virtual focus group in October 2020

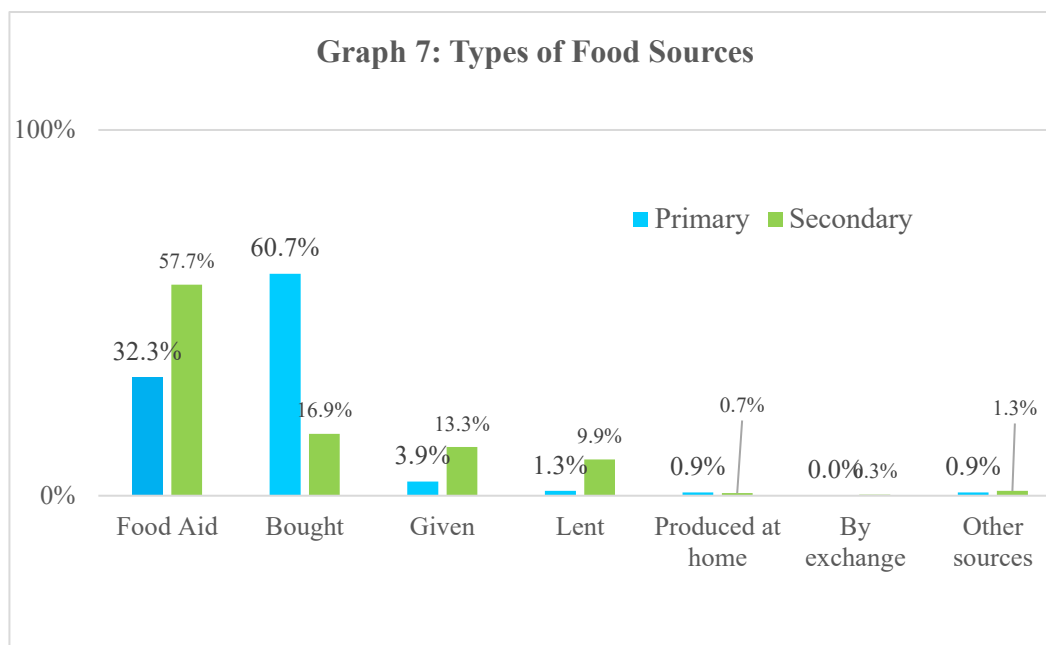
¹⁸ Roraima, Rorainópolis beneficiary’s statement collected at a virtual focus group in October 2020

common (60.7%), but donated (13.3%) and borrowed (9.9%) also have an important share.

The rate of food produced at home is still very low and today there is a consensus among food and nutrition security scholars that programs that support and encourage their beneficiaries who can and are able to use spaces in their homes for the production of vegetables using urban and peri-urban agriculture techniques are essential to ensure effective food and nutritional security.

It is identified in FAO studies “the relevance and importance of this phenomenon on an international scale and aiming, above all, to address it within the scope of certain programs, with a view to addressing issues related to food security and the income of socially and environmentally vulnerable families and groups, the UN has recently recognized urban and peri-urban agriculture as a multifunctional and diverse activity, including the production and/or processing of agricultural and livestock products in intra-urban and peri-urban areas for the purpose of self-consumption and/or commercializing. It is about taking advantage of local resources and inputs, respecting local knowledge, promoting gender equity through the use and coexistence of appropriate technologies (social technologies, for example), based on participatory, collective and democratic processes to improve the quality of life of the urban and peri-urban population.”¹⁹

Additionally, in this same study “urban and peri-urban agriculture is able to answer a wide range of urban issues, including combating poverty and increasing the self-esteem of those who practice it, stimulating and improving health, as it encourages exercise of the body and mind, and can also offer fresh and healthy food to consumers, especially when it follows the principles of agroecology.”²⁰



Source: Designed by the consultant from the result of the quantitative research (2020).
Sample=706 respondents (endline).

¹⁹ FAO - Organización das Nações Unidas para a Alimentação e a Agricultura. Horticultura y diversificación. Disponível em: <http://www.fao.org/agriculture/crops/mapa-tematica-del-sitio/theme/horticulturayladiversificacion/es/>. 2017.

²⁰ *Ibidem*

The beneficiaries' statements are quite explicit when asked to assess what percentage they use of the SAVE-Ex benefit for food purchases:

"The project is extremely important for my family, without this project I don't know how I would be able to buy food and more now in this pandemic moment that was salvation, because as everyone in our family lived on informal jobs and due to measures of social distance everyone was unemployed. If it were not for this food aid, today I would be in a situation of total social vulnerability and the most severe would be worse than they were when they arrived in Brazil, because at that time in some moments that the situation was not the best they ended up returning to Venezuela for a time and at the height of the pandemic, even that could not be done because the border between Brazil and Venezuela was closed."²¹

Another statement is complementary to this: "Today, 100% of the food we consume is purchased through the card, as I have two small children and I cannot work and the project is our only source of income".²²

Undoubtedly, food aid has been fundamental to households for the acquisition of food, for another beneficiary, "the food card has been very important for my family to be able to purchase food in an equitable way. It was only from the moment I entered this project that I was able to provide my daughters and a grandson with a balanced diet."²³

For another beneficiary who lives in Iracema the program "is used to buy rice, grain, vegetables, milk. The percentage is approximately 88% since the Sodexo card alone is not enough for the maintenance of the family."²⁴

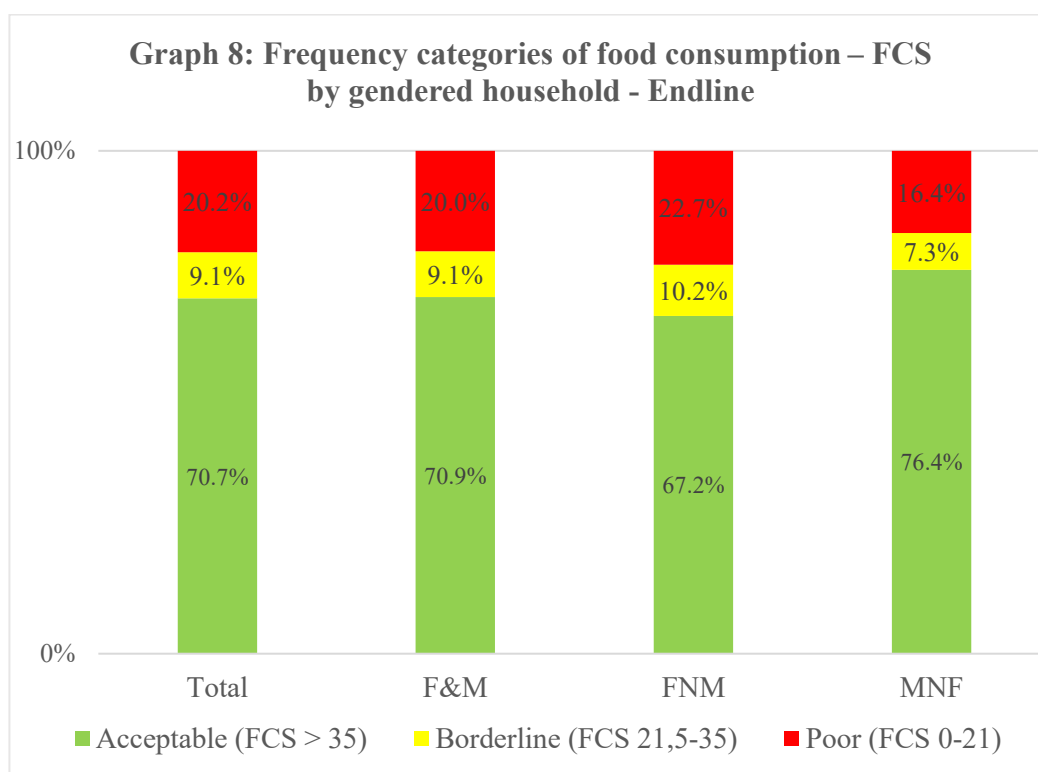
The gross score of the FCS ranges from 0 to 112 points, with families being classified into three groups based on their weighted scores: (0-21) weak; (21,5-35) borderline; or (35.5-112) acceptable. Graph 12 shows the frequencies found, pointing out that 29.3% of households are in a borderline or with a weak diet situation. Among households where there are only adult women, this proportion is slightly higher, reaching 32.8%.

²¹ Roraima, Boa Vista beneficiary's statement collected at a virtual focus group in October 2020

²² Roraima, Boa Vista beneficiary's statement collected at a virtual focus group in October 2020

²³ Roraima, Caracarái beneficiary's statement collected at a virtual focus group in October 2020

²⁴ Roraima, Iracema beneficiary's statement collected at a virtual focus group in October 2020



Source: Designed by the consultant from the result of the quantitative research (2020).
Sample=706 respondents (endline).

Table 10 - FCS by head of household gender

		Mean FCS	Median	Variance	Std. Deviation	95% Confidence interval	
						Lower limit	Upper limit
	Total	56,35	59,00	820,24	26,64	54,26	58,44
FCS	Men	55,71	57,50	733,99	27,09	51,90	59,52
	Women	56,59	60,00	853,79	29,22	54,095	59,09

Source: Designed by the consultant from the result of the quantitative research (2020)
Sample=706 respondents

Table 11 – Comparison of the FCS indicator between the planned and achieved target in the assessment

	PLANNED TARGET	BASELINE RESULT	ENDLINE RESULT
TOTAL			
Acceptable	88%	82,3%	70,7%
Borderline	12%	6,5%	9,1%
Poor	0	11,2%	20,2%
FNM			
Acceptable	85%	16,8%	67,2%
Borderline	15%	11,6%	10,2%
Poor	0	11,6%	22,7%
MNF			
Acceptable	90%	82,9%	76,4%
Borderline	10%	9,0%	7,3%
Poor	0	8,1%	16,4%
M&F			
Acceptable	88%	76,8%	70,9%
Borderline	12%	11,6%	9,1%
Poor	0	11,6%	20%

Source: Designed by the consultant from the result of the quantitative research (2020).
Sample=706 respondents (endline).

With results presented here in this final evaluation, two challenges are identified for this indicator: it failed to reach the target planned by the program, and in addition, the rates found in this final evaluation are lower than at baseline level.

The result of this indicator deserves some reflections that go from the implementation process to the final evaluation. This program had its first voucher distributions to beneficiaries in November 2019 and on February 6, 2020, with only three months of implementation of the SAV-Ex program, “the measures to face the public health emergency of international importance due to the coronavirus responsible for the 2019 outbreak”²⁵ were enacted in Brazil. As a result, the program spent most of its implementation in restricted periods due to the pandemic than in normal times. This was three months in normal times and seven months in a complex pandemic time.

It is known that the food and nutrition security sector has undoubtedly been one of the most affected by the pandemic, according to FAO data “Latin America and the Caribbean are likely to suffer a historic blow in the fight against hunger because of the pandemic. One of the main reasons for this is that Covid-19 has led to a rise in food prices. With the increase in unemployment, millions of people are unable to buy food and others are using less nutritious food due to lack of money.”²⁶ A joint study by FAO and Cepal adds to this issue: “countries have not yet pointed out that there is a security problem because of the slowdown and unemployment, but there is a mention of a demand problem, due to consumer limitations in accessing markets and supermarkets.”²⁷

The situation in Brazil is no different from this scenario and world reality. Today the country has suffered one of the biggest increases in food prices. The topic that has occupied the center of the public debate is food. “The category increased 0.78% in August. But, within that, some products skyrocketed, taking off from the rest and

²⁵ BRASIL. http://www.planalto.gov.br/ccivil_03/_Ato2019-2022/2020/Lei/L13979.htm - accessed on October, 02 2020

²⁶ https://news.un.org/pt/story/2020/06/1717092?utm_source=ONU+News+-+Newsletter&utm_campaign=e7d828f2f0-EMAIL_CAMPAIGN_2020_06_17_01_30&utm_medium=email&utm_term=0_98793f891c-e7d828f2f0-106989833 – accessed on October 10, 2020

²⁷ FAO/CEPAL. Análisis y respuestas de América Latina y el Caribe ante los efectos de COVID-19 en los sistemas alimentarios. Boletín N.º1 16/04/2020. 13 p.

weighing more in the pocket of Brazilians. The rise in food prices in August affected products such as tomatoes, milk, meats, fruits, rice and soy oil. The price of lemon, rose by 42.2% in this period. In the first eight months of the year, rice increased by 19.25%. The grain has been the center of attention when it comes to food inflation. The five-kilogram pack, which normally costs R\$15, reached levels close to R\$ 40 at the turn of August to September.”²⁸ The study concludes: “other products also accumulate high in the year. Potatoes have risen about 20% since January, as have carrots and milk. Already beans - even with the price drop in August - have risen almost 30% since the beginning of 2020. Onions, in turn, accumulate a high of 50%. The price of the basket of those who eat at home has been rising since the beginning of the year. Between January and August, food at home was 6.1% more expensive, rising considerably more than the rest of goods and services.”²⁹ It is important to note that the foods mentioned in the study are the main foods that make up the basic and daily food of families.

In addition, the results achieved by the SAV-Ex program with its beneficiaries, which is composed of a group of vulnerable Venezuelan migrants, are not far from the reality in Brazil. According to data from IBGE in the study of the Brazilian Scale of Food and Nutritional Security “people who have greater restrictions on access to food consumption spend less on certain products, such as fruits, vegetables, meat and dairy products.”³⁰

2.4. Hot Meals

In order to carry out this final evaluation, there were some challenges, the main one being the fact that the program does not have a minimum hot meals beneficiary database so that this consultancy could have access and thus perform a data collection with the application of questionnaires with a minimum sample. Thus, in order to assess this aspect of the food and nutrition security program for Venezuelan migrants, an on-site assessment was decided and a team from this consultancy visited two facilities for four days; the Boa Vista Bus station and Jockey Club (K’aubanoko). These are two of the facilities where hot meals are distributed in the city of Boa Vista. Among the beneficiaries of the program, a significant group of Venezuelan indigenous people of the Eñepa, Kariña, Pemon and Warao ethnic groups is identified, as well as a group of Venezuelans who call themselves “criollos”.

During these visits, the distribution of food for lunch and dinner was monitored, as well as an interview with a group of beneficiaries who received these meals. Daily food was distributed to an average of 400 people, who live on site, as well people living in the vicinity of these two sites.

During the evaluation, it was observed that there was no ADRA staff, only volunteers and people who seek food and are available to assist in the distribution and organization of the space. These same volunteers carried out both the controls of how many meals are distributed as well as the organization of the distributions, logistics and transportation of hot meals.

²⁸ <https://www.nexojornal.com.br/expresso/2020/09/09/Por-que-os-pre%C3%A7os-dos-alimentos-est%C3%A3o-subindo-na-pandemia> – accessed on October 15 2020

²⁹ *Ibidem*

³⁰ <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/28903-10-3-milhoes-de-pessoas-moram-em-domicilios-com-inseguranca-alimentar-grave> - accessed October 10, 2020

All respondents reported that this is the only place where they can get food and go to these two places to receive three daily meals: breakfast, lunch and dinner. It was identified that the menu includes dishes from Venezuelan cuisine and this is clear in the testimonies of the beneficiaries: “when they serve us Venezuelan food it is very tasty and in addition there is the question of feeling closer to our culture, I love it when arepas are served. But I also really like the Brazilian menu, especially when there is chicken.”³¹ This statement is complemented by another beneficiary: “ground beef and rice are served as we traditionally eat in Venezuela.”³²

When the beneficiaries were asked if the project has been able to generate food and nutritional security, we obtained the following statements:

“The quantity and quality of the food is sufficient, and this is the only place that I get food. I am over 60 years old and I can’t get a job, so the only place I can get food is in this place.”³³

“The quantity is good, the flavor of the food is very tasty, it has proteins, the menu is varied, I like it a lot when they serve fish that is twice a week and also chicken.”³⁴

“Here I can eat from Brazilian farofa, macaxeira, to my Venezuelan arepa. If it weren’t for this project, I would have starved to death.”³⁵

“Thanks to this project I am able to have something to eat not only me, but also my four-year-old son. Today, if it weren’t for that distribution, my son would be malnourished.”³⁶

It was reported by one of ADRA’s volunteers that “one of the challenges of the project is the control of people’s access to food, as there is an average amount of food and sometimes people are left without food, due to the lack of access control of those people who seek food there.”³⁷ This reality is also explained by a beneficiary of the project “I have already come about four times and leave here without food. Sometimes food is lacking, and I think it’s because the project people don’t have much control.”³⁸

When asked if before the meals there was an adequate place for washing hands with soap and water, all respondents reported that there was . However, on a day when our team visited the place, there was only water and no soap or disposable towels. One beneficiary reported: “there is a place where we can wash our hands, but the water tanks are more empty than full.”³⁹

Another challenge identified was based on the statement of a volunteer: “the food is sometimes good and very tasty, but sometimes not so good. There are cooking problems on some days, especially beans and ground meat, if these products are not cooked well, the beneficiaries of the project end up wasting. They receive it and then throw it away. Especially the beans that are often cooked already germinating and this is very

³¹ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

³² Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

³³ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

³⁴ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

³⁵ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

³⁶ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

³⁷ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

³⁸ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

³⁹ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

complicated, as the beneficiaries end up thinking it is something spoiled in the food and in reality it is just the root that is sprouting.”⁴⁰

This statement is complemented by another volunteer: “the lunch that is made by Consolata⁴¹ is not well cooked and ends up being often wasted, the dinner that ADRA makes with ground meat is fat-free and very tasty”.⁴²

Regarding social distance in this pandemic moment, according to the volunteers, “ADRA requires us to put in practice a line that includes leaves social distance and, we are instructed on hand hygiene, the use of masks and other protocols to prevent Covid - 19.”⁴³

In the view of program partners when asked about what assessment they made of the hot meal distributions being able to generate food and nutritional security, we have two assessments: “we did not follow up on who received food, as for example, from Kau’banoco, despite the assistance that IOM does on the spot, we do not yet have a detailed study on the specific dietary needs of children and adults.”⁴⁴

The UNICEF representative, on the other hand, argues that the “provision of daily meals has helped a lot in reducing vulnerability and has been able to ensure the realization of food and nutritional security for beneficiaries, as it has offered food in an adequate and sanitized way with good options on the menu. and even contemplating fruits as desserts.”⁴⁵

ADRA’s nutrition team considers that “the project has been fundamental in making available to that group one of the few opportunities to have some safe food, with quality and in sufficient quantity to consume during a day. In hot meals, you have proteins, carbohydrates, lipids, fruits and vegetables needed to feed a person.”⁴⁶

IV. IMPACTS OF THE PANDEMIC ON THE PROGRAM

About 1 in 5 households surveyed had at least one resident who reported having been contaminated by COVID-19. In percentage terms this means that 76.8% beneficiaries declare that family members were not infected by Covid-19 and 23.2% had family members infected by Covid-19.

In the respondents’ perception, employment was by far the aspect of everyday family life most affected by the pandemic. As most of the SAV-EX program beneficiaries are informal workers, it is already known that this sector is one of the most affected by the pandemic. “The Covid-19 pandemic had a strong impact on immigrants living in Brazil, with many losing their jobs.”⁴⁷

According to the beneficiaries’ statements, this is quite explicit: “if it weren’t for the SAVE-Ex program, today my family and I would be starving, as we are all

⁴⁰ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

⁴¹ Catholic Church organization that is a partner of the Project

⁴² Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

⁴³ Statement from a Hot Meals beneficiary, key informant interview, October 2020, Boa Vista

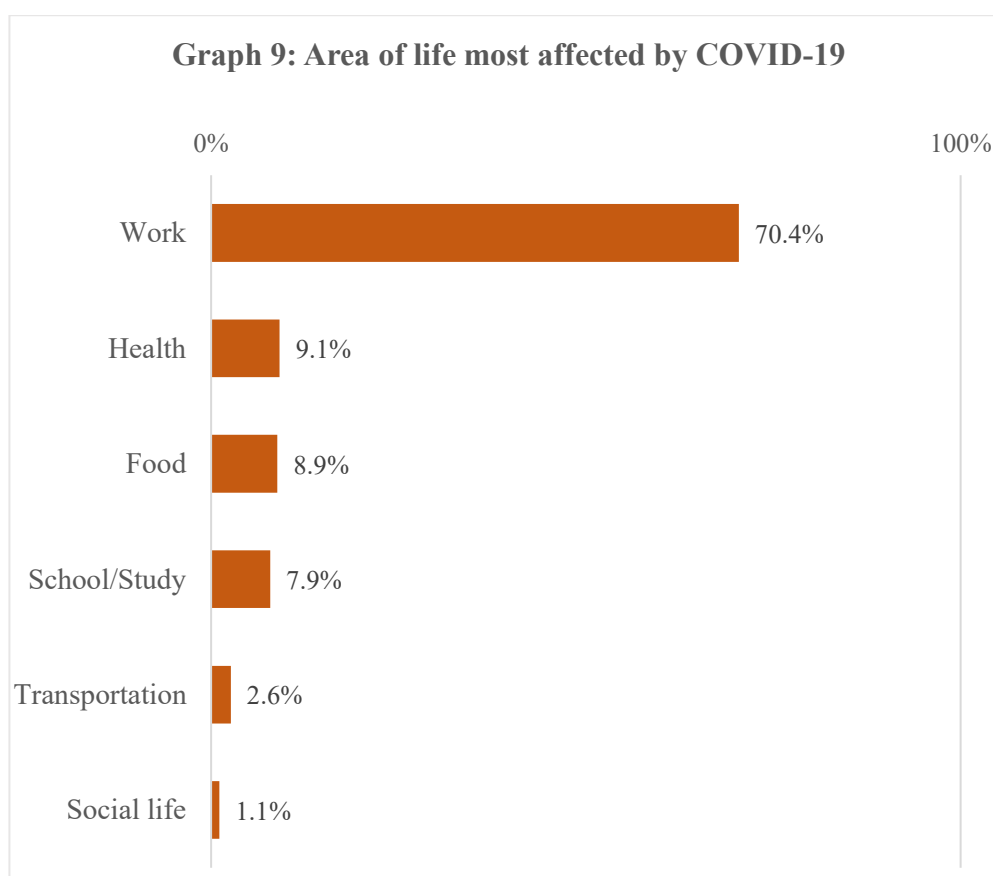
⁴⁴ Statement from a representative from IOM in Boa Vista, obtained during interview in September 2020

⁴⁵ Statement from a representative from UNICEF in Boa Vista, obtained during interview in September 2020

⁴⁶ Statement from the nutritionist responsible for the hot meals in Boa Vista, obtained during interview in September 2020

⁴⁷ <https://www1.folha.uol.com.br/mundo/2020/09/imigrantes-perdem-emprego-na-pandemia-mas-maioria-quer-ficar-no-brasil.shtml> – accessed on October 15, 2020

unemployed and the ADRA card program has been our only survival.”⁴⁸ And this statement is complemented by another beneficiary: “before, I was cleaning and also working selling handicrafts and I was still able to send something to my family members who live there in Venezuela. Now, with the pandemic, I lost my job and the crafts I do are kept here in my house because I have no one to sell to, what makes me survive and eat is the money from the Sodexo card.”⁴⁹



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

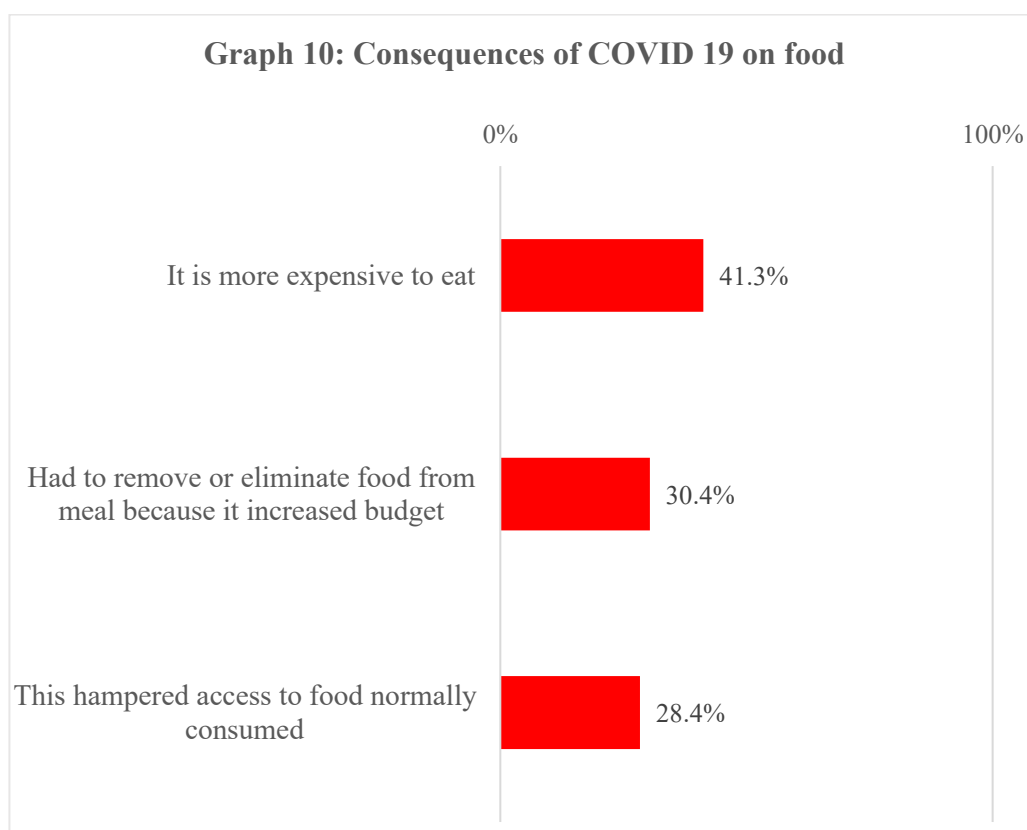
As already discussed in the analysis of the FCS indicator (item 2.3), it is considered by 9 out of 10 beneficiaries that there was an increase in the cost of food due to the pandemic.

Among these, the biggest consequence of covid-19 was increase in food expenses, followed by the need to eliminate certain foods from meals to suit the household's budget.

There was a perception of an increase in the cost of food due to the pandemic by 94.3% of beneficiaries.

⁴⁸ Roraima, Boa Vista beneficiary's statement collected at a virtual focus group in October 2020

⁴⁹ Roraima, Boa Vista beneficiary's statement collected at a virtual focus group in October 2020



Source: Designed by the consultant from the result of the quantitative research (2020)
Sample= responses (1219).

With these graphs above, it can be said that the FCS and HHS indicators could have had better performance and evolution, reaching better results in this final assessment if the pandemic had not occurred. Most respondents (90%) did not perceive a shortage of food in the local market due to covid-19.

Almost all respondents said they had hygiene and protection products against covid-19 at home, such as hand soap (96,9%), face protection masks (95,9%), alcohol gel hand sanitizer (94%), hand sanitizer and bleach or disinfectants (92,4%). The exception was disposable gloves, present in less than 20% of households.

IV. CONCLUSIONS AND RECOMMENDATIONS

In the baseline report of the SAV-Ex program it was quoted that “the old Roraima of the riches of the mines today is a metaphor out of place with the arrival of a huge population of Venezuelan migrants (men, women, the elderly, children, the sick) who arrive full of pain, the main one being: HUNGER.”⁵⁰

⁵⁰ Adra Brasil. Baseline Report. Seguridad Alimentaria para Venezolanos Extendida. Brasília. February, 2020

From the moment of the baseline survey until now it has been nine months and in this period the world faced an even more serious problem, which is the Covid-19 pandemic. One of the areas most affected by the pandemic is food and nutrition security and in the face of such challenges is the first question: what would be of this group of Venezuelan migrants without the SAV-Ex program? There are many statements from beneficiaries who declare total satisfaction with the program and that without SAV-Ex they would not have the slightest condition of life and would face two challenges today: hunger and the pandemic.

It can be assessed that now more than ever the program was of vital importance, as it is cultural for this group of beneficiaries to end up returning to their country when they do not get a better life in Brazil. However, due to the pandemic the border of Brazil with Venezuela has been closed. As a result, these people were destined to live in total social vulnerability and with a high level of food and nutritional insecurity.

The SAV-Ex program has managed to advance a lot in relation to several of its indicators, as well as making food viable as one of the ways of reducing poverty, and thus enabling people to have the most basic needs guaranteed and focus on reaching other needs. It was a project that had most of its implementation in an atypical period, since more than half of the time was carried out in the middle of a pandemic. Despite this huge challenge, it managed to achieve a significant number of its indicators and with that it can be concluded that it was implemented with quality and efficiency.

The SAV-Ex program can be said to have had a relevance in terms of providing its beneficiaries with improved food and nutritional security situation and reduced social vulnerability. It has also managed to provide Venezuelan migrants with dignity and respect to have a human right to an adequate and healthy diet.

One of the lessons learned in this project and which can be considered positive is related to the internal partnership between two projects carried out by ADRA: the SAV-Ex program and the SWAN program.

For beneficiaries of the SWAN Program who were interiorized, the distribution of food vouchers for three months was an aid of great importance, as families were able to have support to purchase food items at the beginning of their settlement. In addition, the dialogue between programs is extremely important to create a culture of partnership and exchange of experiences between the teams, thereby generating cost savings.

According to the SWAN program coordinator, this partnership “was something very beneficial in the sense that SAV-Ex came to meet the food security sector needs. I even see that the food situation is above the need for hygiene items. As we had several beneficiaries interiorized, this partnership was very important. It even made our beneficiaries use the hygiene vouchers appropriately since they had secured the resource for food.”⁵¹

The integration of these two projects was very important so that the interiorized beneficiaries could for a period of three initial months, when they arrived in a new city, have access and support to acquire the food necessary for their survival. This integration experience is considered by many United Nations agencies that accompany programs with a focus on migrants as very successful. Having access to resources and a support network to acquire food is essential, as interiorizing is not necessarily a guarantee that the person will adapt.

⁵¹ Program Coordinator SWNA statement collected at a virtual focus group in October 2020

Some challenges were identified in the project, such as the need for greater integration with other programs and interventions that also work in the area of food and nutrition security. A dialogue in this sense will be very valid in terms of joint learning.

For the beneficiaries who live in the municipality of Iracema, despite being a city with a lower cost of living, they were unfortunately unable to purchase food in the local commerce, and ended up having a higher expense, as they had to move to the neighboring municipality, causing, obviously, extra expenses, aggravating their situation. This had already been diagnosed in the baseline and now in the final assessment, the subject was again raised by the beneficiaries. At this point in the final assessment, the situation became even more critical and this is demonstrated by the systematization of statements from beneficiaries: “in this pandemic moment, as we were not always able to do as before, because now we could not bring four or five families together as we always did, because we couldn’t all go in one car and risk contamination by Covid-19.”

It is a program that is currently fundamental since many of the beneficiaries have lost jobs and today this is the only benefit, they have to survive.

Based on this final evaluation, we present below a set of suggestions that we consider important for the effective guarantee of food security in new programs or interventions for this purpose with vulnerable groups such as Venezuelan migrants:

1. SUGGESTION TO IMPROVE THE SET OF PROJECT INDICATORS

We propose that for the next interventions, it is vital to institutionalize mechanisms for systematic monitoring of food consumption, with a focus on the effective food security of the participants, as well as to create mobilization instruments with the beneficiaries of the project and that it be truly effective and efficient. in order to provide families with food consumption that is truly focused on food security and the human right to food and adequate nutrition.

With this final assessment, it is clear that the sole use of pamphlets and, during the pandemic, dissemination of informative cards via WhatsApp, demonstrated that these information tools are not yet sufficient to sensitize beneficiaries to greater consumption of nutritious foods such as fruits and vegetables and thereby achieving the planned targets of program indicators, such as the Food Consumption Score.

Thus, it is suggested that the creation of manuals be supported and that they be published on a virtual platform with a food security section. In this section, there could be guidelines that include:

1. Guidance for the full use of food with recipes that are preferably linked to the food and cultural habits of program beneficiaries;
2. Incentive guides for the cultivation of vegetables and legumes that have easy and quick crops with a focus on urban and peri-urban agriculture;
3. Educational materials on nutrition and adequate and healthy food;
4. Healthy cooking guides;
5. Guide to Brazilian foods that can be used in typical Venezuelan cuisine;
6. Guiding seasonal calendar indicating the periods (months) of fruits, vegetables and legumes production that are mostly produced in the State of Roraima such as: banana, orange, watermelon, pineapple, mango, lemon and coconut; as these are cheaper in the period in which they are produced. This would encourage a diversification of food intake and an adequate and healthy diet;

7. Sharing of information on prices and supermarkets that provide more affordable food items.

2. SUGGESTIONS FOR THE HOT MEALS DISTRIBUTION

1. Hiring a collaborator/ staff member to accompany hot meals and to articulate with local leaders and prepare the place for the distribution;
2. Training of employees and volunteers who work in logistics, space organization and food distributions to improve service provision;
3. Develop an efficient control for the distribution of hot meals;
4. Improvement in the space where food is distributed;
5. Training of volunteers in serving techniques and in the amount of food to be served;
6. Reinforce procedures for the importance of hand washing, as it was observed that Venezuelans do not sanitize their hands prior to food distribution;
7. Need to use technology to control how many people have to eat as currently this is done manually. For example, using a beneficiary flow control application or software.

3. SUGGESTIONS FOR FOOD SECURITY INTERVENTIONS

1. Professionalization of the nutrition team focused on DHANA;
2. Interact with other organizations that work with food security projects and initiatives and that have experience with urban and peri-urban agriculture and that can support the project with possible partnerships for the training of beneficiaries in vegetable cultivation techniques that produce quick and easy crops, similar to the experience of one program beneficiary illustrated in annex 8.
3. Encourage the consumption of fruits, vegetables and food produced in the State of Roraima:
4. That the food security programs dialogue with other policies, such as health, social assistance, agriculture that are being implemented by other organizations;
5. Promote effective articulation with the social protection network, such as the National Food and Nutrition Security System, with the Unified Social Assistance System and Unified Health System, and from there identify issues that can be supported and articulated by governmental organizations with the beneficiaries of the program, as well as supporting possible beneficiaries who have chronic diseases, women victims of violence and LGBTQIA + population.

ANNEXES

ANNEX 01 – KEY INDICATORS IDENTIFIED AT ENDLINE

Number	Indicator	Desired Direction	Disaggregated	Endline
		(+/-)		
Program Goal: To reduce food insecurity for vulnerable Venezuelan migrants in Boa Vista, Brazil.				
PURPOSE: IMPROVED FOOD ACCESS AND UTILIZATION FOR VULNERABLE INDIVIDUALS.				
Indicator 1:	Prevalence of households with moderate or severe hunger (Household Hunger Scale) HHS.	(-)	TOTAL	
			Moderate	21,6%
			Severe	1,5%
			FNM	
			Moderate	21,1%
			Severe	1,6%
			MNF	
Moderate	10,9%			
Severe	0			
M&F				
Moderate	23%			
Severe	1,7%			
CNA				
				-
Indicator 2:	Mean Reduced Coping Strategy Index (disaggregated by HH composition: FNM, MNF, M&F, CNA).	(-)	TOTAL	17,3
			FNM	17,4
			MNF	15,6
			M&F	17,3

			CNA	-
Outcome 1: Improved dietary intake of 18,500 vulnerable individuals.				
Indicator 1	Percentage of households with poor, borderline, and adequate Food Consumption Score (disaggregated by HH composition: FNM, MNF, M&F, CNA).	(+)	TOTAL	
			Acceptable	70,7%
			Borderline	9,1%
			Poor	20,2%
			FNM	
			Acceptable	67,2%
			Borderline	10,2%
			Poor	22,7%
			MNF	
			Acceptable	76,4%
			Borderline	7,3%
			Poor	16,4%
			M&F	
Acceptable	70,9%			
Borderline	9,1%			
Poor	20%			
			CNA	-

ANNEX 02 - QUANTATIVE ASSESSMENT INSTRUMENT



Seguridad Alimentaria para Venezolanos - Extendida (SAVE-Ex)

End Line Survey

SEPTIEMBRE 2020

INFORMACIÓN DEL ENTREVISTADOR

Enumerador: _____

Distrito: _____

Ciudad/pueblo: _____

Número de contacto: _____

Fecha: _____
(día/mes/año)

Tiempo que dura la encuesta:

Tiempo de inicio (hora)	Tiempo de finalización (hora)

Hola. Mi nombre es _____ y trabajo para ADRA Brasil.

"Ahora me gustaría hacerle algunas preguntas para obtener algunas informaciones generales".

A. DEMOGRAFÍA DEL HOGAR

Nombre y apellido: _____		
Sexo: _____		
Edad: _____		
Número de cédula: _____		
Dirección: _____		
Número de teléfono: _____		
Es usted jefe/a de hogar? (Si responde no, haga las preguntas de promoción de la higiene)		
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">1. Sí</td> <td style="padding: 2px 10px;">2. No</td> </tr> </table>	1. Sí	2. No
1. Sí	2. No	

¿Cuál es el número de personas que viven con usted?	Edad de las personas.	Total Masculinos	Total Femeninas
	0-5 Años		
	6-10 Años		
	11-20 Años		
	21-30 Años		
	31-40 Años		
	41-50 Años		
	51-60 Años		
	+60 Años		

Me gustaría hacer algunas preguntas sobre la alimentación en su hogar durante los últimos 7 días. (desagregado por el sexo del jefe de familia)

C. INDICE DE ESTRATEGIAS DE SUPERVIVENCIA

N°	En los últimos 7 días, si ha habido momentos en los que no tenía suficiente comida o dinero para comprar alimentos, con qué frecuencia su hogar tuvo que:	Puntuación sin procesar	Peso universal de la severidad	Puntuación ponderada = Frecuencia X peso
	Puntaje de frecuencia relativa			
9	¿Depender de alimentos menos preferidos y menos costosos?		1	
10	¿Pedir comida prestada o depender de la ayuda de un amigo o pariente?		2	
11	Limitar el tamaño de la porción a la hora de comer		1	
12	¿Restringir el consumo de los adultos para que los niños pequeños coman?		3	
13	¿Reducir el número de comidas consumidas en un día?		1	
	PUNTUACIÓN TOTAL DEL HOGAR- CSI reducido		Sumar los totales de cada estrategia individual	

Me gustaría preguntarle sobre la situación alimentaria en su hogar durante el último mes.

C. ESCALA DE HAMBRE EN EL HOGAR

N°	PREGUNTAS Y FILTROS	CÓDIGO DE RESPUESTA	Notas
15	En el último mes, ¿hubo un día en el que no había comida para comer?	<input type="checkbox"/> 1. Sí <input type="checkbox"/> 2. No	Sino, vaya a la pregunta 17
16	¿Con qué frecuencia sucedió esto en el último mes?	<input type="checkbox"/> 1. Rara vez (1-2 veces) <input type="checkbox"/> 2. A veces (3-10 veces) <input type="checkbox"/> 3. A menudo (más de 10 veces)	
17	En el último mes, ¿usted o algún miembro de su hogar se fue a dormir por la noche con hambre porque no había suficiente comida?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Sino, vaya a la pregunta 19

18	¿Con qué frecuencia sucedió esto en el último mes?	<input type="checkbox"/> 1. Rara vez (1-2 veces) <input type="checkbox"/> 2. A veces (3-10 veces) <input type="checkbox"/> 3. A menudo (más de 10 veces)	
19	En el último mes, ¿pasaron usted o algún miembro de su familia un día y una noche sin comer nada porque no había suficiente comida?	<input type="checkbox"/> 1. Sí <input type="checkbox"/> 2. No	<i>Sino, vaya a la pregunta de promedio de consumición de alimentos</i>
20	¿Con qué frecuencia sucedió esto en el último mes?	<input type="checkbox"/> 1. Rara vez (1-2 veces) <input type="checkbox"/> 2. A veces (3-10 veces) <input type="checkbox"/> 3. A menudo (más de 10 veces)	

D. CONSUMO PROMEDIO DE ALIMENTOS

Me gustaría preguntarle sobre los diferentes alimentos que los miembros de su hogar han comido en las últimos 7 días (para cada alimento, pregunte cuál fue la fuente primaria donde obtuvo cada alimento que se consumió en los últimos 7 días , así como la segunda fuente principal de alimento, si corresponde)				
5.	Alimento	DÍAS alimentos consumidos en los últimos 7 días.	Fuentes de alimentos (ver códigos a continuación)	
			Primario	Secundario
5.1	Alimentos básicos(maíz, arroz, sorgo, otros cereales; tubérculos; plátano verde)			
5.2	Leguminosas y nueces (frijoles, arvejas, maní y otras nueces)			
5.3	Verduras (verduras y hojas)			
5.4	Frutas			
5.5	Carne /pescado (res, chivo, pollo, cerdo, huevos y pescado).			
5.6	Leche (leche, yogurt y otros productos lácteos)			
5.7	Azúcar (azúcar y otros productos de azúcar, miel).			

5.8	Aceite (aceites, grasas o mantequilla)			
5.9	Condimentos			

Códigos fuente de los alimentos:

Fuentes	Código
Comprado	1
Producido en el hogar	2
Por intercambio	3
Prestado	4
Regalado	5
Ayuda Alimentaria – Cartão SODEXO – Cartão da Caritas, Cesta Básica	6
Otra fuente (Especifique)	7

6. COVID-19

6.1. Usted o alguien de su familia ha sido infectado por Covid-19

1. () Si 2. () No

6.2. En su opinión, ¿qué área de su vida y de su familia fue más afectado por el COVID-19?

1. () Trabajo
2. () Educación
3. () Salud
4. () Transporte
5. () Sociabilidad

6.3 ¿Notas un aumento en el costo de la comida?

1. () Si 2. () No - Si no sigue para la pregunta 6.4

Se si:

1. () es más caro comer
2. () esto obstaculizó su acceso a los alimentos que consumía normalmente
3. () tuvo que sacar o eliminar alimentos de su comida porque aumentaba mucho su presupuesto

6.4. ¿Hubo alguna vez escasez de alimentos en el comercio local durante la pandemia?

1. () Sí 2. () No

Si sí: Cuáles alimentos?

1. () vegetales
2. () frutas
3. () carnes
4. () alimentos básicos
5. () leche

6.5. CUALES DE ESTOS PRODUCTOS TUVO O TIENE EN SU HOGAR EN LOS ÚLTIMOS 7 DÍAS: (TIENE QUE RESPONDER A TODAS. HAGA (1) SI (0) NO

- 1. Alcohol 70% o más (gel o liquido)
- 2. Jabón o detergente para las manos
- 3. Agua sanitaria o desinfectante
- 4. Máscaras faciales
- 5. Guantes desechables

ANNEX 03- QUALITATIVE ASSESSMENT INSTRUMENT

Hola Sr. /Sra.¿Cómo está? La saluda de la Consultoría IPLANVS que es contratada por la ADRA BRASIL para realizar la evaluación del Proyecto SAV-Ex.

Por causa de la pandemia la evaluación en esta ocasión será toda a distancia. Así que me gustaría contar con su participación en la respuesta de estas preguntas.

Su participación en esta evaluación virtual será de la siguiente manera: usted irá responder en formato de audio o video a las siguientes preguntas:

Siendo que, tiene que ser un audio separado para cada respuesta

NOMBRE:

CIUDAD:

1	¿Cuál es su evaluación sobre la actuación del Proyecto SAVEX en su vida y en la vida de su familia?
2	¿Cuáles son los principales alimentos que usted consume hoy? ¿Cuál porcentaje de estos alimentos son adquiridos por el proyecto SAVEX?
3	¿En este período de pandemia hubo alguna dificultad para la compra de alimentos?
4	¿Si usted no hiciera parte del proyecto SAVEX como estaría hoy su vida y la vida de sus familiares?
5	¿Si lo comparamos a otros inmigrantes venezolanos que no son beneficiarios del SAVEX, cómo usted considera su situación de seguridad alimentaria?
6	¿En algún momento desde el proyecto SAVEX, usted se quedó sin dinero para tener una alimentación saludable y diversificada?
7	¿Alguna sugerión para la mejoría del proyecto SAVEX?

Recordándole que el Proyecto Savex es aquél de la Tarjeta de Alimentación que está escrito Sodexo

ANNEX 04 – HOT MEALS DISTRIBUTION MENU

CARDÁPIO ADRA



DOMINGO	SEGUNDA FEIRA	TERÇA FEIRA	QUARTA FEIRA	QUINTA-FEIRA	SEXTA-FEIRA	SABADO
JÓQUEI CLUBE RODOVIÁRIA	JÓQUEI CLUBE RODOVIARIA	JÓQUEI CLUBE RODOVIÁRIA	JÓQUEI CLUBE RODOVIÁRIA	JÓQUEI CLUBE RODOVIÁRIA	JÓQUEI CLUBE	JOQUEI CLUBE
CAFÉ DA MANHÃ Aveia quente Fruta	CAFÉ DA MANHÃ Achocolatado Pão com manteiga Fruta	CAFÉ DA MANHÃ Aveia quente Paes Fruta	CAFÉ DA MANHÃ Suco de fruta Salgado assado (esfirra)	CAFÉ DA MANHÃ Suo de fruta Torta salgada	CAFÉ DA MANHÃ Suco de fruta Pão recheado (queijo)	CAFÉ DA MANHÃ Achocolatado Pão com manteiga Fruta
ALMOÇO Arroz branco Feijoada Salada de couve Frutas (laranja)	ALMOÇO Arroz branco Peixe ao molho Farofa vegetal Salada (pepino tomate, repolho) Frutas.	ALMOÇO Arroz com cenoura Frango com batata Feijão Salada verde Frutas	ALMOÇO Arroz simples Cozido de carne com batata Abobora cozida Salada verde Frutas	ALMOÇO Arroz colorido Peixe ao molho Farofa de cebola Salada verde Frutas	ALMOÇO Macarrão Frango desfiado com (cenoura + batata) Salada (pepino, tomate, repolho) Fruta	
	JANTAR Caldo verde Paes	JANTAR JOUEI CLUB Arepa de frango desfiado com (batata, cenoura) Suco de Frutas (RODOVIARIA) Canja de galinha Paes	JANTAR Sopa de carne Frutas	JANTAR RODOVIARIA Arepa de frango desfiado com (batata, cenoura) Suco de Frutas (JOUEI CLUB) Canja de galinha Paes		

Joelma de Souza - nutricionista

CRN - 8501

ANNEX 05 – NUTRITIONAL DISCLOSURE CARD


TODAS LAS FRUTAS RICAS EN VITAMINA C AYUDAN A FORTALECER EL SISTEMA INMUNITARIO

LOS BENEFICIOS DE LA FRUTA



PIÑA

Rico en potasio, calcio, vitamina C, betacaroteno, tiamina, B6, así como fibra soluble e insoluble.



PATILLA

Ayuda a prevenir trastornos renales, presión arterial alta, prevención del cáncer, diabetes.



NARANJA

Mejora la función del sistema inmunitario, reduce los signos del envejecimiento, protege contra el cáncer y estimula la reparación celular.



LIMÓN

Tiene elementos nutricionales como vitamina C, vitamina B6, vitamina A, vitamina E, ácido fólico, niacina, tiamina y riboflavina.



MANZANA

Ayuda a mejorar la digestión, la prevención de trastornos estomacales, cálculos biliares, estreñimiento, trastornos hepáticos.



KIWI

Una excelente fuente de vitamina C, vitamina A, ácido fólico, vitamina E y vitamina K. Tiene propiedades antioxidantes.



FRUTAS RICAS EN VITAMINA C

1**MANDARINA**

1 unidade (148g) = 165,7 mg de vitamina C

**2****GUAYABA ROJA**

1 unidade (170g) = 137 mg de vitamina C

**3****MEREY**

1 unidade (60g) = 131,5 mg de vitamina C

**4****NARANJA**

1 unidade (144g) = 81,9 mg de vitamina C



CONSUME MÁS FRUTAS!



ADRA

¿Qué alimentos ayudan al sistema inmunitario?



INMUNIDAD



El **zinc** se encuentra principalmente en cereales, oleaginosas. Ejemplo: ostras, camarones, carne, pollo, pescado, hígado, germen de trigo, nueces, harina de chí, salvado de avena, granos, tubérculos, etc.



La **vitamina C** se encuentra principalmente en vegetales y frutas crudas. Ejemplo: mango, limón, naranja, anacardo, acerola, maracuyá, kiwi, fresa, tomate, piña, papaya, mandarina, verduras (repollo, coliflor, espinacas, berros, lechuga, rúcula y pimiento verde)



La **vitamina E** se encuentra principalmente en aceites y pastas vegetales. Ejemplo: aceites vegetales, semillas oleaginosas, vegetales de hoja verde oscuro, carne, productos lácteos, aguacate, aceite de oliva, etc.



La **vitamina D** es sintetizada por nuestro cuerpo a partir de la exposición al sol. Los estudios han demostrado un riesgo reducido de infecciones respiratorias con el uso de vitamina D.

Hábitos que debemos evitar para colaborar como sistema inmunitario

Alimentos enlatados (vegetales, legumbres, jugos, etc.)

Industrializados (jugos en polvo, en caja, especias preparadas, sopas, papas fritas, galletas, helados, etc.)

Refrescos (incluidas las aguas saborizadas industrializadas).

Salchichas (jamón, salami, salchicha, mortadela, pechuga de pavo, tocino, etc.).

Bebidas alcohólicas.

Fumar.



Quédate en casa si ...

- Usted está enfermo
- Vives con alguien que esta enfermo



Concepto de inmunidad

El Sistema Inmune es la defensa que nuestro cuerpo tiene contra las bacterias y los VIRUS, capaz de enfermar a los seres humanos. La capacidad del cuerpo para protegerse de estos invasores se llama INMUNIDAD.

ANNEX 06 - PHOTOS OF VISIT TO THE HOT MEALS MEALS DISTRIBUTION





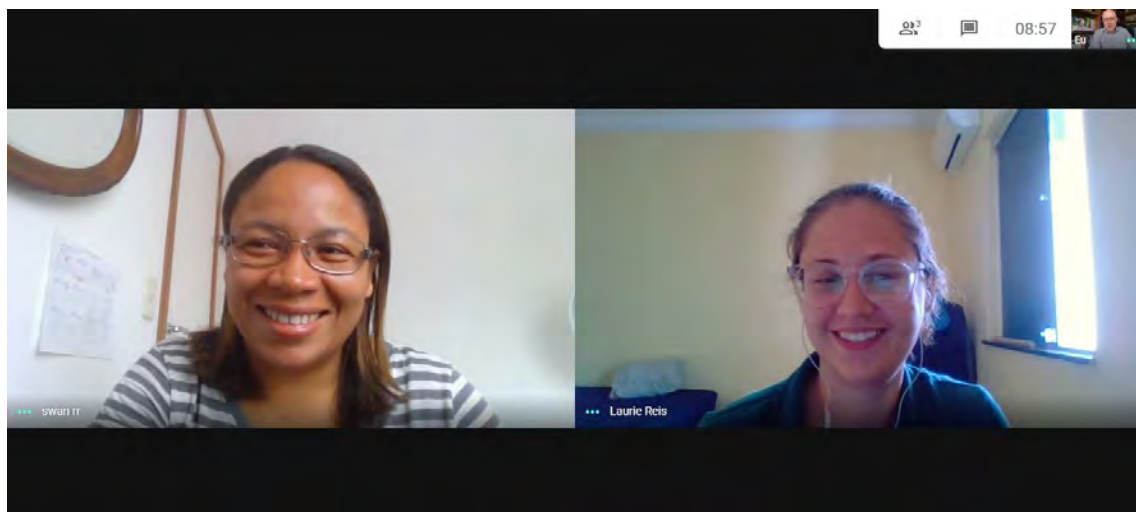
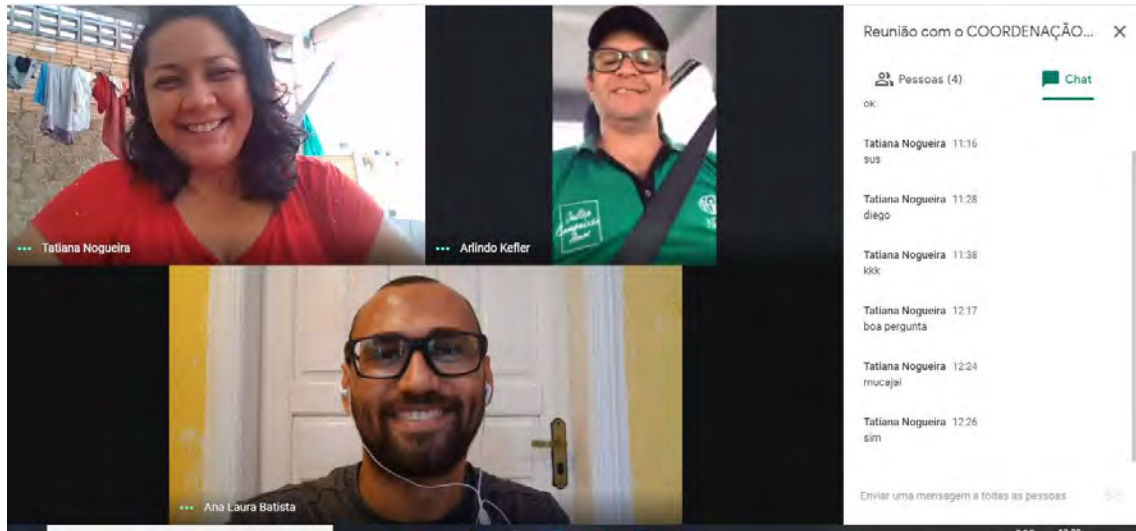


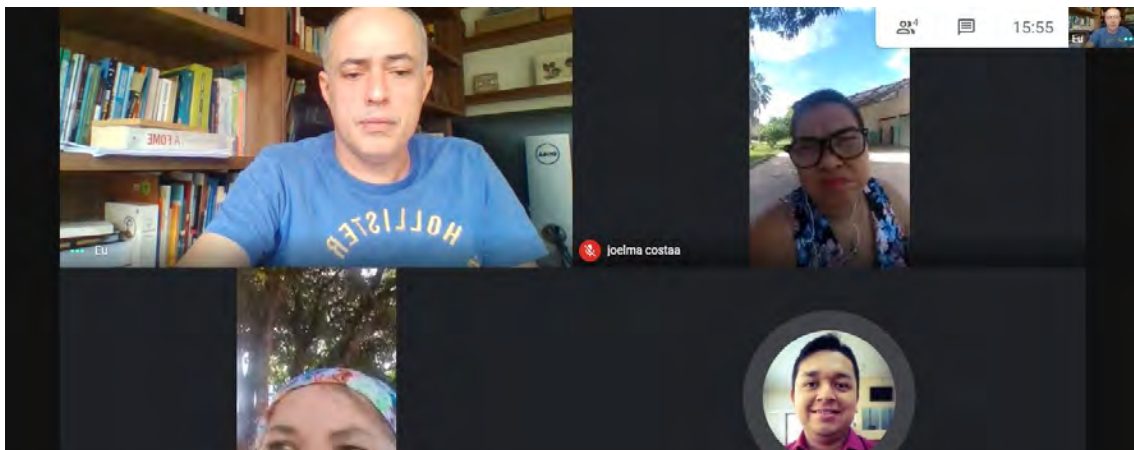


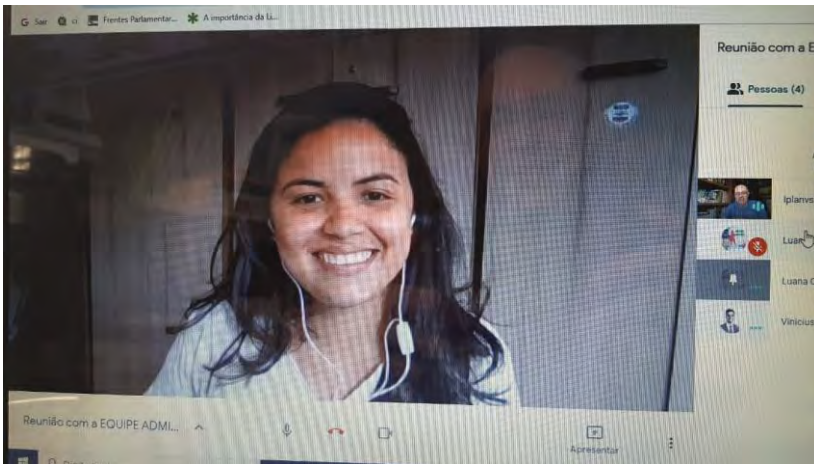


ANNEX 07 - PHOTOGRAPHIC RECORDS

PROJECT TEAMS









ANNEX 8 – ASSESSMENT TEAM

I. General Coordinator – Antonio Manoel Timbó Lima Gomes:

Taking on undertaking master's degree in Public Policies and Government Affairs by the Getulio Vargas Foundation. 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. Deputy Coordinator - Julia Marinho Rodrigues

Economist and expert in evaluation of public policies and public budget, with master's degree in political science, and she is currently undertaking a PhD. in political science at University of Brasilia. As a consultant to the United Nations Children's Fund - Unicef she evaluated experiences, studies, and research on public budget/ investment for children and adolescents in Brazil; and, mapping of bottlenecks that hinder efficient public investment. She followed, monitored, and evaluated as planning and budget analyst for the federal executive body public policies and programs related to racial equality, combating poverty, regional economy, and family farming. She was also member of the

youth, hunger, gender, and racial equality working group, and accompanied directly the programs undertaken by the National Youth Secretariat, in particular, the National youth inclusion program - *Projovem* and the programs of the National secretariat for social articulation. She also accompanied the main Permanent thematic commissions in the National Congress.

III. 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.

IV. Statistical Analysis Officers – João Francisco Rezende:

BSc in Social Sciences and MSc in Public Policy Analysis. Since 2002, he has worked in research, knowledge production and consultancy for public, private and NGO organizations, having worked in official statistical institutions, market and opinion research companies and in public administration.