

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

July 2019



REACH Informing more effective humanitarian action

BACKGROUND

Since early 2015, around 3 million¹ Venezuelans have left their country due to ongoing social, economic and political instability. Of those, officials estimate that over 168,357² Venezuelan asylum seekers and migrants (henceforth referred to as Persons of Concern) are living in Brazil. With the passing of time these populations have progressively dispersed into Brazilian communities across Roraima state in the north as well as in key cities around the country. The Federal Government of Brazil initiated an emergency response in April 2018 to support the state of Roraima dealing with the influx of Venezuelans across its northern border. The resulting coordination provided by Operação Acolhida has instituted a number of programmes, among which are shelters for asylum seekers and migrants, as well as a voluntary relocation initiative to help reduce the floating population in border regions.

REACH, in support of the Office of the United Nations High Commissioner for Refugees (UNHCR) and other partners, began profiling Venezuelan Persons of Concern (PoCs) in 2018 using a variety of primarily qualitative tools modelled on an Area-based Approach (ABA). In 2019, the research seeks to increase the understanding of humanitarian actors regarding the living conditions, primary needs, vulnerabilities and coping strategies of Venezuelan asylum seekers and migrants living in host communities and abrigos managed by humanitarian actors in the cities of Boa Vista, Pacaraima and Manaus city.

The focus of this research has been to conduct a socio-economic and vulnerability profiling of the Venezuelan PoC population in such a way that the results are representative of the wider population. This assessment aims to a) facilitate the identification of marked differences in socio-economic and vulnerability profiles amongst different groups of Venezuelan asylum seekers and migrants; b) indicate relevant trends, as well as challenges and opportunities for local integration and durable solutions; and c) enable informed prioritisation of humanitarian support.

This document summarises the key findings and results of the research conducted specifically in the city of Boa Vista. It is complemented by individual Situation Overviews for the cities of Pacaraima (RR) and Manaus (AM), alongside an analytical report that provides a comparative analysis between the three locations and across the different key strata that were the focus of this research cycle.

1. Available at: <https://www.unhcr.org/news/press/2018/11/5be4192b4/number-refugees-migrants-venezuela-reaches-3-million.html>

2. Available at: <https://r4v.info/es/situations/platform>

METHODOLOGY

REACH conducted primary data collection between the 16th April and 20th May 2019 in 56 of the 57 neighbourhoods³ in the city of Boa Vista as well as 7 shelters⁴ housing Venezuelan PoCs. Sampling was conducted in two ways based on whether interviews were being conducted in the shelters (abrigos) or within host community neighbourhoods across the city. In shelters, enumerators used randomly generated lists of households and interviewed residents based on the randomised sequence provided. In host community neighbourhoods, the team used randomly assigned GPS coordinates at which enumerators identified a Venezuelan household with whom to conduct an interview, within a 300m radius of the point. Enumerators conducted a maximum of two interviews per location, by asking the interviewee to point them in the direction where other Venezuelan families were known to reside - provided that they had no family members living in the direction indicated.

Sampling was stratified to ensure a representative sample of Venezuelan households at a 95% confidence level, with a 10% margin of error. Where population figures were unavailable for a given stratum, an infinite population size was assumed and used as the basis for the sample size calculation. In shelters REACH calculated the sample size proportionately based on the size of the shelter relative to the total population resident in the targeted locations.

Interviews were conducted with adult members of a randomly selected household using a structured questionnaire provided to trained enumerators via mobile devices. All mobile devices used by enumerators used KoboCollect as the default data collection tool. Once interviews were conducted and the forms were finalised by enumerators, these were uploaded to the server and deleted from the device.

3. The neighbourhood of 'Aeroporto' in Cauamé macro-area was not included as the territory only accommodates the city's airport and the Roraima university campus.

4. The seven shelters covered by this research particularly target those locations managed by UNHCR and its camp management partners.



Data in this report is complemented by information collected through semi-structured interviews with Key Informants representing (a) service providers, (b) Brazilian community leaders, and (c) Venezuelan outreach volunteers that act as liaisons between the Venezuelan PoC population and the humanitarian community.

A total of **463** households (HHs) were interviewed across Boa Vista during the research cycle. Correcting for database and sampling errors the breakdown across the strata was as follows:

Boa Vista

	Random Sample	FHH	HHwSC
Shelter	95	94	94
Host Community	97	96	96

The sample within each strata included a high enough number of Female Headed Households (FHH) and Households with School-aged Children (HHwSC) to allow for further disaggregation and generate findings generalisable to these two sub-groups at the same precision level as the representative random sample.

This household level data is complemented by a total of **22** Key Informant (KI) interviews. **13** interviews were conducted with public service managers from the health, education, and social assistance sectors. Interviewees were selected for having a ground-level knowledge of the service context facing individual service units, whilst also understanding the trends and dynamics across the city's various administrative areas (macro-area).

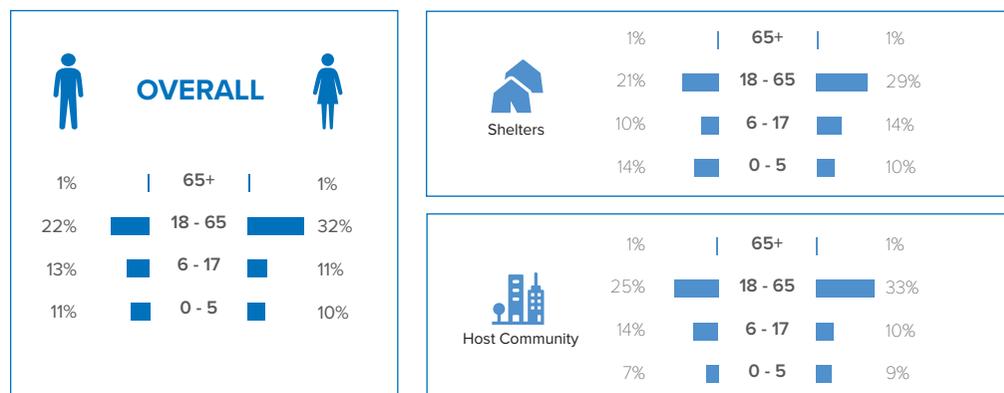
In addition **5** Brazilian community leaders and **4** Venezuelan community promoters were interviewed that represented different neighbourhoods of the city. Brazilian community leaders included presidents of active neighbourhood associations. Venezuelan community promoters were participants to the UNHCR "Outreach Programme".

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

DEMOGRAPHIC OVERVIEW

Overall, **87%** of respondents identified as female and **13%** male. Respondents had an average age of **34**. The average household size was **4,54** people per household - with very limited variation between shelter and host community households. The gender breakdown of the overall population had a **54:46** female to male ratio. **Children under the age of 17** comprised **45%** of the population, with a female to male ratio of **48:52**.

Figure 1. Demographic breakdown of the population



Respondents indicated that they had been residing in the city of Boa Vista for an average of **10** months, broken down into **7** and **12** months for those living in shelters and host community residents respectively.

Across all households, **10%** of respondents indicated having the presence of at least one member of an indigenous community within their family. This figure is significantly different between shelters, where the incidence of indigenous household members doubles to **21%**, and outside of shelters where the reported rate drops to **2%**.

Table 1. Highest educational attainment across sampled households

	Primary	Secondary	University degree	Diploma	Technical Certification	None
Boa Vista	19%	54%	17%	8%	1%	2%
Shelter	19%	57%	14%	4%	2%	4%
Host Community	19%	52%	18%	12%	0%	0%

	Primary	Secondary	University degree	Diploma	Technical Certification	None
Breakdown (FHH)						
Shelter	29%	50%	13%	3%	0%	5%
Host Community	16%	50%	26%	6%	2%	0%
Breakdown (HHwSC)						
Shelter	22%	59%	11%	2%	2%	4%
Host Community	14%	48%	27%	11%	0%	0%

HOUSING

Across the 56 assessed neighbourhoods in Boa Vista the accommodation breakdown outside of shelters showed that the majority of the population lived in **rented accommodation (70%)**, followed by **borrowed housing (23%)**, **makeshift housing (6%)** and **owned property (1%)**.



1 in 3 households in **host communities** reported an accommodation issue.



1 in 4 households in **shelters** reported a shelter issue.

The most prevalently reported issues were:



Roof Leakages 49%
Internal water leakages 20%
Sanitation issues 20%
 Overcrowding/ unsafe structures/
 lack of running water/ **11%**
 lack of electricity



Lack of ventilation 76%
Lack of electricity 24%
 Water leakages **19%**
 Sanitation issues **19%**
 Unsafe structure **10%**
 Overcrowding **5%**

Only **1 in 10** households (reported issues related to their landlord or being under the threat of eviction. **This figure changes somewhat within the sample of FHHs with 1 in 5 respondents indicating such issues.** Across FHHs sanitation issues (24%) alongside

problems with utilities i.e. electricity and water (18%) and overcrowding (12%) were much more prevalent.

\$ ECONOMIC SECURITY

3/4 of all households reported having some source of income, practised relatively equally by about 80% of men and women between the ages of 18-65. **No cases of children below the age of 17 were reported as working.** That said, the same proportion (**3/4**) of households also indicated having at least one member actively searching for employment at the time of research.

Greater differences emerge when comparing data for populations living inside vs outside of shelters. In fact the percentage of households in shelters reporting some form of income generation drops to **53%** compared to **89%** in host community contexts. Across those households that reported having some income source, **56%** of those had at least one male aged 18-65 working and **43%** had at least one woman of the same age in host community contexts, compared with **46%** and **54%** of men and women respectively within shelters.

Table 2. Typology of income source practised by households *

	Boa Vista	Shelter			Host Community		
	Overall	RS**	FHH	HHwSC	RS**	FHH	HHwSC
Formal (contracted) employment	17%	11%	6%	9%	14%	13%	17%
Self Employed	32%	57%	55%	51%	29%	28%	20%
Uncontracted (steady) employment	34%	38%	30%	36%	24%	23%	34%
Informal / day-labour	40%	32%	21%	21%	57%	39%	51%
Begging	5%	16%	18%	17%	0%	0%	0%
Other***	1%	0%	12%	2%	0%	0%	0%
Benefits	23%	27%	58%	28%	12%	15%	16%

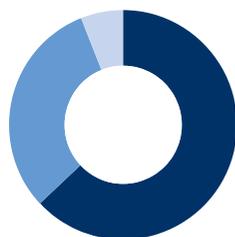
* Note that this question allowed for multiple selections where HH members were involved in different income generation activities

** Random representative Sample (RS)

*** Other income generation practices reported included: prostitution, receiving remittances from a partner outside of Brazil, and volunteering with aid agencies in shelters.

Figure 2. Consistency in income

Dependable/Frequently consistent **63%**
 Rarely consistent **31%**
 Not dependable **6%**



Overall **65%** of households that reported having access to a source of income indicated that the income stream was steady or frequently steady and **44%** indicated that they believed they could feasibly **sustain the income for the rest of the year**. This confidence was somewhat lower amongst shelter residents (**38%**) and higher amongst residents in host communities (**49%**).

Average household income across the city was reported as **652 BRL**⁵ per month (754 BRL⁶ if data given as < 100 BRL monthly is discounted). Within shelters this is significantly lower at **244 BRL**⁷ with variations of < 20 BRL across the FHH and HHwSC samples. Outside of shelters the average earnings were higher at **896 BRL**⁸ with FHH reporting a lower earning potential of **664 BRL**⁹ per month.

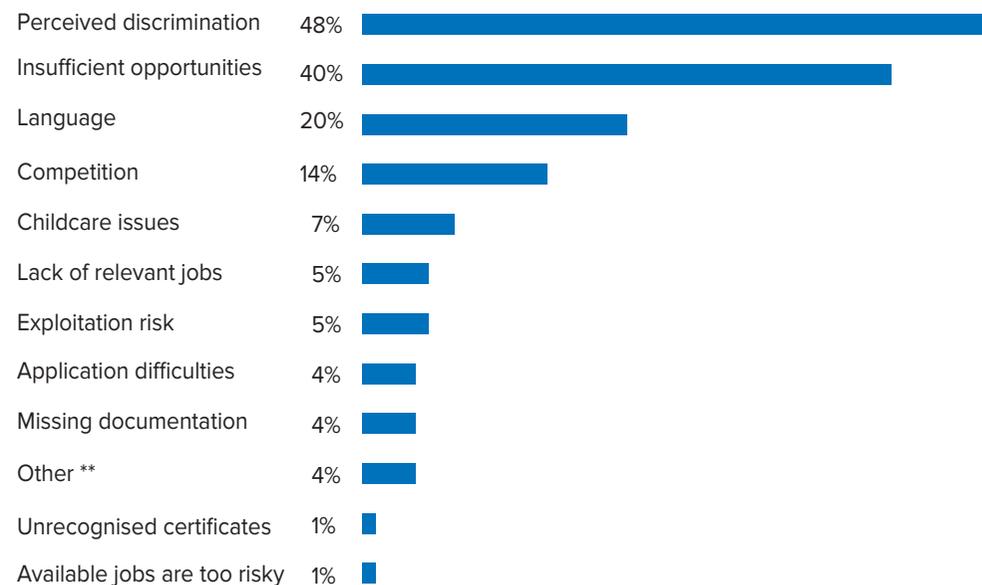
40% of respondents across the city indicated that they worked **more than 5 days per week**, however only **20%** indicated working **more than 48 hour weeks**. In turn, **89%** of respondents indicated that their **salaries were paid on time**, with the figure amongst non-shelter residents rising to **94%**. **10%** reported accidents or injury caused from their **jobs**, and less than **5%** reported perceiving behaviour they considered discriminatory or xenophobic being practiced in the workplace.

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

5. Equivalent of ca. US\$ 168 *
 6. Equivalent of ca. US\$ 195 *
 7. Equivalent of ca. US\$ 63 *
 8. Equivalent of ca. US\$ 232 *
 9. Equivalent of ca. US\$ 172 *

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

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



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

** "Other" includes physical or health limitations (reported by 1 in 2 respondents that selected 'other'), lack of capital to conduct an income generation activity, and issues with transportation to get to-and-from their place of work.

As part of the interview respondents were asked to give an overview of their monthly household costs. These broke down as follows:

Overall Average Monthly Costs:	BRL 667	(US\$ 172) ¹⁰
Shelters:	BRL 262	(US\$ 68) ¹⁰
Host Community:	BRL 915	(US\$ 236) ¹⁰

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

 Accommodation	Overall (Avg): BRL 407 (US\$ 105) ¹⁰	 Food	Overall (Avg): BRL 323 (US\$ 83) ¹⁰
Shelters:	BRL N/A	Shelters:	BRL 166 (US\$ 43) ¹⁰
Host Community:	BRL 403	Host Community:	BRL 412 (US\$ 106) ¹⁰

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

Transport

Overall (Avg): BRL 142 (US\$ 37)¹⁰
Shelters: BRL 128
Host Community: BRL 158

Communication

Overall (Avg): BRL 55 (US\$ 14)¹⁰
Shelters: BRL 50
Host Community: BRL 55

When asked about their **household debt** situation, overall **18%** of households reported being in debt at the time. In shelters the incidence of debt fell to **8%** whilst amongst households living outside of shelters the rate increased to **32%**. Incidence of debt did not vary across the strata. **Over half** of debts were **held informally with friends or family or as credit lines from shops**, and **1 in 3** households indicated **having some sort of debt with their landlord or utilities company** (primarily electricity providers). Within shelters over **88%** of households held debt with friends and family or as credit lines with shops. Reasons cited for having to take on debt are presented in the table below.

Table 3. Debt triggers reported by households

Main reasons given	Shelter			Host Community		
	RS*	FHH	HHwSC	RS*	FHH	HHwSC
Health costs	13%	14%	17%	3%	4%	0%
Education costs	13%	0%	17%	0%	0%	0%
New family arrivals	0%	0%	0%	6%	4%	7%
Birth of a child	0%	0%	0%	3%	0%	0%
Unforeseen travel	0%	0%	0%	0%	0%	0%
Rent / accommodation	0%	0%	0%	35%	40%	37%
Remittances	13%	29%	17%	3%	4%	3%
Utility bills	0%	0%	0%	23%	16%	23%
Consumer goods	13%	0%	0%	6%	12%	3%
Food	38%	43%	33%	10%	0%	13%
Household NFIs	0%	0%	0%	10%	16%	13%
Other**	13%	14%	17%	0%	4%	0%

* Representative Sample (RS)

** Other reasons given included the cost of funeral expenses and costs of getting certified documentation.

Finally, respondents were asked whether they sent remittances back to Venezuela. **1 in 4** households within shelters and **1 in 2** households outside of shelters sent back remittances. On average respondents indicated that their remittances supported **4,2** people within Venezuela.

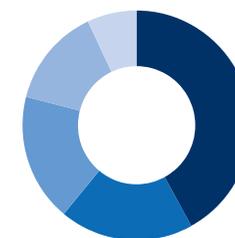
ACCESS TO SERVICES

Humanitarian Assistance

Overall **29%** of respondents indicated that their household had **received some form of charitable donation** (in the form of money, food, or non-food items) in the 30 days prior to the interview. As might be expected, this figure is much higher in shelters (**54%**) compared to residents outside of shelters where it drops to **12%**. Within shelters the degree to which households reported assistance did not vary between FHH or HHwSC. It did however vary for residents in host communities in that FHH and HHwSC were slightly more likely to have received assistance than the random representative sample.

Figure 4. Sources of support given to households

42% NGO
19% UN
18% Church groups
14% Other *
7% Unsure



* "Other" sources given included Brazilian members of the community (**63%**) and fellow Venezuelan community members (**11%**), with the remainder left unspecified.

Within shelters **76%** of households cited the **UN and NGO partners as the source of aid** they received. Whereas across the city neighbourhoods, **church groups dominate as the primary source of charitable donations (67%)**.

Social Services

46% of respondents indicated that their household had made use of social services provided by local authorities and the federal government. Amongst shelter populations this figure rises to just over **half** the population, whilst within host community contexts it drops to **1 in 3** households. The highest reported usage within shelters was by FHH (**57%**) and outside of shelters by HHwSC (**43%**).

The most popular social protection programme Venezuelan households sought to access was **Bolsa Familia** with over **96%** of households reporting visiting CRAS to enquire about the programme. Between December 2018 and April 2019, around new 1200 households were receiving the cash transfer from Bolsa Familia programme across the 7 CRAS¹¹ units in Boa Vista. Due to the higher demand, the registration service of

households, previously centralized in one facility, was spread across all CRAS units in the city. Centenário is reportedly considered the macro-area¹² with the highest number of Venezuelan users on social assistance reference centres (CRAS) given the fact that this area comprises 5 shelters.

80% of those who had sought support from social services indicated that they had not experienced any difficulties in accessing the desired programme. Amongst the **20%** who indicated having faced challenges to access services, the most prevalent issues raised included: issues related to **documentation, lack of available vacancies to meet a functionary, and problems meeting the requirements** for the desired programme / **application rejection**. Interestingly, issues related to transportation / distance to access a service unit or lack of information about how to access programmes did not feature in interviewee responses. Key informants from social assistance service units pointed out that language barriers and financial (budgetary) constraints are the most significant challenges faced in providing services to Venezuelan households.

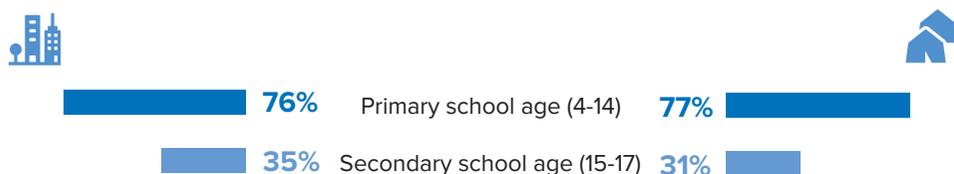
Education

Facilities managed by the municipality of Boa Vista attend children from 2 to 3 years of age (23 childcare services, known as “Casa Mãe”) and children from 4 to 11 years via a network of 62 schools across the city. Brazilian community leaders and Venezuelan KIs regularly mentioned the good quality of services provided by these schools, highlighting the access of benefits related to uniforms, school feeding and qualified professionals.

According to KIs, between January and April 2019 around new 1200 children were enrolled in municipal schools and childcare facilities. Across the entire sample of households interviewed in Boa Vista **65%** of households indicated having school-aged children (HHwSC). Within shelters **90%** of HHwSC had at least one or more of their school-aged children in school at the time of the interview compared to **73%** in host communities.

15% of HHwSC in shelters reported having at least one or more of their children not enrolled in schools compared to more than double that figure (**36%**) amongst HHwSC in host communities.

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



When asked whether HHwSC had experienced **difficulties in successfully enrolling their children** within the available educational institutions about **17%** of families in shelters indicated having faced difficulties compared to **36%** of families in host communities. Both shelter and host community residents cited the **lack of vacancies** as their primary challenge (reported in **53%** and **74%** of those households that reported difficulties respectively). Second to vacancy issues, the problem of distance in particular featured most prevalently in answers given by residents in shelters (**27%**) compared to their peers outside shelters (**9%**), whilst residents in host community settings reported facing issues with documentation (**21%**) than their shelter peers (**13%**).

Key informants from public services reported that among the strategies implemented to handle the higher demand of students in the city, many schools have had their infrastructure readapted (opening new classes and re-purposing the staffroom as a classroom, for example) and have provided Spanish training to teachers and staff members.

Health

According to KIs, a significant increase in the average number of daily patients¹³ in most of the 27 Basic Health Units (UBSs) across 6 macro-areas of Boa Vista was reported since January 2018, reportedly due to the Venezuelan influx. The percentage of households reporting having accessed health services in just 3 months prior to the interview is broken down by service as follows:

Figure 6. Health services sought by households *

	UBS / Basic Health Unit	Hospital	Abrigo Clinic	No Service Required
Shelter	57%	57%	53%	14%
Host Community	72%	54%	0%	19%

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

The primary reasons for having sought access to a health service are set out in Table 4.

11. Social Assistance Reference Centers (CRAS) provide registration services for households seeking to access social protection programmes provided by the federal government, (such as Bolsa-Família, Minha Casa Minha Vida, Benefício de Prestação Continuada, Carteira do Idoso) and programmes provided by the municipality (such as Rumo Certo, Dedo Verde, Crescer and Cabelos de Prata programmes).

12. In Boa Vista the macro-area is a municipal division created by the Prefeitura for the administration of public services. Macro-areas encompass a number of neighbourhoods. Boa Vista has a total of 7 macro-areas.

13. KIs reported that before 2018, healthcare units were attended on average by around 16 patients per day, but in the last 3 months this number has increased to around 40 users per day.

Table 4. Type of health service sought by households *

Health service	Shelter	Host Community
General medical consultation	89%	89%
Surgery	6%	5%
Pharmaceuticals	57%	51%
Family planning	5%	6%
Vaccinations	51%	38%
Pre/- Ante-natal care	2%	11%
Laboratory services	5%	11%
Medical home care	0%	0%
Dental services	2%	4%

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

Clinical care and prenatal services, followed by vaccinations and medicine distribution were considered by KIs as the primary services being requested in the majority of basic healthcare facilities in Boa Vista. As a consequence, longer waiting time for patients and lack of medicines in some UBSs were noted by Venezuelan and Brazilian key informants. In Caibé, KIs reported that users have to wait around 6 hours to be attended to, and an average of 30 to 40 people wait in waiting rooms on an average day.

Overall, less than **20%** of households indicated **facing issues in accessing the desired healthcare service**. Where difficulties were reported, the primary factors pointed overwhelmingly to **lack of availability of appointments, issues with documentation and the perception that Venezuelan patients were being discriminated against**. Complaints related to distance and lack of availability of medication were reported in a minority of cases to varying degrees.

The insufficient number of health professionals (doctors, nurses and health community agents) was mentioned by public service professionals as a key contributing factor that has led to an environment of overworking and constant work re-planning (on purchasing medical supplies, for example) as unexpected demands have arisen, especially in macroareas that host shelters.

In order to cope with increased pressure, service providers in most UBSs implemented triage and risk classification of patients, prioritizing complex cases for attendance and scheduling medical appointments for those with less complicated health cases. Information signs written in Spanish at UBSs were also reported as a strategy that facilitated better access for Venezuelans asylum seekers and migrants to basic

healthcare facilities.

The most regularly reported difficulties reported by public health managers in relation to attending Venezuelan patients were the issues of: (a) language; which hinders communication with patients; and (2) the frequent cases of interrupted treatments whereby patients stop treatment without advance notice, especially problematic in the case of complex diseases such as tuberculosis and syphilis, as asylum seekers and migrants are likely to change address constantly to different neighbourhoods or cities.

Across the population **14** households (**7%**) indicated **having a member of their household with a mental disability**. **57%** indicated that their household member **was receiving the necessary care and support** required by their condition - a figure that didn't vary across populations living in abrigos and host community contexts.

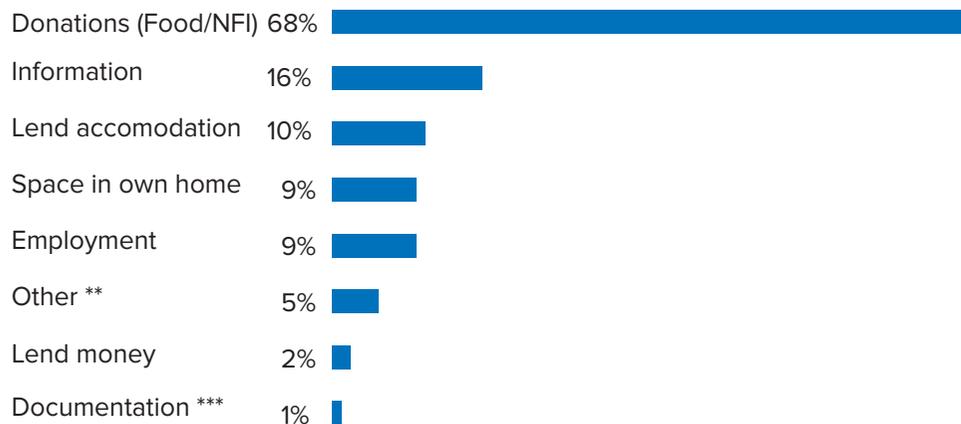
This figure rose to **9%** of households (**17**) with members **having a physical disability**, whilst only **25%** indicated that their household member **was receiving the necessary care and support** required by their condition.

PEACEFUL COEXISTENCE

Respondents were asked if they had received any kind of support by neighbours or other members of their community. About **1 in 3** households overall indicated having been supported by their community, with this figure dropping to **1 in 4** amongst shelter residents.

The process of integration of Venezuelan asylum seekers and migrants was characterized as “normal” by KIs in the majority of assessed neighbourhoods. In Cauamé neighbourhood for example KIs noted that some shop owners allow Venezuelans to informally sell their products; facilitating economic opportunities for Venezuelan arrivals. Also, neighbourhood associations from Cauamé and Asa Branca reportedly offered residential space to newly arrived Venezuelan households.

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

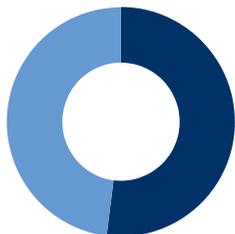


* Note that this question allowed for multiple selections if HHs mentioned more than one form of support.

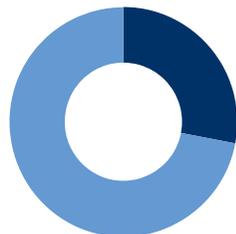
** Other forms of support noted included medicines and water.

*** Documentation refers to support given to help households complete any forms and registration processes required to receive the paperwork needed (employment papers, residence papers, etc.)

Figure 8. Engagement with local community



52% of residents in host communities considered that they engaged with the local community



28% of shelter residents considered that they engaged with the local community

The primary means by which respondents considered that they participated in the local community included participation in **religious activities / events (50%)**, **volunteering (27%)**, and participation in **recreational / cultural (19%)** and **sporting events (11%)**.

In the majority of KIs with Venezuelan community promoters, unemployment was recorded as perhaps the most significant and persistent challenge posed to peaceful coexistence in Boa Vista. Language barriers and communication with local residents (developed through classes and workshops) were highlighted by Venezuelan KIs as two of the most important strategies that could support their independence and integration.

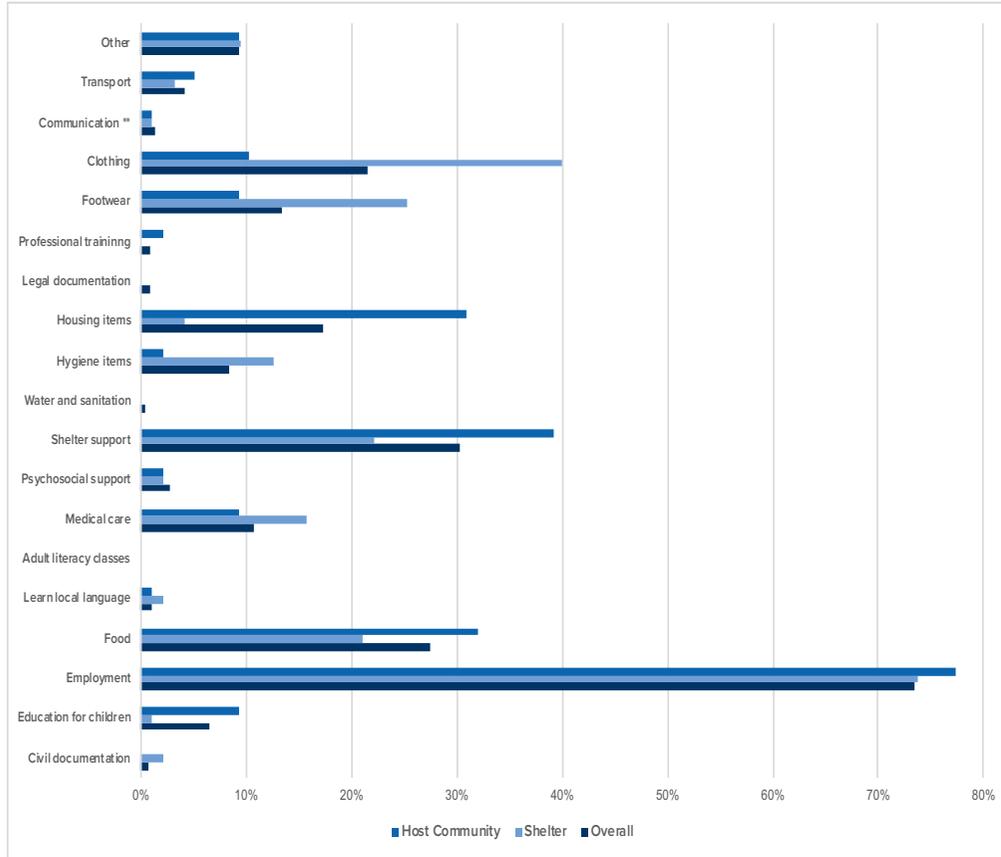
Additionally, respondents were presented with a scenario in which the situation in Venezuela had improved and the opportunity to return to their country were present to them; would they return? In response, overall **54%** of respondents indicated that they would likely remain in Brazil nonetheless, with reasons given including considerations regarding employment, access to services, the presence of family members in the country and the fact that they would first want to wait and see how the situation in Venezuela would develop in the longer-term, before making any decision to return. Amongst the **46%** who indicated that they would take the opportunity to return, reasons given included that they had always anticipated their return once the situation had improved (their displacement to Brazil was intended to be temporary in nature), the presence of family members back home, return to their previous employment and lower costs of living in Venezuela.

PRIORITY NEEDS

When asked to identify primary needs, households mentioned employment (**73%**), accomodation (**30%**) and food (**27%**) as their most important needs. Only **2%** of households indicated having no urgent needs. Other needs mentioned included financial support and support for interiorization - with both respectively selected by **16%** of those who responded with 'Other'.

Key informants were asked what could be done to improve the humanitarian response in Boa Vista. Among the suggestions, they noted the importance of stregthening the basic healthcare facilities in shelters, as many residents of shelters could treat basic and non-urgent cases within abrigos; thereby reducing the pressure on local public services. Other KIs mentioned that the humanitarian response should include in its programmes, projects or activities that could include direct benefits to host community members, especially those with lower income level. Local awareness campaigns about the Venezuelan influx was also reported as a suggestion by KIs as a way to sensitise residents of the city.

Figure 9. Priority household needs *



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

** Communication refers to support with telecommunications (mobile phones, internet) as households mention the need to maintain communication with their family members in other locations (including back in Venezuela).

*** Other needs focused primarily on financial (cash) support and support for interiorisation or return to Venezuela.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).