

SITUATION

The COVID-19 pandemic has left refugees and asylum-seekers in Trinidad and Tobago at a heightened state of vulnerability. The public health requirement for all “non-essential” workers to stay home, in addition to the shutdown of bars, restaurants, and all food vending, left many persons of concern to UNHCR with reduced access to basic needs due to their curtailed ability to work. In the first three days of opening their hotline, UNHCR implementing partner Living Water Community received over 3000 requests for basic needs assistance from persons of concern. Eviction from places of residence has also become a serious threat as many cannot afford rent payments due to loss of income. It remains a serious concern that some may resort to negative coping mechanisms, as currently the social assistance available to this population remains inadequate. The indefinite closure of borders also leaves refugees and asylum-seekers without the option to return home via regular means, placing them at increased risk of exploitation and abuse by smugglers and traffickers.

The UNHCR Trinidad and Tobago Operation has responded by implementing several measures aimed at ensuring protection for persons of concern during this pandemic while minimizing the impact on operations. While physical presence at the premises of UNHCR and implementing partners have been temporarily diminished, refocused protection operations continue with the implementation of expanded community communication channels. Given the overwhelming number of requests for basic needs assistance received at this time, UNHCR has worked to revise programmes to ensure that limited resources can still provide some measure of relief to the most vulnerable persons of concern.

POPULATION*



22,047
REGISTERED WITH
UNHCR

84% 18-59 YEARS
15% UNDER-18 YEARS

44.2% FEMALE
55.8% MALE

82.5%
VENEZUELAN

COVID-19 PROTECTION RESPONSE

ADDITIONAL EMERGENCY HOTLINES ESTABLISHED

Three [hotlines](#) have boosted capacity for communicating with the community to provide assistance and information to the population of concern. After the first 31 days, the hotline received 1,111 queries from persons of concern, the vast majority of which have been requests for information on cash (51%) or food (16%) assistance. Protection staff operating the hotlines regularly compile updated information resources including lists of contacts that assist refugees and asylum-seekers in obtaining social assistance. Hotline operators have been trained on counselling and providing appropriate information, recording cases and making referrals to case managers. FAQs on COVID-19 have also been provided to staff operating the hotlines.



CASH-BASED INTERVENTION (CBI)

Given increased need for assistance due to mass loss of income, criteria for administering CBI was revised to include COVID-19 impacts and ensure that very limited resources could still provide some assistance to the most affected families. 215 applications for CBI have been approved and negotiations with the financial service provider to resolve their suspension of gift card services due to COVID-19 have been successful. A contactless modality option for delivering this assistance to families is also being explored.



FOOD ASSISTANCE

Through implementing partner [Living Water Community \(LWC\)](#), UNHCR is providing food assistance to approximately 200 families, working with supermarkets in communities with highest demand for food. In addition, direct delivery of food packages is also being conducted for persons outside of those communities who may be unable to leave home. LWC is also working through community groups to provide food relief in remote communities that are difficult to reach in a timely manner. Two proposals on potential quick impact food assistance activities are also presently being operationalized by UNHCR. Facilitated by UNDP, UNHCR is also in discussions with the Ministry of Social Development and Family Services, advocating for inclusion of refugees and asylum-seekers in the government’s food assistance programme, which will be implemented through the Trinidad and Tobago Red Cross. UNHCR is also coordinating with World Food Programme to include refugees and asylum-seekers in a food security survey being conducted in the Caribbean region.





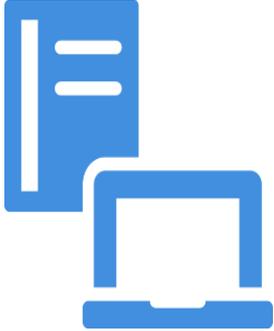
COVID-19 PUBLIC INFORMATION CAMPAIGN LAUNCHED

Persons of concern were [informed](#) on health precautionary measures, availability of UNHCR hotlines and information released by the Government on a regular basis and as changes are announced. Mass e-mails are sent to the population as well as WhatsApp broadcasts to community mobilizers, NGOs, and key actors, each message reaching 11,000+ persons of concern. Messages in Spanish and English detailed the necessary precautions that should be taken to limit the spread of the virus, as well as information on government public health regulations that must be complied with. Media monitoring for xenophobia is also being conducted.



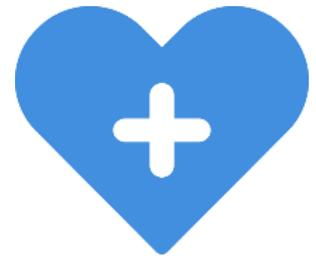
ENSURING EDUCATION ACCESS

Given the closure of Equal Place (EP) child-friendly spaces in alignment with Government's closure of schools, almost 500 tablets donated by [ECHO](#) to UNICEF were distributed to parents, who are given support from teachers to assist students while at home. Teachers are engaging with students through Google Classroom and ClassDojo. The Education Working Group (EWG) has reached out to the private sector to find assistance for those students who have difficulty accessing the internet from their homes. The EWG has also begun a critical evaluation of Notesmaster and DAWERE, the two e-learning platforms used in EP. Extensive feedback was received from teachers, facilitators, parents and students on the functionality, design and efficacy of the platforms. The EWG aims to make the EP platforms available to all students, including locals, during this time, so these evaluations are critical to improving the provision of quality education.



MEDICAL AND PSYCHOSOCIAL HEALTH SERVICES OFFERED

UNHCR implementing partner [Family Planning Association](#) (FPATT) continues to offer medical services, restricting to appointment-only services at two locations. FPATT plans to introduce a telemedicine initiative given stay-at-home restrictions, using a hotline staffed by medical personnel from the refugee and asylum-seeker communities who will be trained as Community-Based Health Volunteers (CBHVs). The CBHV will conduct a virtual triage of a client, determine which type of healthcare provider will be assigned and book appointments for persons of concern using a cloud-based appointment book. UNHCR implementing partner [Rape Crisis Society](#) (RCS) continues to provide psychosocial assistance to persons of concern remotely, using telephone, instant messaging and videoconferencing technology. Confidentiality and data protection mechanisms are implemented with oversight by UNHCR to ensure quality control. RCS also plans to conduct focus group discussions and community outreach initiatives on sexual and gender-based violence prevention and awareness, using online modalities. These activities will assist RCS in tailoring their service provision to the needs of the community in this new environment.



SUPPORTING GOVERNMENT PARTNERS

Software licenses for the Ministry of Health's Geographic Information Systems have been renewed at their request, which will greatly enhance their ability to conduct contact tracing. An offer to mobilise any qualified medical professionals registered with UNHCR who are willing to volunteer was also made to the Ministry of Health along with an offer to provide Refugee Housing Units to boost patient isolation capacity. UNHCR has also offered to assist the Ministry of National Security and the Ministry of the Attorney General and Legal Affairs in [their initiative](#) to reduce crowding among detained or incarcerated populations, by identifying low-risk non-violent asylum-seekers and refugees among these populations for release.



FUNDING



Funding Gap,
5,468,406
USD, 48%



Current
Operating
Level,
5,891,472
USD, 52%

UNHCR is extremely grateful for the crucial support provided by donors to the Trinidad and Tobago Operation and more broadly, global UNHCR programmes. Our donors include the United States, Canada, Sweden, Norway, Netherlands, Denmark, United Kingdom, Germany, Switzerland, the European Commission through the European Civil Protection and Humanitarian Aid Operations (ECHO) and other private donors.