

# Panama Multi Country Office

## Monthly Operational Update

### Regional context

Although borders have continued to [reopen](#) in efforts to [reactivate](#) local economies and [promote international tourism](#), market growth rates and recovery have been slow, amidst increasing living costs and inflation. In [Trinidad and Tobago](#), government officials reiterated that they will not shut down the economy again although health authorities confirmed a third COVID-19 wave is underway. In [Belize](#), the GDP grew, but remains lower than pre-pandemic levels. In [Cuba](#), scarcity, frequent blackouts, and high consumer prices continue, and authorities forecast a 2% growth in 2021 after an 11% decline in the country’s main sources of income registered in 2020. In [Nicaragua](#), 200,000 formal jobs have been reportedly lost and the cost of the basic food basket has exceeded 420 USD, while the minimum wage only covers about 60% of the main basic products. Furthermore, around 40% of the almost 96,000 businesses that are officially registered in [Panama](#) had to close due to the impacts of the COVID-19 pandemic.

This complex economic context presents continuous limitations in accessing basic needs, including food, housing, health, and medicines for both displaced people and members of the host communities in vulnerable situations. These include indigenous Venezuelan Warao families in some of the countries, like [Guyana](#), where the pandemic has further exacerbated pre-existing challenges. In Aruba, at least [400 people](#) are living with HIV/AIDS, but those with an irregular status lack access to health insurance to cover treatment costs (up to 1,000 USD) and face increased risk of labour and sexual exploitation.

In the face of protection risks, socio-political challenges, and limited access to basic needs, people continue to undertake [dangerous journeys](#) – some [by sea](#) – in search of protection, better opportunities, stability, and family reunification outside their home countries. According to [media reports](#) and [official statements](#), 63 Nicaraguans (including one unaccompanied child) were identified in Mexico, seeking to enter the U.S. irregularly. U.S. authorities have detained over [50,000 Nicaraguans](#) trying to cross the border irregularly in 2021, up from 2,291 in 2020. [61](#)

[Cubans](#) were also intercepted while attempting to enter the U.S. irregularly by sea. In 2021, 1,255 Cubans have been returned, mainly from the U.S. (856), Mexico (214), and the Bahamas (184). In [Curaçao](#), the Coast Guard detained 33 Venezuelans attempting to enter by boat irregularly and referred them to police authorities. Repatriation flights also took off from [Aruba](#), [Curaçao](#), and [Trinidad and Tobago](#). On the other hand, Panamanian authorities reported that [380 Venezuelans](#) have voluntarily returned to their country so far in 2021, 130 in October alone representing the highest number in 2021. Moreover, so far this year, [121,737 people in mixed movements](#) have crossed the Colombian border through the Darien Gap and continued northward, including 26,000 children (more than half of whom are less than 5 years old). Main nationalities remain to be Haitian (including children born to Haitian parents in Chile and Brazil), Cuban, and Venezuelan.

On the other hand, elections in Nicaragua have caused contention among rights groups, global political leaders, the government in place and its opposition. The Supreme Electoral Council [reported](#) that President Ortega was re-elected with 75.87% of the votes and said voting turnout was 65%, against an abstention rate of 81.5% reported by [local human rights organization Urnas Abiertas](#). Following the announcement of a [resolution](#) which declared the general elections illegitimate and reiterated the request for the release of the imprisoned opponents by the OAS, the [Foreign Minister announced](#) Nicaragua’s withdrawal from the regional mechanism. In Cuba, [local organizations reported](#) more than 300 repressive actions (including home detention with police surveillance, subpoenas to police stations, threats, arbitrary arrests, and cuts to internet services) between 12 and 15 November, related to the 15N protests.

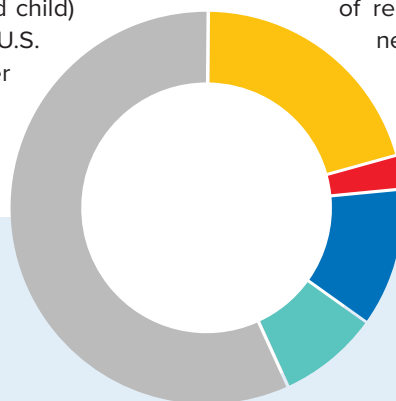
MCO Panama continues to be underfunded, with less than half of required funds to address gaps in accessing basic needs, promote inclusion and targeted assistance to address specific vulnerabilities, as well as to provide support for host communities.

### Regional funding overview as of 29 November 2020

**48.7M**

1 Financial requirements for the Panama MCO in 2021 including requirements for the operations and activities in **Panama, Belize, Cuba, Nicaragua, Guyana, Aruba, Curaçao, Trinidad and Tobago and Suriname.**

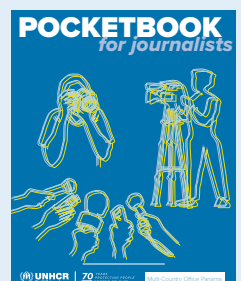
*For further details consult [reporting.unhcr.org](https://reporting.unhcr.org)*



#### 43% funded

- Tightly earmarked
- Earmarked
- Softly earmarked (indicative allocation)
- Unearmarked (indicative allocation)
- Funding gap (indicative)

UNHCR [launched a pocketbook](#), also available digitally in [English](#), [Spanish](#) and [Dutch](#), for journalists interested in covering situations of forced displacement in Latin America and the Caribbean



“This was traumatic for me. My feet and spine were affected and I couldn’t walk. (Satù pa Tur) sent a nurse to help me three days a week.”

Elymar, Venezuelan in Curacao

## Update on country activities

### COORDINATION WITH LOCAL & NATIONAL GOVERNMENT

#### STRENGTHENING CENTRAL & LOCAL GOVERNMENT INSTITUTIONS

• In **Guyana**, 57 teachers, local authorities, and host community leaders were trained to carry out identification, sensitization, referral for prevention, and response to GBV and other forms of child abuse.

• In **Panama**, UNHCR supported the installation of solar panels at the health centre of Bajo Chiquito (Darien), one of the main transit communities of mixed movements. The installation ensures electricity for the centre’s operation and cold chain required for critical medication.

### PROTECTION

#### INCLUDING COMMUNITY BASED PROTECTION & GENDER-BASED VIOLENCE

• In **Belize**, UNHCR through HUMANA delivered a training session on human trafficking to 22 participants, including asylum-seekers and host community leaders, to raise awareness.

information to 69 individuals in remote mining communities, 7 men were trained as agents of change for GBV prevention, 11 women attended a virtual workshop on SRH, and 40 individuals received information on rights, services, and referral pathways. Additionally, UNHCR through Blossom Inc. supported 17 GBV survivors with trauma focused therapy.

• In **Cuba**, In the context of the International Day for the Elimination of Violence against Women, UNHCR organized yoga and henna tattooing sessions for 20 women, including refugees, asylum-seekers, and host community members. The activity sought to enhance local inclusion, resilience, and socio-emotional skills.

• In **Panama**, UNHCR and the Public Relations agency Key Coaching held an awareness workshop and psychodrama session for 38 City of Knowledge Foundation staff on refugee issues and UNHCR’s work on inclusion and integration.

• In **Guyana**, UNHCR provided interpretation support to the ongoing Biological Behavioural Surveillance Survey (BBSS) in Region 2, run by the National AIDS Programme Secretariat. 25 persons, including 11 Venezuelan women, were voluntarily tested for HIV, and received related counselling. Moreover, UNHCR through HIAS provided case management services to 11 GBV survivors and GBV prevention

• In **Trinidad and Tobago**, UNHCR delivered two workshops on International Protection of Refugees and UNHCR Mandate to 7 Prisons Officers and 29 police officers, respectively.

#### Key protection results

January to November 2021

**1,171,668**

people provided with information through hotlines, help pages WhatsApp, etc.

**8,602**

health consultations (primary, secondary, tertiary, mental, SRH) provided.

**4,653**

people provided with legal assistance.

**630**

GBV survivors supported with legal and psychosocial counselling or shelter.

### CHILD PROTECTION

• In **Belize**, UNHCR through HUMANA provided homework assistance to 12 children, seeking to support academic performance and permanence. Moreover, on World Children’s Day, UNHCR shared [a video](#) highlighting the rights of displaced children and youth, which counted with the participation of local influencer and UNHCR supporter, Sabreena Daly.

5 Venezuelan children. Additionally, 172 Venezuelan children in four indigenous communities in Region 1 enrolled in community-based face-to-face ESL classes and received education support, including notebooks and workbooks, pencils, backpacks, among others.

• UNHCR and the University of **Curacao** delivered a webinar to 20 participants on the rights of children in an irregular status.

• In **Panama**, 84 students (7 teams) participated in the League for Peace 2021 by Fútbol con Corazón, which marks the end of the training sessions for this year.

• In **Guyana**, UNHCR through partner Blossom Inc. delivered a child protection training to 35 community leaders, health and education professionals, police, Blossom’s Child Advocacy Centre (CAC) workers, as well as other government officials and partners. Moreover, Blossom Inc. conducted 15 forensic interviews with Guyanese children who survived sexual abuse and provided case management services to

• In **Trinidad and Tobago**, 943 students are regularly attending (3 days a week) the Equal Place programme via remote learning modality. Additionally, UNHCR delivered a training session for the 9 child friendly space facilitators of the Archdiocesan Ministry for Migrants & Refugees on UNHCR’s mandate and International Refugee Protection. A similar session was delivered to approximately 35 police officers.

## INTER-AGENCY COORDINATION

- In **Aruba**, UNHCR, IOM and partners screened the “In the time of the butterflies” film for 116 people, to commemorate International Day of the Elimination of Violence against Women on 25 November.
- In **Belize**, UNHCR, Human Rights Commission of Belize, UNICEF, and UNFPA hosted 2 mobile outreach clinics, facilitating access to legal services, health consultations, and birth registration. HRCB provided legal assistance to 74 persons.
- In **Cuba**, UNHCR and UNICEF distributed backpacks, school supplies, and story books to 24 refugee and asylum-seeker children. The books were donated by Cuban children, some of them with inscriptions, as a show of support from the children of the host community.
- In **Guyana**, UNHCR, as co-chair of the R4V GBV Working Group, facilitated two training sessions on prevention of sexual exploitation and abuse to 37 staff from UN agencies, NGOs, and the National AIDS Programme Secretariat.

- In **Panama**, UNHCR, UNFPA and HIAS conducted a two-day workshop on general GBV concepts and essential response services for 28 staff from ONPAR, INAMU, SENNIAF, Ombudsman’s Office, UNHCR, UNFPA, Panamanian Red Cross, HIAS, and RET. Moreover, the GBV Working Group launched 40 bus stop billboards (Panama) and on a digital display at Anclas Mall (La Chorrera) in collaboration with the respective Municipalities. Additionally, UNHCR, UNFPA, and HIAS participated in a vigil organized by INAMU to commemorate International Day for the Elimination of Violence against Women. A commemorative plaque was unveiled, 150 candles were lit, and 150 roses were placed under the plaque, in memory of femicide victims.
- In **Trinidad and Tobago**, UNHCR, IOM, and the RCO’s Human Rights Office [launched an art competition](#) for children ages 9 to 19 to celebrate Human Rights Day.

## DELIVERING HUMANITARIAN ASSISTANCE & CASH-BASED INTERVENTIONS

- In **Aruba**, two households received multipurpose cash for basic needs, including food, rent, and healthcare.
- In **Belize**, UNHCR through partners assisted 19 cases (totalling 39 individuals) with food, rent, basic needs, documents, education, and medical support, and delivered clothing items to 7 households.
- In **Cuba**, UNHCR delivered 94 hygiene kits to refugees enrolled in universities across the country, supporting access to improved WASH conditions.
- In **Guyana**, UNHCR distributed multipurpose cash and material support to 102 people, including 72 persons with specific needs, and food baskets to 481 people in Regions 1 and 4. Moreover, UNHCR

donated 1,200 bars of soap, 1,700 cloth face masks, and 10 jerry cans for storing water to members of Black Water and its nearest communities, benefiting approximately 550 people. UNHCR also donated WASH supplies (2,500 face masks, 500 bars of soap, and hand sanitizers) to four indigenous communities in Region 1, and hand sanitizers to ensure the safe operation of the ESL community classes.

- In **Trinidad and Tobago**, UNHCR distributed multipurpose cash to 32 households and 100 hygiene kits, through the Archdiocesan Ministry for Migrants and Refugees (AMMR).

### Key assistance & CBI results

January to November 2021

**4,491**

people receiving food assistance (in-kind).

**2,694**

people benefiting from improved hygiene conditions (including through distribution of hygiene kits, construction of latrines).

**1,331**

people supported with shelter, settlement or temporary collective accommodation solutions.

## DURABLE SOLUTIONS & LIVELIHOODS

- In **Aruba**, UNHCR in coordination with VENEX started delivering a pastry and bakery course for 35 refugees and migrants, to facilitate access to income generation activities.
- In **Belize**, UNHCR through partners continue to support access to livelihoods and durable solutions. HUMANA held courses on woodwork, welding, sewing, baking, and music for 39 participants, English classes for 24 students, and a training on personal finances and budgeting for 5 persons. Moreover, Help for Progress facilitated access to income-generation activities by delivering seed capital to 5 entrepreneurs.
- In **Guyana**, 137 students, including adults, participated in virtual ESL classes, and identified cases received connectivity assistance (cell phones and data bundles).

- In **Panama**, 40 refugees graduated from the Community Management course delivered by UNHCR through HIAS and Quality Leadership University. The training sought to enhance the participants’ digital skills and to promote access to livelihoods, employability, and income-generation alternatives. Moreover, 35 refugees and host community members, participated in online workshops on employability tools and skills for the current labour market, as part of the third cohort of the Talento sin Fronteras programme.

### Key solutions & livelihoods results

January to November 2021

**1,957**

children and adolescents provided with education support (materials, enrollment support, etc).

**2,549**

people provided with livelihoods training (employed or self-employed).

**7,594**

Number of PoC receiving cash grants or vouchers (including MPG, cash for livelihoods, shelter, health, or other sectoral grants).



## Q&A: ‘Everyone should be able to access healthcare, regardless of their status’

In an interview with Dr Joriker Hiskes, General practitioner at the Salù pa Tur clinic in Curaçao, shares her insight of delivering medical assistance to refugees and migrants, particularly amid the COVID-19 pandemic. Unable to access public healthcare, people in an irregular status find it increasingly difficult to pay for expensive private medical treatment or checkups. Many endure illnesses, often preventable, for months before

Salù pa Tur, a UNHCR partner in Curaçao, is the only clinic providing much needed primary healthcare, free of charge, to refugees and migrants in an irregular status on the island.

*(This interview has been edited for clarity and length.)*

### UNHCR: Tell us about Salù pa Tur. How was it created?

**Dr. J. Hiskes:** Salù pa Tur was founded two years ago by Dr. Elisa Jonsen, a young Dutch doctor who worked at the general hospital, in the gynecology department. She met a lot of people in an irregular status and without a residency permit, a lot of pregnant women who came with a lot of complications and really ill, late in the pregnancy. Other people with diabetes and a lot of complications, people with cerebral infarcts or cardiac conditions. These are all diseases that can be prevented with adequate blood controls, treatments, and general primary healthcare interventions, if they had sought treatment at an earlier stage. She found out that even though there is primary healthcare available, it is not free-of-charge, they have to pay for it because they lack an insurance. So, she founded Salù pa Tur, to fill that gap, and the clinic has now over 4,000 patients.

### UNHCR: And what are the type of healthcare refugees and migrants require?

**Dr. J. Hiskes:** We provide primary healthcare – general medicine, gynecology, pediatric care. Also, because we were founded by Elisa, who has a strong background in gynecology, we tend to a lot of women here and provide pregnancy care and controls. But we also provide assistance to people with chronic illnesses, like diabetes and high cholesterol.

### UNHCR: How has the clinic helped during the COVID-19 pandemic?

**Dr. J. Hiskes:** During the COVID-19 pandemic we have had a lot of new patients, because we were the place where they could test for free and we also helped deliver 1,000 vaccines. These new patients have stayed with us since then. People trust us, especially since they have a lot of anxiety, they fear being arrested and sent back to their countries. At first, when we first opened, people were very reluctant to come in, but now they are aware this is a safe space.

### UNHCR: How do you reach out to the community?

**Dr. J. Hiskes:** There are many reasons why people in an irregular status don't seek help; fear, transportation limitations, so only see a small part of the entire population in an irregular status, and we can't reach everyone, unfortunately. But now, we are starting a new outreach project. We are going to the streets, to places our potential patients frequent, and we do free health checks – blood pressure, sugar levels, weight – and try to reach more people that way. We need more resources – we need a bus, we need more people helping us with it. But it's our new goal for the coming years.

### UNHCR: How many doctors do you have, or people helping in the clinic?

**Dr. J. Hiskes:** There are three doctors working here, and we have about 8 nurses, one pediatrician nurse helping us once a week, we have administrative staff - directors, financial workers. For the past weeks we also got some help from medical students who are in-between studies and wanted to help us, and they also participated in the outreach project.

### UNHCR: What is the psychosocial aspect to the work you do?

**Dr. J. Hiskes:** We know our patients have suffered a lot and that they are here for a reason. Many of them are traumatized, maybe even more than we know. Also, the state of their vulnerability is so high that their most basic needs are their main priority – food, a place to sleep, clothes. And health comes last – physical health – when they face a serious illness or a critical condition that requires medical help, and it's barely afterwards that they think of mental health. We do see a lot of mental health cases, and if it's urgent, we can refer them to other organizations, but options are very limited. So, what would be really helpful for us would be to work with an in-house psychologist to provide help and support to patients in need.

### UNHCR: What type of mental health issues are you identifying?

**Dr. J. Hiskes:** There is a lot of stress, and that's what I hear from a lot of people – difficulty to cope with the situation when leaving their country. This mental state also influences your blood pressure, sugar levels, and stress is a risk factor for cardiovascular diseases. Actually, we found that our patients are at higher risk of getting cardiovascular diseases at a much younger age and more often than what I'm used to seeing in Curaçao and the Netherlands.

### UNHCR: Amid numerous challenges, what does Salù pa Tur hope to represent?

**Dr. J. Hiskes:** I think everyone should be able to access healthcare, regardless of their status and of the reason for being here and living here. And that's what we are doing. That's the reason we're here. If we can help even a little bit, that's better than doing nothing.

## We thank the contributions of our donors

Updated to 29 November 2021

UNHCR is grateful for the generous and timely support provided by donors to the Coronavirus Emergency Situation globally, and in Belize, Cuba, Panama, Nicaragua and Southern Caribbean countries, as well as those who have contributed to UNHCR programmes with unearmarked funding.



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