

Profiling Venezuelan Refugees and Migrants in the Dominican Republic

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DISCUSSION
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DISCUSSION PAPER

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KEY MESSAGES

Understanding the characteristics of Venezuelan refugees and migrants in the Dominican Republic (DR) is key to informing appropriate policy responses, such as the most recent regularization program. More than seven million Venezuelans have left their country, and more than six million reside in Latin America and the Caribbean (LAC). The DR hosts the largest number of Venezuelans in the Caribbean region (116,000 according to R4V). To address the irregular status of most of them, the DR has recently implemented a normalization program, the *Plan de Normalización de Migrantes Venezolanos* (Plan to Normalize Venezuelan Migrants, PNV).

This profile aims to fill a fundamental information gap by providing a detailed review of Venezuelans' characteristics to inform a larger project that will assess the impact of the normalization program. Using a respondent-driven sampling approach to cover hard-to-reach populations, we conducted a baseline survey of 1,390 individuals between December 2021 and January 2022. The overall goal is to follow these individuals and their household members across three distinct survey rounds, looking at the outcomes of beneficiaries relative to non-beneficiaries over time.

Venezuelans in the DR are generally young, interested in applying to the normalization program, and motivated by potential employment opportunities. Most respondents in the sample are between 20 and 35 years of age and tend to live in small households. The

majority expressed an interest in applying for the normalization plan if they had not already applied, with many having started the process by the time of the survey (91%). Employment is mentioned as one of the top reasons for applying, with most reporting a desire to remain in the DR in the long term.

The level of education of Venezuelan refugees and migrants in the DR is high compared to the local population. The proportion of Venezuelans with at least a bachelor's degree is around seven percentage points higher than that of the local population. This is consistent with evidence that suggests that Venezuelans who have the resources to travel to more distant countries, with better perceived economic opportunities, are more qualified than Venezuelans who migrate to neighboring countries. However, a significant limitation for high-skilled individuals is the inability to certify their qualifications and competencies.

Increasing the quality of Venezuelans' employment in the DR is crucial. The employment rate for Venezuelans is higher than that of the local population. However, most refugees and migrants do not have formal contracts or access to health benefits, and none contribute to a pension fund. Most Venezuelans who report having experienced discrimination pointed out that it occurred at work.

While access to essential services appears widespread, health service usage is a concern. Most Venezuelan children attend an education

center, and most of the respondents report having received health care when it was necessary. However, around 33% of children do not have their complete vaccination schedule, and approximately 67% of pregnant women have not attended regular check-ups. Another concern is mental health, as many Venezuelans suffer from anxiety, irritability, depression, and insomnia.

Venezuelans have dense social networks in the DR. They rely on these networks for insurance and job opportunities.

Most Venezuelans report getting jobs through their Venezuelan friends and family and depending on them during periods of scarcity. But social integration in the country is complex. Although Venezuelans feel close to Dominican nationals, some of them report experiencing prejudices, most often at the workplace, on public transport, and when they must resort to government offices. However, this does not result in lower trust, as Venezuelans trust Dominicans almost as much as they trust their conationals. Religious organizations are also often cited as the most trustworthy institutions, which could be helpful for strategies that aim at spreading different types of information and resources to Venezuelan refugees and migrants.

Although the normalization program has the potential to benefit many Venezuelans, it may exclude the most vulnerable among them.

Various aspects of the program may systematically exclude the most vulnerable. First, to complete the normalization process, Venezuelans must pay two administrative fees and travel twice to Santo Domingo. Second, applications to the program are processed individually and cannot be processed as part of a family, which may delay the regularization of family members in large families. Also,

children born in the Dominican Republic whose parents are enrolled in the normalization plan are not able to obtain the same benefits. Third, individuals only qualify for the regularization program if they entered the country legally and during a specific period (January 2014 - March 2020). Since a visa requirement was introduced in 2019, some individuals will not be able to regularize their migratory status, either because they entered the country irregularly or because they entered the country after March 2020. Furthermore, Venezuelans who applied for refugee status in the Dominican Republic were required to resign their application to continue with the normalization plan.

INTRODUCTION

The Dominican Republic (DR) is a significant destination for Venezuelan refugees and migrants. Currently, it hosts the highest number of Venezuelans in the Caribbean region, with an estimated 116,000 residing in the country, about one percent of its population (R4V, 2023). Venezuelans have added to a complex migration landscape in the DR, where more than 500,000 Haitian immigrants reside (ENI, 2017).

Many Venezuelans in the DR do not have a regular migration status, especially after the government imposed a tourism visa requirement in 2019 for individuals of this nationality, reducing the chances of entering and staying legally in the country¹. The change in government in 2020, however, brought about a significant opportunity to normalize the status of many. The *Plan de Normalización de Migrantes Venezolanos* (Program to Normalize Venezuelan Migrants, PNV) allows those who entered the country legally between January 2014 and March 2020 to gain temporary protection through a 60-day extension of their stay. Eligible individuals, who were granted the extension, can then apply for a one-year temporary work or student visa.

The PNV represents an important milestone towards normalizing a population with skills that can contribute to the Dominican Republic's economy. By granting Venezuelan refugees and migrants a work permit, the PNV has the potential to reduce labor misallocation and promote deeper integration into domestic labor markets (ILO, 2020). In turn, Venezuelans' better

socioeconomic integration may raise productivity and increase economic growth (IMF, 2023).

As part of a larger project that seeks to understand the impact of the normalization program over time, this baseline profile aims to characterize the Venezuelan population in the DR that is eligible to benefit from the PNV. The report explores the conditions in which Venezuelan refugees and migrants arrived in the DR, the structure of their families, their human capital, and their employment status. It also identifies potential bottlenecks that impede access to the normalization program and provides insights into the benefits Venezuelans could bring about for the DR and how the program could facilitate their integration.

There are broadly three steps involved in the registration for the PNV, which formally started on April 12, 2021, after which Venezuelans had 30 days to register. The first step, which took place online, verified eligibility. To be eligible, applicants had to be Venezuelan nationals and have entered the country legally at a specific time. Potential beneficiaries had two additional months to register after the authorities extended the program in September 2021. According to the *R4V (2023)*, around 43,000 individuals registered for the PNV, yet only 38,000 were deemed eligible.

The second step is applying for a visa. Individuals can apply for a temporary worker or student visa. This can only be done in Santo Domingo by

1. According to *R4V (2023)*, in 2021, 114,500 Venezuelans had an irregular immigration status.

booking a photo and biometrics appointment. The visa lasts one year, during which individuals can apply for a renewable ID card. Up to January 2023, 23 625 Venezuelans have received a worker or student visa (R4V, 2023).

The last step consists of a sworn declaration of their place of employment and income, or educational establishment, which grants Venezuelan refugees and migrants an ID card (*carnet*). The ID is valid for one year and renewable for the same time. Santo Domingo is, again, the only place to obtain this ID. Up to January 2023, 20,000 ID cards have been delivered (R4V, 2023). Completing the three steps grants individuals their renewable non-resident legal status, which allows them to study or legally work in the country.

The cost of completing the legal process is significant. In the first phase, once approved, Venezuelan refugees and migrants were required to pay an administrative fee equivalent to \$115 USD per adult or a \$35 USD per child. In the second phase, participants pay \$93 USD to request a work visa, or \$52 USD to request a student visa. Finally, to receive the non-resident identification card, participants pay an administrative fee equivalent to \$50 USD².

For all its strengths, there are key challenges in the normalization program's design and implementation worth noting. First, to complete the normalization process, Venezuelans must pay three administrative fees and travel twice to Santo Domingo. For financially limited households, these costs may be too big of a burden to overcome. Second, applications to the program are processed individually and cannot be processed as part of a family,

which may delay the normalization of family members in large families and add to the financial burden due to fees applied to each member (*Ministerio de Relaciones Exteriores de la República Dominicana, 2021*). Third, individuals only qualify for the normalization program if they entered the country legally and during a specific period (January 2014 - March 2020). Since a visa requirement was introduced in 2019, some individuals will not be able to normalize their migratory status, either because they entered the country irregularly or because they entered the country after March 2020. Finally, there are supply-side factors restricting enrollment. The limited availability of appointments to complete the visa application has delayed progress for some Venezuelans.

This normalization plan for Venezuelan refugees and migrants in the Dominican Republic is not unique. Several countries across the region have implemented similar programs, including Colombia, Peru, Ecuador, Chile, and Brazil. While each program is specific to its context, we will reflect on how the Dominican Republic's normalization program compares to normalization processes in other countries as part of the larger goals of this project, to share learnings and support improved public policies across the region.

2. The administrative fees were converted using the average market representative exchange rate of 2021 (1 USD = 56.93 DOP)

METHODOLOGY

The sampling of hard-to-reach populations, like refugees and migrants, raises methodological challenges. The population of interest for this study are Venezuelans living in the DR, aged 18 and above, who arrived in the country after January 2014. Because they represent a small share of the overall population and there is no sampling frame available, we used a non-probability-based approach. In particular, we recruited participants via respondent-driven sampling (RDS), a successful methodology for obtaining reliable data from hard-to-reach populations, including migrants (Gorny and Napierała, 2016; Tyldum, 2021).

The RDS methodology aims to generate a representative sample exploiting waves of peer-to-peer recruitment and statistical adjustments to approximate random sampling. RDS begins with a small number of members from the target population, often called seeds (e.g., 3-10 Venezuelans). The seeds need not be chosen randomly but need to be diverse and well-connected. They complete an interview and refer other individuals for the second wave. The referral chain continues until the target sample size is reached. As the referral chain grows, the sample reduces its dependence on the initial seeds. This method typically uses two incentives: one for completing the survey and one for each recruited peer.

For this project, a team of ten Venezuelan enumerators chose six seeds based on their demographic characteristics, their connections

to other Venezuelans, and their potential to initiate recruitment chains. Two rounds of new seeds (three seeds in total) were added to increase variation in geographic location and migratory status. Overall, the group of seeds is diverse based on age, gender, and immigration status. The seeds completed an online self-administered survey after consent was obtained and had the opportunity to refer up to three Venezuelan refugees and migrants. All participants received \$3 USD for completing the short survey and could receive an additional \$3 USD per referral. Each referral received the same link and completed the same self-administered survey. Using this strategy, 1,390 individuals were surveyed in round

1. To learn about household dynamics, a second part of the survey asked questions about other household members, including their participation in the PNV, education, and employment. Overall, we have information for 2,965 Venezuelan nationals in the DR, including respondents and other household members. Appropriate weighting is applied throughout the analysis considering the estimated size of the Venezuelan population in the Dominican Republic (Salganik and Heckathorn, 2004).

2. PROFILE OF VENEZUELANAS IN THE DOMINICAN REPUBLIC

2.1. Normalization Plan

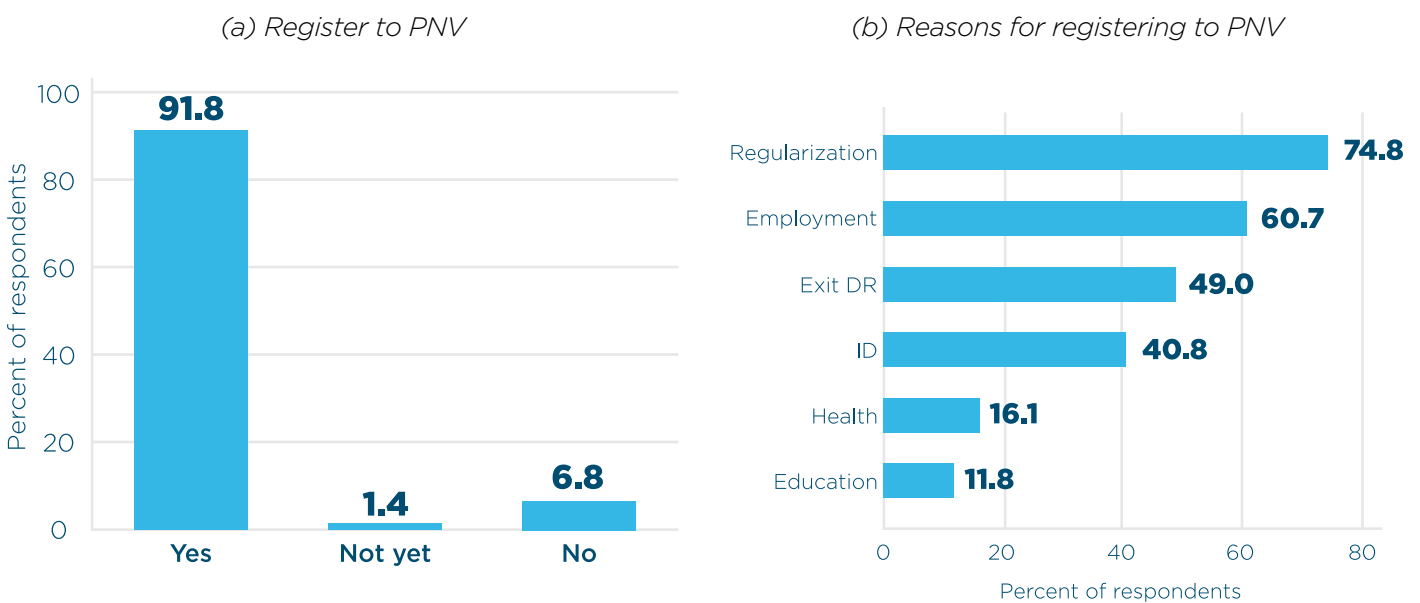
We first examine the PNV-related characteristics of Venezuelans in the sample. Most of the respondents show a strong interest in registering for the PNV. Panel (a) in Figure 1 shows that when asked whether they registered on the online platform, over 92% said they had, and an additional 1.4% said they had not yet registered but plan to do so.

Figure 1 also shows that although most respondents registered for the general reason³ of normalizing their situation, many also report employment as their main reason. As described in the previous section, once the individual is

considered eligible and pays the overstay fee, the individual can apply for a one-year work or student visa. Consistent with one of the main reasons for applying, Panel (c) in Figure 1 shows that over 99% of eligible individuals applied for a work visa, and only 0.2% applied for a student visa.

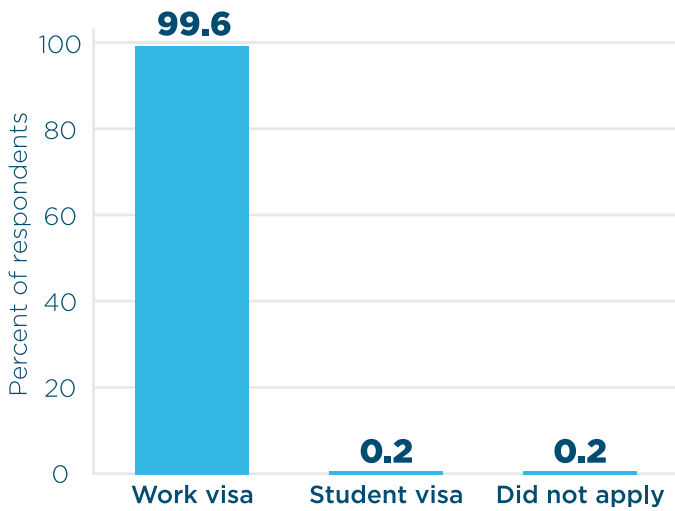
Most households in the sample completed the registration process for all household members. Considering only non-Dominican members, Figure 2 shows that more than 80% of the households registered all their members in the PNV. Moreover, all members of at least 52% of the households have requested a visa. The level of registration is lower in the case of minors, as

Figure 1. PNV register and visa application among respondents



3. In this question respondents could cite at least two reasons, so the columns should not add up to 100%

(c) Visa application of eligible respondents

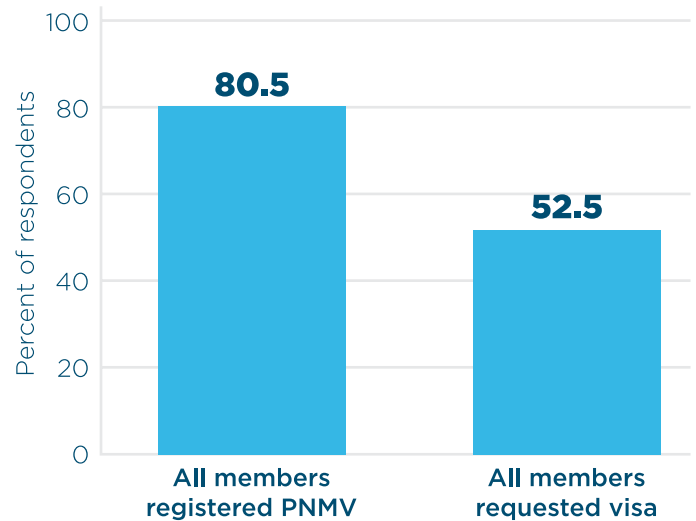


67% of the households with children registered all of them in the PNV, and 51% have requested a visa for all their children.

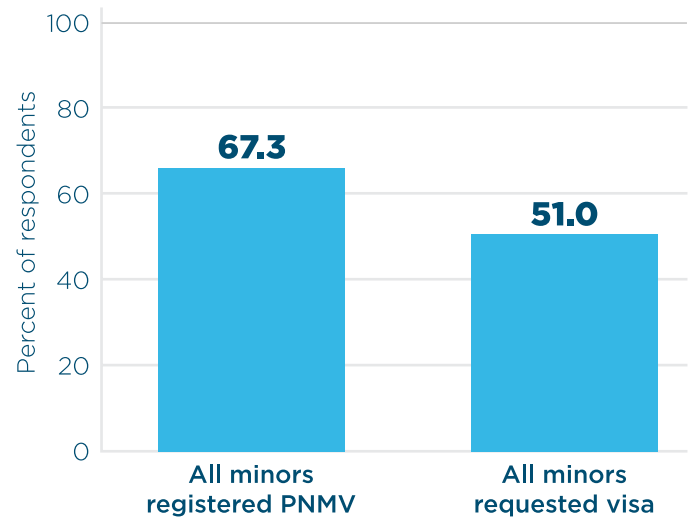
To understand the main barriers to participating in the PNV, we asked Venezuelans who did not apply to give us the main reasons for not doing so (or not doing so yet). Their answers can be grouped into three main categories, as shown in Figure 3. The first group did not apply because they did not need the PNV to normalize their migratory status, as they could use other options, such as work or family visas (47%). The second group did not participate in the PNV because they lacked the resources or information to participate (40%). Finally, a third group did not participate because of a lack of trust (6%).

Figure 2. Normalization of household members

(a) Households with all members normalized

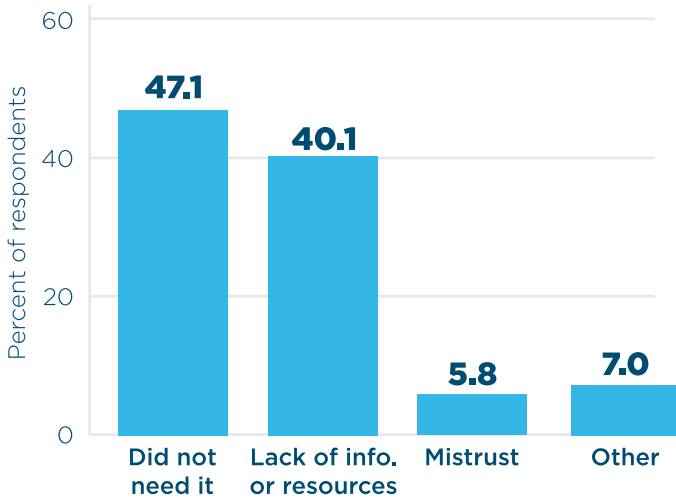


(b) Households with all minors regularized



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations in Panel (a): 1,360, and Panel (b): 319. Percentages in Panel (a) are calculated with respect to the total number of households. Percentages in Panel (b) are calculated with respect to the total number of households with minors. In both panels, Dominican members are excluded.

Figure 3. Registration to PNV



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 125.

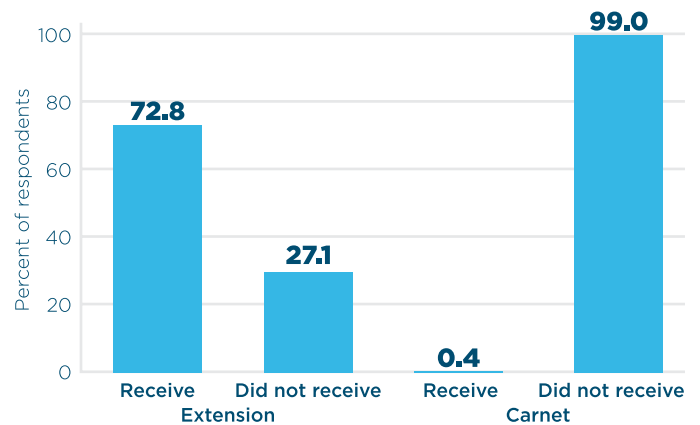
Figure 4 shows the existence of supply and demand-side barriers in the implementation of the PNV. As explained in Section 1, there are three steps involved in the PNV, with some backlog at each phase. Panel (a) highlights how almost 30% of registered applicants have not yet received the 60-day extension. When asked about the reason, 74% of respondents said that they are still waiting to hear back from the authorities, whereas 20% said that they have not yet paid the fee, which is consistent with reports by the DGM. This suggests that many individuals could not move forward with the normalization process due to limited financial resources as well as supply-side constraints. No differences were found in terms of gender in the granting of extensions.

As described in the previous section, the last step of the PNV consists of a biometrics appointment and the payment of the second fee to receive the

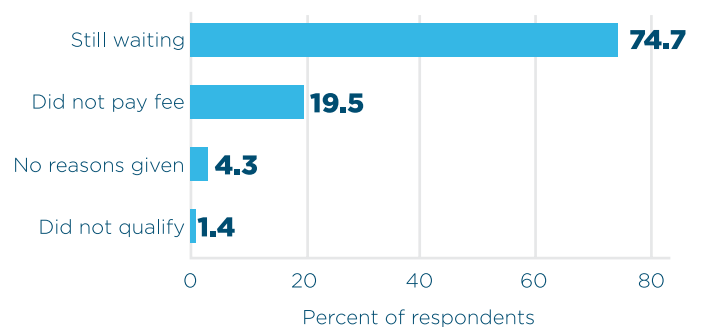
ID, an action that can only take place in Santo Domingo. R4V reports that, up to January 2023, 20 000 individuals received their ID. When our baseline survey took place — between December 2021 and January 2022 — less than 1% of the individuals in our sample had received the ID by the time they completed the questionnaire.

Figure 4. Supply of PNV

(a) Received stay extension or carnet



(b) Reasons for not receiving an extension



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations in Panel (a): 1,353, and Panel (b): 244.

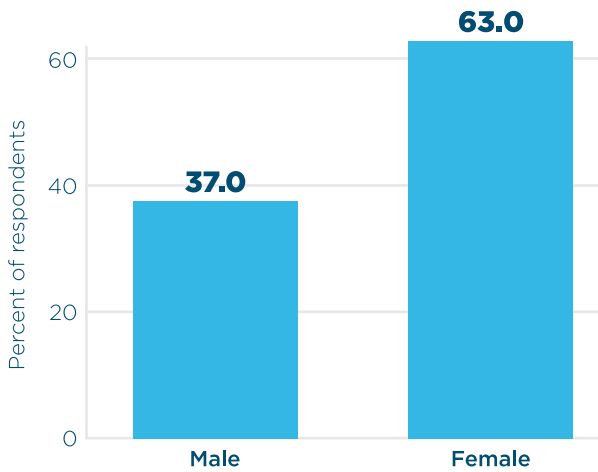
2.2. Socio-Demographic Characteristics

Panel (a) in Figure 5 shows that women have a higher representation in the sample (63%). The ages of the main respondents range from 18 to 99, yet the sample skews young: the median age of Venezuelans is 35.4, while the median age of

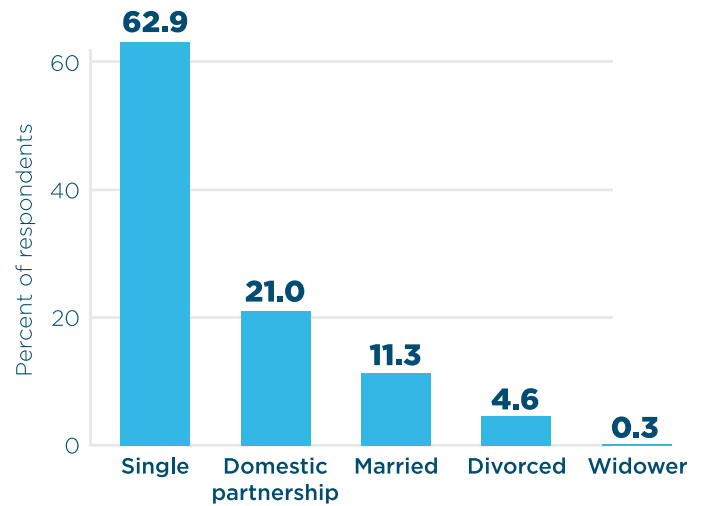
adults in the Dominican Republic is 38.1 (UNSD, 2022). Most respondents are single, and the average household size is close to 2. The average dependency ratio for our sample of Venezuelans is 44%, which is ten percentage points lower than the most recent estimate of the total dependency ratio of 54% for the Dominican Republic (World Bank, 2020).

Figure 5. Basic Demographics of Survey Respondents

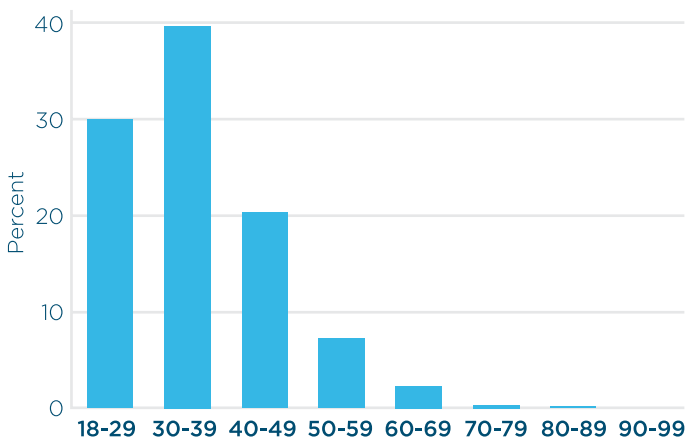
(a) Number of respondents by gender



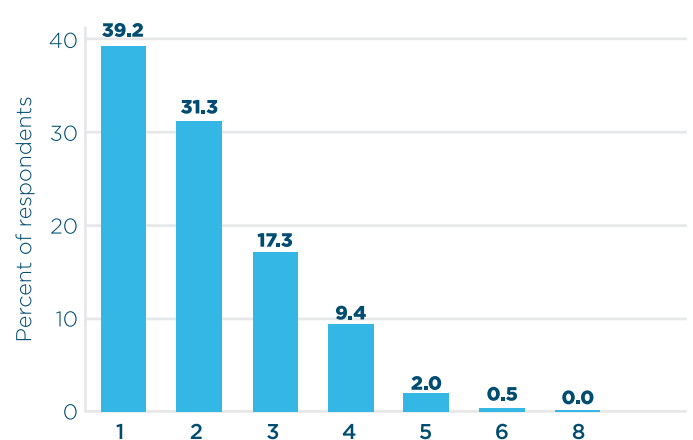
(b) Marital status



(c) Age



(d) Household size

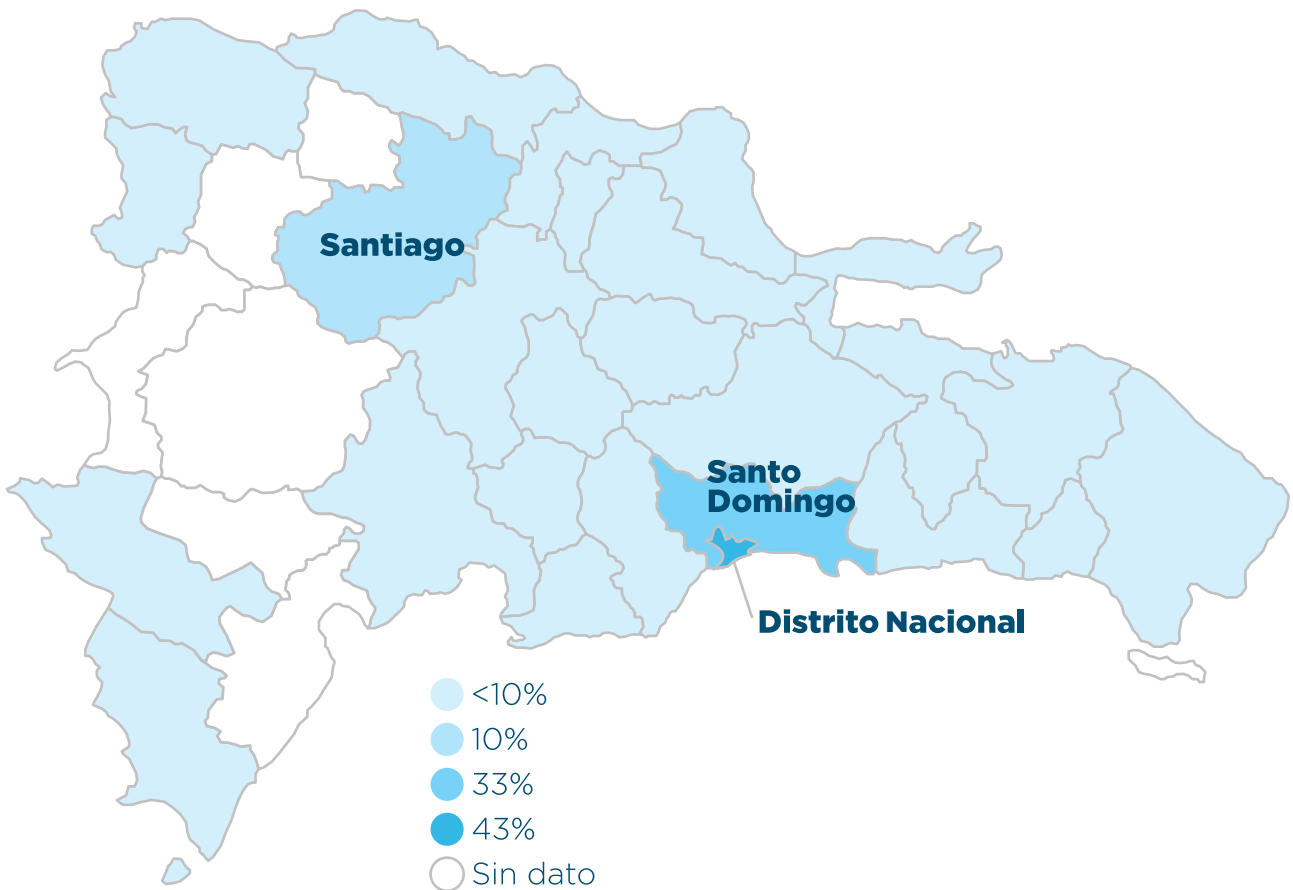


Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations in panel (a): 1,357, panel (b): 1,360, panel (c): 1,360, and panel (d): 1,352.

Figure 6 illustrates the proportion of Venezuelans living in each Dominican province. The concentration of the population mirrors the distribution of Dominicans, with most Venezuelans living in the Distrito Nacional (~43%), where the capital city of Santo Domingo is located, and the province of Santo Domingo (~33%). Around 25% of Venezuelans are concentrated in districts other than the capital and the metropolitan area,

which may pose a constraint for completing the last two steps of the registration program. For example, around 10% of Venezuelans in the sample live in the province of Santiago, which is approximately four hours away from Santo Domingo and roughly a \$20 USD trip, considering current public transportation prices.

Figure 6. Location of Venezuelans in the DR

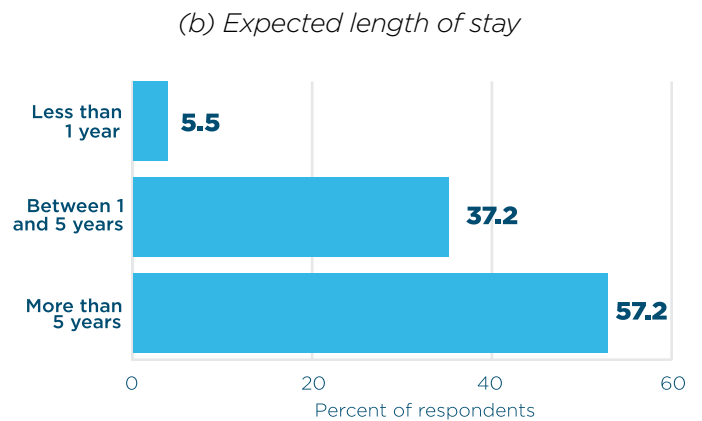
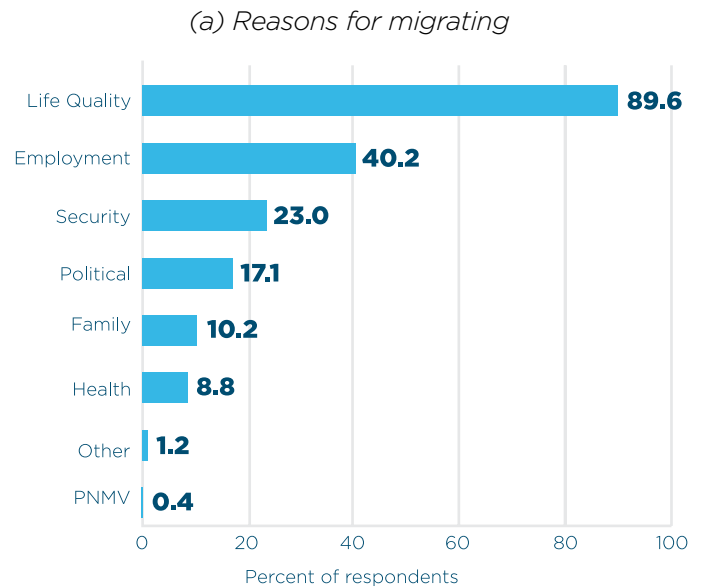


2.3. Characteristics of Migration

Figure 7 presents information on the expectations and motivations of Venezuelan refugees and migrants. When asked about the reasons for migrating to the DR, most respondents cite quality of life as one of the top reasons, followed by employment opportunities. Less than 1% cite the PNV as a reason for migrating, which is consistent with the distribution of arrival dates, as most Venezuelans in the sample arrived on the island before the PNV was launched (see Figure 8).

When asked how long they plan to stay in the DR, nearly 60% of the respondents say they plan to stay more than five years, and 37.2% say they plan to stay between one and five years. Yet, when asked about their long-term plans, more than 80% claim to want to stay in the DR, and only 7.4% say they either want to return to Venezuela or migrate to a different region. This pattern may be related to the density of networks for refugees and migrants arriving in the DR. Close to 70% report having friends or family in the DR before arriving on the island, and more than 88% report receiving help from friends and family upon arrival.

Figure 7. Migration Conditions and Expectations



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations in Panels a, b, and c: 1,360.

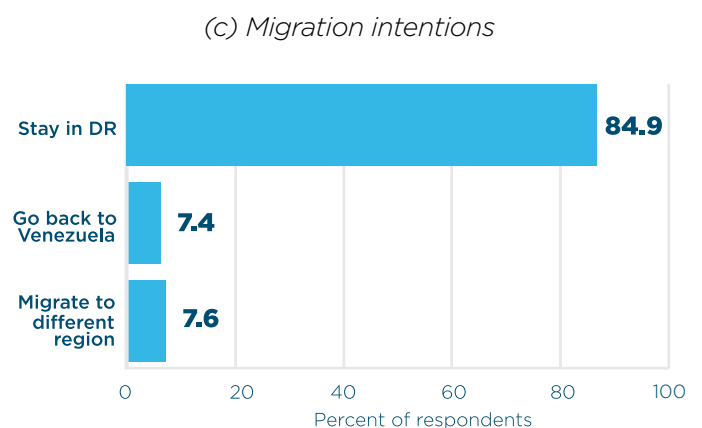
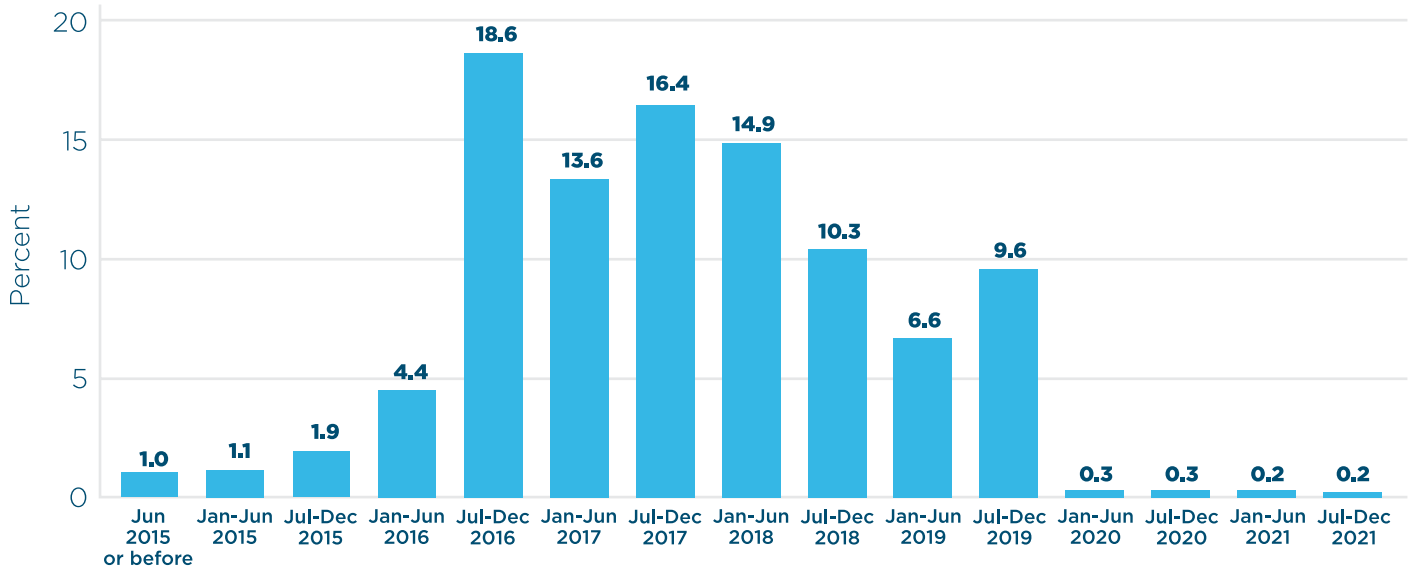


Figure 8. Arrival to the DR



Notes. The percentages in the figures are computed using respondent-driven sampling weights. To ensure the sample reflected the last wave of Venezuelan migration to the Dominican Republic, we limited the sample to refugees and migrants who entered the country after 2014. Observations: 1,360.

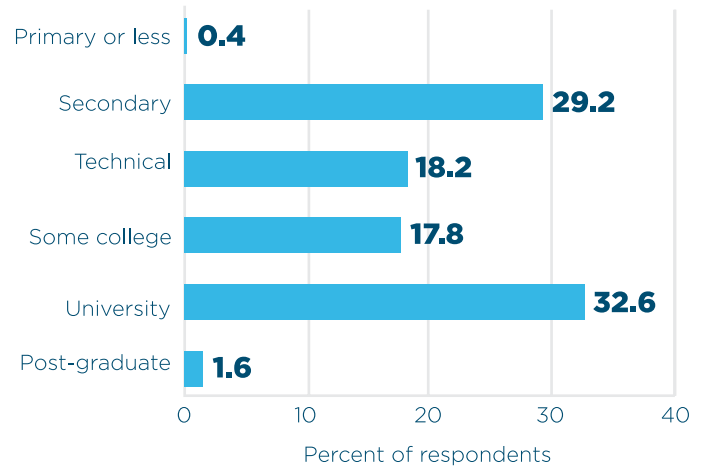
2.4. Education

The distribution in Figure 9 shows that Venezuelans are highly educated: 29% of the sample finished secondary school, 18.2% have technical education, 17.8% have some (incomplete) college studies, and 34% have at least university degree. This is consistent with existing evidence that shows that Venezuelans with higher qualifications tend to migrate or seek refuge in the Southern Cone, Mexico, Costa Rica, and the DR. In contrast, those with secondary education tend to migrate to nearby Andean countries such as Colombia, Ecuador, and Peru, as well as Brazil and Trinidad y Tobago (ILO-UNDP, 2021). Educational attainment is significantly higher among Venezuelans than among the local population, as around 20% of Dominicans have at least the equivalent of a bachelor’s degree, according to the most recent available estimates (World Bank, 2016).

Looking to the next generation, children’s education also appears to be a priority within Venezuelan households. Respondents report that 95% of school-aged children living in their households are enrolled in school.

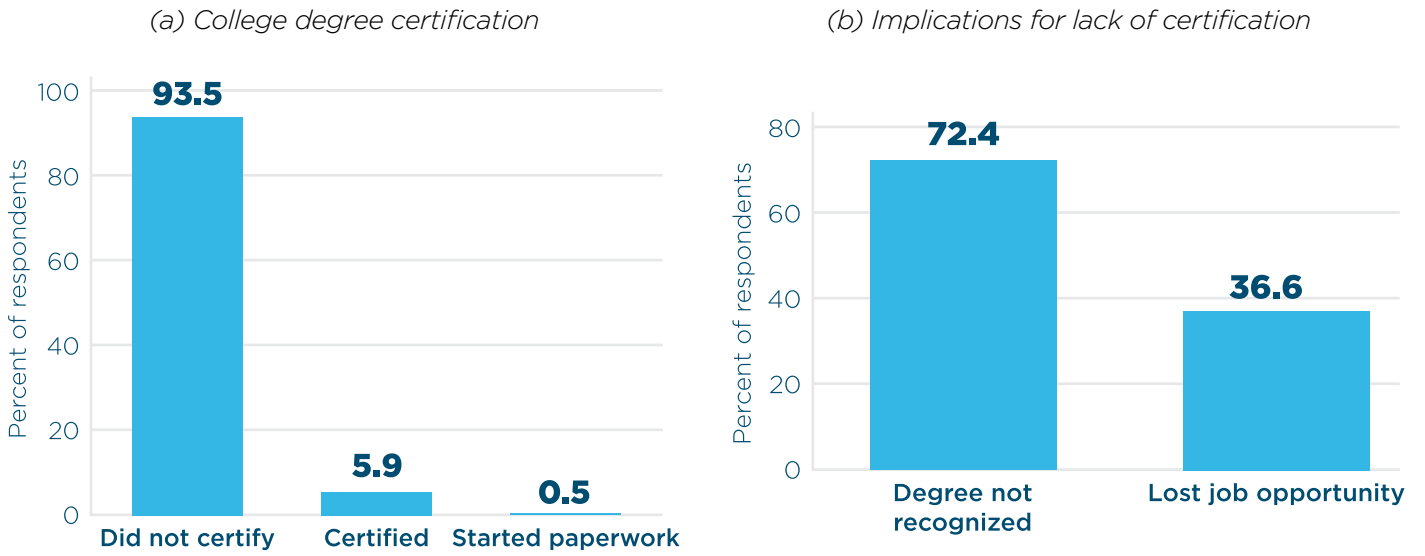
The certification of diplomas is a crucial step to exploiting economic opportunities for refugees and migrants. Figure 10 shows whether individuals have certified their bachelor’s degree and how that affected their employment opportunities. Only a small proportion of the sample has certified their degree (6%), while the vast majority have not started the paperwork. In addition, nearly 40% of Venezuelans report having lost a job due to not certifying their degree. More than 70% claim that their employer has not recognized it, suggesting that Venezuelans’ stock of human capital in the DR is underutilized.

Figure 9. Educational Attainment of Venezuelans before Migrating



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 1,360.

Figure 10. College Degree Certification

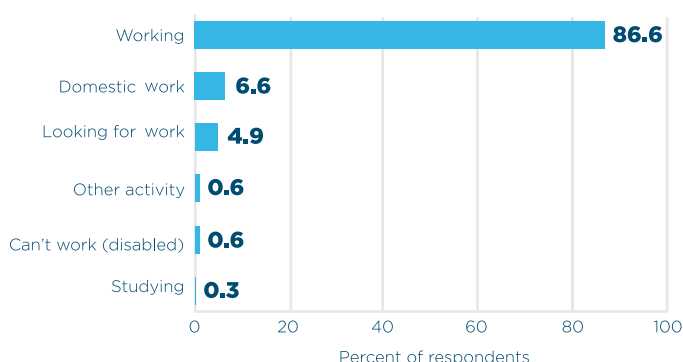


Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations in Panel (a): 709, and Panel (b): 660 as it is restricted to respondents with completed technical education or a higher degree.

2.5. Employment, Income and Expenditures.

Figure 11 shows that around 6 in 7 Venezuelan respondents are currently employed⁴. Of those employed, 93% only have one job. Unemployed individuals represent 5% of the respondents, but the search period does not seem to last long: more than 70% of employed individuals found a job in less than a month. The dense social networks mentioned above play a vital role in the job search, as close to 40% report getting their current job through friends or family of Venezuelan origin.

Figure 11. Employment Status



Notes: The percentages in the figures are computed using respondent-driven sampling weights.

Observations: 1,360.

Figure 12 presents the distribution of occupations, highlighting how the most common employment sector is the services and sales sector. The most common jobs include sales representatives, legal and accounting assistants, and jobs in the food industry (cooks and bakers). Although around 20% of respondents work in low-skill occupations, a similar amount work in high-skill occupations. As explained in Section 2.4, this is consistent with

existing evidence that suggests that individuals with higher occupational qualifications (and often a greater ability to travel to more distant places) have the ability to move further away to countries with better job opportunities while lower-skilled individuals travel by foot or bus to neighboring countries (ILO-UNDP, 2021).

The distribution of education (presented in Section 2.4) and occupation (Figure 12, Panel (a)) suggests that there may be a degree of misallocation, with some professionals probably working in trades below their skill level. Overall, the distribution of occupations of their last best job in Venezuela is relatively similar, as illustrated in the first two panels of Figure 12. Specifically, the economic sector of their previous best job in Venezuela is similar to that observed in the DR: around 11% worked as managers, more than 30% worked in the services and sales sector, and about 10% were professionals. However, at the individual level, refugees and migrants moved to different occupations. Panel (c) shows that over 60% work in a different occupation in the Dominican Republic than the occupation in their best job in Venezuela.

Most Venezuelans who work in the DR are salaried workers. Only 18% of respondents reported themselves as independent workers, which is close to half the average for Dominican nationals, 34%. (Winkler and Montenegro, 2021). In addition, the majority of salaried laborers work at private firms (~77%), with the rest working at either public firms or private homes. When asked about the type of contract, refugees and migrants seem to be in a precarious situation as shown in Figure 13. Only a quarter of the employed respondents have a written contract, with the rest having a verbal contract and most having no contract. This translates into a lack of employee

4. The level of employment for the native population in 2021-21 was around 63, and the pre-pandemic level was 65%.

benefits, with virtually everyone reporting not having any retirement plan and more than 80% having no health insurance.

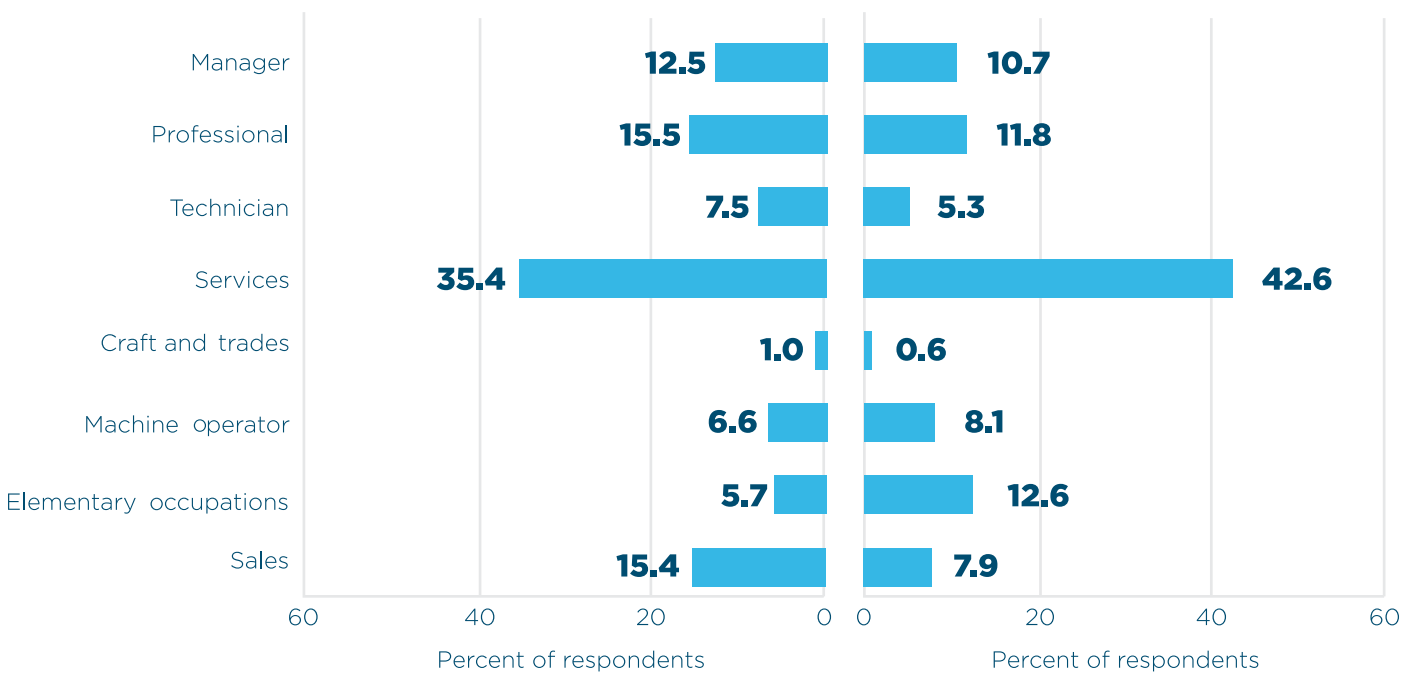
The precarious situation is likely to reflect some

structural problems, as informality in the DR is high in general, with almost 60% of workers outside agriculture not contributing to a pension fund (Winkler and Montenegro, 2021). Moreover, compared to the local population, there is room

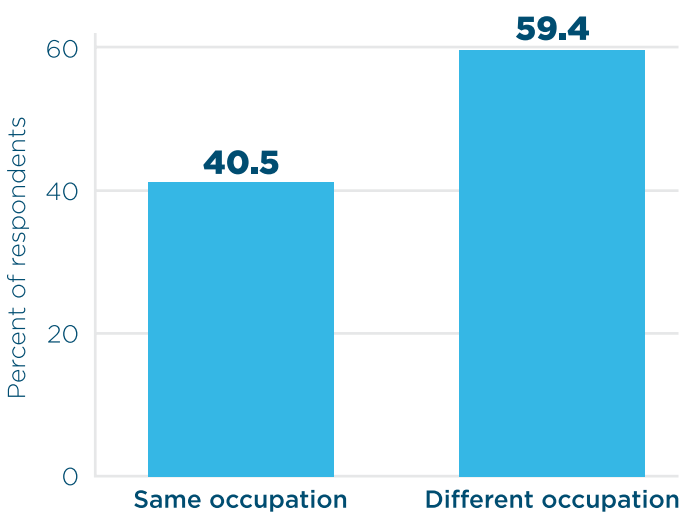
Figure 12. Occupations

(a) Occupations in Venezuela

(b) Occupations in the Dominican Republic

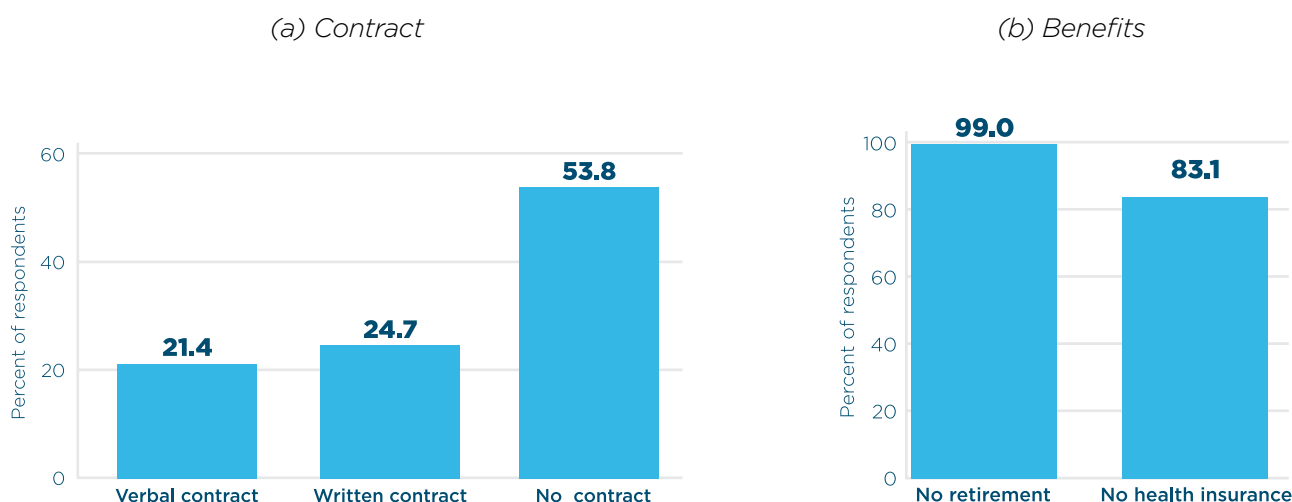


(c) Venezuelans with different occupations in the Dominican Republic



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Classified according to ISCO. Observations in Panel (a): 1,209, Panel (b): 1,185, and Panel (c): 1,067.

Figure 13. Type of Contract and Benefits



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations in Panel (a): 1,201, and Panel (b): 1,201.

for improvement, and an important question for future research is whether the PNV will contribute to the formalization of Venezuelans over time.

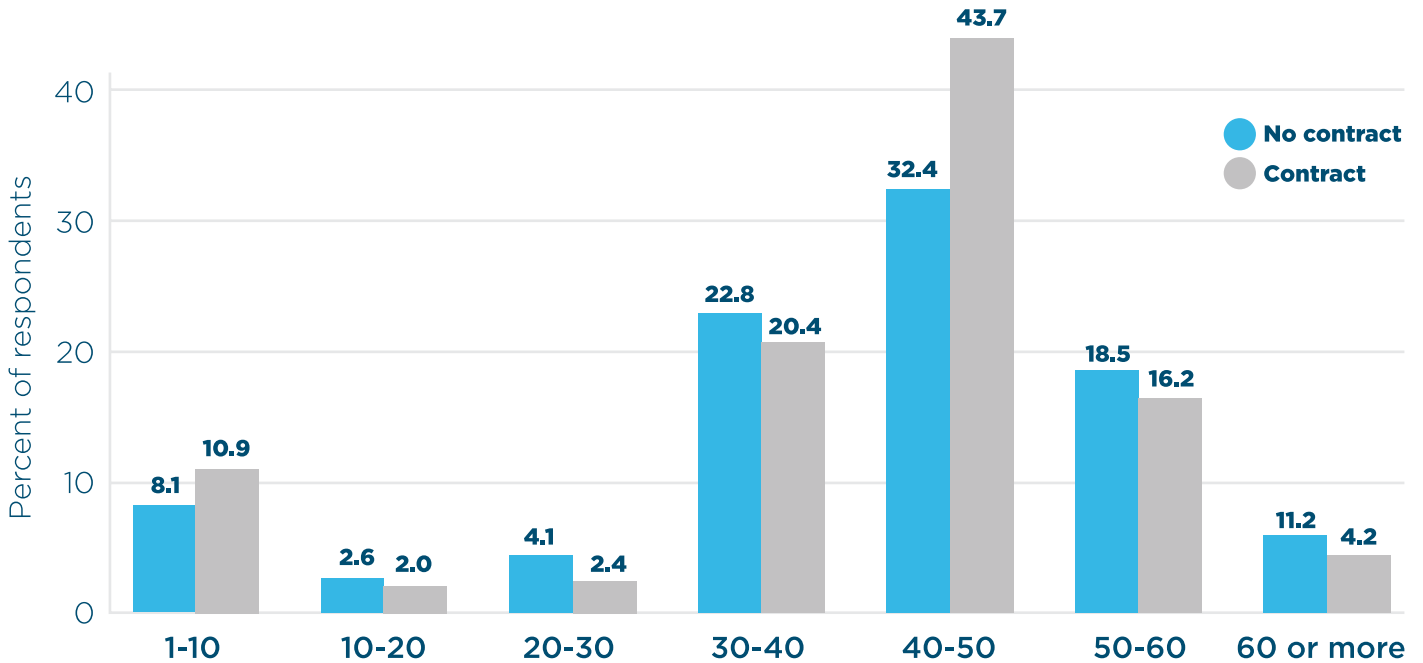
Figure 14 shows the number of hours worked per week, and Figure 15 illustrates the distribution of the reported monthly salary. The average hours worked per week is close to 44 hours, and the median is 46, consistent with the workload allowed by the Dominican Labor Code (44 hours per week). There is significant variation (sd = 16.9 hours), and workers in the 75th percentile report working 54 hours. Figure 14 also shows the difference between workers with a written or verbal contract against workers without any type of contract. The figure shows that workers with a contract are concentrated between 40 and 50 hours, while workers without a contract are more likely to work more than 60 hours per week.

There are also differences in the salaries between workers with and without a formal contract. The average monthly salary for workers with a contract is \$403 USD, which is above the average for Dominicans, at about \$365 USD (Winkler and Montenegro, 2021)⁵. In contrast, the average salary for workers without a contract (\$318 USD) is just above the minimum wage established by law in the DR (around \$300 USD)⁶.

5. Salaries in Dominican Pesos were converted using the average market representative exchange rate of 2021 (1 USD = 56.93 DOP)

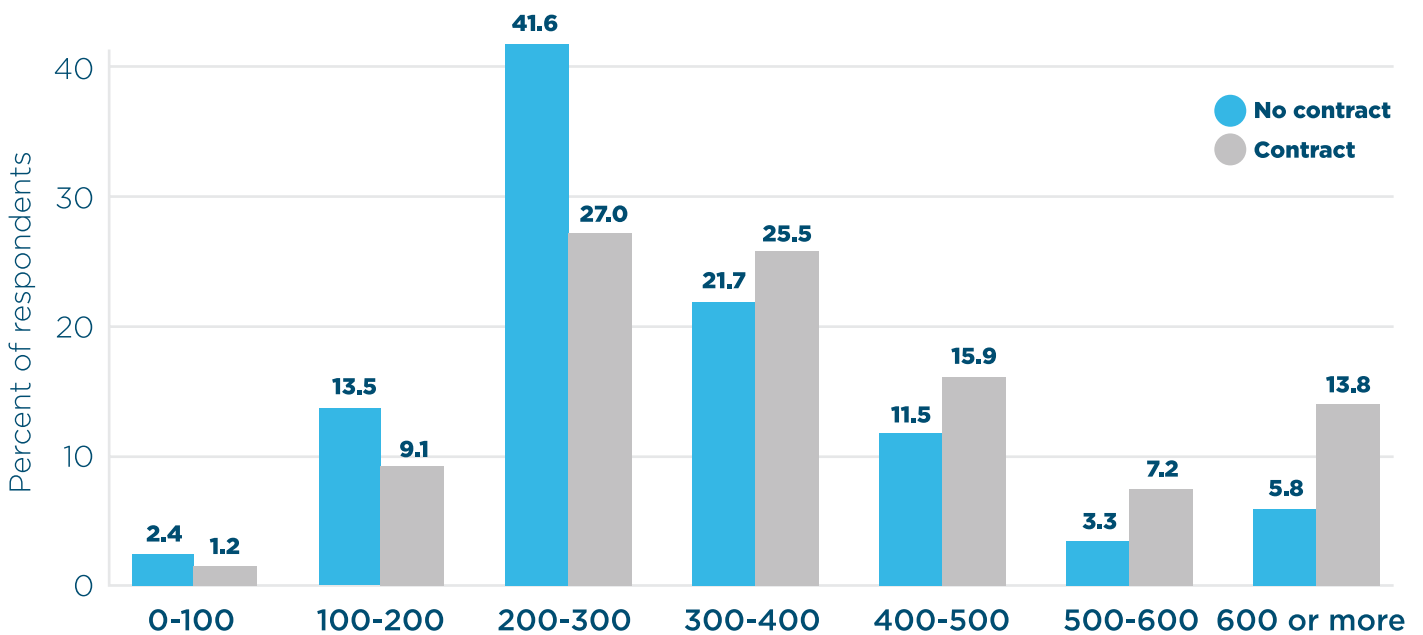
6. The Dominican Republic establishes a salary scale according to the firm's size, which ranges from DOP 11,900 (USD 218) for small businesses to DOP 21,000 (USD 386) for big businesses.

Figure 14. Hours Worked in the Last Week



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 1,201. Only observations under percentile 99 (90 hours) are shown.

Figure 15. Monthly Salary (in USD)

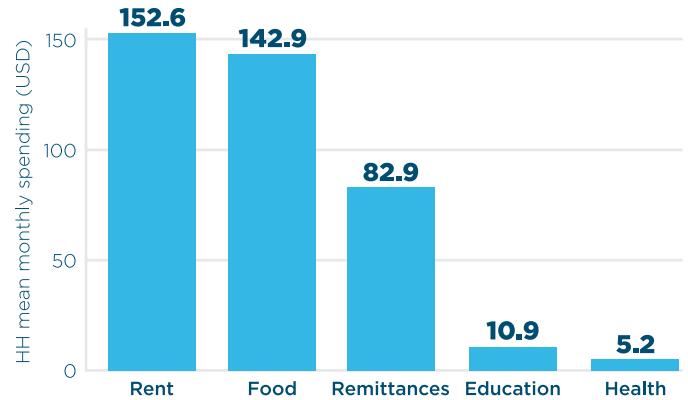


Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 942. Only observations under percentile 99 (1,0530 USD) are shown.

Turning to variables at the household level, Figure 16 looks at how expenditures are disaggregated and shows that the two top spending categories are rent and food. A considerable proportion also spends part of their income on remittances sent abroad. On the other hand, education and health services generally represent a small share of expenditures. When we compare total monthly expenditures by summing all spending categories (rent, health, education, food, and remittances) against total income, we find that 31.2% percent of the household spend more than they earn. Although total expenditures do not account for other types of unexpected expenditures and should be taken cautiously and as a lower bound, the comparison indicates that at least one-third of the households spend all their income. The high level of spending – relative to their earnings – is also reflected in the number of households that can save in case of an emergency, only 32% of the households in the sample.

Figure 17 shows the distribution of food insecurity in the sample. Panel (a) illustrates that food insecurity is lower in the Dominican Republic than in Venezuela: 83% of the sample did not skip a meal during the previous month in the Dominican Republic, while 73% did not skip a meal during their last month in Venezuela. The degree of food insecurity is also lower in the Dominican Republic. Among those who skipped meals in Venezuela, 77% skip meals less frequently in the Dominican Republic, 20% skip meals with the same frequency, and only 2.8% percent skip meals more often. Regarding the strategies to deal with food insecurity, Panel (b) shows that conditional on experiencing food insecurity, the most common coping strategy is to ask for help from a neighbor (64%), followed by borrowing from a store (25%). This underscores, again, the importance of social networks for refugees and migrants, who rely on friends, family, and neighbors for sustenance during difficult periods.

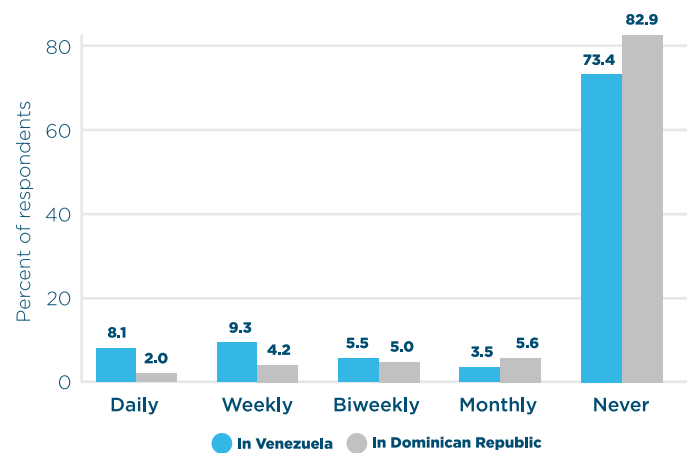
Figure 16: Monthly Expenditures



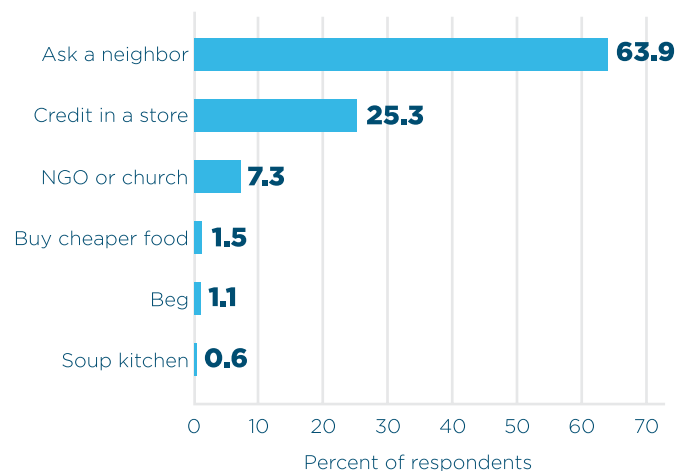
Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 1,350.

Figure 17: Food Insecurity

(a) Frequency of Skipping Meals in Venezuela and the DR



(b) Strategy to Deal with Food Insecurity in the DR



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations in Panel (a): 1,360, and Panel (b): 458.

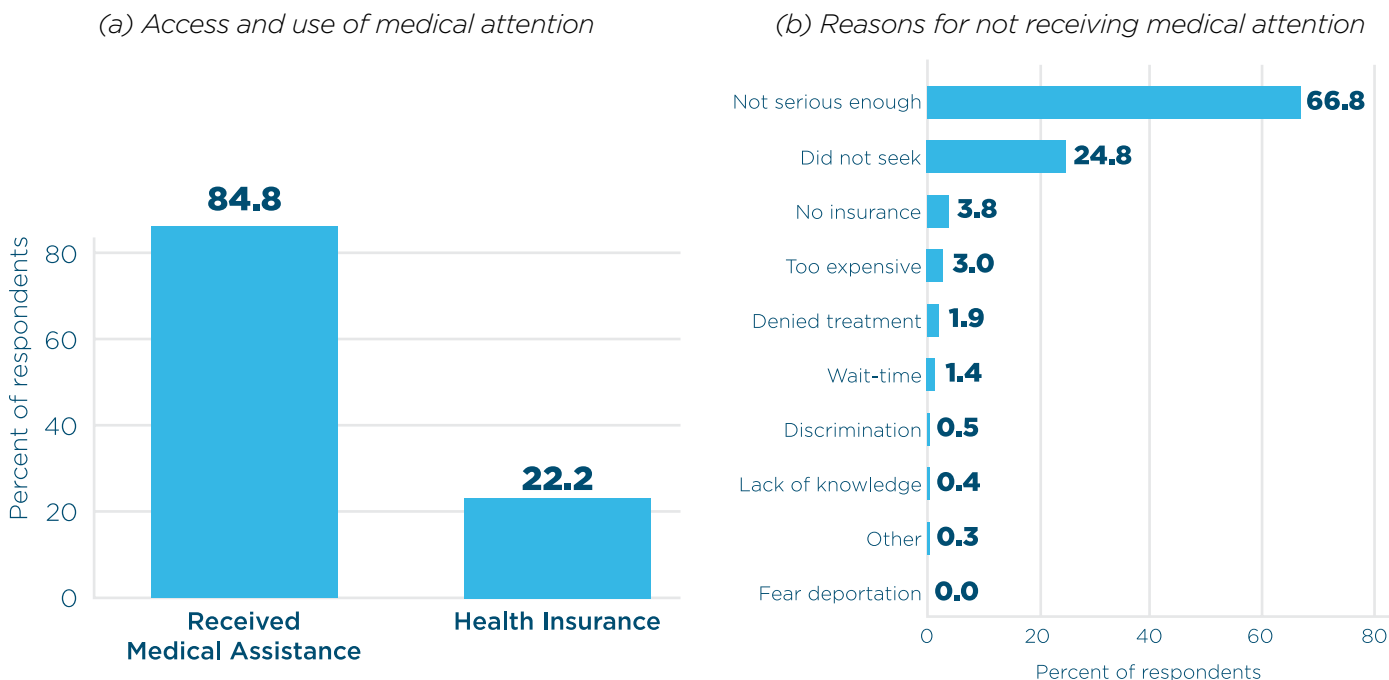
2.6. Health

As noted in Section 2.5, most Venezuelans do not have access to health insurance. Figure 18 shows that, although barely over 20% have access to health insurance, 85% receive medical attention when needed. The reasons cited for not receiving medical attention include the issue requiring attention not being severe enough (66%) or not seeking medical care (25%). Although discrimination or cost may explain why refugees and migrants do not seek medical attention or deem it “not serious enough,” it is not often cited as a reason (see Panel (b)). The data shows that a substantial number of children are not vaccinated (~21%) and that pregnant women do not attend regular check-ups, with approximately 66% reporting not having gone to the doctor often.

The lack of access to preventive care can result in long-term negative impacts – especially the vaccination of children and prenatal care –, and steps should be taken to integrate Venezuelans into DR’s health system as these can have lasting societal effects.

Figure 19 shows the frequency distribution of symptoms associated with mental health problems. Although many individuals report never experiencing most of these issues, 23.5% are at least moderately anxious, and 21.6% are at least mildly depressed, which is between 4 and six times the prevalence among Dominicans⁷. Moreover, although respondents report having

Figure 18. Health Insurance and Medical Attention



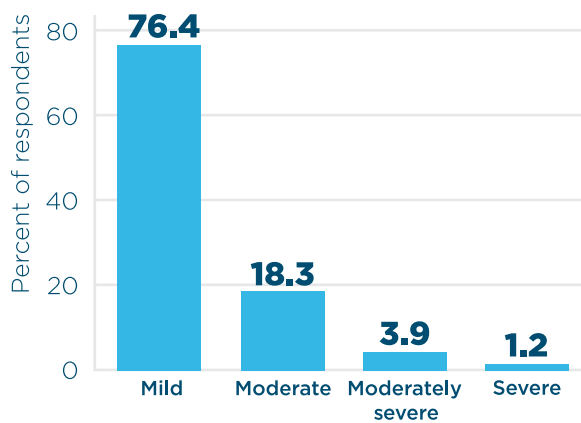
Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations in Panel (a): 1,359 for the left bar and 1,164 for the right bar. Observations in Panel (b): 173.

7. The prevalence of anxiety and depression is 5.7% and 4.7% of the total population (Ministerio de Salud Pública, 2019).

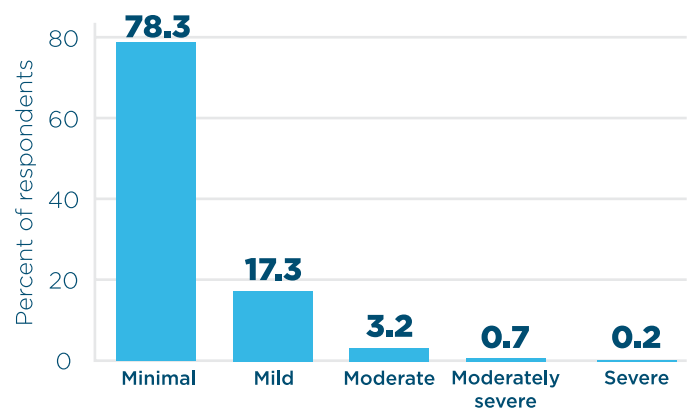
access to health services when needed, some more objective (yet self-reported) measures tend to reflect that they may not be seeking appropriate medical attention (e.g., failing to go to check-ups when pregnant or vaccinating children). This is worrisome, given that mental health issues are easier to dismiss but may complicate adapting and integrating into a new country.

Figure 19. Mental health

a) Anxiety disorder scale



b) Depression scale

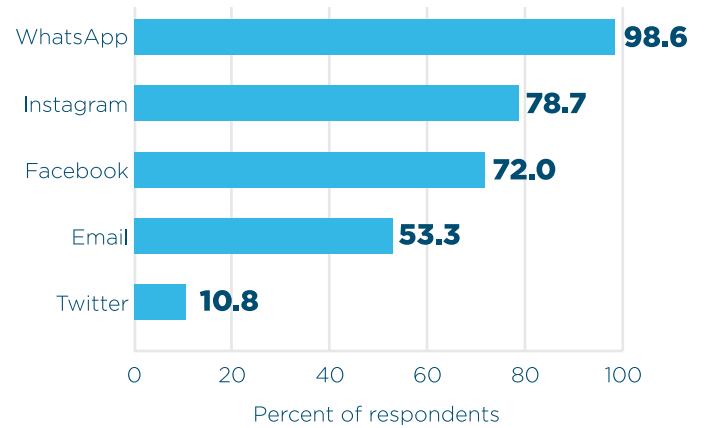


Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations in Panels (a) and (b): 1,358.

2.7. Internet Connectivity

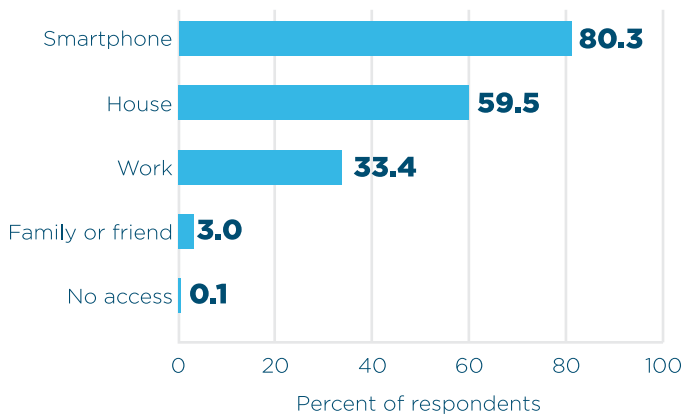
Figure 20 shows that smartphones are the primary source of access to the Internet for Venezuelan refugees and migrants (80.1%). However, a significant number of households also report having access to the Internet at home (60.5%). This is a considerably high rate if we consider the proportion of Internet users in the Dominican Republic, which hovers around 77%, according to the World Telecommunication/ICT Indicators Database. Figure 21 shows that WhatsApp usage is nearly universal in the sample, with the second and third most popular platforms being Instagram and Facebook, respectively. The degree of internet connectivity and the use of social media heightens the importance of using these three platforms to disseminate information among Venezuelans.

Figure 21. Use of Social Media



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 1,360.

Figure 20. Locations with Access to the Internet

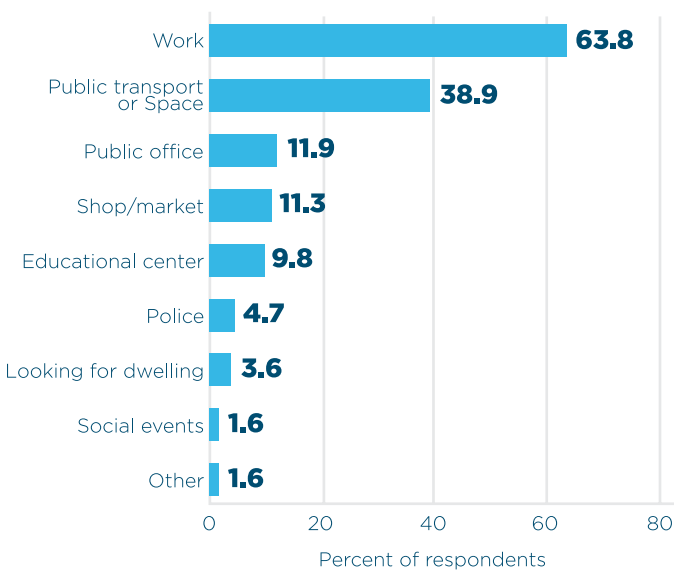


Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 1,360.

2.8. Integration

Social integration is crucial, particularly in this context where most Venezuelan refugees and migrants express the long-term desire to stay in the DR (see Section 2.3). However, almost 17% of respondents state that they have felt discriminated against. Figure 22 shows that six out of ten migrants who have felt discriminated against point that it occurred at work, and four out of ten have felt discriminated against while using public transport. Moreover, at least one out of ten individuals have felt discriminated against at various locations, including educational centers, public offices, and shops. Crucial steps should be taken to reduce discrimination against Venezuelans, as this adds to already precarious working conditions where few have written contracts or fundamental benefits. Nevertheless, Venezuelans report feeling psychologically close to the DR, with most of the sample feeling at least a moderately close (Figure 23, Panel (a)). However, around 25% of the sample reports

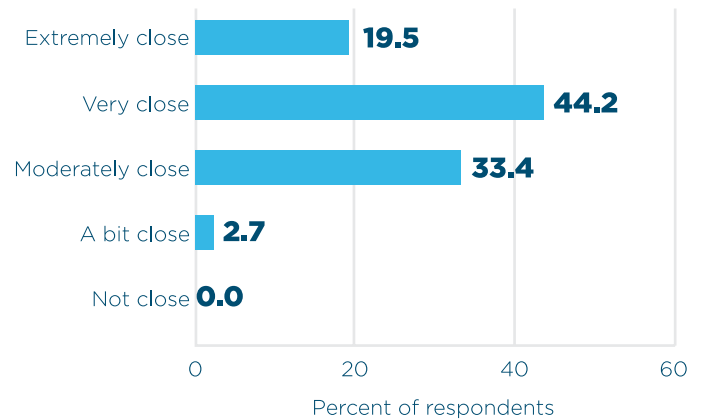
Figure 22. Places where Venezuelans Have Felt Discriminated Against



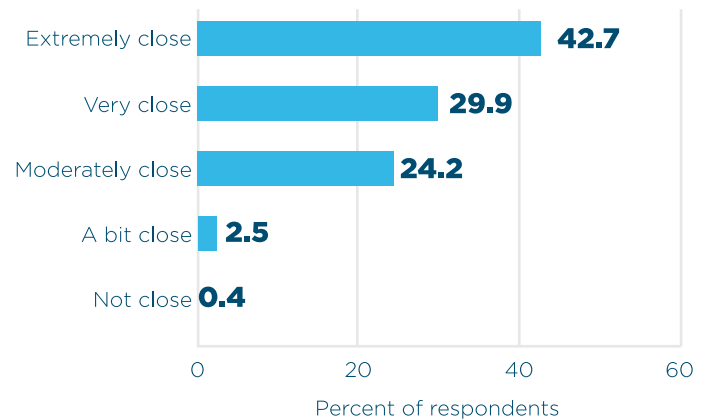
Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 223.

Figure 23. Psychological Integration

(a) Degree of connection to DR



(b) Feeling like an outsider in the DR

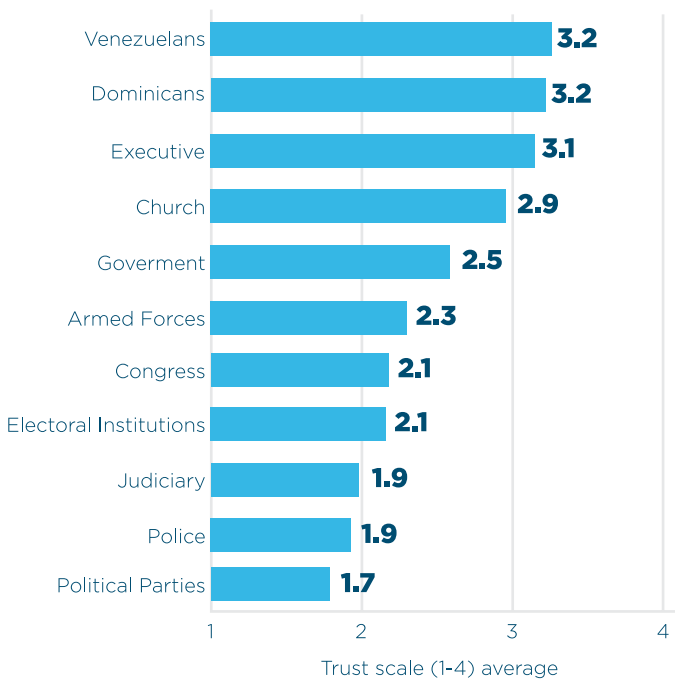


Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 1,360. ent-driven sampling weights. Observations: 223.

feeling like a stranger at least sometimes (Figure 23, Panel (b)).

Lastly, Figure 24 shows the average trust towards different groups and institutions measured on a scale of 1 to 4, where 1 is a low level of trust, and 4 is a high level of trust. The figure indicates that Venezuelans have high levels of trust towards their in-group, but also towards Dominicans and the current Government. Venezuelans also trust religious organizations at high levels, suggesting a potential partner to disseminate relevant information to this population. Among the least trusted institutions, we find the police and political parties.

Figure 24. Trust



Notes. The percentages in the figures are computed using respondent-driven sampling weights. Observations: 1,360.

3. FINAL REMARKS AND NEXT STEPS

The characterization of Venezuelan refugees and migrants in the Dominican Republic presented in this report shows that they are highly educated and young, single, and live in small households. Their employment level is high, and they do not take long to find jobs. They have dense social networks and rely on them to find jobs and as a source of insurance. Although some have experienced discrimination, Venezuelans report feeling close to Dominicans which is crucial for their integration into the host country — a critical factor as the majority of them want to stay in the long term.

Despite their high employment levels, some Venezuelans are in precarious working conditions. Many do not have formal contracts, and virtually none contribute to a pension fund. Venezuelans in the DR are highly educated — about a third of third have a bachelor's degree or more. However, very few have been able to certify their qualifications, with adverse consequences for their individual job opportunities and the economic growth of the country.

Regarding access to essential services, most Venezuelan children attend an educational institution. The majority Venezuelan refugees and migrants say they receive medical attention when needed. Yet they report many instances of failure to access health services. This is particularly worrying, considering it affects vaccination rates among children and access to prenatal care. Moreover, almost 7% of adults experience moderate or severe anxiety or depression, which could negatively affect their capacity to integrate into Dominican society.

The PNV represents an important milestone towards normalizing a population with skills that can contribute to the Dominican Republic's economy. However, there are still some barriers to normalization. Although most Venezuelan refugees and migrants enrolled in the PNV, they listed economic factors as the main barrier to registering. Moreover, individuals with lower incomes have the highest chance of getting stuck in the process due to financial constraints associated with fees and travel costs (and logistical difficulties) to Santo Domingo.

The PNV offers a path to address some of the main challenges Venezuelan refugees and migrants face. Their normalized status and identification documents may allow this population to access more secure forms of employment and increase their access to essential services, particularly healthcare. The program may facilitate integration and translate into positive changes in their mental health and general wellness. As part of a larger project, this profile serves as a baseline, on which we can assess how normalization affects the well-being of Venezuelan refugees and migrants and contributes to their integration into Dominican society.

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