



VENEZUELA'S REFUGEE CRISIS

Guyana



February 2020

COUNTRY REPORT

Guyana, a country of emigration and not immigration has maintained a commendable open-door policy to Venezuelans and has recently become the first country in the Caribbean and the Americas to roll out a Government led registration through UNHCR's Population Registrations and Identity Management Ecosystem "PRIMES"

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Executive Summary

As part of the William R. Rhodes Global Advisors (WRRGA) commitment in the response to the ongoing Venezuelan Refugee Crisis, a mission team was sent on February 17, 2020 to assess and support the current activities that are being implemented (by both local and international organizations) to address the existing Venezuelan refugee needs in Guyana.



The deteriorating humanitarian situation in Venezuela has led to significant numbers of Venezuelans as well as Guyanese (and Guyanese descendants) returning from Venezuela crossing into neighboring Guyana and requiring various forms of humanitarian assistance and international protection.

Upon entry into Guyana, Venezuelans are registered by the immigration authorities and provided with a temporary, three-month stay permit. Although currently the Government registers Venezuelans through a paper-based system, the initiative of the Government of Guyana to roll out a digitalized system for the registration and documentation of Venezuelans is welcomed. At present, renewal of the permit is a lengthy process that may require up to three months. As a result, Venezuelans are not always able to maintain their legal status in the country, a situation that makes them especially vulnerable to various forms of exploitation and abuse, including human trafficking.

While the provision of stay permits has helped to provide temporary protection, Venezuelans are unable to work legally with these permits. Without access to work authorization, Venezuelans have very limited opportunities to achieve self-reliance and mainly work in the informal sector. This can lead to negative coping mechanisms and make women vulnerable to sexual exploitation and trafficking. It has been reported that many Venezuelan women engage in sex work as a survival strategy in Guyana. Venezuelans have also reported restrictive measures by Immigration and police preventing them from leaving region 1 and 7 to explore income generating opportunities in other regions due to lack of employment opportunities in these regions.

Although the Government of Guyana has taken steps to facilitate Venezuelans' access to medical care and education, challenges remain in terms of language barriers, lack of knowledge about services available, lack of required documentation to enroll in school and high transportation costs to reach facilities. In an effort to respond to these challenges, the Government of Guyana has established a Multi-agency Coordinating Committee for addressing the influx of Venezuelan Migrants into Guyana, which is chaired by the Minister of Citizenship and brings together several public institutions, ministries and UN agencies.

Acknowledgments

We would like to thank the Government of Guyana and the following organizations; British High Commissioner, Exxon, the Guyana Human Rights Association (GHRA), International Office of Migration (IoM), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), The Guyana Red Cross, The EU Delegation, the Hebrew Immigrant Aid Society (HIAS), The US embassy, the Guyana Chief Medical Officer (CMO), the Pan-American Health organization (PAHO), the International Bank for Reconstruction and Development (World Bank) and the Canadian High Commissioner.

We would also like to thank Kyffin Simpson, chairman of the Simpson Group, Ron Harford, former chairman of Republic Bank and Rudi Collins, former ambassador of Guyana in Venezuela, for their continuous support and interest in the ongoing Venezuela refugee crisis.



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List of Abbreviations

CARICOM	: Caribbean Community and Common Market
CCS	: Country Cooperation Strategy
CDC	: Civil Defense Commission
CSME	: CARICOM Single Market and Economy
CSO	: Civil Society Organizations
DTM	: Displacement Tracking Matrix
ECHR	: European Convention of Human Rights
ELN	: Ejercito de Liberacion Nacional
ESL	: English as a second language
EU	: European Union
GHRA	: Guyana Human Rights Association
GBV	: Gender based violence
GWMO	: Guyana Women Miners Network
HCW	: Health care worker
HIAS	: Hebrew Immigrant Aid Society
ICRC	: International Committee of the Red Cross
IOM	: International Organization for Migration
LGBTI	: Lesbian, gay, bisexual, transgender and intersex individuals
MoE	: Ministry of Education
MoH	: Ministry of health
NFIs	: Food and non-food items
NHP	: National Health plan
PASB	: Pan-American Sanitation Bureau
POC	: Person of Concern
PRIMES	: Population Registration and Identity Management Ecosystem
RCBG	: Roman Catholic Bishop Guyana
RSD	: Refugee Status Determination
RMRP	: Regional Refugee and Migrant Response Plan
R4V	: Response for Venezuelans
SITREP	: Situation report
TOR	: Terms of reference
UN	: United nations
UNHCR	: UN High Commissioner for Refugees
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
WASH	: Water, sanitation, hygiene
UWI	: University of West Indie's
WB	: World Bank
WFP	: World food program
WHO	: World health organization
WRRGA	: William R. Rhodes Global Advisors

Recommendations

High Priority (Targets for the next 90 days)

- **Continue the support and expansion** of the Government's efforts to register Venezuelan migrants through the use of the UNHCR Population Registration Information Management Ecosystem (PRIMEs) at points of entry to all regions receiving migrants in order to enhance the accuracy of the numbers being reported
- **Encourage the Ministry of Citizenship to extend** the validity of visas for Venezuelan migrants from 3 months to 12 months
- **Ensure** that there is an established Immigration policy that is bipartisan in nature.
- **Increase the availability** of healthcare resources (medications and quality of medical care) at points of entry and health posts (level I), primarily in Region 1
- **Strengthen the infrastructure** of health centers (level II) with availability of free medications and enhanced quality of medical care
- **Increase the number** of translators and interpreters (Spanish and Warao) at points of entry, primarily for registration of migrants and health screening procedures.
- **Increase the amount** of emergency shelter facilities at points of entry and in surrounding host communities in order to temporarily accommodate migrants
- **Create** a reception area at points of entry or in their surroundings for psychosocial support and evaluation.
- **Coordinate between the IOM-UNHCR response platform and government** to allow migrants to obtain work permits in a faster and more effective route in order to formalize their employment but also safeguard their own workforce
- **Enhance** protocol and policies to ensure heightened monitoring at points of entry for human trafficking and gender based violence, primarily for women and children
- **Support in Government's** formulation of their own needs in order to prioritize sectors that might be in need of more funding and to access it
- **Increase education budget** to accommodate building of more schools throughout the country.

- **Support access** to livelihoods through community-based interventions targeting Venezuelans and vulnerable host communities.

Medium Priority (Targets for the next 180 days)

- **Increase the number** of transport vehicles and fuel to better the ability of health providers to transport patients to from points of entry to regional and national hospitals.
- **Harmonize** preparedness measures for potential influx of migrants within the IOM-UNHCR platform and the government
- **Provide** justice and legal services to Venezuelan migrants that have registered
- **Continue** with capacity building (education and WASH) of host communities in order to strengthen their infrastructure to be able to receive and sustain incoming migrants, primarily in Region 1 and 7
- **Increase the amount** of education facilities (physical spaces) primarily in region 1 in order to continue with the existing education programs for migrant and host community children
- **Develop a strategy and plan** for the mobilization of migrants from regions that are crowded (ie. Region 1) to other regions in the country.
- **Conduct a national health assessment** in light of the National Health Plan "Health Vision 2020; Health for All in Guyana" ending this year in order to identify gaps and areas of intervention for the next health plan.

Long term recommendation (to be included with the new government)s

- **Support the generation** of a new National development plan by the government which could be updated from previous national development plans. This should take into account the new incoming oil revenues, and an important portion should be allocated to health, education and infrastructure.

Background

Guyana

The Co-operative Republic of Guyana is located on the northeastern coast of South America, occupying 215,000 km². It is bordered by Suriname to the east, Venezuela to the west, and Brazil to the south and southwest. A former British territory, it is the only English-speaking country on the South American continent and one of three countries and two territories to form "The Guianas". It is the third-smallest sovereign state on mainland South America after Uruguay and Suriname.

The country is divided into three counties with into 10 administrative regions (Barimawaini, Pomeroon-Supenaam, Essequibo islands-West Demerara, Demerara-Mahaica, Mahaica-Berbice, East Berbice-Corentyne, Cuyuni-Mazaruni, Potaro-Siparuni, Upper Takutu- Upper Essequibo, Upper Dmerara-Upper Berbice); the coastal area is included in Regions 2, 3, 4, 5, and 6; the hinterland, or rural interior, is included in Regions 1, 7, 8, 9, and 10.



Guyana has 785,152¹ (2020) inhabitants, of which 240,000 reside in Georgetown, the capital city. It's multiethnic population includes the Indo-Guyanese (39.8%) followed by the Afro-Guyanese (29.3%), the Guyanese of mixed heritage (19.9%) and the Amerindians which house 9 indigenous tribes (10.5%). The Chinese, Portuguese, and white population together account for less than 1% of the total. Although the official language is English, there are at least eight different languages and dialects spoken in the country.

The country gained its independence from the United Kingdom in 1966 and became democratic republic functioning under a Westminster system of government, its structure consists of 10 regional democratic councils, 65 neighborhood democratic councils, 6 municipalities, and 76 Amerindian village councils. The legislative branch is represented by a unicameral National Assembly comprising 12 nonelected members and 53 members who are elected under a system of proportional representation.

¹ World-meter. Development Indicators. 2020

The Executive President serves both as the Head of State and of the Government. The last election was held in May 2015 and the ruling coalition party won 50.3% of the votes. In that year, 31.9% of the seats in Parliament were occupied by women. Guyana will be undergoing elections this year on March 2nd 2020.

Guyana has a market economy and is part of the Caribbean Community (CARICOM), an organization of 15 Caribbean countries that promotes economic integration and cooperation among its members and coordinates their foreign policy. It depends heavily on its natural resources, particularly sugar, rice, bauxite, gold, diamonds, and lumber. The country has fertile and productive soils, abundant water resources, a continental shelf off the Atlantic Coast, and, most recently, oil². In 2015, agriculture, forestry, fishing, and mining industries accounted for 28% of total GDP; bauxite, sugar, rice, gold, and timber made up 83% of exports.

During the years of extremely low GDP, Guyana was classified as a highly indebted poor country. However, per capita GDP at basic prices increased from US\$ 2,514 in 2010 to US\$ 3,724 in 2015 (3). GDP at current basic prices rose from US\$ 1.97 billion in 2010 to US\$ 2.76 billion in 2015. In mid-2016, owing to the discovery of additional oil in Guyana, the World Bank classified Guyana as an upper-middle-income country. However, shortage of skilled labor, an unstable infrastructure and large external debt continue to hinder the economy.

Guyana has been a country of emigration and not immigration with many Guyanese migrating to Venezuela over the last century. The largest percentage of the foreign-born population is from Suriname accounting for between one-fourth and one-third of the total; the next largest group is from Brazil. Emigration, on the other hand has been a drain on the country's human resources as thousands leave annually, going mainly to the United States, Canada and England. Many of the emigrants are skilled and professional whose loss intensify Guyana's severe economic problems.

Guyana has seen significant health sector leadership that has supported innovative improvements over the past few years. Through the current strategic plan called *Health Vision 2020, "Health for all in Guyana": A National Health Strategy for Guyana, 2013-2020*, the Ministry of Health (MoH) will strive to advance the health of Guyanese, lessen health inequities, and develop the management and delivery of evidence-based, people-responsive quality healthcare. The MoH expects to pursue these goals through universal health coverage and action on the social determinants of health.

² The Guyana oil consortium consists of Exxon, Hess Oil and China National Oil

Key Definitions

As of March 2018, no Venezuelan has sought refugee status in Guyana, as most of them want a) return to Venezuela b) are in transit to Brazil. Hence the following definitions are stated as reference, the only definition that will be used in the report is migrant.

[Person of Concern \(POC\)](#): is any person whom the United Nations High Commissioner on Refugees (UNHCR), the UN Refugee Agency, considers a refugee, internally displaced person (IDP), asylum- seeker, or stateless person, with some additional persons not fitting these criteria.

[Asylum Seeker](#): An individual who is seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which the claim is submitted. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee was initially an asylum-seeker.

[Refugee](#): An individual who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries.

[Migrant](#): An individual who leaves their country purely for economic reasons unrelated to the refugee definition, or in order to seek material improvements in their livelihood. Economic migrants do not fall within the criteria for refugee status and are therefore not entitled to benefit from international protection.

[Undocumented Migrants](#): An individual who does not fulfil the requirements established by the country of destination to enter, stay or exercise an economic activity

Introduction

Situation at the start of the mission (February 17, 2020)

Guyana is only one of five States in the Caribbean region (and the only country in South America) that has not acceded to the international refugee instruments. At the 15th UPR session in 2010 several recommendations were made for Guyana to accede to the 1951 Convention and its 1967 Protocol, and to initiate the drafting and adoption of national refugee legislation based on this. Guyana responded that with competing priorities for limited resources, Guyana does not consider the drafting and adoption of national refugee legislation a priority at this time.

Nevertheless, the Government of Guyana has maintained a commendable open door policy to Venezuelans, and, with the support of R4V partners, has recently become recently become the first country in the Caribbean and the Americas to roll out Government led registration through UNHCR's Population Registrations and Identity Management Ecosystem "PRIMES" to collect key data including biometric information from people forced to flee or people in need of basic services, mainly Venezuelan migrants.

As of February 17 2020, there are 14,125 Venezuelan migrants in Guyana that have been registered by the Department of Citizenship (part of the Ministry of the Presidency), and of those around 2000 have been re-registered in PRIMES. Up to now, there have been no reports of Venezuelan migrants seeking "refugee status" with the UNHCR.

Given the fact that PRIMES was only launched on October 19 2019 and rolled out only in Region 1, the number of Venezuelan migrants registered in this system will increase in the next year to represent the true factual burden of Venezuelan migrants in the country.

Although only 14,125 have been registered, recent data from the World Bank predicts that over 31,000 Venezuelan migrants have entered the country in the last year. As PRIMES continues to roll out in all 10 regions, governmental authorities expect to see an increase in the number of Venezuelan migrants registered.

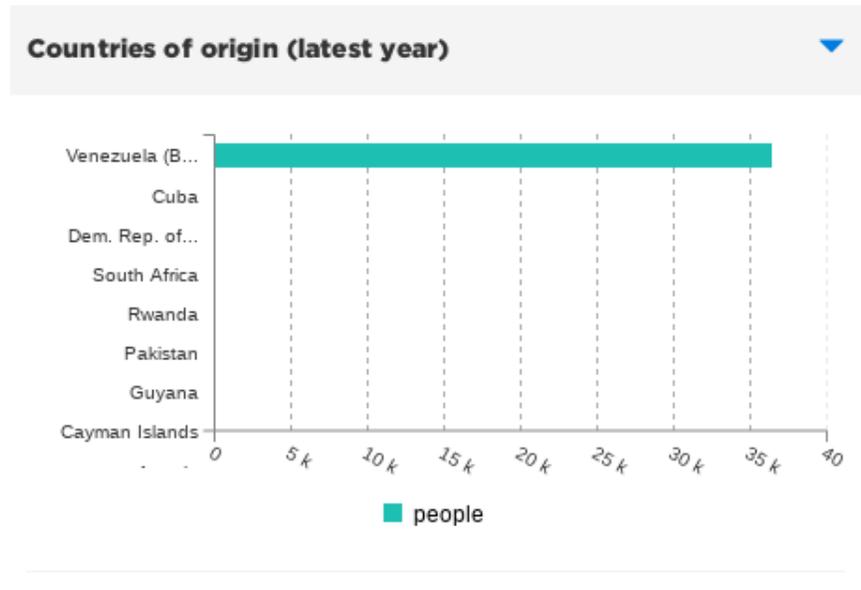


Figure 1: Number of Migrants entering Guyana by country of origin, 2019

PRIMES, has allowed for biometric registration of individuals to optimize protection responses, from initial data collection and registration to delivery of life-saving assistance correlated to real needs. Upon entry into Guyana, Immigration Officers issue a Household Registration Certificate to Venezuelans which includes a provision against forced return and a renewable three-month stay permit. During the registration process (which usually occurs at points of entry) migrants also undergo a health screening which collects basic demographic information as well as medical history and vaccination status.

Currently, there are three types of migrants that are crossing the borders from Venezuela into Guyana:

Table 1: Types of Migrants crossing the borders from Venezuela into Guyana,

1	Venezuelan nationals that are leaving Venezuela and going to Guyana
2	Guyanese living in Venezuela that are returning to Guyana
3	Individuals of different nationalities (including Amerindians) that are going back and forth from Venezuela to Guyana or are in transit to Brazil

Registration of these migrants is taking place at points of entry primarily in Region 1. Once the migrants are registered they will be given a Regional Information Card (and ID card) that will grant them access to basic healthcare services (mainly primary health services) and will contain their basic demographic and health data. The roll out of the Regional Information Cards following registration in PRIMES is set to start after the election.

Strains on national systems have been particularly evident in Guyana, where border and remote areas often lack the infrastructure necessary to receive refugees and migrants from

Venezuela. Limited availability of resources in these areas also affects access to sufficient food and nutrition, safe drinking water, and sanitation facilities, which are among the most pressing gaps reported in Guyana and are equally affecting host communities.

The growing numbers of refugees and migrants from Venezuela has put pressure on the already limited resources of the country. As part of the response to address the priority needs of both Venezuelans and receiving communities, R4V partners have organized community-based education projects (English as a Second Language) and livelihoods interventions as well as contributed to improving access to water and sanitation. Partners are also developing a joint inter-agency GBV response targeting sex workers and investing more resources towards socio-economic integration opportunities as well as strengthening medical outreach.

The Political Climate

In 2016 local elections took place after an almost 20 year gap.

Guyana is governed by three separate, but complimentary branches of Government: the Legislature (National Assembly), the Executive (President, Cabinet and Government Departments) and the Judiciary Courts). The power to run the country is divided among the three branches to create a system of checks and balances. Local government is enshrined in Chapter VII of the constitution. The main governing legislation includes the municipal and District Councils Act OF 1988 and the local Government Act of 1998.

Parliament consists of the president and the National Assembly. It is the most important branch of the Government that makes the laws, including the highest law in the country, the Constitution. It can also change and amend laws

Guyana has a two dominant political parties guided solely by ethnicity; the People's Progressive Party (PPP) is supported primarily by Indo-Guyanese people, and the People's National Congress (PNC) is supported primarily by Afro-Guyanese people

In 2016 local elections took place after an almost 20 year gap. Early elections were planned after the current elected government lost a vote of no confidence on December 21, 2018. Elections will take place in Guyana on March 2nd, 2020

Healthcare System and National Plans

The healthcare system in Guyana is guided by the Health Vision 2020 National Health plan, which builds upon earlier sector strategies, this health plan will terminate at the end of this year and a new 10 year strategy will be generated.

The National Health Plans

The MoH has implemented three strategic plans between 2003 and 2020. These were, the National Health Plan (NHP) from 2003 to 2007, the National Health Sector Strategy (INHSS) from 2008 to 2012 and the Health Vision 2020 “Health for all in Guyana” from 2013 to 2020

Table 2: Guyana's National Health Plans from 2003-2020.

	Year	Objective
The National Health plan (NHP)	2003-2007	<ul style="list-style-type: none"> ✓ reduce maternal and infant mortality and morbidity rates ✓ reduce prevalence of HIV, TB, Malaria, and Dengue ✓ limit non-communicable diseases such as Diabetes, Heart Disease, Cancer, and Accidents ✓ manage mental disorders such as depression and substance abuse ✓ improve rehabilitation and intervention services for the disabled ✓ assure that the poor have equitable access to quality healthcare ✓ foster intersectoral collaboration with the MoH support healthy lifestyles ✓ decrease risk factors contributing to poor health ✓ produce appropriate health systems to generate equitable health outcomes
The National Health Sector Strategy (NHSS)	2008-2012	<ul style="list-style-type: none"> ✓ offer equitable access to quality consumer-friendly health services ✓ increase life expectancy to 68 years for both adult males and adult females ✓ reduce maternal mortality to 80 per 100,000 live births, infant mortality to 16 per 1,000 live births, child mortality to 25 per 1,000 live births ✓ decrease HIV prevalence to 1%, TB prevalence to 75 per 100,000, and Malaria incidence to 5,000 cases per year ✓ provide better access to quality health services to reach 90% immunization coverage of all antigens assuring 95% access to healthcare within one hour from place of residence ✓ have professionally-trained attendants at 95% of births ✓ satisfactory provision of medicines with 95% availability ✓ reduce disease burden from communicable and non-communicable diseases
The Health Vision 2020 National Health plan	2013-2020	<ul style="list-style-type: none"> ✓ advance the health of Guyanese ✓ lessen health inequities ✓ develop the management and delivery of evidence-based, people-responsive quality healthcare <p><i>* The MoH expects to pursue these goals through universal health coverage and action on the social determinants of health.</i></p>

The Government of Guyana through Health Vision 2020- A National Health Strategy for Guyana (2013-2020) has a pivotal responsibility to promote the well-being of the Guyanese people, decrease health inequities, and upgrade the management and delivery of quality healthcare. The two strategic pillarst hat speak to these responsibilities are:

1. Universal health coverage
2. Social determinants of health

The universal health coverage pillar would facilitate a renewal of primary healthcare while the social determinants of health pillar would focus on building strategic partnerships and health promotion.

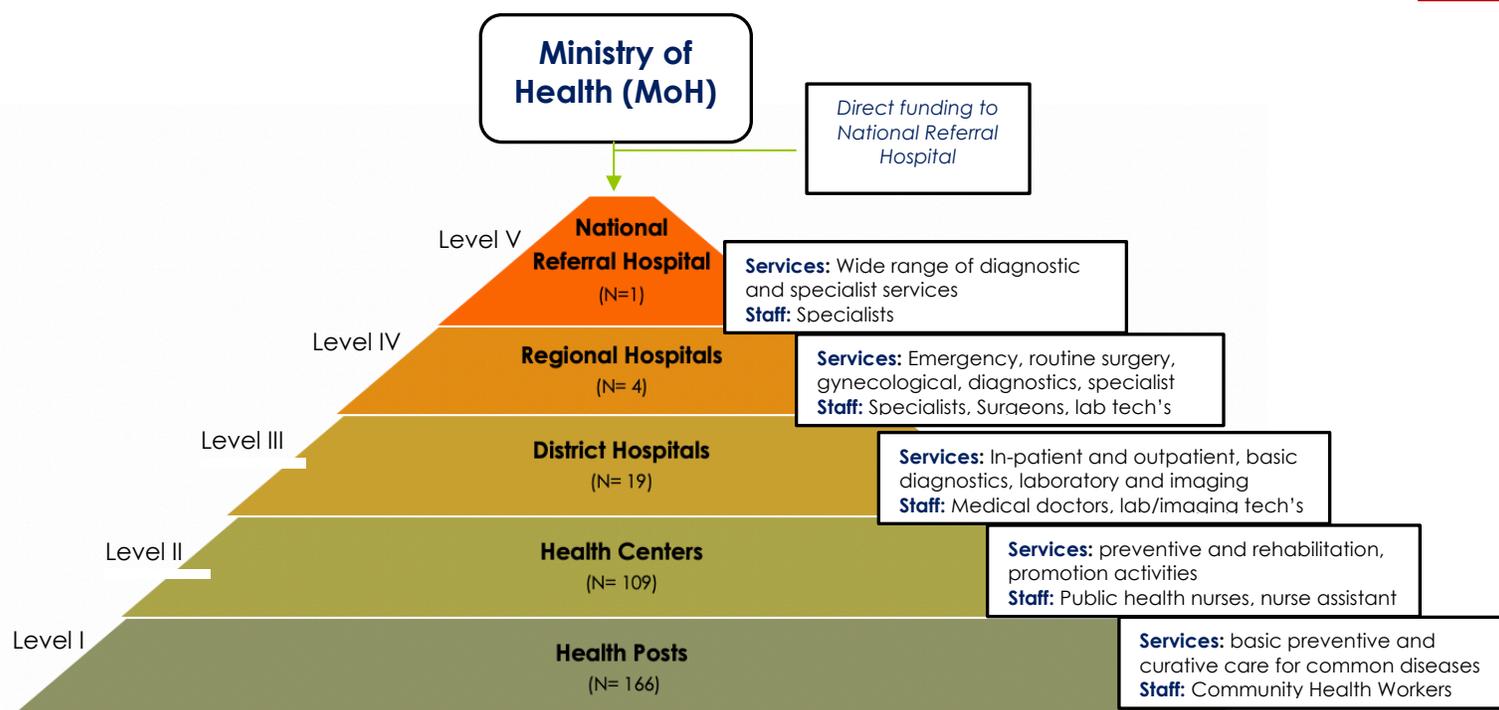
The plan was developed through a wide-ranging consultative process with key stakeholders (government, civil society, private sector, local and international non-governmental organizations and development agencies). The strategy takes into consideration the plans already developed such as the Strategic plans for the Integrated Prevention and Control of Non-Communicable Disease and the Reduction of Maternal and Neonatal Mortality. It is also informed by global and regional policies and plans.

The National Health Strategy is explicit in the mechanisms for financing, implementation and management including methods for monitoring and evaluation. Some of the [processes envisaged for achieving the goals have been established such as the National Health Policy Committee; however other mechanisms have not been put in place or, even if instituted, have not been sustained.

The Strategy recognizes that the demands to expand coverage and to improve quality of services will require increased funding. It emphasizes the need for building strategic partnerships and recognizes the contributions of the various actors in health,

Public Healthcare Structure

Guyana's public health system structure is characterized by a centralized authority over technical aspects of health, with an administrative authority decentralized to the regional level. In the administrative regions, the regional democratic councils have control of the health budget, but the Ministry of Public Health is responsible for the provision of services. The delivery of public healthcare services is provided at five different levels;



Level	Facility	Total #	Healthcare services provided	Staff
1	Health Posts	166	Primary: <ul style="list-style-type: none"> ✓ preventive and simple curative care ✓ promotion of proper health practices 	Community Health Workers (CHW)
2	Health Centers	109	Primary: <ul style="list-style-type: none"> ✓ preventive and rehabilitative care ✓ promotion of proper health practices 	Medical Extension Worker or Public Health Nurse along with a nurse assistant and midwife
3	District Hospitals	19	473 beds Secondary and diagnostic: <ul style="list-style-type: none"> ✓ in-patient and outpatient care ✓ simple radiological and laboratory services ✓ Preventive and curative dental care 	Medical doctors, laboratory and imaging technicians, nurses, dentists
4	Regional Hospitals	4	620 beds Secondary and diagnostic: <ul style="list-style-type: none"> ✓ Emergency services ✓ Routine surgery ✓ Obstetric and gynecological care ✓ Laboratory and imaging 	General practitioners, surgeons, laboratory and imaging technicians, nurses, dentists
5	National Referral Hospital	1	937 Tertiary and diagnostic: <ul style="list-style-type: none"> ✓ Specialist services ✓ Routine surgery ✓ Obstetric and gynecological care ✓ Laboratory and imaging 	Specialists, General practitioners, surgeons, laboratory and imaging technicians, nurses, dentists

Figure 2: Provision of public health services at each of the 5 levels of care in Guyana.

The overseeing entity is the Ministry of Health and Labour (MoH) which is responsible for the funding of the National Referral Hospital in Georgetown and supports the regional hospitals, which has recently been made a public corporation managed by an independent board. The MoH plays a central role in advising and coordinating public healthcare organizations and ensuring that public health services are developing in line with the government national health plans.

The distribution of public health facilities by level and region is as follows:

Table 3: Distribution of public health facilities by level and region in Guyana

Type of Facility	Region #										National Total
	1	2	3	4	5	6	7	8	9	10	
Specialist Hospitals	0	0	0	2	0	2	0	0	0	0	4
National Hospitals	0	0	0	1	0	0	0	0	0	0	1
Regional Hospitals	0	1	1	2	0	1	0	0	0	1	6
District Hospitals	4	1	3	0	2	2	2	2	2	2	20
Health Centers	3	12	13	39	15	28	3	5	3	12	133
Health Posts	42	20	27	10	1	4	22	16	52	16	210
Facility Total	49	34	44	54	18	37	27	22	57	31	374

Guyana's constitution guarantees health as a fundamental right. Public sector health services are free in Guyana. Successful implementation of primary health care programs will depend upon Guyana having a workforce with the appropriate skills, competencies, and motivation, buoyed by a health management system that provides supportive work environments with the proper incentives and accountability.

Private Healthcare Structure

The Private Healthcare system in Guyana operates on a fee-for-service basis. Private sector regulation tends to focus on private doctors' clinics and the six private sector hospitals in Georgetown. Private hospitals are regulated by both the Health Facilities Licensing Act (2006) and the Private Hospital Act (1972). This legislation focuses on ensuring the standards of service delivery and allowing the MOH to license and regulate private health facilities in Guyana through inspections and a licensing process.

There are 10 hospitals belonging to the private sector and to public corporations, plus diagnostic facilities, clinics and dispensaries in those sectors. These ten hospitals provide for 548 beds. Eighteen clinics and dispensaries are owned by GUYSUCO.

Decentralization

A main focus area in Guyana's National Health Sector Strategy (NHSS) 2008–2012 (MOH 2008b) is improved health system decentralization.

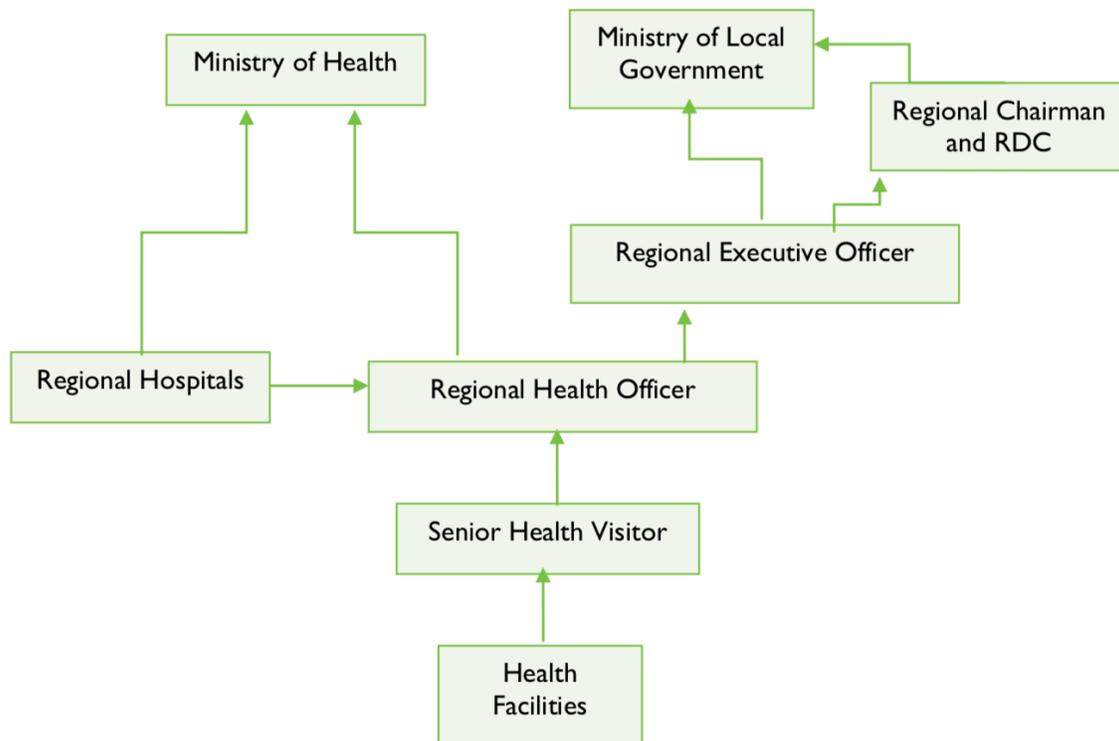


Figure 3: Structure of the decentralized public health system in Guyana

Guyana has shifted the responsibility for service delivery to regional health authorities (RHAs) which are the statutory authorities with service agreements mandating a certain level and quality of services in the facilities they fund, following the model of the Georgetown Public Hospital Corporation (GPHC). There are ten RHAs serving the entire country.

Key Performance Indicators for Venezuelan Refugee Coordination

Measurements of the response efforts can be achieved through the following indicators. The key performance indicators outlined below are referent to the situation currently in Guyana

Table 4: Indicators for Venezuelan Refugee Coordination according to R4V, Guyana, February 17 2020

Priority Programs	
Program	Indicator
Direct Emergency Response	<ul style="list-style-type: none"> ✓ Shelter ✓ Food and Non-Food Items (NFIs) ✓ Water, sanitation and hygiene (WASH) ✓ Emergency medical assistance ✓ Cash based interventions
Protection Response	<ul style="list-style-type: none"> ✓ Advocacy and support for registration ✓ Regularization of refugee status ✓ Refugee status determination ✓ Protection of vulnerable populations
Socio-Economic & Cultural integration	<ul style="list-style-type: none"> ✓ Legal status and basic rights ✓ Education
Capacitation of Host Governments	<ul style="list-style-type: none"> ✓ Delivery of essential services; education, health social protection ✓ International protection for those in need ✓ Local capacity building ✓ Legal pathways

Source: Sub-Regional Inter-Agency Coordination Platform- Caribbean Situation report (August- September 2019)

Table 5: Indicators for Venezuelan Refugee Coordination in Guyana not part of the Sub-regional Inter-Agency Coordination platform as of February 17, 2020

Other Programs	
Program	Indicator
Healthcare/Immunization	<ul style="list-style-type: none"> ✓ Population Demographics ✓ Mortality ✓ Morbidity ✓ Disease Incidence/Prevalence ✓ Vaccination coverage/uptake
Security	<ul style="list-style-type: none"> ✓ Host populations ✓ Accessibility to remote host populations

	<ul style="list-style-type: none">✓ Number of reports of violent events such as rape, beatings, robbery, violent attacks, gunshots, etc.✓ Proportion of consultations due to violent events✓ Vulnerable sub-groups, according to age, sex, ethnic group, etc.
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Objectives

As part of William R. Rhodes Global Advisors (WRRGA) commitment in the response to the ongoing Venezuelan Refugee Crisis, the primary objective of this mission was to assess the projects that are currently being implemented for Venezuelan refugees in Guyana, understand the role of the different organizations coordinating the response and supporting the work being done by the government, the UN and other local, international organizations and foreign governments;

Furthermore, secondary objectives of the mission included:

- Establish channels of communication between local organizations and the private sector in order to seek funding for specific projects
- Understand specifically what the role of the private sector can be in the current frame of the response coordination.
- Establish direct communication channel with current UN agencies (UNHCR, IoM, UNICEF and PAHO)
- Document all programs that are taking place related to the Guyana government and IoM-UNHCR priorities and generate a situation/country report
- Identify urgent needs primarily in the area of education, healthcare, shelter, training and security.
- Assess the response activities related to Venezuelan refugee crisis in line with the sub national operational plan
- Identify and make contact with other local partners involved in the response and existing sub-national coordination mechanisms, including Sub-National health authorities, international organizations and civil societies not related to the UN
- Collect information from all sub-national partners on who's, when, since and until when doing what. Provide consolidated feedback to all partners
- Ensure that coordination response needs (human resources, logistics, financial, security etc.) are identified by planning and jointly coordinating the partners rapid assessments
- Promote adherence of standards and best practices by all response personnel taking into account the need for local adaptation

Field Team

The support team was composed of an epidemiologist (Cristina Valencia) from Health Pioneers LLC, former chairman of Citibank and president of William R. Rhodes Global Advisors LLC (William Rhodes), and the former chairman of Republic bank (Ron Harford). The support team interacted with stakeholders at local level; Guyana Red Cross, HIAS, GHRA as well as with technical organizations such as IoM, UNHCR, UNICEF, PAHO, WB, British High Commissioner, EU Delegation, Canadian High Commissioner and US embassy as well as with the Chief Medical Officer, part of the Ministry of Health

Activities and Findings

Context

Historically, Guyana has been a country of emigration and not immigration, the country has seen migrants' transit throughout its borders but is not remain in the country. As other countries in the region, Guyana is facing a complex phenomenon of mixed migratory movements. Based on Displacement Tracking Matrix (DTM) rounds and UN estimates, the forecast is to see 31,000 new migrants entering Guyana by the end of 2020, which represents an additional four per cent of Guyana's total population of 750,000. Migrant populations have concentrated mainly in the border hinterland areas (Region 1 and 7), these areas have the poorest socio-economic conditions, including the lowest health and wellbeing indicators for children.

There was a time when Venezuela welcomed Guyanese, so the government has established a strong open-door policy to any Venezuelan wishing to enter the country. In the last two years, there has been a big influx of returning Guyanese who had left for Venezuela, yet surprisingly, 86% of Guyanese who have a university degree live outside of the country, making capacity very limited.

Only as of late 2019 did Guyana start to become a place of worry due to the increase of Venezuelan migrants. This has hindered the capacity within the country to be able to provide housing, protection, healthcare and labor services. Given the large oil & gas industry in the country, there will be an increase in funding coming into Guyana, however the allocation of these funds might be hard to predict give the fact that a) people don't understand what these funds mean and how to handle them and b) people who know of the existence of these funds and don't know what to do with them will need help from the government.

Government led registration of migrants at points of entry continues to strengthen and grow thanks to the support from the UNHCR and its PRIMES system. However, regulation of those that are transiting the country should be closely monitored as the majority of migrants are being stamped in but not out, making it difficult to reconcile the numbers leaving the Guyana. Moreover, the government wants the migrants entering Guyana to stay in the regions and restrict movement which might overburden the host communities.

Healthcare services at points of entry run in parallel to the registration and ensure that the migrants entering the country have been screened and vaccinated. The majority of doctors that continue to work at the health posts have been trained in Cuba following an agreement the MoH has with the country.

Local organizations have been using social media platforms (such as facebook) to advertise their services to incoming migrants, primarily with regards to registration, shelter and nutrition. Moreover, with a highly informal labor market, the government should focus on a policy regarding work permits in order to protect their local workforce as well.

1. Coordination of The Response

The Civil Defense Commission (CDC) and International Organization for Migration (IoM) along with the United Nations High Commissioner for Refugees (UNHCR) continue to provide support for the migrants at points of entry.

The Government of Guyana

The Government of Guyana is governed by the President and its designated Ministries as follows:

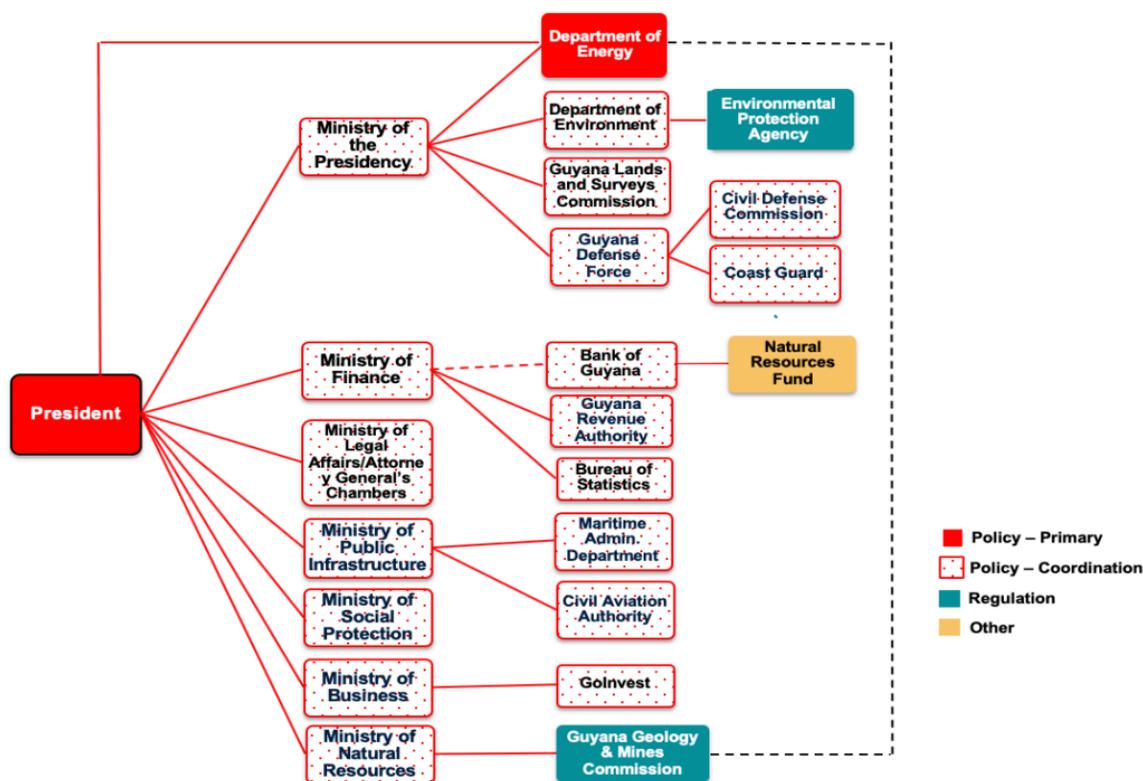


Figure 4: Structure of the Government of Guyana and its Ministries

In March 2018, the government set up a National multi-sectoral coordination committee to respond to the influx of Venezuelan migrants. This Committee comprises of various Government agencies (citizenship, police, health, education, social protection and civil

defense commission) and international bodies such as UNICEF, IOM, PAHO and the UNHCR. It is chaired by the Minister of Citizenship and co-chaired by the CDC, the committee meets on a bi monthly basis to discuss the programs that are being implemented for Venezuelan migrants .

Following the generation of this committee, the UN secretary general declares a mixed migration flow of economic migrants and established the IOM-UNHCR platform to support the government in response related activities through the RMRP plan. Coordination with the international agencies has helped in the acquisition of food and other relief items and the introduction of helpful tools such as the Displacement Tracking Matrix (DTM), which hitherto, was not available to the Government.

The Government of Guyana has also signed “The Country Cooperation Strategy (CCS)” which is meant to be the strategic vision for the World Health Organization's (WHO's) technical cooperation with the country. This is the third Country Cooperation Strategy between the Pan American Health Organization/World Health Organization (PAHO/WHO) and Guyana.

Within the Government of Guyana, it is the Department of Citizenship which is part of the Ministry of the Presidency and the Civil Defense Commission who coordinate all of the migrant-related activities.

Department of Citizenship (Ministry of the Presidency)

Keeping with the Citizenship Act of Guyana, the Department of Citizenship is doing a lot of work to address statelessness, including the registration of Venezuelan migrants and children of Guyanese parentage.

Citizenship of Guyana is based upon the Constitution of Guyana adopted in 1980. Citizenship may be acquired by birth, descent, naturalization or upon registration following marriage to a Guyanese citizen.

Meanwhile, the Social Protection Ministry is working to ensure that Guyanese returning from Venezuela are registered at the Guyana Elections Commission (GECOM) so that they can be issued national identification cards which will enable them to benefit from public assistance once the relevant criteria are met. On the other hand, the Department of Citizenship has frontline the registration process of Venezuelan migrants at points of entry and has worked closely with immigration authorities and UNHCR to implement PRIMES. Moreover, the department of citizenship is also in charge of extending immigration status and permits after the 3 month expiry date

Ministry of Health (MoH)

The MoH is mandated through the Public Health Act 2005 to ensure effective policy formulation, regulation, coordination, monitoring and evaluation of the health sector. Service

delivery is provided through 5 levels of care - from health posts to national level facilities. The public health sector delivers about 68% of the service and the private sector about 28%. Public health depends on the national budget each year and are they second highest recipient of state funds. There are also three private-public partnerships:

1. Caribbean heart institute (for advance heart conditions)
2. Joint replacement hip replacement (titanium knees etc)
3. Cancer treatment, with Guyana cancer institute.

Guyana is currently at the end of the current health plan "Health Vision 2020" and a new one will be developed in the next year to serve for a 10 year period. There have been significant positive strides in health since the development of the last Country Cooperation Strategy in 2010. These include: increased life expectancy; reduction in maternal and child mortality; decreased incidence, prevalence and mortality from communicable diseases; high levels of immunization coverage; greater awareness of environmental health issues; and improved water and sanitation facilities

The MoH has established a Country Cooperation Strategy (CCS) with the the Pan American Health Organization/World Health Organization in order to support the Health Vision 2020 strategy. The selected strategic priorities of the Ministry of Health are:

Table 6: Selected strategic priorities of the Guyana Ministry of Health (MoH) that are part of the Health Vision 2020 plan

1	Strengthening health system for universal health
2	Achieving health and well-being throughout the life course
3	Promoting safe, resilient, healthy environments
4	Reducing the burden of non-communicable diseases
5	Reducing the morbidity and mortality due to communicable diseases

The MoH has established a rotation mechanism amongst its doctors in which they are rotated on a "need" basis amongst the 10 regions. Many of the doctors working for the MoH are either Cuban or have been trained in Cuba. There is a Cuban medical brigade under agreement with Cuba in which they have 87 specialist doctors that are assigned to Guyana for 3 years. They are placed at facilities that are needed primarily in Region 1 and 7 where there are shortages.

Moreover, the Region One Health Department, through the port health department, has deployed medical teams to migrant settlements. This initiative is being carried out to deliver follow-up health services to the migrants and as part of the ongoing efforts of the regional health department to intervene and provide a tangible health response to incoming Venezuelans.

Region 1 is facing the influx of Venezuelans fleeing their country because of its current hostile political climate. Medical professions ranging from doctors, nurses, environmental health

assistants, and medical extension officers (medexes) were on duty tending to the medical needs of migrants. The resuscitation of this service is expected to provide healthcare service to migrants while safeguarding the health of Guyanese, especially those in Region 1.

The Civil Defense Commission (CDC) has been taking the lead in Guyana with assisting the migrants here with donations pouring in from the various organizations and the business community. The Ministry of Health with the support of the Pan-American Health Association (PAHO) have been effectively ensuring that at points of entry, where immigration is registering the migrants, they are being screened by health personnel to ensure the safety of residents in the border location.

In Guyana, the Pan American Sanitary Bureau (PASB) has been working closely with the Ministry of Health to monitor the condition of migrants and strengthen epidemiological surveillance, information management, detection, verification, risk assessments, and alerts on events related to epidemic-prone diseases, as well as early warning and outbreak response. This includes support for a syndromic surveillance system for acute respiratory illness, rash with fever, and undifferentiated fever in Regions 1 and 7. PASB experts are also working with national authorities to conduct risk communication activities, assess immunization coverage and laboratory capacities to identify potential health needs in areas with migrants, and strengthen the immunization program, which includes vaccinating migrants on arrival. PASB has also been providing support for malaria outbreak response in Kaikan, an area along the border with Venezuela.

The MoH will continue to invest in and prioritize general vaccination to reach at least 95% coverage in all municipalities and communities and address outbreaks of vaccine-preventable diseases as well as strengthen the resilience of health systems in accordance with Resolution CD55.R8, adopted in 2016, and the Strategy for Universal Access to Health and Universal Health Coverage, adopted in 2014. Finally, they will continue efforts to address the health needs of Venezuelan migrants and scale up activities for malaria surveillance along with efforts to prevent reestablishment of transmission in malaria-free areas.

[The IoM-UNHCR Regional Inter-Agency Platform](#)

In April 2018, the United Nations Secretary General tasked the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR), in accordance with their respective functions and mandates, to establish a Regional Inter-Agency Platform for Refugees and Migrants (R4V) from Venezuela to lead and coordinate the response, including analysis, strategic planning and operational interventions. Within the framework of the Regional Inter-Agency Platform, the Sub-Regional Platform was established for the Caribbean in April 2019, covering Aruba, Curaçao, the Dominican Republic, Guyana, as well as Trinidad and Tobago.

The IOM-UNHCR Regional Inter-Agency Platform in Guyana is composed of different UN agencies, such as UNICEF and PAHO as well as local NGO's and organizations such as the

Guyana Red Cross, Pan-American Development Foundation (PADF) and the Hebrew Immigration Aid Society (HIAS). There also members of the government that are part of the platform. Coordination meetings are held once a week in which updates are given to all agencies on the progress of numerous projects including PRIMES and DTM. Agencies that are part of the platform are encouraged to participate in the meetings.

The strategic focus of the platform is on the Regional Refugee's and Migrant response plan (RMRP) which was developed by 95 organizations as a way of ensuring a region-wide response, as well as joint collaboration among governments in the region and the international community. It addresses the protection, assistance and integration needs of Venezuelan migrants in the affected states, by complementing and strengthening national and regional response.

The 2020 RMRP will complement and strengthen the Guyanese governments capacity to respond to the increasing flows of migrants from Venezuela these. Some of the focal areas of the RMRP will be, emergency humanitarian needs, including access to basic services; protection needs, including predictable regular status, documentation and information on access and availability of services and rights; and socio-economic integration needs, including access to the labour market, social and cultural integration and the recognition of academic degrees, titles and skills in host countries.

Currently, the platform is working jointly with the CDC to prepare a contingency plan for the potential mass influx of Venezuelan migrants following the election. The UNHCR has asked the CDC to provide a list of resources available at country level that could be used in this potential emergency, this will help assess what extra resources might be needed to be flown into the country to make sure Guyana is prepared.

[The IoM-UNHCR Regional Inter-Agency Platform Agencies](#)

The UNHCR

The UNHCR, which co-leads the Regional Inter-Agency Coordination platform was established in Guyana in 2018 and entered into an agreement with the government of Guyana to use the Population Registration and Identity Management Ecosystem- PRIMES (more detail of the use of PRIMES in Guyana is given under section 2: Areas of Interest). Moreover, the UNHCR has worked in generating the Standard Operating Procedures (SOPs), datasets, data protection and data sharing agreements in order to facilitate the use of PRIMES by the government.

It is important to emphasize that the UNHCR has been filling "refugee status" in Guyana to people that have not been of Venezuelan origin (i.e Cubans, Haitians) and there has been no sensitization as to what the terminology means. For non-Venezuelan migrants, immigration authorities have led them to the UNHCR to seek asylum; asylum seekers information is given to the government by the UNHCR.

UNHCR engages in areas related to:

Table 7: Areas of engagement of the UNHCR in Guyana

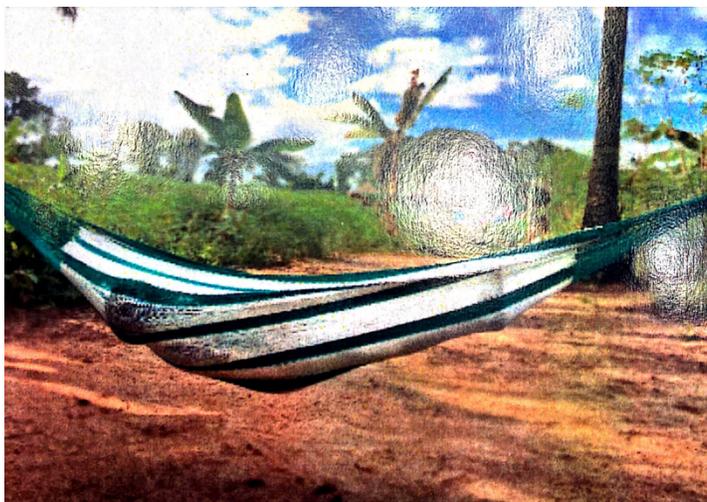
1	Registration
2	Protection
3	Shelter
4	Education
5	Livelihoods

They also provide counselling, information and legal advice to migrants through its partners. They strive to build support with local communities by organizing activities such as English language classes for children and engage in outreach and dialogue to foster social cohesion within and across communities.

UNHCR provides protection and assistance to the most vulnerable migrants as well as women, children and victims of sexual abuse and gender-based violence in partnership with communities, government and civil society. The support provided particularly focuses on individual case management and access to essential services.

Their efforts have also extended to putting in place referral systems to support persons with specific needs to access services, including psychosocial support, livelihoods interventions, legal information and counselling, emergency health care, while simultaneously supporting these services in increasing their capacity and eliminating obstacles to inclusion.

UNHCR Guyana has also engaged with the Warao (indigenous Amerindian group) women in five communities in Region 1 for the production of chinchorros (hammocks). Moreover, they are also seeking opportunities to link with socially responsible private sector, development actors and fair trade NGOs to build additional capacity of Warao Amerindian communities in the production of moriche baskets, bags, decorations and furniture; this will support Warao traditional arts while simultaneously allowing Warao communities to earn livelihoods using their excellent craft skills.



Chinchorros (hammocks)

In 2020, the UNHCR will continue its efforts to prevent, mitigate and respond to protection risks of refugees and migrants from Venezuela, prioritizing those with specific needs, especially victims of trafficking and survivors of gender-based violence and labor exploitation. They will provide and improve safe and dignified access to essential goods and critical services such

as emergency shelter facilities, health care, food assistance, and non-food items as well as water and sanitation (WASH) infrastructure and services, coupled with the promotion of good hygiene practices. Improve access to inclusive quality education services for school-aged Venezuelan children and youth, returning Guyanese and indigenous Warao communities.

Finally, given that UNHCR's current focus is on the border areas (regions 1 and 7), it will be expensive to airlift things to these regions given their geographical location (such as tents, water, electricity generators etc.), hence the UNHCR has asked the government if there could be relocation of migrants that are settling down in these regions to the other regions in the country. Moreover, the Ministry of Education has shown interest in working with them to build new school and to get support to train volunteers and teachers.

The International Office for Migration (IoM)

Aside from its role as one of the main coordinators in the IoM-UNHCR response platform, the IoM's main areas of focus in Guyana are:

Table 8: International Organization for Migration (IoM) main areas of focus in Guyana

1	Direct Emergency Assistance	<ul style="list-style-type: none"> - Emergency shelter facilities - Healthcare - Food assistance
2	Protection	<ul style="list-style-type: none"> - Human trafficking - Gender-based violence
3	Socio-economic and cultural integration	<ul style="list-style-type: none"> - Self employment - Provision of in-kind grants
4	Capacity building	<ul style="list-style-type: none"> - Strengthen government capacities

Moreover, the IoM collects forced migration data through the Displacement Tracking Matrix (DTM). DTM is a system used to track and monitor displacement and population mobility due to natural disasters and conflict, and has been active since 2004. Data are regularly captured, processed and disseminated to provide a better understanding of the movements and evolving needs of displaced populations and migrants. IoM implemented the DTM between May 2018 and October 2019 in order to better understand the Venezuelan migrants migratory routes, economic and labor situation, living conditions and main protection needs. During this period, 3320 surveys have been completed and its distribution throughout the country is as follows:

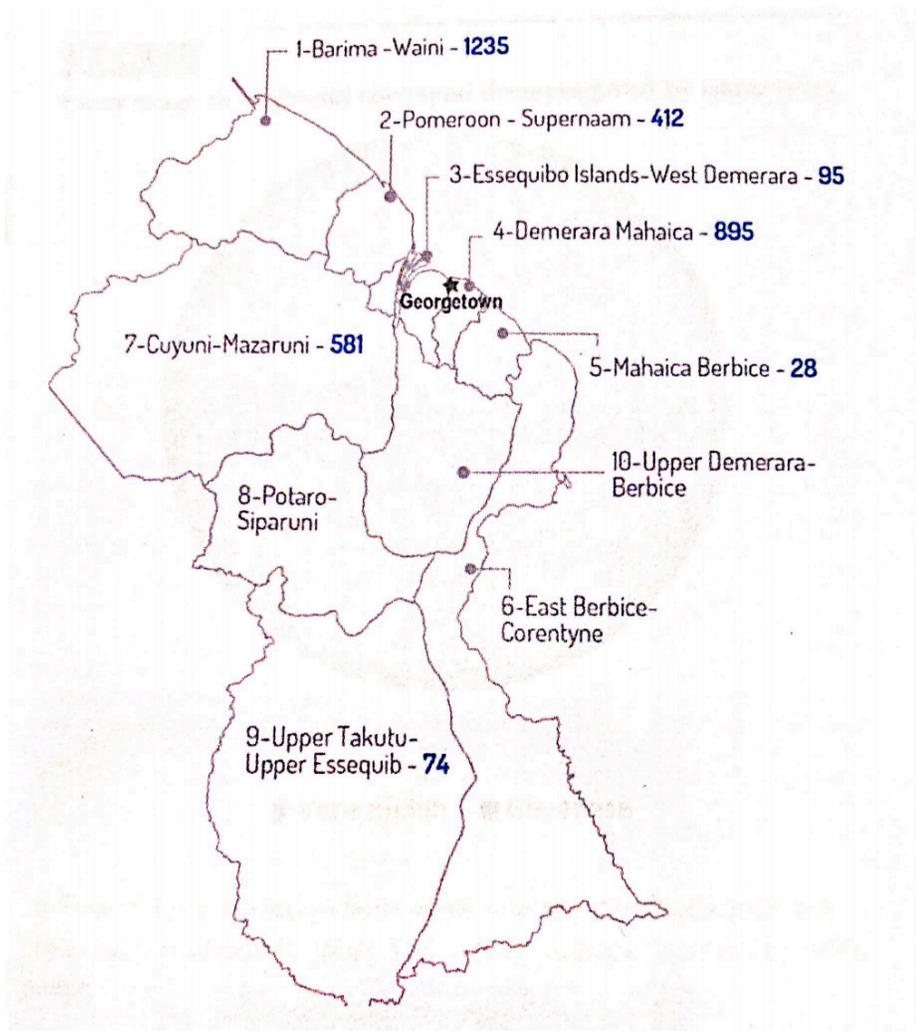


Figure 5: Locations where IOM's DTM surveys took place in Guyana

These regions were chosen due to the increasingly high presence of Venezuelan nationals and Guyanese returnees. Moreover, the following 7 indicators have demonstrated the effective use of the DTM in Guyana and its positive outcomes.

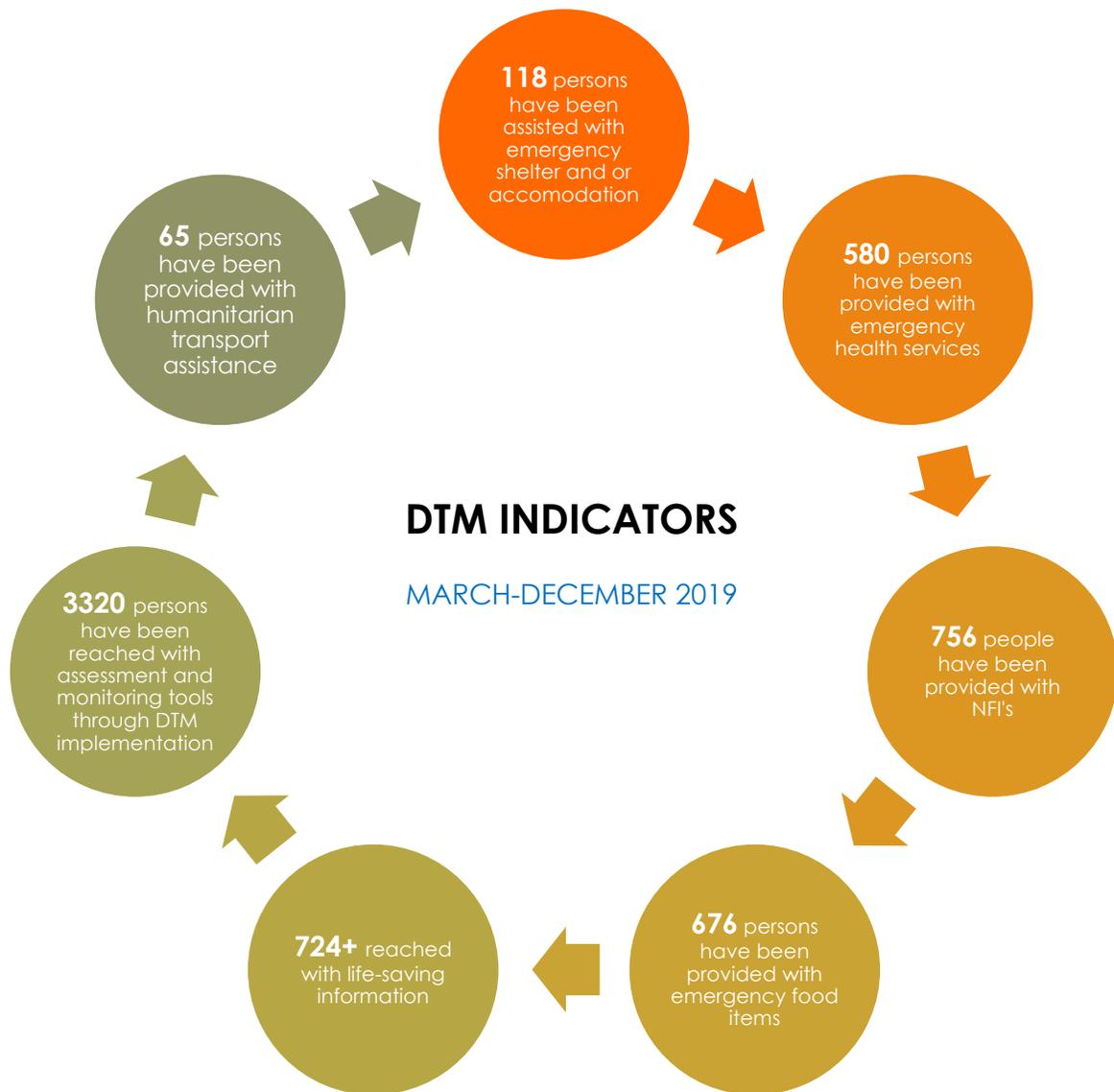


Figure 6: DTM indicators in Guyana from March to December 2019

IoM has also continued their work in areas of counter-trafficking activities as well as their global fund project on HIV/AIDS; they will continue their work in encouraging the government to have work permits as the government can then regulate their labor market. Housing/shelter, access to legal/judicial services and controlling human trafficking will continue to be challenges for 2020.

UNICEF

By the end of 2019, it was estimated that Guyana had received 17,000 Venezuelan migrants, approximately 30 per cent of them children. UNICEF is a participant of the coordination platform and reports directly to the UNICEF regional office as well as the R4V platform (however the R4V has different indicators so they cannot report on all of the indicators). UNICEF has great infusion within the government system as can be seen from their 5 year

program plan agreement, making it easier to get programs started . This plan focuses on enhancing UNICEF'S support in the following areas:

1. Education
2. Nutrition
3. Child Protection
4. Healthcare
5. Water, Sanitation and Hygiene (WASH)
6. Communication for Development
7. Social Inclusion

Their focus is to implement projects related to these 7 areas in regions 1 and 7 as host communities in these two regions are the ones that have been most affected by the Venezuelan migrants. UNICEF is targeting an estimate of 12,000 people, including 4,800 children, in need of assistance mainly in border hinterland communities.

UNICEF announced that it will work with the Guyana Government to expand the infrastructure of hinterland schools to cater for migrant children primarily focusing on the 150 migrant children in Region One, Through mobile birth registration teams UNICEF has helped to cover 15 communities with 8,490 people ensuring access to documentation for 25 children who were previously unregistered.

They have also facilitated the deployment of the recruitment of social workers and child protection officers to boost service capacity at bordering regions covering the needs of 8,700 migrants and host community persons, of which 3,480 are children that now have access to protection and social services, including safety nets. Moreover, they have provided a safe household water treatment and storage intervention initiated in 2018 and is underway in 12 indigenous communities covering 8,300 people, this was done in collaboration with Guyana water Inc.

UNICEF has set up child advocacy centers which are also now being used by adults, they were initially set up as a 1 stop shop for children that have been abused, however the language barrier continues to be a barrier as most of the children do not speak English.

In coordination with the Ministry of Education, UNICEF has contributed to the school enrolment of 270 Venezuelan migrant and returnee children in the various grades in public schools. Below are UNICEF's six commitments for migrant and refugee children in 2020.



Figure 7: Focal Areas for UNICEF's support to the Venezuelan Migrant situation in Guyana

Guyana Red Cross

The Guyana Red Cross is present in all of the 10 regions and has approximately 350 volunteers in Guyana. They sit in all of the coordination meetings hosted by the IoM-UNHCR platform, however their projects are independent of those currently being done by the platform, yet they continue to collaborate and support it as much as possible. They are part of the Red Cross societies of the Caribbean and Latin America whom meet every 3 months and then part of the Regional Offices which meet bi-annually. The majority of their work occurs in remote areas primarily at points of entry where they use Community Health Workers (CHW) to train and enhance capacity in host communities. These CHW are of Guyanese origin. The main areas that they operate in are:

Table 9: Guyana's Red Cross main operational areas in Guyana

1	Meals/Nutrition
2	Shelter
3	WASH
4	Registration Facilitation

The Red Cross focuses on the design and implementation of several programs. The first is “Be Safe” which is based on violence and abuse prevention. Moreover, through the collaboration of other Red Cross Organizations around the world, the Guyana Red Cross is implementing “Ten Steps to Creating Safe Environments” in order to strengthen the capacity of the organization to implement effective violence prevention programming. This project helps the Red Cross to integrate policies and management for the prevention of violence against children and take the first step to starting effective community-based programs.

The Red Cross at local level continues working on their meals and wheels program as well as their children convalescent home. Approximately 20 of the children currently being hosted in this convalescent home are Venezuelan migrants and have come from the Ministry of Social protection. Moreover, they have an ongoing water and sanitation project focused on WASH practices in Region 1, 7 and 9 in which they train host communities in the basic principles but have also built latrines for their use. It is important to note that the Guyana red cross has reported that:

“Communities where they have conducted WASH training have shown to do better with regards to sanitation habits than those that have not” - Guyana Red Cross

On top of these, they have worked hard in trying to provide psychosocial support to the CHW that are currently working in communities receiving refugee migrants. Although they have

been receiving Venezuelan migrants, their concern remains in the other migrants that are seeking asylum in the country such as Haitians and Cubans.

The Red Cross has ensured that all of the migrants coming into their facilities are guided through the registration process and have access to locations where there is education and health screening/services, however their challenges continue to be the lack of work permits available for the migrants as well as facilities available at points of entry that can provide these migrants with psychosocial support.

Hebrew Immigration Aid Society (HIAS)

HIAS, has historically responded to migration of populations into Venezuela. It is an American Organization which is mainly funded by the United States Bureau of Population, Refugees, and Migration. They were registered in Guyana in November 2019 and the office opened in January 2020. They are currently working within the context of the coordination response to find the gaps and areas in which they, as an organization, can be most helpful in.

HIAS Guyana will provide assistance to Venezuelans and vulnerable Guyanese, particularly those who are survivors of gender-based violence and trafficking, or face other risks that may significantly impact their well-being. HIAS' programs are delivered in close coordination with local civil society organizations, community groups, churches and government entities.

HIAS's 4 focal areas in Guyana are:

Table 10: The Hebrew Immigration Aid Society areas of focus in Guyana

1	Legal information provision for Migrants
2	Gender-based violence and human trafficking prevention
3	Mental health and psychosocial support
4	Sustainable livelihood; income generation activities, cash-based interventions

Efforts to hire the necessary local personnel (such as councillors and field support teams) have already begun and they expect to be fully operational in 1 month

Pan-American Health Organization (PAHO)

PAHO has a long history of technical cooperation with Guyana which started even before the country-achieved independence in 1966. Through the Country Cooperation Strategy (CCS) which elapses in 2020, PAHO sets forth the strategic vision for technical cooperation with the country.

The CCS is a way to ensure agreement on the priorities to which PAHO will direct the majority of its resources.

Table 11: Pan-American Health Organization Strategic Priorities in Guyana

1	Strengthening health systems for universal health
2	Achieving health and well-being throughout the life course
3	Promoting safe, resilient, healthy environments
4	Reducing the burden of non-communicable diseases
5	Reducing the morbidity and mortality due to communicable diseases

In Guyana, the PAHO country office is working closely with the Ministry of Health to monitor the condition of migrants and strengthen epidemiological surveillance, information management, detection, verification, and risk assessments of events related to epidemic-prone diseases.

The Pan-American Sanitation Bureau experts are also working with national authorities to assess immunization coverage and laboratory capacities to identify potential health needs in areas with migrants.

PAHO will continue to work with the MoH to prioritize general vaccination coverage to reach at least 95% in all regions and address outbreaks of vaccine-preventable diseases and to address the health needs of migrants. Moreover, in collaboration with MoH and other stakeholders, PAHO, has continued to address the health issues associated with migrants, primarily through the support they provide the MoH in health screenings at points of entry and vaccination campaigns for yellow fever, measles, mumps and rubella.

PAHO has also supported the revision and adoption of the community Integrated Management of Childhood Illnesses (IMCI) materials. Training will be conducted in two hinterland regions to build the capacity of health care providers to recognize the danger signs of a sick child and to make appropriate referrals to pediatric care services at the community level. In addition to the SRH, the following have been implemented to support adolescent health rights:

- Adolescent health and wellness clinics in every region of the country
- Establishment of Adolescent Health Clubs
- Community Parenting Support Groups for Adolescents
- School Health Clubs
- Peer educator programmes
- Training for health care workers on adolescent rights in all regions of the country.

Other Organizations

Guyana Human Rights Association (GHRA)

The GHRA was one of the initial organizations working closely with the Bishop's office in the registration of migrants 3 years ago. Their focus is to facilitate the translation of documents

and guide them to the proper channels of registration. At points of entry, the GHRA along with the Bishops office brings the migrants to the Ministry of Citizenship for registration, they will facilitate the translation of any document that the migrant has that is needed for registration (these translations are recognized by the Ministry). They have veered to social media (i.e facebook) as a platform for advertising and communicating the services they provide for migrants

The Us Embassy

The United States has provided nearly 4 million USD for humanitarian assistance to Venezuelan refugees in Guyana since 2017. Funding includes increasing Venezuelan's access to legal status, promoting social integration in host communities, and improving support and access to social services.

According to U.S. Department of State officials who traveled to the western border region of Guyana in late March, Venezuelans continue to experience anti-migrant sentiment from some host communities and reportedly face heightened risk of sexual exploitation and human trafficking. A recent health and education assessment conducted by State partners revealed that approximately 17 percent of children were attending school; the assessment included nearly 1,100 Venezuelan migrants and refugees, nearly one-half of whom were children and infants. State partners are working with the Government of Guyana to address education needs among Venezuelans, including launching a safe-school initiative to increase service delivery in host communities. With \$550,000 in fiscal year 2019 funding, the State will support UN partners in Guyana through activities providing multi-sector assistance to vulnerable Venezuelans, including activities to combat gender-based violence (GBV).

The British High Commission

The British High Commission has donated funds to the IoM-UNHCR regional platform. A part of those funds are allocated to Guyana. The British High Commission at local level is not involved in any meetings that take place regarding the Venezuelan migrant situation all the information gets filtered through their regional office in Trinidad. Although, the British High Commission is involved in numerous development projects at local level, it is their hospital development project that might be beneficial in the future to increase quality of services and capacity for migrant health. The hospital development project looks to enhance and upgrade the existing infrastructure of the Mabaruma Hospital in Region 1 in order for it to provide more services to the local population. Moreover, the UK has committed 5 million pounds to strengthening the capacity (making them "SMART") of 5 hospital through another project that aims to :

1. Improve the traffic/structure of the hospital (i.e triage)
2. Improve the resilience of electrical supply
3. Ensure that the building is structurally sound.

This project can then be implemented in other hospitals by the government.

The European Union (EU) Delegation

The Delegation of the European Union in Guyana is part of the European External Action Service (EEAS) and is one of the more than 140 Delegations of the European Union in the world. The Delegation in Guyana was established in December 1972 following the signature of the First Lomé Convention.

The European Union is the largest provider of development cooperation to Latin American and Caribbean countries. Between 2014 and 2020, the EU has allocated around €3.6 billion in grants for bilateral and regional programmes, focusing on priority areas such as: security and the rule of law, environmental sustainability and climate change, agriculture, food and nutrition security, inclusive economic growth for creating jobs, public financial management reform, public sector modernization and regional integration.

Together with regional partners, the EU established the International Contact group in January 2019 with the objective to create the conditions for and provide support to a political process that can lead to the peaceful restoration of democracy. The EU High Commission has also allocated 100 million euros to help Venezuelan migrants and refugees, as well as host communities in the Latin American and Caribbean regions.

The EU delegation has a physical presence in Guyana which covers Suriname, and with responsibility for Aruba, Bonaire, Curacao, Saba, Saint Barthelemy, Sint Eustatius and Sint Maarten. The EU supports projects that happen at regional level in Guyana mainly focusing on development, however, if need be, the EU delegation in Guyana could potentially coordinate activities related to Venezuelan migrants in the future.

The Canadian High Commission

The Canadian High Commission for Guyana and Surinam has its physical office in Guyana. Their focus is to collaborate with the Government and citizens of Guyana in championing the values of inclusive governance, including by promoting human rights, and diversity while advancing Canada's Feminist International Assistance Policy in all aspects of their work, including trade and investment and development cooperation.

The Canadian Fund for Local initiatives (CFLI) has funded two projects in Guyana via two of their partners, UNICEF and the Civil Defense Commission (CDC). The CFLI is a program designed to support small-scale, high-impact projects in developing countries, which align with Global Affairs Canada's thematic priority areas for engagement. The program is directed at projects conceived and designed predominantly by local partners. These two projects deal with prevention of gender-based violence and education.

The International Bank for Reconstruction and Development (World Bank)

Up to \$2.2 billion will be available for a dedicated window for refugees and host communities over the next three years. The World Bank has a physical office in Guyana and is mainly focusing on development and policy areas with the government. They have recognized the need of a sovereign fund in order for the country to be able to receive revenue.

Although the World Bank in Guyana has only been dealing with the Venezuelan migrant situation at a very high level, they have been very active in building infrastructure for Development around it. They have implemented an early childhood education project with the objective to improve emergent literacy and numeracy outcomes for children at the nursery level and primary grade one in Hinterland Regions and Targeted Remote Riverine Areas. This project can benefit the country by providing the much-needed space the government is seeking to house and educate incoming Venezuelan migrant children.

Like the early childhood education project, the world bank has also developed an Education Sector Improvement Project which aims to improve the quality of teaching and student's achievements in mathematics in selected primary schools; and help strengthen the medical faculty of the University of Guyana.

Moreover, the World Bank has recently established a pandemic based program which is just for now focused on the Eastern Caribbean but could potentially be expanded to Guyana if the influx of migrants causes disease outbreaks at the borders.

In light of elections coming in, the world bank can be a great asset to the incoming government in the generation of a national development strategy as well as a national sovereign fund.

2. Areas of Interest

Immigration and Registration (PRIME's)

The government of Guyana rolled out biometric registration of Venezuelan migrants as of October 16, 2019, being the first country in the continent to utilize UNHCR's Population Registration and Identity Management Ecosystem (PRIMES).

The use of PRIMES facilitates collection of data to assist the quantification of those Venezuelan migrants that are entering and leaving the country in order for the government to report the accurate numbers of Venezuelan migrants in Guyana.

There are currently 11 existing immigration registration sites for Venezuelan migrants to register; these are primarily located at borders and points of entry. Moreover, three new PRIMES registration sites have emerged as follows:

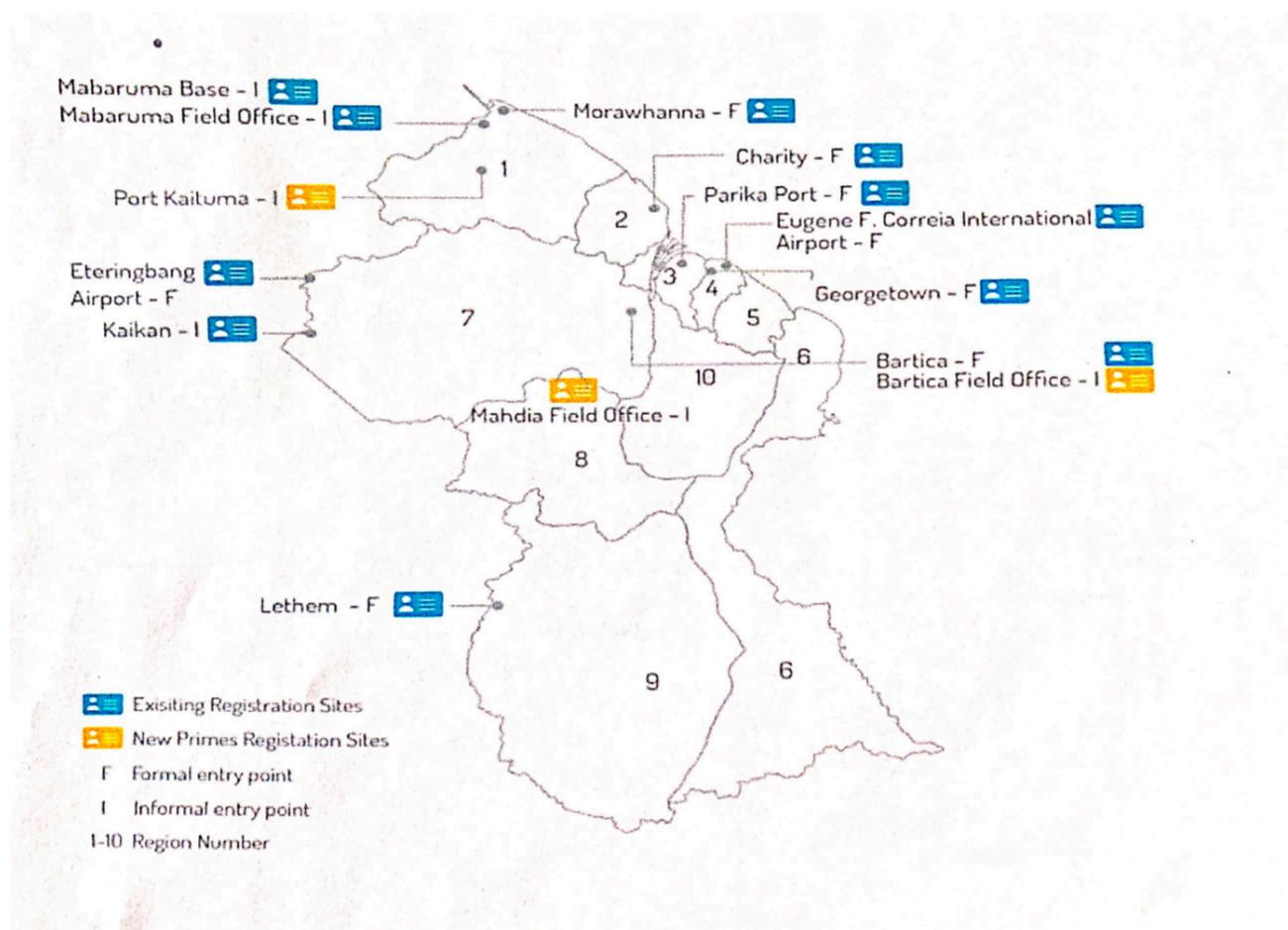


Figure 8: Immigration sites (Existing, Formal and Informal) for registration of Venezuelan Migrants in Guyana

Eventually all of these immigration registrations sites will have direct access and control of PRIMES, however, currently only Region 1 is implementing it. Prior to the introduction of PRIMES, Venezuelan migrants entering Guyana through the borders were registered by the immigration authorities in a log book (manually). This log book contained basic demographic data, they would then fill out an entry card and were allowed to enter the country. This log book was then scanned and sent to the Department of Citizenship.

PRIMES has facilitated and digitalized the registration process for the government. Venezuelan migrants (even those that do not have a Venezuelan identity card “cedula”) at points of entry undergo biometric registration, which is conducted by Immigration officials and consists of digitally recording the migrants basic biodata, along with their current health & vaccination status, specific needs, as well as the biometric enrolment of 10 fingerprints, iris scan and a photo. On top of that, the migrants undergo a separate health screening conducted by the Ministry of Health in collaboration with the PAHO. After they are registered, the immigration authorities issue a registration certificate which includes a provision against forced return and a three month renewable stay permit.

In addition to the general identification and documentation process, registration through PRIMES is a valuable tool in helping authorities and humanitarian organizations identify and assist individuals with specific vulnerabilities including persons with disabilities. It is important to note, however, that currently PRIMES is only used to register Venezuelans and returning Guyanese without documentation. Among the most vulnerable Venezuelans who have been documented by the Government of Guyana in part through its use of PRIMES are members of the Warao, an indigenous people traditionally present along the Orinoco River delta in Venezuela as well as parts of Guyana

According to the Department of Citizenship, 14,125 Venezuelan migrants have been registered and of those 2000 have been registered in PRIMES.; 51% of the registered migrants are children below the age of 18 and 51% are female. Although PRIMES has only rolled out in Region 1, it is expected to be implemented in all regions and eventually be solely controlled by immigration officers. The focus of the UNHCR in the next few months is to have the 14,125 already registered migrants re-registered as they are easy to locate and reach given the fact that they are already part of the governments registry. In order for re-registration to take place, local partner organizations go out in advance into the host communities to do community sensitization and then UNHCR and the government come to re-register them with PRIMES.

Currently, the UNHCR is the owner of PRIMES, but this will soon change when data sharing agreements are signed which will then give the government ownership of the software. The goal is to have the government officials and immigration officers use and operate it independently throughout the whole country, until then, the UNHCR will continue to train immigration offices at points of entry as to how to input the data and take biometric scans.

Health screening is a big component of the registration process. PRIMES captures whether or not the migrants has been health screened and their vaccination status. If they are not compliant with the Guyana immunization schedule or they don't have the proper documentation they will have the vaccinations administered at the health posts adjacent to the immigration office. Health screening information is kept in a separate database owned by the Ministry of Health.

The UNHCR will continue to ensure registration of Venezuelan refugees and migrants and through the roll out of digitalized systems for registration documentation and stay permit in all areas of the country, capacity building of government officials on PRIMES, awareness raising on the important of registration/obtaining documentation among Venezuelans and returning Guyanese, particularly Warao indigenous communities. They will also strive to improve the quality of registration data, and the timely identification and recording of specific needs; advocacy for the continued implementation to reduce the processing time for extension of stay permit and promoting birth registration.

Education

Working together with the Ministry of Education and other strategic partners, UNICEF has been at the forefront of coordinating education activities for Venezuelan children in Guyana. They have provided materials/tools and basic equipment to enable essential rehabilitation or upgrade of schools receiving migrant pupils and required to meet Child Friendly Spaces non-academic standards in affected Regions.

Moreover, they have strengthened and mobilized Spanish–English speaking personnel to ensure a safe, cultural and learning environment that facilitates enrolling and integrating migrant children into schools. They also support a functional Early Childhood Development (ECD) platform for front-line services for effective screening and response to nutritional or learning challenges and strengthen the referral systems between Education, Health and Protection services.

ECD and stimulation sessions, in partnership with the Catholic Diocese were undertaken in host communities in Regions 1 and 9, with the programme being scoped for expansion to Regions 2 and 7. ECD sessions were conducted by UNICEF-trained community volunteers, and reached 405 children between the ages of 0 and 4. Moreover, ECD sessions have the additional benefit of promoting social cohesion between migrants and host communities, and for CHWs to undertake outreach for health and development issues. As a result, 150 children under 12 years old and at least 50 children between 13-18 years had the opportunity to participate in community-led activities that combined health education, anti-xenophobia and social cohesion initiatives. In facilitated civil engineering and architectural assessments of six schools that are absorbing migrant children, these schools are attended by 1,810 children, including 97 migrants.

According to UNICEF, 200 girls and boys (under 5) are benefiting from ecd activities. There are 1414 Venezuelan children registered in public schools in Region 1, 2, 3 and 4. However the limited amount of space available to house these schools poses a big challenge operationally. UNICEF alongside the UNHCR have advocated to enhance bilingual education.

UNICEF is trying to increase the space available to host primary schools available to both host communities and migrants. They report that approximately 90% of children have been registered yet only 50% are actually physically going to school. Furthermore, urban regions have shown to be easier for children to integrate as there is less bullying, intimidation and stigma, primarily due to the positive discipline programs.

Indigenous communities entering Guyana from Venezuela had very limited education in Venezuela and now via the catholic church they have started early stimulation for children (such as basic motor exercises like holding a pen or pencil)

The IoM-UNHCR Regional Inter-Agency has continued to work with the authorities to develop approaches to support language integration for students in public schools. This has taken the form of capacity building for teachers on teaching techniques to non-native English speakers.

The capacity of schools in Guyana is limited, especially in remote areas, partners have worked with government actors to rehabilitate schools and expand their capacity to absorb a higher number of students in areas with a high concentration of refugees and migrants from Venezuela. In light of the vulnerability of both host communities and refugees and migrants from Venezuela in many remote areas of Guyana, partners have also supported the expansion of school feeding programmes benefitting both Venezuelan, Guyanese and indigenous children to mitigate malnutrition risks. Trainings for teachers and school staff on protection from sexual exploitation and abuse (PSEA) will continue to be organized, in the context of activities aiming at mitigating GB.

Health

Between January and April 2019, 153 malaria cases were reported in Region VII in Kaikan, near the border with Venezuela, an almost 900% increase compared to 2017 (17 cases). The increase was mainly driven by imported cases (86 from Venezuela in 2019, compared to four cases in 2017) In 2018, there was an approximately 13% increase in malaria cases at the national level compared to 2017, due mainly to cases in Region 1 (Barima-Waini), a region bordering Venezuela, where malaria cases have been increasing since 2017. Guyana continues to be free from measles, diphtheria, and rubella despite there being a continuous concern for resurgence of Measles primarily in the Venezuelan migrant pediatric population.

Guyana has the highest rate of adolescent pregnancy in the English-speaking Caribbean. Persons aged 10-24 account for the largest proportion (31%) of the population. The adolescent fertility rate is estimated at 74 births per 1,000 girls aged 15-19 - well above the

Caribbean average of 60.2; with Regions 1,7, and 8 and have unacceptably high rates and indigenous girls experience the highest rate of teenage pregnancy among all ethnic groups. Figures from the Child Protection Agency have also shown that out of a total of 4179 cases of child abuse in 2017, 841 (20.1%) were due to sexual abuse in children and adolescent under 18 years. From the cases of sexual abuse in 2017, 119/841 (14.1 %) boys and the girls were 722/841 (85.8%).

In Guyana, sexual and reproductive health services, inclusive of services to adolescents, are available via the private sector as well as via the public health facilities. However, the adolescent health service initiative has been introduced in only two regions. There is a need for further investments to ensure that the delivery of such services are adequate and effective. Guyana continues to struggle with reducing the high levels of maternal and infant mortality rates which have now increased due to the influx of Venezuelan migrants. There are no known efforts undertaken to expand the offer of obstetrics and gynecology services throughout the State. The hinterland regions continue to be the most underserved in this respect due to a number of challenges faced by the State (inclusive of attracting and retaining suitable personnel to serve in the hinterland regions of Guyana).

The country is in an epidemiological transition. Non-communicable diseases are the major causes of morbidity and mortality while there is still a significant burden of communicable diseases. Violence and Injuries are among the ten (10) leading causes of mortality and exact a terrible cost in terms of morbidity, mortality and disability. Several gains have been made with respect to maternal and child health. There is a very successful immunization programme and trained health personnel attend nearly all births.

Health screening at points of entry will continue to be conducted as PRIMES continue to roll out. During this health screening, healthcare authorities evaluate whether the Venezuelan migrants have had the necessary immunizations to enter the country, if they haven't or if they don't have the documentation to show it, the authorities will proceed to vaccinate them. The current Ministry of Health vaccine schedule recommendation is as follows:

Table 12: National vaccination schedule set forth by the Guyana Ministry of Health

GUY	Doses					
	1	2	3	4	5	6
BCG	0- 18 M					
HepBPed						
DTPHib						
DTPHibHepB	2M	4M	6M			
DTPHibHepBIPV						
DTPHibIPV						
DTP				18M	45M	
IPV	2M	4M	6M	18M	45M	
OPV			4M	6M	18M	45M
Pneumo conj.	2M	4M	6M			
Rotavirus	2M	4M				
MMR	12 M	18M				
Td						Y15+
Tdap						
HPV	9-16 yrs					

Healthcare authorities are also collecting information on medical history and ongoing diseases during the health screening, this information is then sent to the Ministry of Health and has no effect on the immigration status. Moreover, the health screening form is completed by a doctor and collects information such as: *Name, age, date of birth past medical history, underlying medical conditions, family medical history, travel history, smoking, drug use, psychological evaluation, vaccination status, HIV testing, and test for malaria* . These screening forms then get filed under the patient's name, they then get aggregated on a monthly basis and sent to the Ministry of Health who inputs the data into an electronic database

Once the Venezuelan migrants have passed the health screening and have been given the registration card they get access to basic medical services in all of the 5 levels of care, excluding specialist services.

The MoH has reported the following diseases as the most commonly reported by Venezuelan migrants:

Table 13: Most common diseases reported by immigration authorities at points of entry amongst Venezuelan Migrants in 2019

1	Malaria
2	Sexually Transmitted Infections (STIs): Gonorrhea , Syphilis
3	Chronic diseases: Respiratory diseases , Diabetes , Hypertension
4	Diarrheal diseases (primarily amongst children)

The indigenous populations living in border areas of Venezuela are highly vulnerable to epidemic-prone diseases. Of special concern are the Warao people living in border areas between Venezuela and Guyana, who are now migrating to northern Brazil. One of the highest HIV prevalence rates in indigenous populations in the Region of the Americas is among the Warao 9.5%. This population also has among the highest levels of tuberculosis and measles. Outbreaks of malaria have spread rapidly. Other public health concerns include increases in tuberculosis cases and in maternal and infant mortality, as well as issues around mental health and violence prevention. A further concern is the limited access to medicines, adequate nutrition, and adequate care for people with life-threatening acute and chronic conditions, including people living with HIV.

Amongst children, vaccination campaigns have been a focal point of the MoH, following the school immunization law act, children must be vaccinated in order to be able to go to school as the schools will usually ask for vaccination proof or vaccination cards when they are being registered. According to UNICEF, there have been about 800 boys and girls with access to at least the minimum set of vaccines in Guyana.

The government and its cooperating agencies will continue to map existing health services available to refugees and migrants from Venezuela to inform awareness-raising activities that will be organized during the course of 2020.

Infrastructure

The 2018 launch of a US\$27M Adequate Housing and Urban Accessibility Programme is responsive to recommendations to develop sustainable housing schemes. The programme is being implemented by the Ministry of Communities. It is applicable to persons living at or below the poverty line within sections of Guyana's Regions Three and Four. This could potentially be expanded to be used for Venezuelan migrants.

Guyana Water Incorporated (GWI), Ministry of Communities, Guyana Bureau of Standards, and the Ministry of Public Health have each contributed to improving the availability of clean water. o GWI established programmes to: increase access to safe drinking water through expansion of water service coverage on the coast and hinterland areas of the country. GWI also commissioned a nationwide water quality surveillance programme to ensure safe quality of water supply, and also launched an infrastructure improvement programme to increase the number of persons using improved sanitation facilities.

Since March 2019, the UNICEF-supported Migrant WASH Improvement Programme implemented by Guyana Water Inc. (GWI), in coordination with MoH, has been implemented in six indigenous communities hosting Venezuelan migrants. The overall project design aims at the provision of emergency response, and medium and long-term solutions in response to the WASH challenges faced by the host communities and Venezuelan migrants. In part due to climate change, the traditional sources of water are becoming depleted therefore GWI's access to new drilling technology and use of solar pumps has been integrated into the 2019 response. Demand from host communities for safe sanitation options has significantly increased leading to construction of more facilities. UNICEF, through implementing partners, reached 4,805 people (including 1,755 children) with sustained WASH infrastructure and hygiene promotion interventions in host communities.

Interventions to promote access to adequate accommodations and ensure that vulnerable families have access to essential relief items will be a target for Guyana. Particular focus will be placed on promoting access to adequate housing and core relief items

Housing assistance will focus on two priority areas: first, increasing resources provided to the most vulnerable individuals to allow them to find adequate and dignified accommodation; and second, continue to provide safe housing for people with specific protection concerns, including people at risk and survivors of GBV, and victims of human trafficking. To achieve this, the capacity of temporary and emergency shelter will be expanded to be able to host additional vulnerable people and assistance through cash based interventions will continue in complementarity.

Security (gender based violence and trafficking)

The UNICEF-supported Migrant and Host Community Services (MHCS) initiative - implemented through Child Advocacy Centres (CACs) that provide a child friendly one-stop location for children and women to seek support related to GBV and SEA issues - was implemented in host communities in Regions 1, 2, 4 and 7. Counselling and other services for women and children resulted in 129 referrals and forensic interviews. Partnering with the Ministry of Social Protection (MoSP), UNICEF provided assistance to 25 migrant families in Georgetown to access funds through the shock responsive social welfare safety net.

Although Guyana is taking measures to implement recommendations to address violence against women, some recommendations regarding access to justice, implementation of the Sexual Offences Act, and providing adequate resources to Guyana's GBV institutional framework have not been fully implemented, primarily for Venezuelan migrants. In 2017, the Government of Guyana established the Sexual Offences (SO) Court in Georgetown with support from UNICEF to have a child-friendly backup room. UNICEF engaged the Ministry of Social Protection to reduce violence against children, including implementing the Sexual Offences Act.

In 2020, access to justice will be promoted, including for survivors and persons at risk of GBV, through the establishment or strengthening of legal aid, including legal awareness, counselling, assistance and representation. Increased focus will be placed on child protection by developing a protocol to safeguard the protection of Venezuelan children together with the authorities.

Capacity building on child protection for the authorities and humanitarian actors will continue to be conducted to ensure that Venezuelan children receive specific care at the onset of their arrival and reception. Where gaps have been identified, technical and financial support will be provided to the host governments to expand their child protection services and better respond to the needs of children and youth from Venezuela and the host community.

The IOM is supporting the Guyana government in developing new legislation to replace the Trafficking in Persons Act of 2005. The Ministry of Social Protection has developed Standing Operating Procedures and training to guide various actors, such as law enforcement, in the application of the new legislation. The ministry continues to conduct a number of activities (including in the hinterland regions) geared at identifying and rescuing individuals who have been trafficked primarily amongst the migrant population.

There remains, however, a need for further investments in ongoing training to support an adequate response by all relevant actors including law enforcement.

Nutrition

Throughout 2019, UNICEF supported the Ministry of Public Health (MoH) in training 164 CHWs on Infant and Young Child Feeding (IYCF) counselling (breastfeeding and complementary feeding), promotion and use of micronutrient powders, and nutrition assessment. Sustained IYCF outreach for caregivers of 2,530 children between the ages of 0 to 24 months has been maintained through what is now regular MoH programming in the region receiving most migrants. During September and October, five cases of malnutrition in children were identified through surveillance mechanisms.

UNICEF continues to support the government with screening and nutritional status, they have noted malnutrition to be endemic in the indigenous population both in host communities and in migrants. According to UNICEF 1000 targeted caregivers (men and women) of boys and girls 0-23 months have access to IYCF counselling for appropriate feeding,

The government and its collaborating partners will ensure that vulnerable families, especially new arrivals, have access to essential non-food items, including blankets, sleeping mats, hygiene kits and baby kits. Non-food items will continue to be provided in kind primarily at points of entry

Conclusion

As Guyana awaits the results of their upcoming elections on March 2nd, 2020, the country has served as a role model for other countries in the Caribbean and Latin America in the process of receiving, registering and providing services to incoming Venezuelan migrants. The government alongside the IoM-UNHCR platform will continue to focus on areas related to WASH, security, registration, education and health. Moreover, other organizations operating in the area such as the World Bank and International governmental agencies (EU delegation, US, UK and Canadian High Commission) will be instrumental in the funding of local development projects that will benefit Venezuelan migrants as well as Guyanese host communities.

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Annexes

A. Main Actors/Collaborators/NGO's

Name of the actor	Role
Government (Ministry of Citizenship)	Governing body of the coordination/response; registration,
British High Commissioner	Provision of funding through their individual aid agency or multilateral agencies to specific programs
Exxon/Mobil	Private organization who at the moment is not involved in response to migrants but rather in building and development programs
Guyana Human Rights Association (GHRA)	Collaborates with Roman Catholic Bishop in facilitating and directing migrants to immigration authorities for registration
International organization for Migration (IoM)	In conjunction with UNHRC support government in areas of registration, education, healthcare, security, infrastructure. IoM-UNHCR platform initiator
United Nations Children's Fund (UNICEF)	Supports government in education related programs for migrant children
Guyana Red Cross	Supports government in registration as well as delivery of NFI's and WASH practices to host communities
United Nations High Commissioner for Refugees (UNHCR)	In conjunction with IoM support government in areas of registration, education, healthcare, security, infrastructure. IoM-UNHCR platform initiator. Mainly support government with the implementation of PRIMES
European Union (EU) high commissioner	Provision of funding through their individual aid agency or multilateral agencies to specific programs
Hebrew Immigration Aid Society (HIAS)	Implementation of programs related to GVB, Mental health and psychosocial support and sustainable livelihood
Ministry of Health- Chief medical officer (CMO)	Oversees all healthcare activities/programs implemented in the country and controls health screening procedures that occur at points of entry
World Bank	Implementation of programs related to development.
US Embassy/Ambassador	Provision of funding through their individual aid agency or multilateral agencies to specific programs
Canadian High Commission	Provision of funding through their individual aid agency or multilateral agencies to specific programs
Roman Catholic Bishop	Collaborates with GHRA in facilitating and directing migrants to immigration authorities for registration
Pan-American Health Organization (PAHO)	Supports the MoH in health screening at points of entry and other health related programs

B. Mission Schedule

Day and Time	Entity	Other
Monday 17th February 2020		
7:00 pm	Welcome Dinner	
Tuesday 18th February 2020		
9:00 am	Gregg Quinn, British High Commissioner to Guyana	
11:00 am	Julio Gagliardi, Esso Exploration	
12:30 pm	Mike McCormack, Chairman Human Rights Association (GHRA)	Location: at GHRA office
5:00 pm	Robert Natiello, Regional Coordination Officer for the Caribbean and Chief of Mission Guyana- International Organization for Migration (IOM)	Location: at IOM office
Wednesday 19th February 2020		
11:30 am	Dr. Persaud, Chief Medical Officer	Location: MoH office
1:00 pm	Dorothy & Bernardette, Guyana Red Cross	Location: World Bank office
2:30 pm	Cecilie Becker-Christensen (&team), UNHCR	Location: UNICEF office
4:00 pm	Eu Mission to Guyana	Location: EU office
Thursday 20th of February 2020		
8:30 am-9:30 am	Fabrizio Vitale, Country Director HIAS	Location: 89, Laluni Street, Georgetown (Queenstown area).
10:00am- 11:00 am	Sarah-Ann Lynch, US ambassador	Location: US embassy
11:00 am-12:00	Timothy Johnson (&Team) World Bank	
1:00-2:00	Ian Jones, Unicef	Location: at UNHCR office
2:00-3:00 pm	William Adrow, Head of Pan-American Health Organization	Location: PAHO office
7:00 pm	Lilian Chatterjee, Canadian High Commissioner	Dinner
Friday 21st of February 2020		
9:00 am	Departure	Airport

C. Political Regions and Corresponding Numbers

Number	Region
1	Barima-Waini
2	Pomeroon-Supernaam
3	Essequibo Islands-West Demerara
4	Demerara-Mahaica
5	Mahaica-Berbice
6	East Berbice-Corentyne
7	Cuyuni-Mazaruni
8	Potaro-Siparuni
9	Upper Takutu-Upper Essequibo
10	Upper Demerara-Berbice

D. Key Health Financing Indicators, 2009-2012

Health financing indicator	2008	2009	2010	2011	2012
Total expenditure on health as % of GDP	6.6%	6.6%	5.7%	5.3%	5.4%
Per capita total expenditure on health (US\$ at average exchange rate)	147.0	150.7	145.1	152.5	159.1
Government expenditure on health as % of total health expenditure	47.9%	56.1%	57.8%	60.1%	64.5%
Government expenditure on health as % of total government expenditure	9.4%	10.3%	9.5%	9.6%	8.7%
External (donor) expenditure on health as % of total expenditure on health	35.5%	27.4%	24.8%	22.5%	18.4%
Out-of-pocket expenditure as % of private expenditure on health	48.6%	49.3%	50.1%	48.5%	48.1%

E. Ministry of Health Organogram

