

Venezuelan Migrants and Refugees in Latin America and the Caribbean

A Regional Profile

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Executive Summary

According to the Regional Coordination Platform for the Response for Venezuelans (R4V), co-led by the International Organization for Migration (IOM) and UN High Commissioner for Refugees (UNHCR) and composed of more than 150 organizations, as of June 2020, more than 5 million refugees and migrants from the Bolivarian Republic of Venezuela had left their country due to the ongoing political and economic crises there, with more than 4 million of them migrating to other Latin American and Caribbean countries. Until 2015, the region had largely been characterized by high levels of emigration, and neighboring countries had never experienced migrant inflows at this scale.¹ Since then, receiving countries have largely maintained an “open-door” approach toward Venezuelans, with significant policy innovations allowing many to enter, remain on an interim basis, and receive legal status via existing visa categories and special regularization programs, as well as the reception of requests for asylum. However, the COVID-19 pandemic that hit the region in early 2020 has added a new layer of complexity. Receiving countries now face the challenge of managing a public-health crisis while also addressing the needs of displaced Venezuelans and the communities in which they live.

BOX 1

What Is the Displacement Tracking Matrix?

The Displacement Tracking Matrix (DTM) is a system for tracking and monitoring displacement and population mobility. Through the DTM, the International Organization for Migration (IOM) collect data on migrants’ demographics, economic activities, health conditions, access to health services, trip details, and challenges encountered while travelling.

While the DTM monitors displacement in many world regions, the data presented in this fact sheet were collected by IOM to inform United Nations agencies, governments in the region, and nongovernmental actors about this population.

More information about the DTM instrument and the data used in this fact sheet can be found on the DTM website (<https://dtm.iom.int>) and in the Appendix.

Given these trends, there is a pressing need for timely and accurate data on this population’s characteristics and vulnerabilities. IOM is working to fill this gap by using its Displacement Tracking Matrix (DTM) to collect cross-sectoral data via detailed assessments across countries in Latin America and the Caribbean. The DTM collects data that have become a first-hand source of information and a tool for policy design for host and transit countries to manage Venezuelan migrant and refugee flows. During times of COVID, the DTM will continue informing governments, UN

agencies, and relevant stakeholders by providing data to inform evidence-based decision making.

This fact sheet presents a regional profile of Venezuelan migrants and refugees traveling across 11 Latin American and Caribbean countries during 2019 (see the Appendix for details). In doing so, this fact sheet sheds light on country-to-country variations in the characteristics of these migrants and refugees and their experiences as they travel and set up a new life in another country.

This analysis identifies three groups of countries that attract different migrant profiles and in which refugees and migrants describe different living conditions and future intentions to travel. The first group includes Venezuela's immediate neighbors—Brazil, Colombia, Guyana, and Trinidad and Tobago—where respondents tended to report having low educational attainment, most having completed only secondary school. They also tended to be young and single, to report more restricted access to health services and mental-health supports, and to express less willingness to ask for assistance with a health problem. In Colombia and Trinidad and Tobago, a somewhat larger share of respondents expressed their intention to eventually return to Venezuela (17 percent and 5 percent, respectively), a pattern that could suggest pendular migration. Others said they would move to another destination, frequently mentioning Peru, Ecuador, Argentina, and Chile. However, the majority in all four countries (and more than 95 percent of those in Brazil and Guyana) expressed their intention to stay in those countries.

The second group of receiving countries—Ecuador and Peru—are nearby but do not immediately border Venezuela. Respondents in these countries also tended to be young, but a notable proportion reported holding a technical degree or higher (41 percent in Ecuador and 35 percent in Peru). Although more than half of respondents were single, the spectrum of relationships they described was some-

what broader than in the first group of countries, with many stating that they were married or had a partner, or were divorced or separated. In Ecuador, 74 percent of respondents declared that they were working, most of them independently and mostly in the informal economy. Most respondents in Ecuador reported very limited health insurance coverage and an unwillingness to seek assistance to deal with stress; they did, however, note that sanitary conditions in their new country were better than they had been in Venezuela.

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The final group of destinations are further away in the Southern Cone—Argentina, Chile, Paraguay, and Uruguay—and Costa Rica, where more than 90 percent of respondents expressed their willingness to stay long term. In Argentina, Paraguay, and Uruguay, the proportion of respondents who were age 36 or over was slightly higher (more than 40 percent). Across all five countries, respondents reported high levels of educational attainment, with approximately half or more having completed a college or graduate degree. The proportion of respondents who said they were economically active was larger in Argentina and Costa Rica, but more limited in Paraguay and Uruguay. Whereas in Argentina and Costa Rica, less than one-quarter of respondents described sending resources back to Venezuela, between one-third and roughly half of those in Chile, Paraguay, Uruguay said they did so; among those who did, most sent cash remittances.

Across all of the countries in this analysis, respondents reported holding a variety of migration statuses, reflecting differences in the profile of migrants

each country attracts as well as the diverse policy instruments countries have designed to manage migration from Venezuela. Whereas Brazil, Costa Rica, Peru, and Trinidad and Tobago had granted a considerable proportion of respondents humanitarian visas or recognized them as refugees (depending on the country), most respondents in Argentina, Chile, Guyana, Paraguay, and Uruguay declared that they had entered the country regularly using a tourist visa or were in the process of regularizing their status. Ecuador seems to have the largest proportion of irregular migrants of the sampled countries, and Colombia constitutes an outlier with a large share of respondents declaring no particular status. In contrast, notable shares of respondents in Argentina, Brazil, Paraguay, and Uruguay described having attained residency.

These findings have important policy implications for countries across the region, particularly in the context of the challenges the COVID-19 pandemic has imposed on Venezuelan migrants, receiving communities, and governments. They suggest, among other things, the regional advantages of continuous efforts to regularize refugees and migrants from Venezuela and the need to balance national security considerations with flexibility when designing policies to slow the spread of the virus while protecting vulnerable migrants at entry points. For instance, countries may find it beneficial to couple strict sanitary controls at the border with measures to assist quarantined migrants. They may also wish to explore how they can support migrant incorporation into local labor markets in a way that contributes to the economic recovery of host communities.

1 Introduction

The large-scale movements from the Bolivarian Republic of Venezuela that began in 2015 have challenged governments in neighboring countries and exposed millions of refugees and migrants to precar-

ious conditions during their journeys. The COVID-19 pandemic that swept into the region in early 2020 has added to the risks, with potentially fatal consequences for refugees and migrants, especially those who are elderly or have chronic health conditions. As of June 2020, the Regional Coordination Platform for the Response for Venezuelans (R4V) estimated that 5.1 million Venezuelans were living abroad, 4.3 million of whom were in other Latin American and Caribbean countries.²

Since 2017, the International Organization for Migration (IOM) has recorded both significant increases in migration from Venezuela to other countries in the region—particular to Brazil, Ecuador, and Peru through border crossings along the Andean Region³—and shifts in the patterns of movement. Effective policy planning and implementation require governments in the region to continuously monitor these rapidly evolving trends and the characteristics of refugees and migrants arriving at their borders.

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Rich and trustworthy information about the demographics, skills, labor market participation, health, and other characteristics of Venezuelan refugees and migrants is essential to the crafting of policy initiatives that address the needs of refugees and migrants and their host communities, and that improve access to services ranging from health care to education. The patterns of Venezuelan migration seen in recent years reveal that a more coordinated approach between host countries, both in the design and implementation of migration policies, would result in more efficient tools to address this crisis.⁴ IOM has developed information systems to support a common understanding of the character-

istics of these refugee and migrant flows, as well as the actions that countries in the region have taken to address them.

Through the Displacement Tracking Matrix (DTM), IOM tracks and monitors displacement and population mobility in many world regions, recording rich details about the profiles, characteristics, and socio-economic status of refugees and migrants. In Latin America and the Caribbean, the DTM is being used as part of the information management systems of the R4V platform, which was established in 2018 at the request of the United Nations Secretary-General for the UN High Commissioner for Refugees and IOM to lead and coordinate the response to the movement of Venezuelan refugees and migrants.⁵

This fact sheet utilizes data shared by IOM with the Migration Policy Institute (MPI) to create a non-representative profile of Venezuelan refugees and migrants traveling through 11 Latin American and Caribbean countries in 2019.⁶ These data offer information about their migration patterns, demographics, education levels, economic activities, health conditions, and the satisfaction of their essential needs at border crossings and in cities within these 11 countries. While the data are nonrepresentative, because they are carried out at a mixture of crossing points and selected cities in each country, they provide a fairly strong indication of trends in a way that can help guide policy decision-making.

In its final section, this fact sheet also reflects on the policy implications of these data findings, including in the areas of employment and access to health services, where smart policies have the potential to benefit migrants and refugees as well as the communities in which they live. These reflections draw in part on discussions with experts on public health and migration policy, including in the context of the

COVID-19 pandemic and its economic fallout.⁷ While governments must maintain their efforts to mitigate the effects of the pandemic and control public-health risks, finding a balance between national security and flexibility is crucial, as it may both prevent future costs and enable refugees and migrants to contribute to the economic recovery of receiving communities.

2 Regional Mobility Patterns

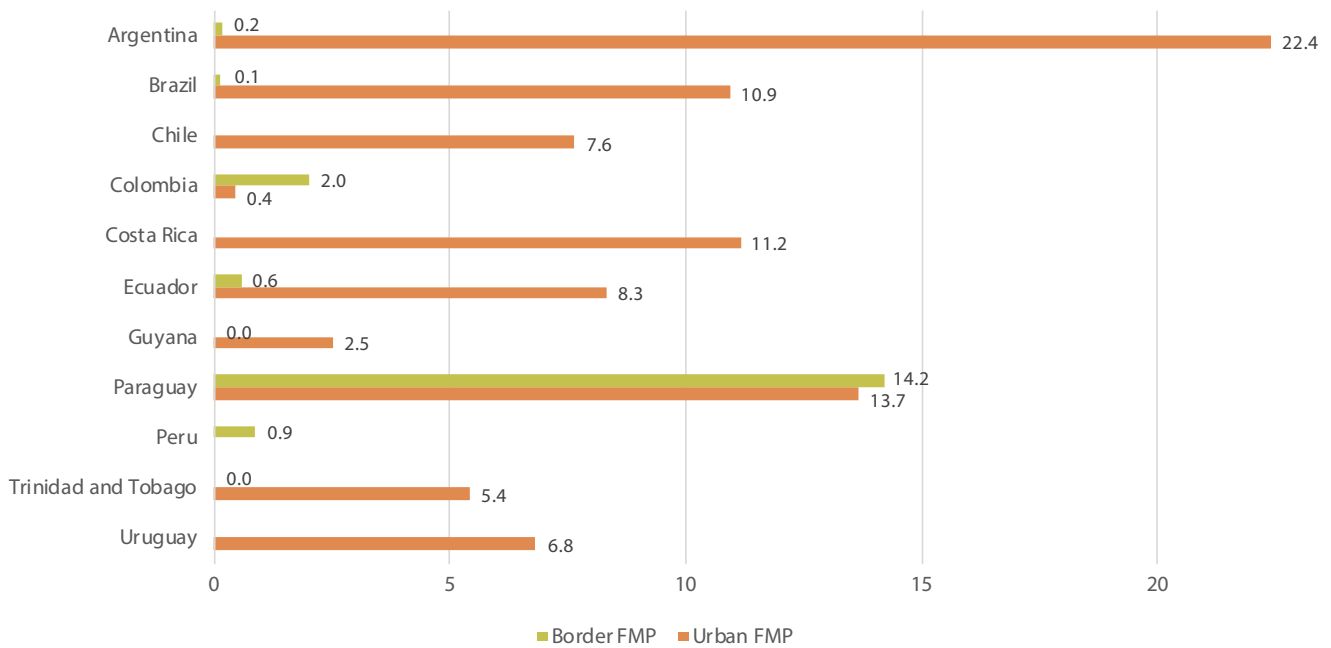
Data collected using the DTM shed light on several dimensions of migration in 11 countries in Latin America and the Caribbean during 2019. These include the time and money refugees and migrants spent traveling, difficulties they faced in their journeys, and their intentions to either remain in the host country, return home, or travel onwards.

The duration of respondents' journeys tended to be related to the distance between their host country and their country of origin, which in more than 99 percent of cases in this DTM dataset was Venezuela. This proportion was similar across all sample countries, except for Guyana, where 90 percent of respondents said their nationality was Venezuelan, nearly 10 percent said they were Guyanese-Venezuelan dual nationals, and less than 1 percent said they only held Guyanese citizenship or were Brazilian-Venezuelan dual nationals. No other country in the sample registered more than 5 percent of respondents with a second nationality.

MPI estimated the median duration of respondents' trips using the date they reported starting their journey and the date they were interviewed, which occurred at flow monitoring points (FMP) located both at border ports of entry and in urban locations.

FIGURE 1

Median Time Since Respondents Left Venezuela (in months), by FMP Type and Host Country, 2019



Note: The sample sizes for urban flow monitoring points (FMPs) were 244 (Argentina), 2,144 (Brazil), 122 (Chile), 1,576 (Colombia), 1,166 (Costa Rica), 8,631 (Ecuador), 921 (Guyana), 226 (Paraguay), 2,140 (Trinidad and Tobago), and 680 (Uruguay). No interviews were administered at urban FMPs in Peru. The sample sizes for FMPs at border entry points were 258 (Argentina), 200 (Brazil), 122 (Chile), 7,006 (Colombia), 1,172 (Costa Rica), 1,949 (Ecuador), 4,289 (Peru), and 211 (Paraguay). No interviews were administered at entry-point FMPs in Chile, Costa Rica, Guyana, Trinidad and Tobago, and Uruguay.

Source: Authors’ tabulation of International Organization for Migration (IOM) data from the Displacement Tracking Matrix (DTM), collected between January and December 2019, and shared with the Migration Policy Institute (MPI).

Figure 1 shows the median time since respondents left Venezuela by FMP type. Overall, trips to Colombia, Guyana, and Peru did not exceed two and a half months, while those to Ecuador, Trinidad and Tobago, and Uruguay took between five and eight and a half months. In contrast, those interviewed in more remote countries—Argentina, Chile, Costa Rica, and Paraguay—registered median trips of seven and a half months or more. Overall, respondents surveyed at borders registered considerable shorter trips than respondents in urban areas. For example, the difference between respondents by FMP type in Argentina, Brazil, and Ecuador, each of which fall into a different one of the three groups of countries in this analysis, could be explained by the fact that those living in cities may have been residing in the host country for considerably longer than those surveyed at the borders. The longer trip duration among re-

spondents at the Paraguayan border and the shorter duration of trips for those in Uruguay could be related to the respondents’ modes of transportation.

The cost of respondents’ travels and their modes of transportation also varied across countries, as shown in Table 1.⁸ For instance, 77 percent of respondents in Brazil reported investing a median sum of less than USD 100, and the entire group declared that they had traveled by land. Seventy-one percent of respondents in Ecuador and 47 percent of those in Paraguay spent between USD 100 and 500, and nearly two-thirds of those in Paraguay had traveled by land. In Guyana and Trinidad and Tobago, approximately 80 percent of respondents invested between USD 100 and 500, and most traveled by sea.

TABLE 1
Trip Cost and Mode of Transportation (in USD), by Host Country, 2019

Country	Share of Respondents* Who Paid:					Most Common Mode of Transport**
	Less than \$100	\$100 – \$500	\$500 – \$1,000	More than \$1,000	Unknown	
Argentina	1%	27%	44%	22%	6%	Air (75%)
Brazil	77%	10%	0%	0%	13%	Land (100%)
Chile	1%	34%	44%	19%	2%	Air (81%)
Costa Rica	0%	12%	48%	37%	2%	Air (95%)
Ecuador	22%	71%	5%	1%	1%	-
Guyana	20%	79%	1%	0%	0%	Sea (81%)
Paraguay	5%	47%	29%	13%	7%	Land (61%)
Trinidad and Tobago	7%	80%	5%	1%	6%	Sea (88%)
Uruguay	1%	27%	49%	21%	3%	Air (57%)

* No data were collected for the question on trip cost in Colombia and Peru.

** No data were collected for the question on mode of transportation in Colombia, Ecuador, and Peru.

Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

The cost of the trip seems to increase with distance; almost half of the respondents in Argentina, Chile, Costa Rica, and Uruguay reported investing between USD 500 and 1,000, and in most cases they flew to the country where they were interviewed. Finally, 37 percent of respondents in Costa Rica said they spent more than USD 1,000, with this cost again likely linked to the high rate of air travel.

TABLE 2
Main Challenges Respondents Reported Facing on Their Journeys, by Host Country, 2019

Country	Lack of Financial Resources	Access to Food	No Place to Sleep	Lack of Transport	Lack of Safety	Issues with Migration Documents	Lack of Information	Health	Arrests
Argentina	14%	8%	24%	23%	29%	24%	9%	5%	1%
Brazil	48%	34%	27%	39%	26%	8%	12%	10%	2%
Chile	4%	0%	0%	0%	0%	0%	0%	0%	0%
Colombia	91%	46%	31%	48%	28%	31%	56%	21%	2%
Costa Rica	60%	17%	13%	4%	32%	18%	13%	15%	0%
Ecuador	62%	29%	24%	16%	30%	19%	5%	17%	2%
Guyana	71%	80%	66%	35%	6%	6%	10%	9%	1%
Paraguay	13%	32%	28%	12%	20%	28%	12%	20%	0%
Peru	48%	20%	8%	47%	23%	24%	14%	14%	8%
Trinidad and Tobago	14%	14%	11%	6%	10%	5%	6%	4%	4%
Uruguay	32%	16%	25%	16%	29%	19%	16%	8%	3%

Notes: The sample sizes for this question were 78 (Argentina), 317 (Brazil), 79 (Chile), 6,811 (Colombia), 175 (Costa Rica), 3,698 (Ecuador), 306 (Guyana), 25 (Paraguay), 657 (Peru), 2,166 (Trinidad and Tobago), and 140 (Uruguay). Data for Colombia were collected in DTM Round 6, data for Peru in Round 7, and data for Paraguay in Round 1. Other challenges include deportations, which in no case exceeded 2 percent of a country's sample.

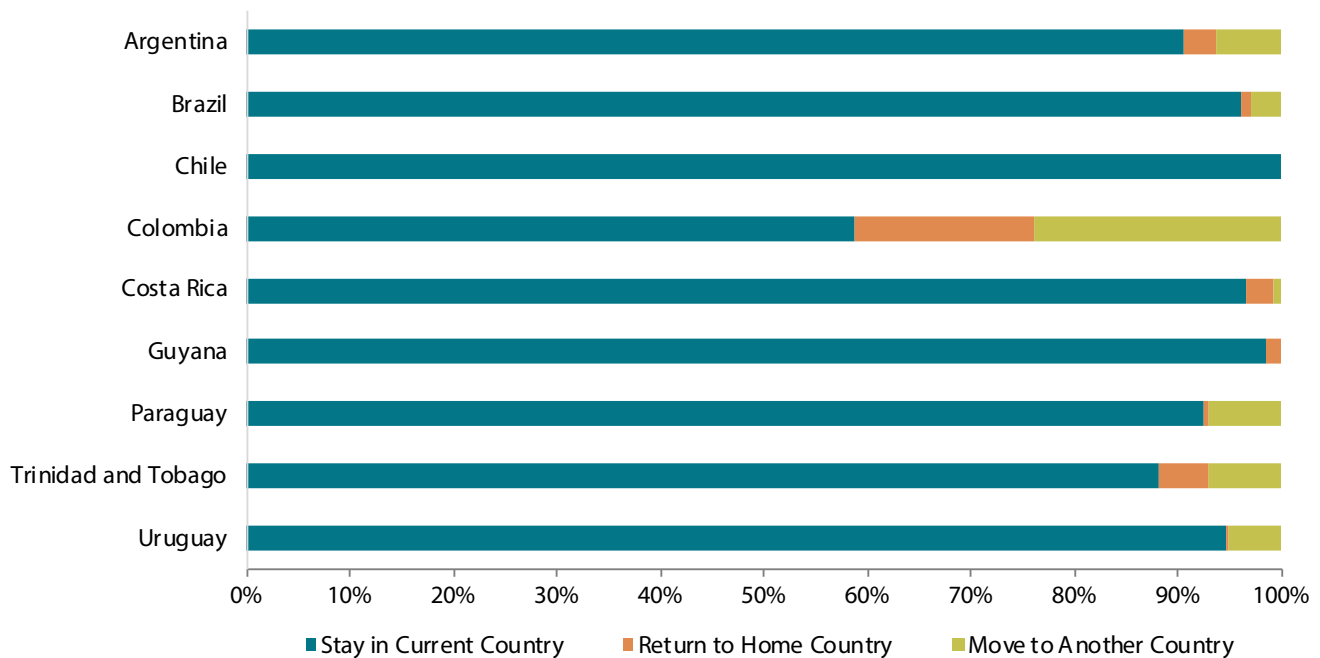
Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

DTM respondents also provided information about the difficulties they experienced in their trip. Across countries, the challenges most commonly reported, in order of frequency, were a lack of financial resources, food scarcity, lack of a place to sleep, lack of safety, lack of means of transportation, issues with migration documents, lack of information, and health (see Table 2). Respondents in Colombia⁹ registered the largest share of respondents (91 percent) who experienced financial problems while traveling, followed by those in Guyana, Ecuador, and Costa Rica. In Guyana, 80 percent of respondents expressed concern about food insecurity, as did somewhat smaller shares of respondents in Colombia (46 percent) and Brazil (34 percent). Other common problems included finding a place to sleep for respondents in Guyana and Colombia; means of transportation for those in Colombia and Peru; and information about services and other means of improving their trip for respondents in Colombia.

Nearly one-third of respondents in Colombia reported issues with migration documents, as did 24 percent of respondents at border entry points in Peru. This may be related to the relatively large share of respondents in the Colombian sample who regularly travelled back and forth between countries and the location of the FMPs where the DTM interviews were held (exclusively at border points). These respondents had more exposure to border agents and, therefore, were more likely to be asked to present their migration documents. Data on migration challenges for Argentina, Chile, and Paraguay should be interpreted carefully, given the small sample sizes for these countries.

Most DTM respondents said they had no intention of returning to their home country. Among respondents in Colombia, 17 percent declared they intended to return to Venezuela, but a much larger 58 percent said they planned to stay in Colombia and 24

FIGURE 2
Respondents' Travel Plans, by Host Country, 2019



Notes: Data for Brazil were collected in DTM Round 5 and those for Guyana in Round 3. The sample sizes for this question were 544 (Argentina), 636 (Brazil), 106 (Chile), 9,380 (Colombia), 1,176 (Costa Rica), 332 (Guyana), 440 (Paraguay), 2,166 (Trinidad and Tobago), and 683 (Uruguay). No data are available for Ecuador and Peru.

Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

percent said they would move on to another country.¹⁰ In every other country in the sample, 5 percent or less of respondents indicated they intended to return. At the same time, more than four-fifths of respondents in all countries except Colombia said they planned to stay where they were; this response was given by 100 percent of respondents in Chile, 98 percent of those in Guyana, 97 percent in Costa Rica, 96 percent in Brazil, 95 percent in Uruguay, 93 percent in Paraguay, 91 percent in Argentina, and 87 percent in Trinidad and Tobago.

Among respondents who said they planned to travel onward to another country eventually, their intended destinations varied. A few expressed an interest in reaching Barbados, the Plurinational State of Bolivia, Honduras, Panama, and Suriname (each destination country accounted for less than 0.5 percent of those respondents who said they would move onward), while others expressed their intention to migrate to destinations outside of the region, including Australia, Canada, Germany, Ireland, Italy, Kuwait, Portugal, Spain, Sweden, and the United States (each 0.25 percent or less). Those who follow through on these intentions will add to the global

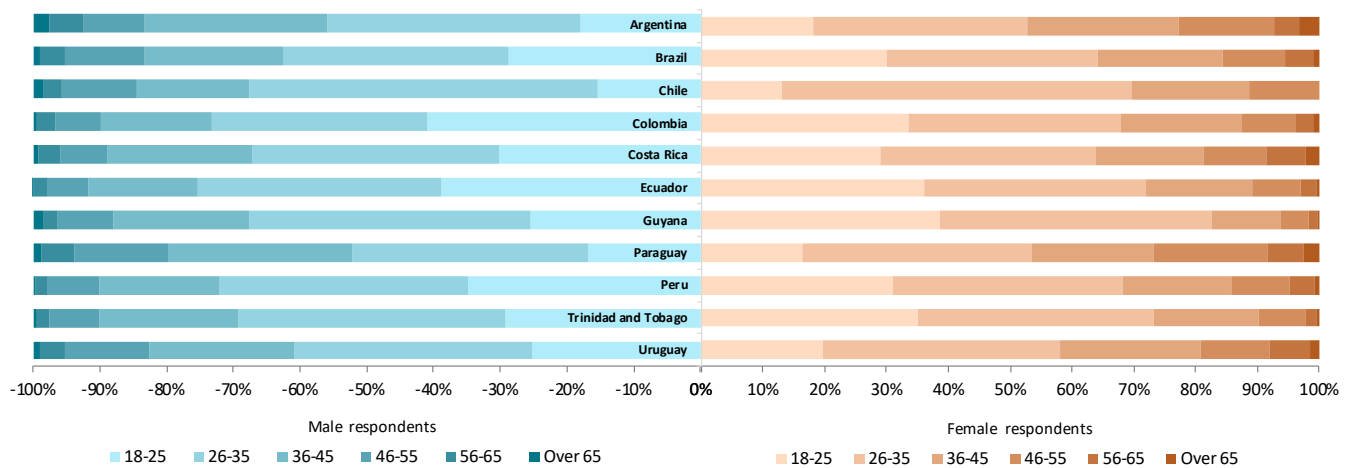
flow of Venezuelan refugees and migrants that has increased in recent years, and some will likely encounter additional vulnerabilities as they travel overseas and face additional migration requirements and procedures.

3 A Demographic Profile of Surveyed Refugees and Migrants

The data collected via the DTM also offer a demographic profile of refugees and migrants moving through the region in 2019. In most sample countries, there was a rough balance in the proportion of male and female respondents. However, in Brazil, Chile, Guyana, and Trinidad and Tobago, the difference between these groups was 15 percent or more. Almost 58 percent of respondents in Chile and Trinidad and Tobago were male, while nearly 60 percent of respondents in Brazil and Guyana were female.

Most respondents in the sample were age 35 or younger. As Figure 3 shows, more than 60 percent

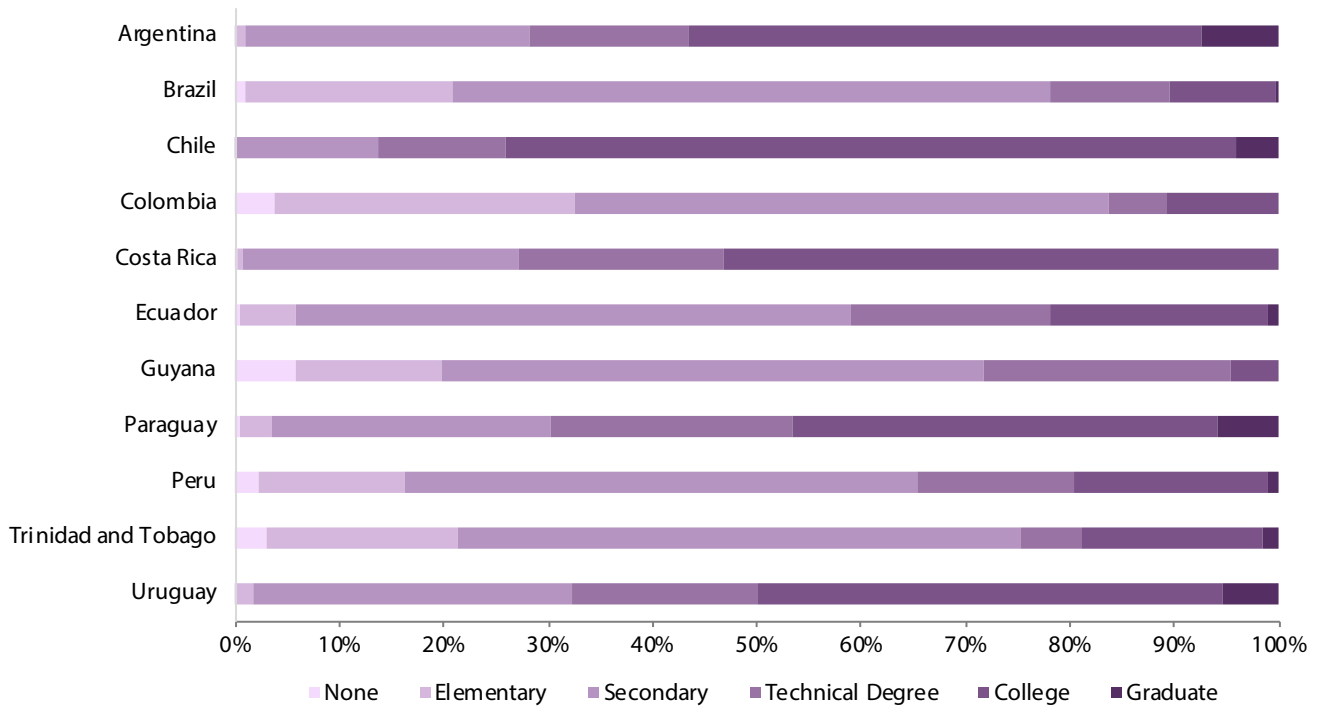
FIGURE 3
Age and Gender of Respondents, by Host Country, 2019



Notes: The sample sizes for this question were 544 (Argentina), 2,403 (Brazil), 124 (Chile), 9,380 (Colombia), 1,176 (Costa Rica), 10,768 (Ecuador), 946 (Guyana), 440 (Paraguay), 4,290 (Peru), 2,166 (Trinidad and Tobago), and 683 (Uruguay). Brazil, Colombia, Ecuador, and Uruguay gave respondents the option to select “other” for this question, but in no country did this response exceed 0.5 percent of the total.

Source: Authors’ tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

FIGURE 4
Highest Level of Educational Attainment among Respondents, by Host Country, 2019



Note: The sample sizes for this question were 544 (Argentina), 2,403 (Brazil), 124 (Chile), 9,380 (Colombia), 1,176 (Costa Rica), 10,768 (Ecuador), 946 (Guyana), 440 (Paraguay), 4,290 (Peru), 2,166 (Trinidad and Tobago), and 681 (Uruguay).
 Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

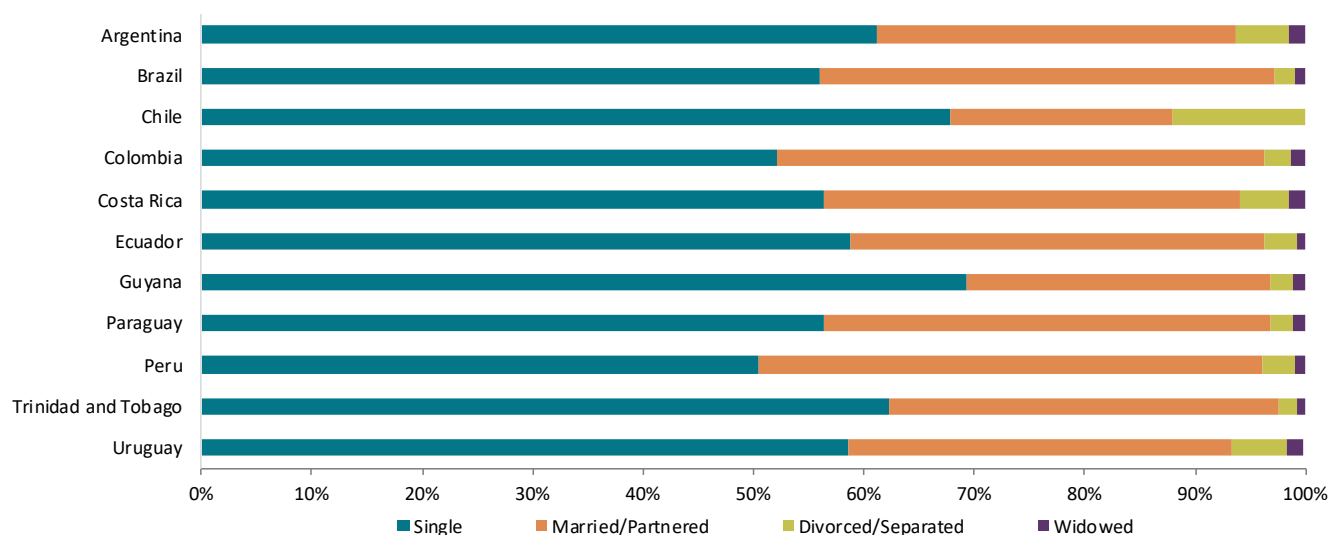
of respondents in every sample country except for Argentina, Paraguay, and Uruguay were under 36 years old; in these three countries, however, this age group still represented more than half of respondents. Respondents' ages can have significant implications in their ability to integrate into the host-country labor market, find a partner if single, build a home, and have a family. These data are relevant to policy-making in all of the sample countries, but particularly in those where respondents expressed the intent to stay long term and where significant shares were 35 years old or younger.

Educational attainment among respondents varied widely among the host countries, as detailed in Figure 4. In the countries farthest from Venezuela—Argentina, Chile, Costa Rica, Paraguay, and Uruguay—respondents with a college degree or

more constituted around half to three-quarters of DTM respondents (from 49 percent in Paraguay to 74 percent in Chile). Meanwhile, in Ecuador and Peru, around 20 percent of respondents had a college education or higher, while 19 percent and 15 percent, respectively, had technical degrees. In contrast, in Venezuela's immediate neighbors—Colombia, Brazil, Guyana, and Trinidad and Tobago—the overall educational attainment of respondents was lower, with most reporting secondary school as their highest completed level. These levels of human capital are crucial for host countries to understand as they design policies to incorporate refugees and migrants into their labor markets and educational systems.

The largest share of respondents in the sample declared they were single, a trend that could be related to the overall youth of most respondents; 18-to-25-

FIGURE 5
Relationship Status of Respondents, by Host Country, 2019



Notes: The sample sizes for this question were 544 (Argentina), 2,403 (Brazil), 124 (Chile), 9,378 (Colombia), 1,176 (Costa Rica), 10,768 (Ecuador), 946 (Guyana), 440 (Paraguay), 4,289 (Peru), 2,166 (Trinidad and Tobago), and 681 (Uruguay). Peru and Trinidad and Tobago registered a “no answer” option for this question, but in no country did this response exceed 0.05 percent of the total.

Source: Authors’ tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

year-olds made up between 15 percent and 38 percent of respondents in each country. The proportion of respondents who said they were married or had a partner is similar in most of the sample countries, ranging between 30 percent and 46 percent, with the exception of Chile and Guyana, where this was the case for 20 percent and 27 percent of respondents, respectively.

Analysis of data collected via the DTM found that most respondents in many sample countries had traveled with family members. This was the case in Costa Rica (96 percent), Brazil (87 percent), Chile and Uruguay (each with 83 percent), Paraguay (82 percent), Trinidad and Tobago (70 percent), Argentina (61 percent), Peru (57 percent), and Colombia (54 percent). A notable proportion of respondents in Colombia, Ecuador, and Peru reported traveling alone (46 percent, 45 percent, and 36 percent, respectively). And in Guyana, though the proportion of respondents traveling with family was fairly high (46 percent), most respondents said they had traveled with groups of non-relatives (53 percent).

DTM respondents also provided information about their travel documents and migration status. For each country, DTM teams on the ground collected data based on specific country dynamics and legislation. However, a multitude of conditions at each FMP in the region influenced the answers that respondents gave about their travel documents. Likewise, different immigration policies across countries create a non-homogenous classification of respondents’ migration statuses, which differ from county to country. Given this complexity, the regional office recategorized this variable to improve comparison for this analysis.

Whereas the vast majority of respondents declared they had an identification document at the time of the interview,¹¹ respondents described some differences in the documents they used to cross borders or otherwise enter the country where the interview took place. In Argentina, Chile, Costa Rica, Paraguay, and Uruguay, at least 78 percent of respondents claimed they had crossed while carrying a passport. In contrast, 95 percent of respondents in Guyana, 85

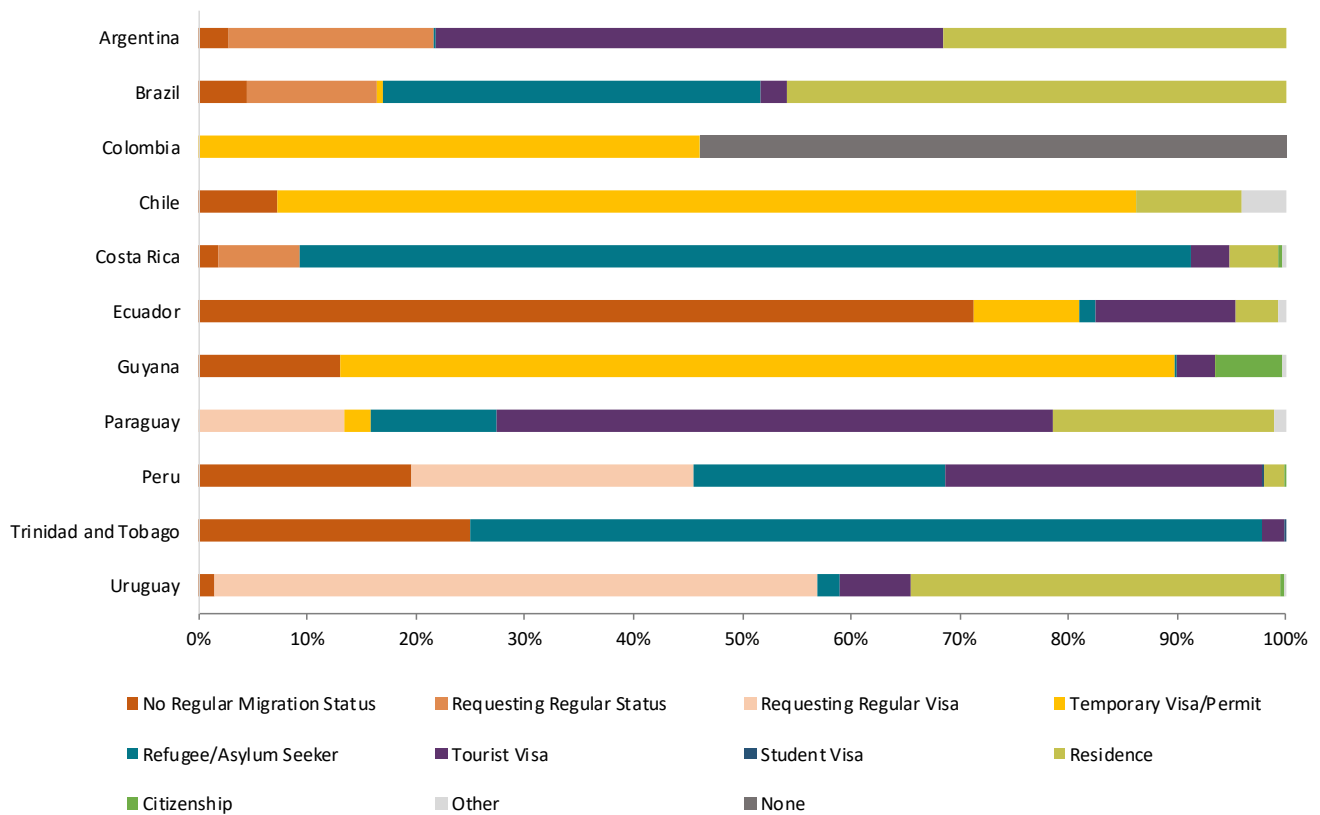
percent in Brazil, 69 percent in Ecuador, and 56 percent in Trinidad and Tobago said they had crossed while carrying a national ID card from their home country. Respondents in Peru were divided into halves, between those carrying a national ID card and those with a passport. Overall, however, slightly more than half of all respondents said they crossed while carrying a passport. Data on the document respondents carried to enter Colombia were not collected.

The migration or visa status of respondents was closely related to the identification documents they presented to cross borders. As shown in Figure 6, the countries are divided in terms of the statuses respondents reported holding. In three countries—

Chile, Guyana, and Paraguay—most respondents were staying in the country with a valid temporary visa, either for tourism, to study, or for other purpose. Important shares of respondents in Costa Rica (81 percent) and Trinidad and Tobago (69 percent) said they were refugees or were granted asylum, as did a smaller share in Brazil (35 percent). In Uruguay, 56 percent of respondents said they were in the process of regularizing their visa and 34 percent said they were residents. The only other countries where a large share of respondents mentioned having residence in their host country were Brazil (46 percent)¹² and Argentina (31 percent).

Argentina and Peru registered diverse migration statuses among respondents. While the largest share

FIGURE 6
Migration or Visa Status* of Respondents, by Host Country, 2019



* Migration or visa status was self-reported in this survey.

Note: The sample sizes for this question were 544 (Argentina), 2,403 (Brazil), 26 (Chile), 9,069 (Colombia), 1,169 (Costa Rica), 9,429 (Ecuador), 903 (Guyana), 373 (Paraguay), 3,998 (Peru), 2,049 (Trinidad and Tobago), and 681 (Uruguay).

Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

said they were staying in the country with a tourism or temporary visa (47 percent and 29 percent, respectively), some were in the process of regularizing either their migration status or visa. Irregular migrants made up relatively small shares in most countries, with less than 15 percent of respondents in all but Ecuador (where they were 71 percent of respondents), Trinidad and Tobago (24 percent), and Peru (19 percent). Respondents in Colombia constitute a special case in this sample, with 52 percent of them declaring no specific migration status in the country and 45 percent saying they entered Colombia on a temporary permit.¹³

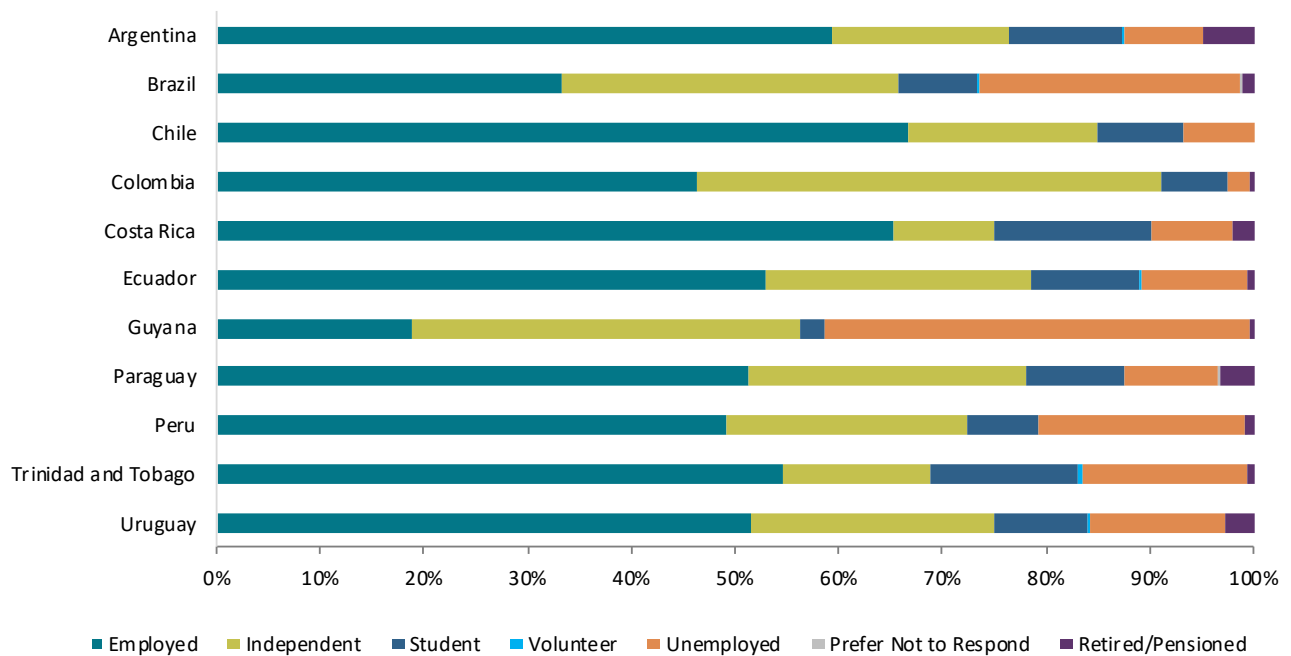
their employment and remittances. Respondents described their employment status both before migrating (Figure 7) and in the country where IOM conducted the survey (Figures 8 and 9). In all sample countries, most respondents reported being either employees or independent workers in their home country (Venezuela in nearly all cases). However, respondents in Guyana also reported a high level of unemployment before leaving their country (41 percent). Those in Brazil and Peru reported somewhat lower but nonetheless notable levels of pre-migration unemployment (25 percent and 20 percent, respectively).

4 Employment and Income

The DTM survey also collected information on refugees' and migrants' economic activities, including

Depending on where they were surveyed—at the border or in an urban area—different shares of respondents claimed to have a remunerated activity in their host country. For example, in countries where it is possible to see the difference between the two types of FMP locations, migrants in urban areas

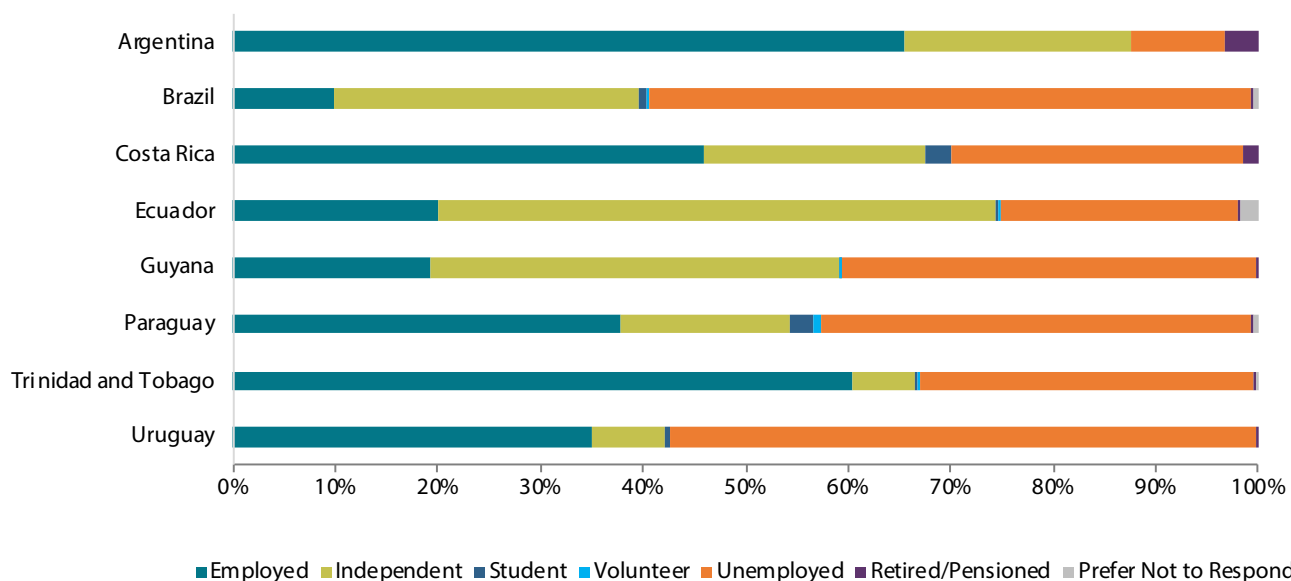
FIGURE 7
Respondents' Employment Status before Migrating, by Host Country, 2019



Notes: The sample sizes for this question were 542 (Argentina), 2,403 (Brazil), 120 (Chile), 1,176 (Costa Rica), 8,293 (Colombia), 10,719 (Ecuador), 939 (Guyana), 440 (Paraguay), 4,290 (Peru), 2,166 (Trinidad and Tobago), and 681 (Uruguay). Guyana gave respondents the option to select "other" for this question, but this response did not exceed 0.5 percent of the total.
Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

FIGURE 8

Respondents' Employment Status after Migrating, by Host Country, 2019



Notes: The sample sizes for this question were 243 (Argentina), 2,301 (Brazil), 1,176 (Costa Rica), 9,789 (Ecuador), 946 (Guyana), 379 (Paraguay), 2,003 (Trinidad and Tobago), and 681 (Uruguay). In Argentina, information for this question was only collected at urban FMPs. No data were collected for this question in Colombia, Chile, and Peru. Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

tended to have higher employment rates than those surveyed at border entry points. The difference is particularly significant in Brazil (41 percent versus 8 percent) and in Ecuador (78 percent versus 40 percent).

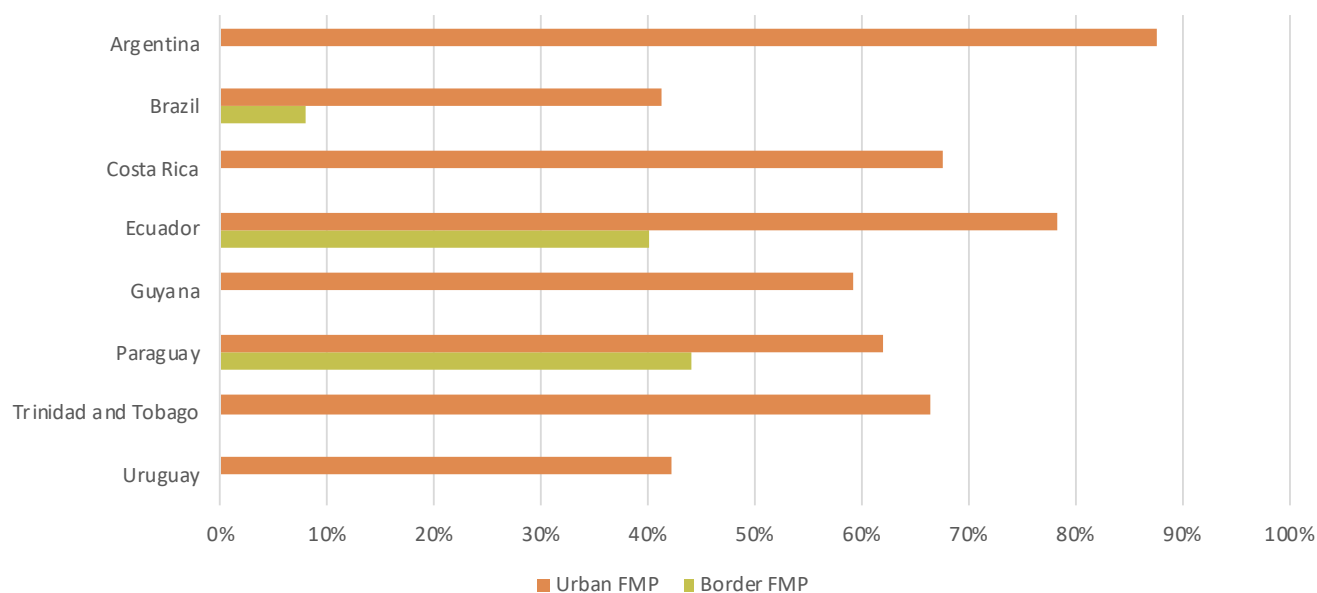
Across sample countries, most respondents described having worked in one of the following sectors before they left their country: commerce, education, industrial work, health, transportation, tourism and hospitality, or government.

Across sample countries, most respondents described having worked in one of the following sectors before they left their country: commerce, education, industrial work, health, transportation, tourism and hospitality, or government. There were some distinctions by host country, however. Among

respondents in Argentina who were economically active before migrating, commerce (17 percent), industrial activities (11 percent), and health services (10 percent) were their main sectors of experience. In Chile, 19 percent of those who had worked before leaving their home country had held jobs in the industrial sector and 13 percent were in education. And in Colombia, 26 percent of those who had worked before migrating had done so in commerce, and 10 percent in tourism and hospitality services, a sector that registered considerable growth before the COVID-19 pandemic as part of the peace deal in the country. Public servants were well represented in Ecuador and Trinidad and Tobago (25 percent and 21 percent, respectively, of those who had worked in their home country). Meanwhile, 13 percent of respondents in Costa Rica and 8 percent in Uruguay said they were students before departing Venezuela.

The employment situation after their displacement was significantly different for many respondents. In six of the eight countries for which both pre- and

FIGURE 9
Respondents' Who Declared Being Employed or Working Independently after Migrating, by FMP Type and Host Country, 2019



Notes: The sample sizes for urban FMP were 243 (Argentina), 2,189 (Brazil), 1,176 (Costa Rica), 8,770 (Ecuador), 946 (Guyana), 216 (Paraguay), 2,003 (Trinidad and Tobago), and 681 (Uruguay). The sample sizes for FMP at border entry points were 112 (Brazil), 1,019 (Ecuador), and 163 (Paraguay). No information about labor status was collected at entry-point FMP in Argentina and no interviews were conducted entry-point FMP in Chile, Costa Rica, Guyana, Trinidad and Tobago, and Uruguay.
 Source: Authors' tabulation of International Organization for Migration (IOM) data from the Displacement Tracking Matrix (DTM), collected between January and December 2019, and shared with the Migration Policy Institute (MPI).

post-migration employment data were available (Brazil, Costa Rica, Ecuador, Paraguay, Trinidad and Tobago, and Uruguay), the share of respondents who were unemployed was two to four times larger after migration. Meanwhile, the proportion of unemployed respondents was similar before and after migrating for respondents in Guyana (41 percent versus 40 percent) and in Argentina (8 percent versus 9 percent).

Among respondents who reported being employed or working independently after leaving their country, the DTM survey also gathered information about whether they were working in the formal or informal economy. There are clear differences across host countries, as displayed in Figure 10. In Costa Rica and Uruguay, most working respondents reported holding a job in the formal sector. In Paraguay, the distribution was almost evenly divided between

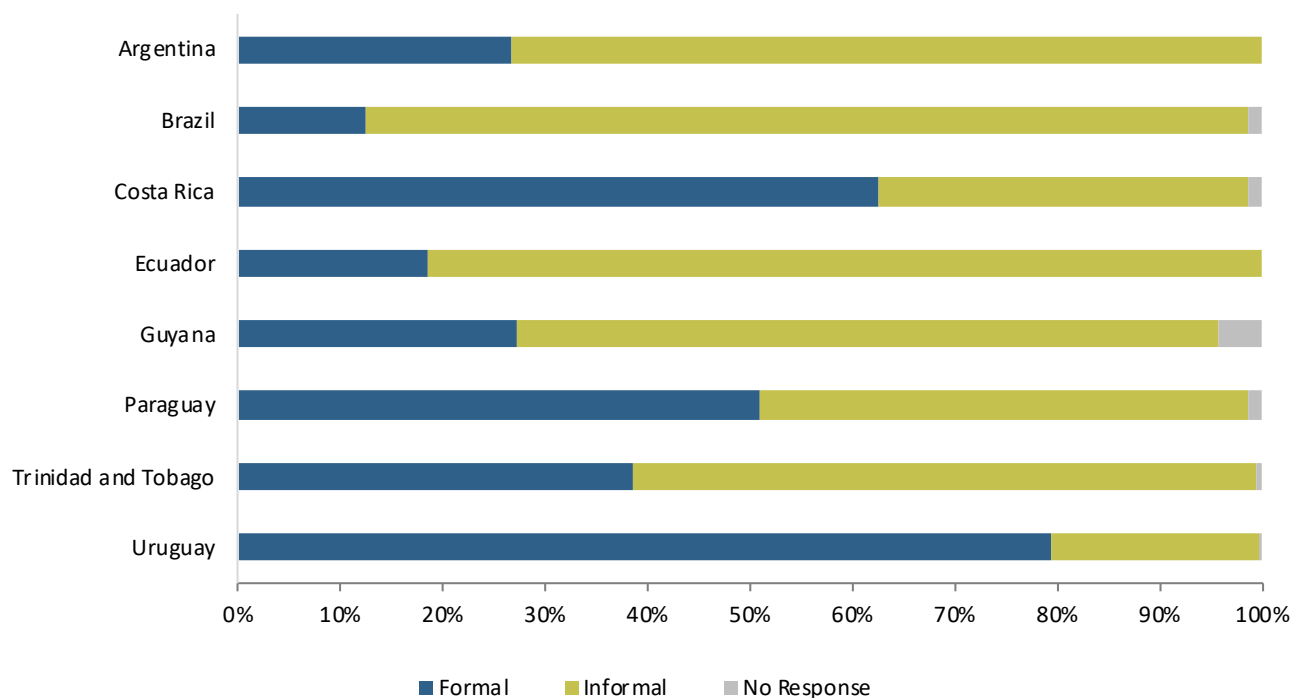
the two sectors. In all the other sample countries, a majority of working respondents reported informal economic activity.

In six of the eight countries for which both pre- and post-migration employment data were available ... the share of respondents who were unemployed was two to four times larger after migration.

Overall, DTM data show high levels of unemployment and informal employment in many receiving countries. This may be due in part to 40 percent of the data having been collected at border points, airports, and bus terminals, where refugees and migrants may not yet have been actively employed

FIGURE 10

Respondents' Participation in the Formal versus Informal Economy, by Host Country, 2019



Notes: The sample sizes for this question were 90 (Argentina), 913 (Brazil), 814 (Costa Rica), 7,281 (Ecuador), 206 (Guyana), 206 (Paraguay), 1,314 (Trinidad and Tobago), and 288 (Uruguay). Only respondents who said they were employed, students, or working independently were asked this question. In Argentina, the DTM survey only collected information for this question from respondents at an urban FMP. No data were collected for this question in Chile, Colombia, and Peru.

Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

in the new country. More research is needed to understand employment trends among refugees and migrants in the months and years after arrival—data that can inform government efforts to improve the systems for certifying newcomers' skills and providing them access to training programs.

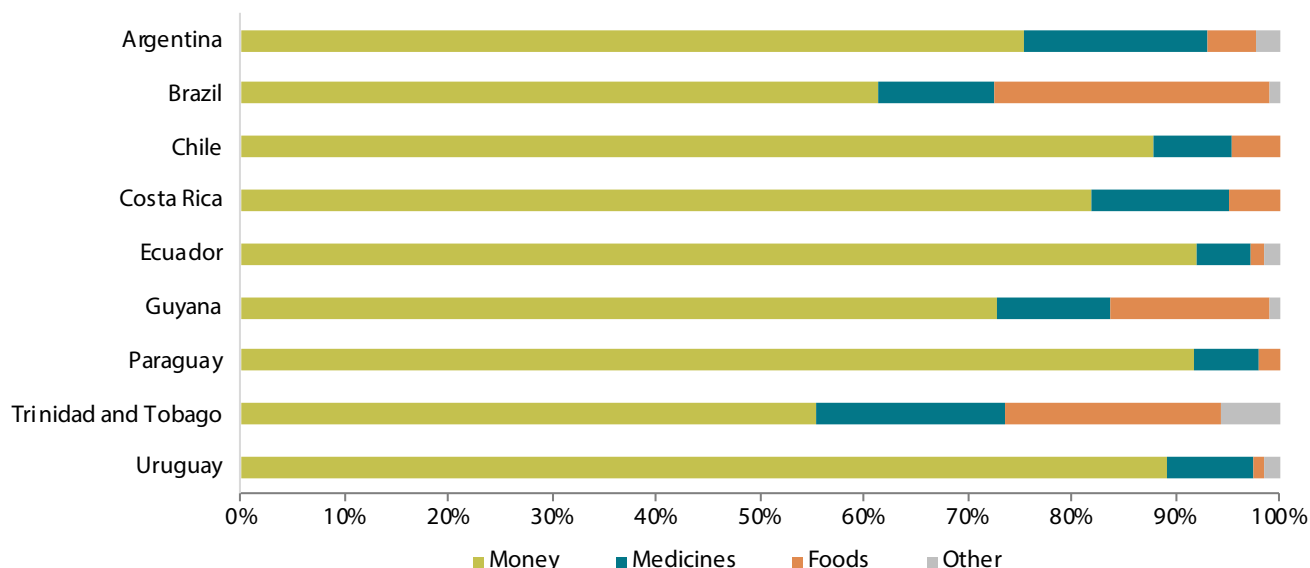
Most respondents reported having economic dependents. In Colombia, Guyana, and Trinidad and Tobago, this was the case for more than 80 percent of respondents. When asked about sending remittances or other resources back to their home countries, responses differed across host countries. Most respondents in Trinidad and Tobago (73 percent), Ecuador (56 percent), and Paraguay (53 percent) sent remittances or other resources home. Roughly half of respondents in Chile, and more than one-third of those in Brazil, Guyana, and Uruguay, also reported

doing so, as did smaller proportions of respondents in Argentina (26 percent) and Costa Rica (21 percent).

Respondents also indicated what kind of resources they sent. As shown in Figure 11, most respondents who sent resources home sent money. In some cases, respondents also said they sent medicine, food, or other resources; this was the case for 45 percent of those who sent resources home from Trinidad and Tobago, 39 percent of those in Brazil, 27 percent in Guyana, and 25 percent in Argentina. Most respondents said they used informal value transfer services to send remittances home, except for respondents in Ecuador, where 50 percent used bank transfers. More than one-third of respondents in Uruguay and more than 20 percent of those in Argentina, Guyana,

FIGURE 11

Types of Resources Respondents Sent to Their Home Countries, by Host Country, 2019



Notes: The sample sizes for this question were 215 (Argentina), 1,198 (Brazil), 66 (Chile), 287 (Costa Rica), 5,687 (Ecuador), 417 (Guyana), 148 (Paraguay), 2,714 (Trinidad and Tobago), and 271 (Uruguay). No data were collected for this question in Colombia and Peru. Source: Authors' tabulation of IOM data from the DTM, collected between January and December, and shared with MPI.

and Trinidad and Tobago said they transferred resources via acquaintances.

5 Health Conditions and Access to Care

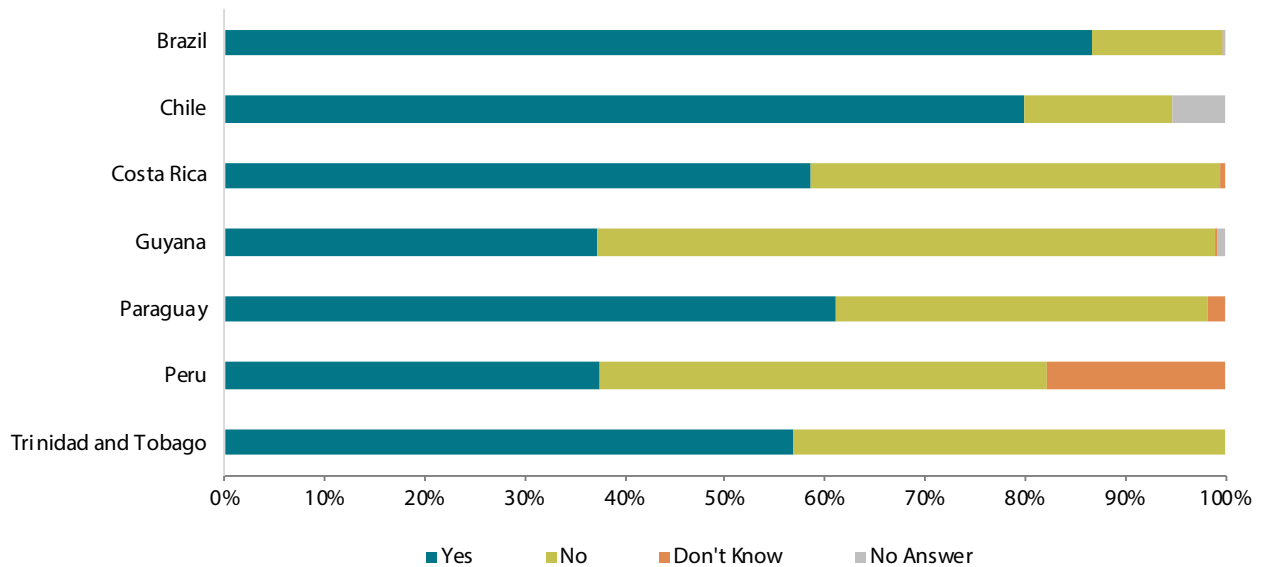
The DTM instruments include a rich set of questions about refugees' and migrants' health conditions, the characteristics of the health services available to them, and their use patterns.

Across host countries, survey respondents reported differences in their access to health care. Most respondents in Brazil (87 percent) and Chile (80 percent), and to a smaller extent in Paraguay (61 percent), Costa Rica (59 percent), and Trinidad and

Tobago (57 percent), said they had access to health services. In contrast, most of those in Guyana (62 percent) reported having no access. In Peru, the proportion of those who said they had access to health care (37 percent) was smaller than the share who said they did not (45 percent), and almost one-fifth of respondents said they did not know.

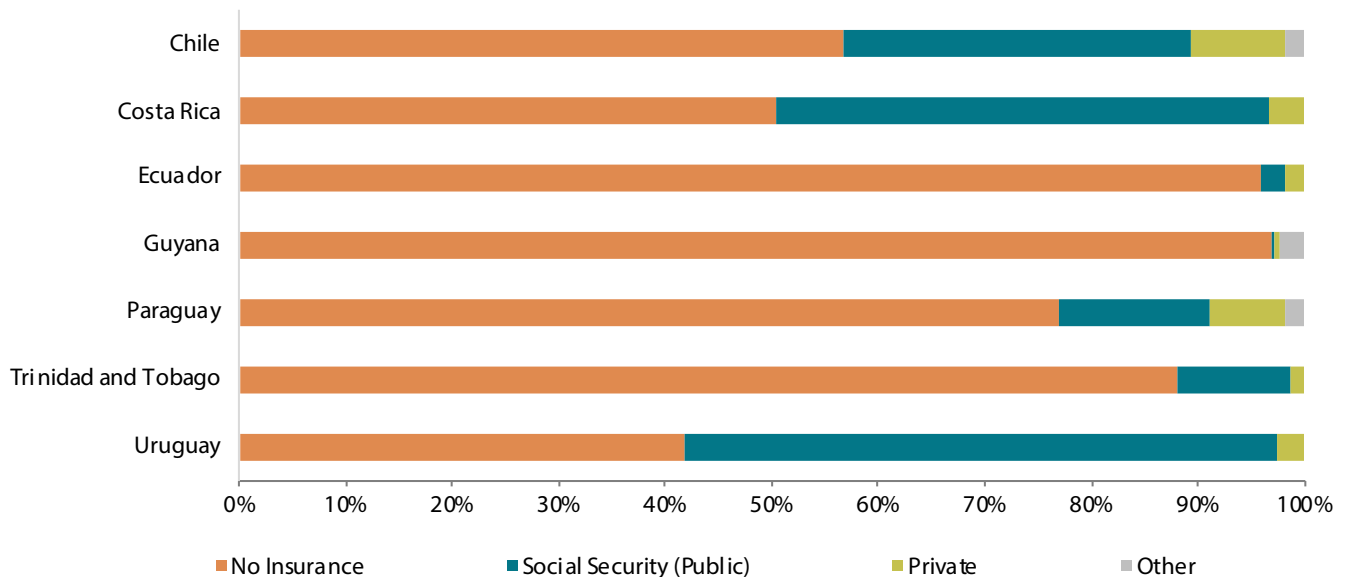
Throughout the region, most DTM respondents reported being uninsured, which seems likely to be the main reason many had not sought health care. More than 50 percent of respondents in Chile, Ecuador, Guyana, Paraguay, and Trinidad and Tobago said they had no insurance. In Costa Rica, half of respondents said they had either public or private health insurance, and most respondents in Uruguay reported having public insurance.

FIGURE 12
Access to Health Services among Respondents, by Host Country, 2019



Notes: The sample sizes for this question were 2,301 (Brazil), 115 (Chile), 1,176 (Costa Rica), 946 (Guyana), 3,055 (Peru), 113 (Paraguay), and 1,235 (Trinidad and Tobago). Data for Peru were collected in DTM Rounds 5 and 6 only, and data for Paraguay were collected in Round 1 only. No data were collected for this question in Argentina, Colombia, Ecuador, and Uruguay.
 Source: Authors' tabulation of IOM data from the DTM, collected between January and November 2019, and shared with MPI.

FIGURE 13
Health Insurance Coverage among Respondents, by Host Country, 2019



Notes: The sample sizes for this question were 113 (Chile), 1,176 (Costa Rica), 9,429 (Ecuador), 946 (Guyana), 113 (Paraguay), 2,003 (Trinidad and Tobago), and 681 (Uruguay). No data were collected for this question in Argentina, Colombia, Chile, and Peru.
 Source: Authors' tabulation of IOM data from the DTM, collected between January to December 2019, and shared with MPI.

As shown in Figure 14, respondents in many host countries used public services for health care. This was especially the case in Brazil, where 91 percent of respondents said they would turn to public health services to find care, as well as in Trinidad and Tobago (80 percent), Argentina (78 percent), Paraguay (70 percent), and Uruguay (62 percent), and to a smaller extent in Costa Rica (54 percent), Chile (47 percent), Ecuador (44 percent), and Guyana (30 percent). The percentage of respondents who declared they did not seek health care was considerably larger in some countries, such as Ecuador (41 percent), Costa Rica (25 percent), Uruguay (20 percent), Argentina (19 percent), Paraguay (15 percent), and Chile (13 percent), than in others, such as Brazil, Guyana, and Trinidad and Tobago, where these figures ranged from 2 percent to 5 percent.

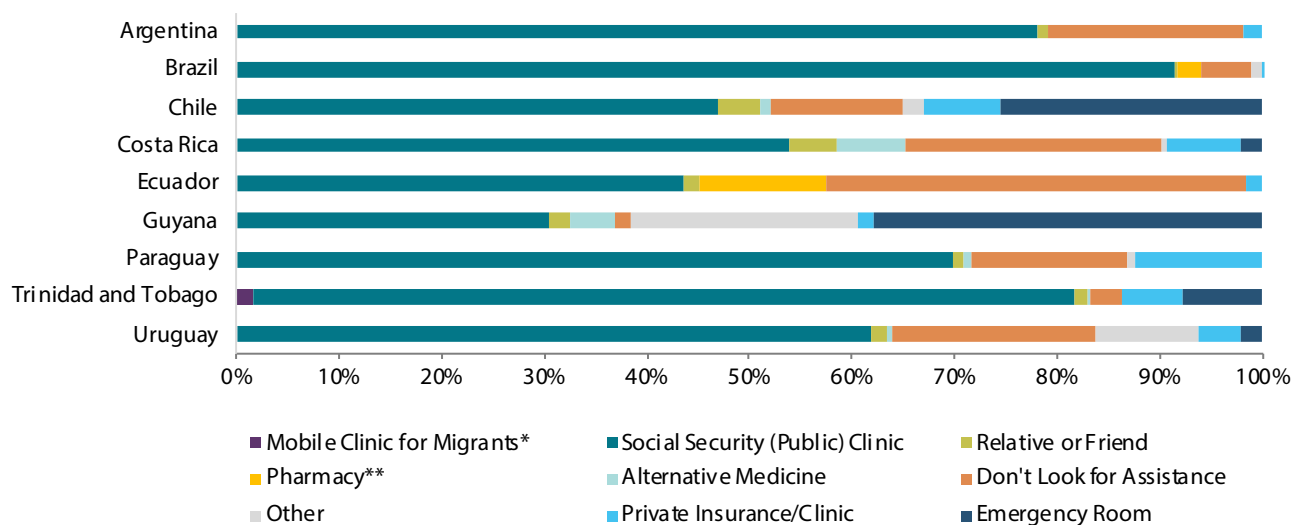
Guyana and Chile stand out for the relatively high use of emergency services among respondents (38 percent and 26 percent, respectively); these patterns

correlate with the percentages of uninsured refugees and migrants. The ratio of respondents who reported using private health services did not exceed 12 percent in any country, with the highest rate among respondents in Paraguay.

These patterns of use are notable when considering the prevalence of chronic health conditions among Venezuelan refugees and migrants. Overall, the DTM found that between 5 percent and 15 percent of respondents in Argentina, Colombia, Ecuador, Guyana, and Peru were suffering from chronic health conditions between mid-2018 and mid-2019.¹⁴

As for the health services respondents turned to when their children needed care, the patterns by country were broadly similar. However, in several countries (e.g., Brazil, Paraguay, and Uruguay), a smaller share of respondents said they would not look for any type of assistance for their children than for themselves.

FIGURE 14
Where Respondents Go to Receive Health Care, by Host Country, 2019



* Mobile clinics for migrants were only mentioned in Trinidad and Tobago (1.6 percent of respondents).

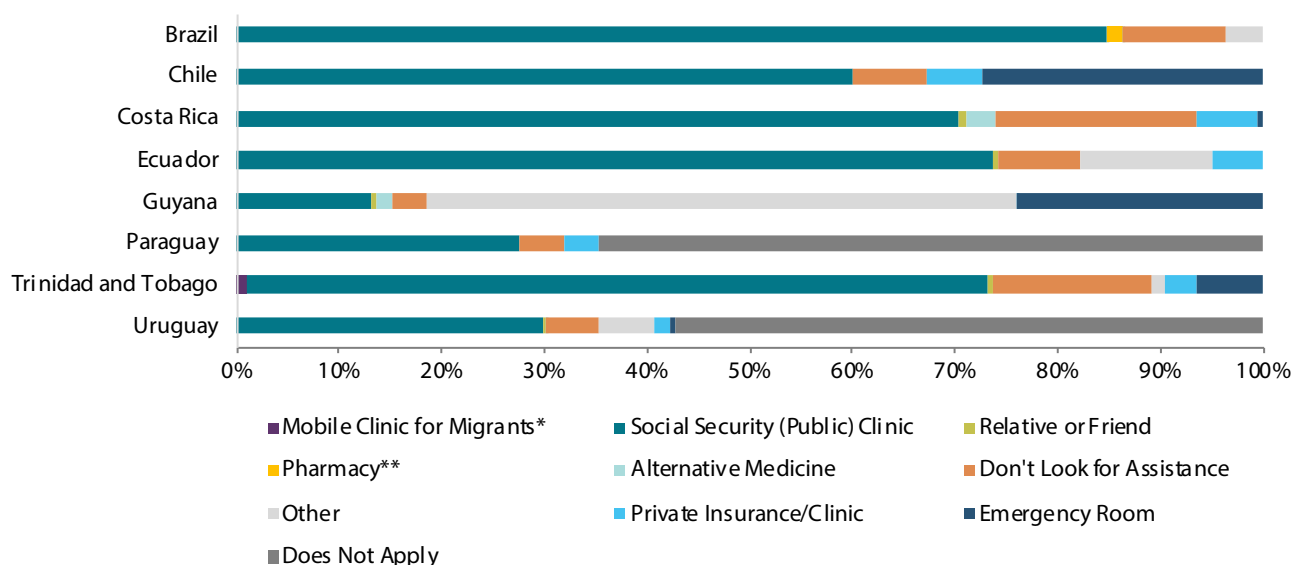
** Pharmacies were only mentioned in Brazil (2.5 percent of respondents) and Ecuador (12.4 percent of respondents).

Notes: The sample sizes for this question were 250 (Argentina), 2,301 (Brazil), 94 (Chile), 1,176 (Costa Rica), 9,429 (Ecuador), 873 (Guyana), 113 (Paraguay), 695 (Trinidad and Tobago), and 681 (Uruguay). No data were collected for this question in Colombia, Ecuador, and Peru.

Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

FIGURE 15

Where Respondents Take Their Children to Receive Health Care, by Host Country, 2019



* Mobile clinics for migrants were only mentioned in Trinidad and Tobago (less than 1 percent of respondents).

** Pharmacies were only mentioned in Brazil (1.4 percent of respondents).

Notes: The sample sizes for this question were 2,301 (Brazil), 55 (Chile), 472 (Costa Rica), 2,432 (Ecuador), 703 (Guyana), 113 (Paraguay), 548 (Trinidad and Tobago), and 681 (Uruguay). No data were collected in Argentina, Colombia, and Peru. The response “does not apply” indicates a respondent did not have children.

Source: Authors’ tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

TABLE 3

Respondents’ Sources of Information about Health Services, by Host Country, 2019

Country	Share of Respondents Who Found Information via						
	Relatives and Friends	Health Centers	Online	Migrant Organizations	Printed Materials in Public Spaces	Other	Not Sure Where to Go
Argentina	0%	25%	46%	0%	1%	10%	25%
Chile	34%	3%	45%	5%	4%	4%	6%
Costa Rica	20%	7%	19%	0%	7%	3%	43%
Ecuador	10%	39%	22%	1%	16%	3%	36%
Guyana	43%	1%	4%	0%	1%	24%	27%
Trinidad and Tobago	38%	4%	8%	5%	1%	1%	35%

Notes: This table shows the share of respondents from each country sample who answered “yes” when asked whether they used each information source. Rows may not add up to 100 percent because respondents could give a positive response for more than one source. The sample sizes for this question were 250 (Argentina), 112 (Chile), 1,176 (Costa Rica), 9,429 (Ecuador), 946 (Guyana), and 2,166 (Trinidad and Tobago). Data for Argentina and Ecuador in DTM Rounds 4 and 5 were collected only from urban FMPs. No data were collected for this question in Brazil, Colombia, Paraguay, Peru, and Uruguay.

Source: Authors’ tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

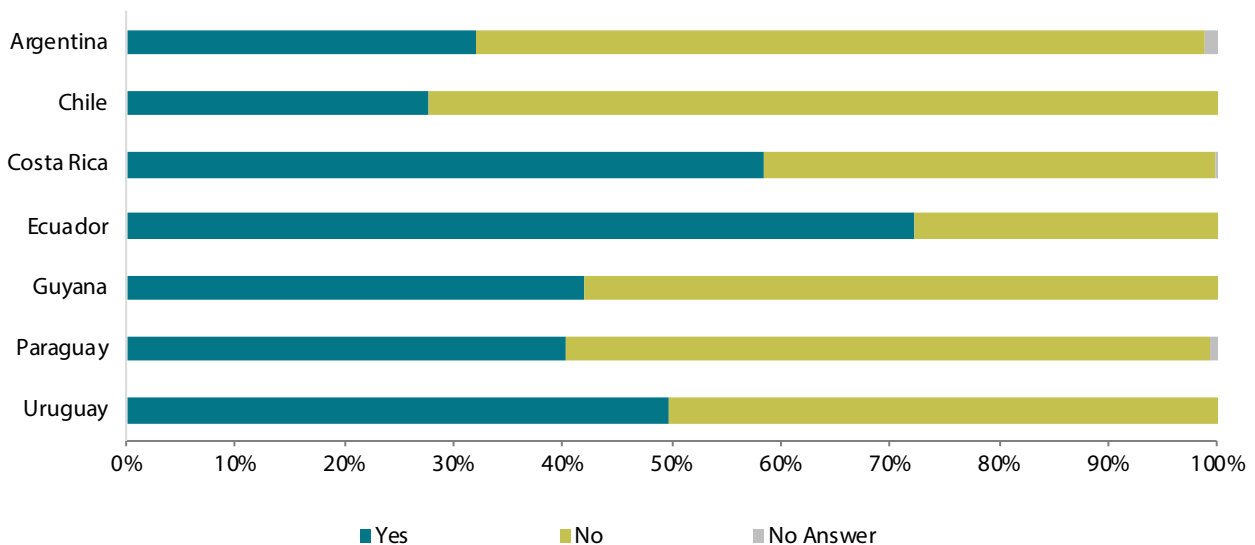
Surveyed respondents also described their sources of information about access to health services. Relatives and friends were the most frequently mentioned source in Guyana (by 43 percent of respondents), Trinidad and Tobago (38 percent), and Costa Rica (20 percent). Online information was the top source for respondents in Argentina (46 percent) and Chile (45 percent). More than one-third of respondents in Ecuador, and one-quarter of those in Argentina, said they found health information at a health center. In a number of countries, however, large proportions of respondents said they were not sure where to look for this type of information.

As with employment, the limited knowledge of sources of health information is likely due in part to the fact that 40 percent of responses were captured at border entry points, airports, and bus terminals. It is not uncommon for arriving refugees and migrants to be uncertain of exactly which services are available to them and where to find more information, contributing to the uneven provision of services at a local level. Access to longer-term health care also varies by country and by legal status.¹⁵

To different degrees, respondents across the countries in this sample reported experiencing episodes of stress that disrupted their daily activities. For instance, most respondents in Ecuador (72 percent) and Costa Rica (59 percent) recounted having such episodes within the last year, while a large majority in Chile and Argentina reported none (72 percent and 67 percent, respectively). The response was equally divided in Uruguay, and slightly less than half of respondents in Guyana and Paraguay said they had experienced stressful episodes in the past year. Among those who described experiencing disruptive stress, they reported being upset “sometimes” or “never.” Meanwhile, more than one-quarter of those respondents who reported episodes of stress in Argentina, Costa Rica, Paraguay, and Uruguay said they felt upset “almost always” or “always.”

Among those respondents who experienced disruptive stress, the proportion who sought mental-health assistance (and the type of assistance) varied across countries. In Argentina, for instance, all of those who described experiencing stress claimed they found assistance, either from a relative or

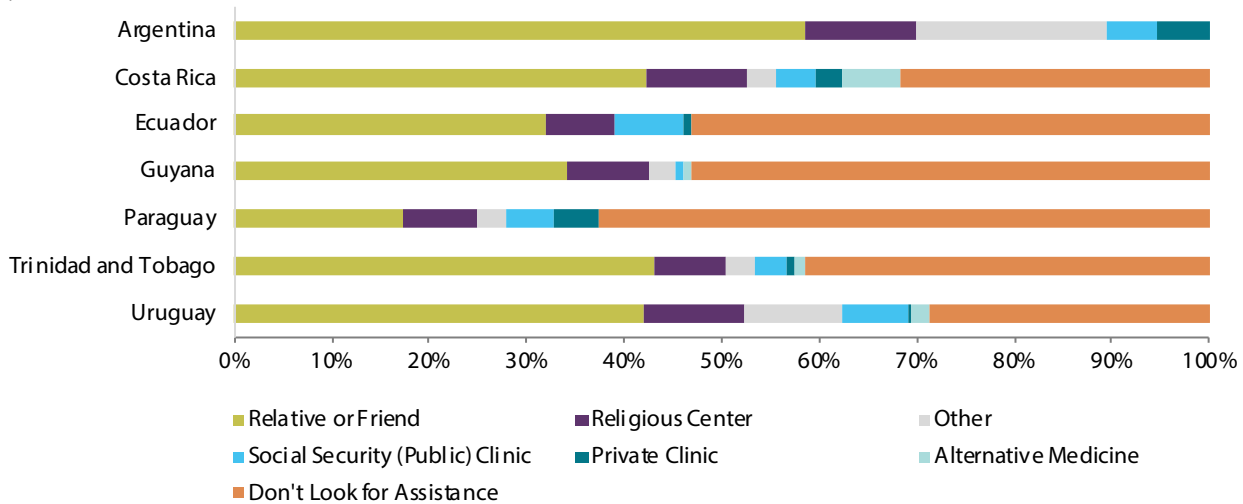
FIGURE 16
Share of Respondents Who Experienced Incapacitating Stress in the Last Year, by Host Country, 2019



Notes: The sample sizes for this question were 543 (Argentina), 47 (Chile), 1,176 (Costa Rica), 9,429 (Ecuador), 946 (Guyana), 258 (Paraguay), and 2,166 (Trinidad and Tobago). No data were collected for this question in Brazil, Colombia, Peru, and Trinidad and Tobago. Source: Authors’ tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

FIGURE 17

Where Respondents Look for Assistance If They Experience Stress/Emotional Discomfort, by Host Country, 2019



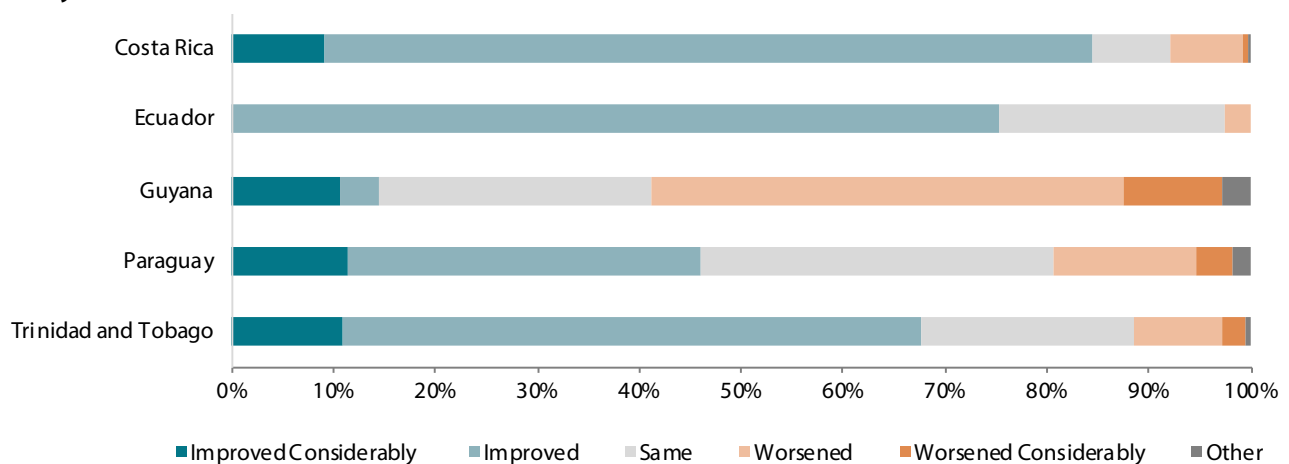
Notes: The sample sizes for this question were 169 (Argentina), 688 (Costa Rica), 6,802 (Ecuador), 398 (Guyana), 104 (Paraguay), 1,463 (Trinidad and Tobago), and 339 (Uruguay). No data were collected for this question in Brazil, Colombia, Chile, and Peru. Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

friend, at a religious center, or at a public or private health center. In Costa Rica, Trinidad and Tobago, and Uruguay, most respondents also looked for some sort of mental-health support if they needed it. Slightly more than half of respondents in Ecuador

and Guyana did not seek help, and the majority in Paraguay (63 percent) did not either. Family and friends were the most frequently cited source of support in all of the sampled countries, and religious centers the second most common.

FIGURE 18

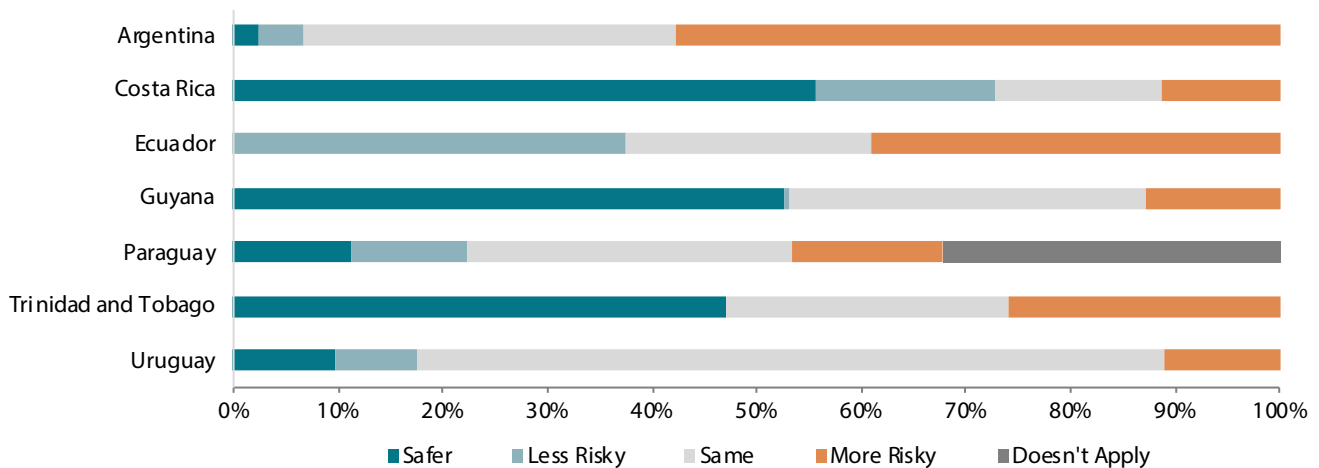
Respondents' Views of Host-Country Sanitary Conditions Compared to Those in Venezuela, by Host Country, 2019



Notes: The sample sizes for this question were 1,176 (Costa Rica), 9,429 (Ecuador), 614 (Guyana), 113 (Paraguay), and 2,003 (Trinidad and Tobago). Data for Guyana were collected in DTM Round 4 and data for Paraguay in Round 1. No data were collected for this question in Argentina, Brazil, Colombia, Chile, Peru, and Uruguay. Source: Authors' tabulation of IOM data from the DTM, collected between January and November 2019, and shared with MPI.

FIGURE 19

Respondents' Views of Host-Country Workplace Health Risks Compared to Those in Venezuela, by Host Country, 2019



Notes: The sample sizes for this question were 544 (Argentina), 1,176 (Costa Rica), 10,768 (Ecuador), 614 (Guyana), 90 (Paraguay), 1,752 (Trinidad and Tobago), and 681 (Uruguay). Data for Guyana were collected in DTM Round 4 and data for Paraguay in Round 1. No data were collected for this question in Brazil, Colombia, Chile, and Peru.

Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

During a few DTM rounds, respondents were asked to compare the sanitary conditions (drinkable water, sanitation services, and infrastructure) in Venezuela and in their host country. While more than two-thirds of respondents in Costa Rica, Ecuador, and Trinidad and Tobago described conditions in those countries as an improvement, 56 percent of respondents in Guyana reported conditions there being worse. In Paraguay, the picture was mixed; 46 percent of respondents said conditions there were better than in their home country, 35 percent said they were the same, and 18 percent said they were worse.

tered before leaving Venezuela. While most respondents in Costa Rica and Guyana reported workplace conditions there were safer or less risky, most of those in Uruguay said they were about the same. As Figure 19 shows, the distribution of responses was more divided among respondents in Argentina, Ecuador, Paraguay, and Trinidad and Tobago, where respondents gave a mix of favorable, unfavorable, and neutral comparisons.

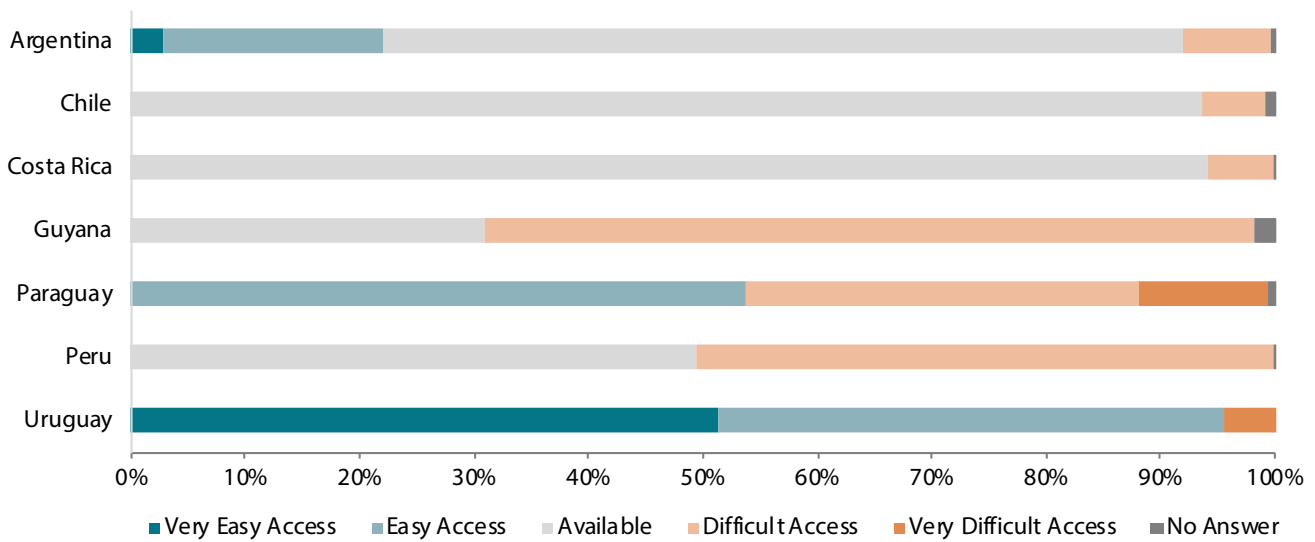
While most respondents in Costa Rica and Guyana reported workplace conditions there were safer or less risky, most of those in Uruguay said they were about the same.

Respondents also compared health risks at their host-country workplaces to those they had encountered

6 Respondents' Urgent Needs

The last section of the DTM surveys asked respondents about their two most urgent needs at the time of the interview. The overwhelming majority mentioned obtaining a job and earning an income as their main priority. In other cases, surveyed respondents cited other concerns: 43 percent of respondents in Costa Rica said they needed legal assistance, including regularizing their immigration

FIGURE 20
Respondents' Access to Food, by Host Country, 2019



Notes: The sample sizes for this question were 250 (Argentina), 124 (Chile), 1,176 (Costa Rica), 946 (Guyana), 327 (Paraguay), 3,055 (Peru), and 681 (Uruguay). Data were not collected in Brazil, Colombia, Chile, and Trinidad and Tobago. Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

status, and 26 percent of respondents in Ecuador said they needed support with their immigration documents. Meanwhile, 21 percent of respondents in Brazil reported precarious access to food as a primary concern. Some respondents said they had no particularly urgent needs, including 46 percent of respondents in Argentina and 26 percent in Uruguay.

7 Food Security

The DTM also asked respondents about their access to food. As illustrated in Figure 20, more than 90 percent of respondents said that food was available or that they found it (very) easy to access food in Argentina, Chile, Costa Rica, and Uruguay. On the other hand, most respondents in Guyana (67 percent) reported having precarious access to food, while in Peru and Paraguay, there was a more even split between those who said food was easy versus difficult to access.

8 Reflections on the Future of Venezuelan Mobility Trends amid the Coronavirus Pandemic

By collecting rich data in countries across the region, the DTM can help Latin American and Caribbean policymakers identify and unpack current and future trends with the potential to affect refugees and migrants as well as the communities in which they live. For instance, these data may help shed light on how the public-health risks brought on by the coronavirus pandemic may interact with conditions created by the Venezuelan displacement crisis. Although representative data on humanitarian needs are scarce, the findings presented in this fact sheet suggest that, as a result of existing factors such as food insecurity, limited access to health care, and difficulty accessing work, large parts of the refugee

and migrant population in the region may be highly vulnerable to the primary and secondary impacts of a COVID-19 outbreak.

Since mid-March 2020, when Latin American governments put in place lockdowns and other measures that aimed to stop the spread of the virus, both migration trends and conditions for refugees and migrants within receiving countries have changed dramatically. Such policies have severely curtailed opportunities for migrants to work, including in the informal sector, and thousands of Venezuelans have returned to their home country. Estimates of the number of returnees vary, and there is no confirmed count of Venezuelans on the move across the region with the intention of returning to Venezuela. However, according to government estimates, only 3.6 percent of Venezuelan migrants in Colombia have returned home since the pandemic started.¹⁶ While larger-scale return patterns could emerge, to date, the proportion of migrants returning from Colombia to Venezuela appears to fall short of the 17 percent of DTM respondents in the country who expressed the desire to return at some point.

In the midst of a pandemic, the value of making sure that all members of a society have access to health care becomes even more clear.

Analysis of DTM data also shows that refugees and migrants in other countries in the region, especially Peru and Ecuador, were encountering strained reception capacities in border municipalities even before the pandemic hit. Thus, it is expected that local and national authorities in these areas will be unable to provide adequate support to migrants in transit or returning as they comply with the obligatory quarantine period upon arrival.

Another topic on which the DTM collected data, access to health care, is an important aspect of in-

tegration that not only supports the well-being and future prospects of individual immigrants, but also serves a host community's interests by controlling public-health risks. In the midst of a pandemic, the value of making sure that all members of a society have access to health care becomes even more clear. According to analysis of DTM data, there are many urgent questions around Venezuelan refugees' and migrants' access to health care in receiving countries—a situation made even more pressing by the lack of a functioning health-care system in their home country. There are reports that indicate that the Venezuelan health-care system has collapsed, to the point that some hospitals lack medical personnel, basic supplies and medicine, and sanitary products such as face masks and disinfectants. The weak state of the water and electricity infrastructure in the country has only made matters worse.¹⁷ In this context, Venezuelans with chronic health conditions have been particularly hard hit, with nationwide shortages of medical supplies pushing some to leave the country.¹⁸

Another dimension of refugee and migrant integration that has been affected by the pandemic is labor market participation. Although 40 percent of DTM data were gathered at entry points, employment data collected in cities show that the majority of employable Venezuelan adults in countries across the region, with some exceptions, were already working. For example, 88 percent of working-age Venezuelans in Argentina and 78 percent of those in Ecuador were employed at the time of the survey. The question in many countries, instead, is what kind of employment refugees and migrants are able to access. Latin American labor markets are characterized by a relatively high degree of informal employment. Among migrants, the informal employment level in most receiving countries in the region is high, in part because official documentation is often needed to work formally, including validation of titles. Particularly where informal work is the norm, it is likely that many migrants do not adhere to lockdown

rules out of economic necessity. As a result, there is a high risk that the number of COVID-19 cases, both detected and undetected, will increase over the coming months, particularly if access to health care that would offer testing and treatment remains limited. And even before the COVID-19 pandemic hit the region, countries were facing a shortage of doctors. As cases of COVID-19 increase to heretofore unseen levels, and new hot spots emerge in the region, governments, medical associations, and medical schools could take extraordinary measures to incorporate Venezuelans refugees and migrants to increase the capacity and staff of health-care facilities.

As governments, international organizations, and civil-society groups in the region work to address emerging challenges—both those related to large-scale Venezuelan displacement and the coronavirus pandemic—international support and sound data on which to base policies will be critical. While migration from Venezuela has the potential to enhance economic growth in the long term, it is also creating real and tangible short-term challenges for schools, hospitals, and infrastructure that in many countries were already facing capacity challenges. International support can help countries in the region overcome these challenges and reap immigration's benefits.

As governments, international organizations, and civil-society groups in the region work to address emerging challenges ... international support and sound data on which to base policies will be critical.

Appendix. Methodology and Data

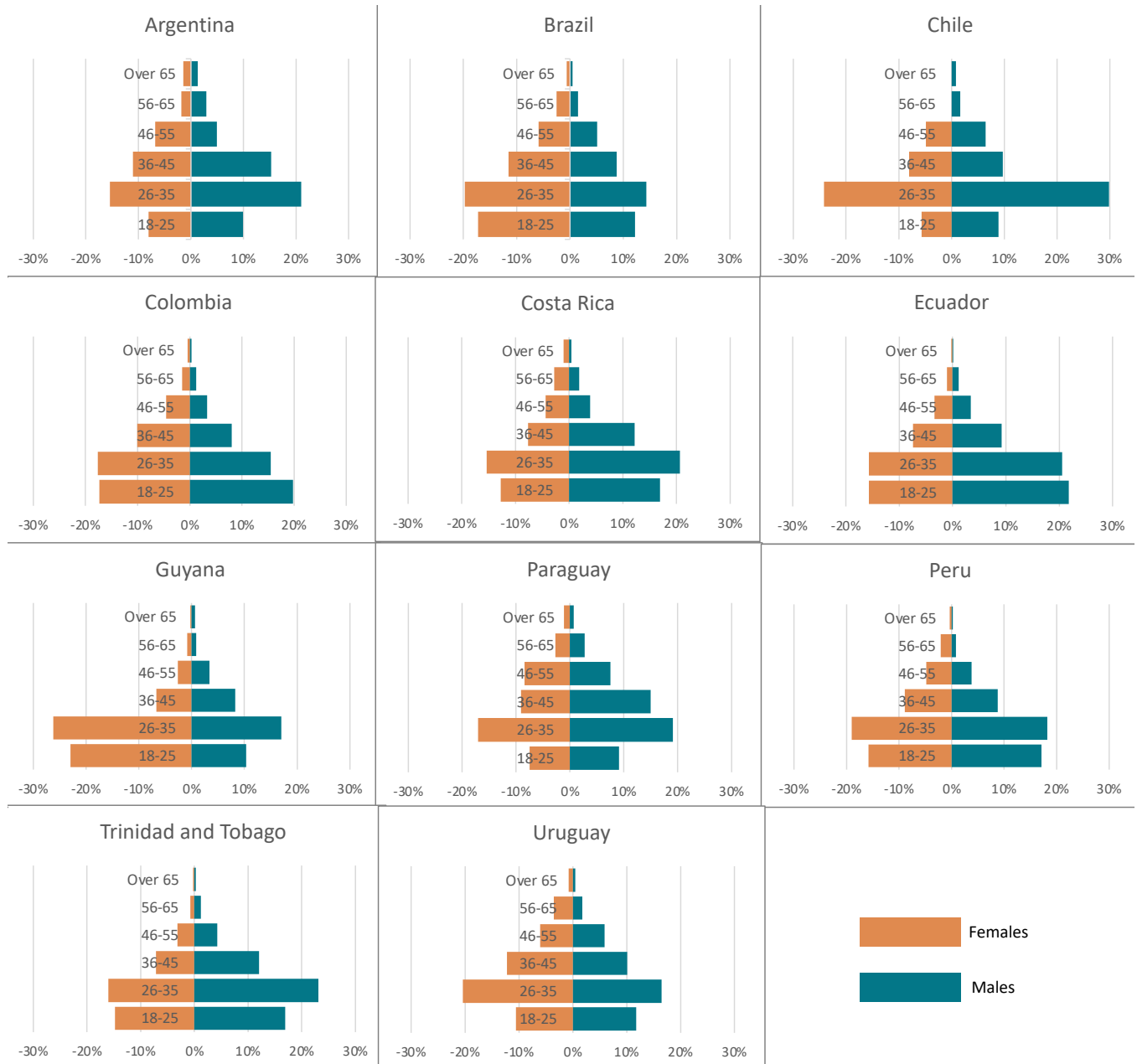
The International Organization for Migration (IOM) worked with nonprofit organizations, United Nations agencies, and the ministries and government offices responsible for migration policy and services in each country on designing the Displacement Tracking Matrix (DTM) data collection instruments and coordinating fieldwork. Due to methodological limitations, this fact sheet sketches a broad regional profile of the characteristics of the surveyed population and should not be considered representative of the Venezuelan refugees and migrants in the sample countries.

In most sample countries, the IOM teams collected data via convenience sampling in interview points—that is, the locations where Venezuelan refugees and migrants were available for interviews, known as flow monitoring points (FMP). Given variations between the migration patterns at each FMP, the fieldwork teams deployed not only at border points of entry but also in larger urban areas (except for in Peru). In Argentina, Chile, Costa Rica, Trinidad and Tobago, and Uruguay, all surveys were administered in urban centers. In Brazil (Roraima State), Colombia, Ecuador, Guyana, and Paraguay, the teams surveyed refugees and migrants both in border areas and in more distant cities. The country teams conducted all rounds of data collection in 2019. Table A-1 displays complete sample sizes, the number of FMP within a country, and the specific dates of data collection per round.

TABLE A-1
Characteristics of DTM Data Collection, by Country

Country	Respondents in Sample	Rounds	Flow Monitoring Points (FMPs)	Data Collection Dates
Argentina	544	R4	4	August 25–September 24, 2019
Brazil	2,403	R4 R5	15	April 13–17, 2019 October 31–November 18, 2019
Chile	124	R3	1	September 26–27, 2020
Colombia	9,380	R5 R6	14	March 5–April 17, 2019 August 29–December 20, 2019
Costa Rica	1,176	R2	4	September 30–November 27, 2019
Ecuador	10,768	R4 R5 R6 R7	10	March 9–22, 2019 June 12–29, 2019 August 17–September 29, 2019 November 5–December 1, 2019
Guyana	946	R3 R4	7	January 16–May 10, 2019 May 9–October 5, 2019
Paraguay	440	R1 R2	2	July 27, 2019 October 16–November 21, 2019
Peru	4,290	R5 R6 R7	4	February 27–March 11, 2019 July 16–26, 2019 September 10–December 9, 2019
Trinidad and Tobago	2,166	R2	15	July 25–August 18, 2019
Uruguay	683	R2	1	December 4–19, 2019

FIGURE A-1
Distribution of Respondents' Age by Gender, by Host Country, 2019



Source: Authors' tabulation of IOM data from the DTM, collected between January and December 2019, and shared with MPI.

Endnotes

- 1 Andrew Seele and Jessica Bolter, *An Uneven Welcome: Latin American and Caribbean Responses to Venezuelan and Nicaraguan Migration* (Washington, DC: Migration Policy Institute, 2020).
- 2 Regional Coordination Platform for the Response for Venezuelans (R4V), “COVID-19 Update” (fact sheet, June 5, 2020).
- 3 International Organization for Migration (IOM) Regional Office for South America, “Venezuela: Tendencias Migratorias en las Américas: República Bolivariana de Venezuela” (fact sheet, May 2019).
- 4 Seele and Bolter, *An Uneven Welcome*.
- 5 RV4, “Response for Venezuelans,” accessed June 12, 2020.
- 6 See the Appendix for information on the countries where IOM administered the Displacement Tracking Matrix (DTM) and the sample sizes for each. In cases where estimates were calculated from different sample sizes, the details are specified in the notes under the relevant table or figure. Some countries were not included in the tables and figures because data for those specific variables were not collected in those countries or rounds. For Round 5 in Colombia, territories are different to previous DTM exercises carried out in the country, since the main purpose was to identify new territories: i) Arauca (Arauca), ii) Santander (Bucaramanga), iii) Tolima (Espinal), iv) Norte de Santander (Pamplona), v) Cauca (Popayán), vii) Putumayo (San Miguel), and viii) César (Valle Dupar). It aimed at identifying risks associated with “Caminantes” (walking migrants) and to evaluate the feasibility to avail humanitarian services in those territories.
- 7 For one such discussion, see Migration Policy Institute (MPI), “COVID-19 in Latin America: Tackling Health Care & Other Impacts for Vulnerable Migrant Populations” (webinar, April 2, 2020).
- 8 The proportion of respondents who traveled by flying to their destination should be considered carefully because the DTM survey teams collected responses at specific points of entry and cities that could increase the representation of air travelers. Among the points of entry, data collection occurred in three airports in Argentina and one airport in Roraima, Brazil.
- 9 The high rate of responses in Colombia may be related to different methodological approaches used there.
- 10 Respondents who reported planning to return to Venezuela were surveyed in the following clusters in Colombia: Cucuta City, Villa del Rosario, Salite bus terminal (Bogotá), Bogotá City, San Miguel-Centros Binacionales de Atención en Frontera (CEMAF), Riohacha City, Barranquilla bus terminal, border crossing in Rumichaca, Ipiales city, Cucuta bus terminal, Cali City, Cali bus terminal, Riohacha bus terminal, Bella Vista Arauca bus terminal, Río Blanco Cauca, 9 de marzo neighborhood (in César), Valle Meza bus terminal, Pamplona’s Humanitarian Tent, Alvarez water park bus terminal in Ipiales, and Centro Nacional de Atención Fronteriza (CENAF).
- 11 This question was not administered in Argentina, Ecuador, and Peru.
- 12 Asylum claims from Venezuelans who fulfill the necessary criteria in Brazil are being processed through an accelerated procedure, without the need for an interview. This move constitutes a milestone in refugee protection in the region and follows a decision in June 2019 by Brazil’s National Committee for Refugees (CONARE) to recognize that the situation in Venezuela amounted to serious and generalized human rights violations, as described under the 1984 Cartagena Declaration on Refugees. See UN High Commissioner for Refugees (UNHCR), “UNHCR Welcomes Brazil’s Decision to Recognize Thousands of Venezuelans as Refugees,” updated December 6, 2019.
- 13 In Colombia, the migration authorities have conducted a regularization process for Venezuelans that includes issuing three different temporary permits to stay in the country: the Special Stay Permit (Permiso Especial de Permanencia, PEP), which is valid for up to two years and renewable; the Border Mobility Card (Tarjeta de Movilidad Fronteriza, TMF), which allows pendular migrants to remain in the country for up to seven days; and the Limited Entry and Stay Permit (Permisos de Ingreso y Permanencia, PIP), which is valid for 90 days and renewable.
- 14 DTM data collected by IOM in 2018 and 2019, discussed in Seele and Bolter, *An Uneven Welcome*.
- 15 Seele and Bolter, *An Uneven Welcome*.
- 16 Interview conducted by MPI with Juan Camilo González, Chief of the Planning Bureau at the Special Administrative Unit, Migración Colombia, June 2020.
- 17 Seele and Bolter, *An Uneven Welcome*.
- 18 Guillermo D. Olmo, “Coronavirus en Venezuela: los informes que advierten que la pandemia es una ‘bomba de tiempo’ en el país sudamericano,” BBC News Mundo, May 27, 2020.

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