



# Displaced Venezuelans Seek Refuge in Brazil

Jackeline, 25, left Venezuela for Brazil when pregnant. An artist, she worked on the welcoming mural as part of UNFPA-supported livelihood training. © UNFPA Brazil/Fabiane Guimarães

**M**ore than 4 million people have fled ongoing economic and political upheaval in Venezuela, with hundreds each day pouring into Brazil. This is the largest human displacement crisis in history for Latin America and the Caribbean. Since early 2018, UNFPA has provided direct assistance to over 9,000 Venezuelan refugees and migrants in the small northern Brazilian state of Roraima, as well as capacity building support in case management for service providers and partners. Many services are provided at a centre in Roraima where mental health and psychosocial support (MHPSS) address the stress and trauma of displacement, and services for gender-based violence (GBV) respond to the heightened risk.

[Continue reading >>](#)



© UNFPA Brazil

## STRATEGIES AND INTERVENTIONS

### **Filling the gaps in government response**

In February 2018, the Government of Brazil implemented federalized humanitarian action in response to the ongoing influx of migrants and refugees, including Operação Acolhida, which provides registration and documentation upon arrival, as well as emergency humanitarian assistance, including food and temporary shelter. The growing pressure on public services, however, has prompted backlash from local residents and the response from the Government needs to be strengthened in terms of coordination, resources and technical capacity. UNFPA has supported UNHCR and other partners in the relocation of 5,000 Venezuelans from the state of Roraima to 17 other states across Brazil.

### **Ongoing Venezuelan exodus to Brazil**

More than 180,000 Venezuelan refugees and migrants are currently in Brazil, with an average of 500 arriving daily in the northern state of Roraima. The Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V) anticipates a total influx of 240,000 Venezuelans by the end of 2019.

### **Unmet reproductive health needs add to burden of migration**

Venezuelans seeking asylum in neighbouring countries like Brazil often travel by foot or public transportation for days or weeks on end. Without access to healthcare or the ability to address basic health issues, the journey becomes even more dangerous and burdensome for migrants managing sexual and reproductive health (SRH) needs. Unfortunately, more challenges often await on the other side – including GBV.

### **Upon arrival, migrant women are at increased risk for GBV**

The stakes for the sexual and reproductive health of migrants and refugees are especially high in areas like Roraima, one of the smallest and poorest states in Brazil. GBV is widespread in the state, which has the highest reported rates of femicide and sexual violence in the country. According to data from Human Rights Watch, the 2015 femicide rate in Roraima was 11.4 femicides per 100,000 people, almost three times the national average. Across the country, Venezuelan women face widespread discrimination due to both their migrant status and gender, leading to engagement in survival sex and increased risk for experiencing sexual exploitation. Such experiences take a severe toll on mental health and psychosocial well-being.

### **Center for mental health and psychosocial support**

The Center for Conviviality and Psychosocial Care was established in cooperation with the Salvation Army in December 2018, coordinated by UNFPA in partnership with UNHCR and funding from the European Union. Located in Boa Vista, the capital city of Roraima, it provides primary mental health and psychosocial support services (MHPSS) for displaced persons and GBV survivors among women, youth, LGBTI, persons with disabilities and the elderly. The Center also provides family planning services and distributes dignity kits. To support the Center, UNFPA conducted training in case management for UN personnel, the Brazilian Armed Forces, implementing partners, health care management and field staff. This centre also works with the Immigrant Reference Center, an initiative of the Federal University of Roraima that supports documentation and referral for public services.

## UNFPA RESPONSE OBJECTIVES

### **To support populations in need in Brazil, UNFPA is working to:**

- Ensure that a protective environment is in place for displaced persons that offers medical care and psychosocial support
- Support prevention of instability by increasing resilience and building national crisis response capacity
- Decrease stigma surrounding displaced persons by promoting coexistence and better availability of basic services
- Strengthen protection for women and girls by fostering reduction of, and better quality of, response to GBV
- Improve quality of data through enhanced collection mechanisms



© UNFPA Brazil

## PROGRESS AND RESULTS

UNFPA and partners opened the psychosocial support centre in Roraima in late 2018. It provides MHPSS services including:

- social, psychological and legal counselling
- information on positive coping, the current status of the crisis, and relief efforts or available services
- materials on child protection issues or prevention of GBV
- structured individual and group educational activities to raise awareness
- development of labour market and life skills
- anti-xenophobic and community resilience-building activities
- support for communal spaces and meetings to discuss, problem-solve and organize community members to respond to the crisis
- case referrals to local assistance network and specialized centers for MHPSS and legal services

### **MHPSS during first half of 2019**

With support from UNFPA, the Center for Conviviality and Psychosocial Care assisted **5,437 people** in the first half of 2019. The Center provided **26,291 meals** as well as bathing, clothes, hygiene items or laundry services; two thirds of those who came to the Center were women living in shelters.

The breakdown of the services provided is as follows:

- **1,282 cases of psychological services** addressing major psychological issues, such as depression, anxiety, self-mutilation, low self-esteem, panic disorder or post-partum depression

- **2,985 cases of social services** such as referrals to and guidance about the health network and social service benefits
- **1,002 cases of legal counselling**, such as in cases of domestic violence, labour issues, discrimination, xenophobia, neglect, sexual violence and more
- **2,471 cases of psychosocial support** services outside of the Centre itself, especially in shelters
- **5,707 livelihood project services** such as workshops and training on handicrafts, introduction to the labour market, entrepreneurship and financial education and use of money

*“For the first time since I arrived in Brazil, I could sleep well.”*

—Jackeline, 25, the mural artist in top photo, benefitted from livelihood training

# LESSONS AND CONCLUSIONS

Due to safety issues and bureaucratic requirements, partnerships with shelters have become increasingly difficult for the psychosocial care centre. The Salvation Army has played a key role in spreading support activities from the Center to Rodoviária, a bus terminal where approximately 600 people are staying in tents provided by Operação Acolhida.

Women and girls, as well as other groups at increased risk, such as LGBTI persons or persons with physical and mental disabilities, face extra challenges and risks that require stronger protection and support. The need for assistance for pregnant women is high.

The organization of external referrals to manage the high level of demand for services, as well as the complexity of the cases themselves, has also been a challenge due to the lack of technical and human resources capacity.

The challenges to implement MHPSS are immense, as although Brazil has psychosocial care services, they are not prepared to care for survivors of gender-based violence in the context of forced displacement. Future steps include networking to complement existing services, with the aim of ensuring increased and integrated attention to women, girls, youth, LGBTI, persons with disabilities and the elderly.

In first half of 2019:



**5,437** people reached with psychosocial care



**5,707** people gained skills in livelihood workshops and training

*“It was very good in Venezuela, before. I was working and studying. It was a wonderful life. Then, the economy got worse. There was no money to buy even a bread. I thought the best choice I had was to take away my children... I have learned to act in a risk situation and to deal with panic attacks. I have learned to have self-esteem.”*

—Yennyfer, a mother of three young girls who learned healing techniques in a UNFPA-supported project

## PARTNERS AND DONORS

### **Implementing and support partners**

International Organization for Migration  
Salvation Army  
UN Women  
UNHCR

### **Donors**

European Union  
Luxemburg

## ACKNOWLEDGMENTS

UNFPA would like to thank all donors and partners who support humanitarian response. This MHPSS country example was produced in September 2019 by the UNFPA Humanitarian Office with support from Irina Bacci and Patricia Rangel.