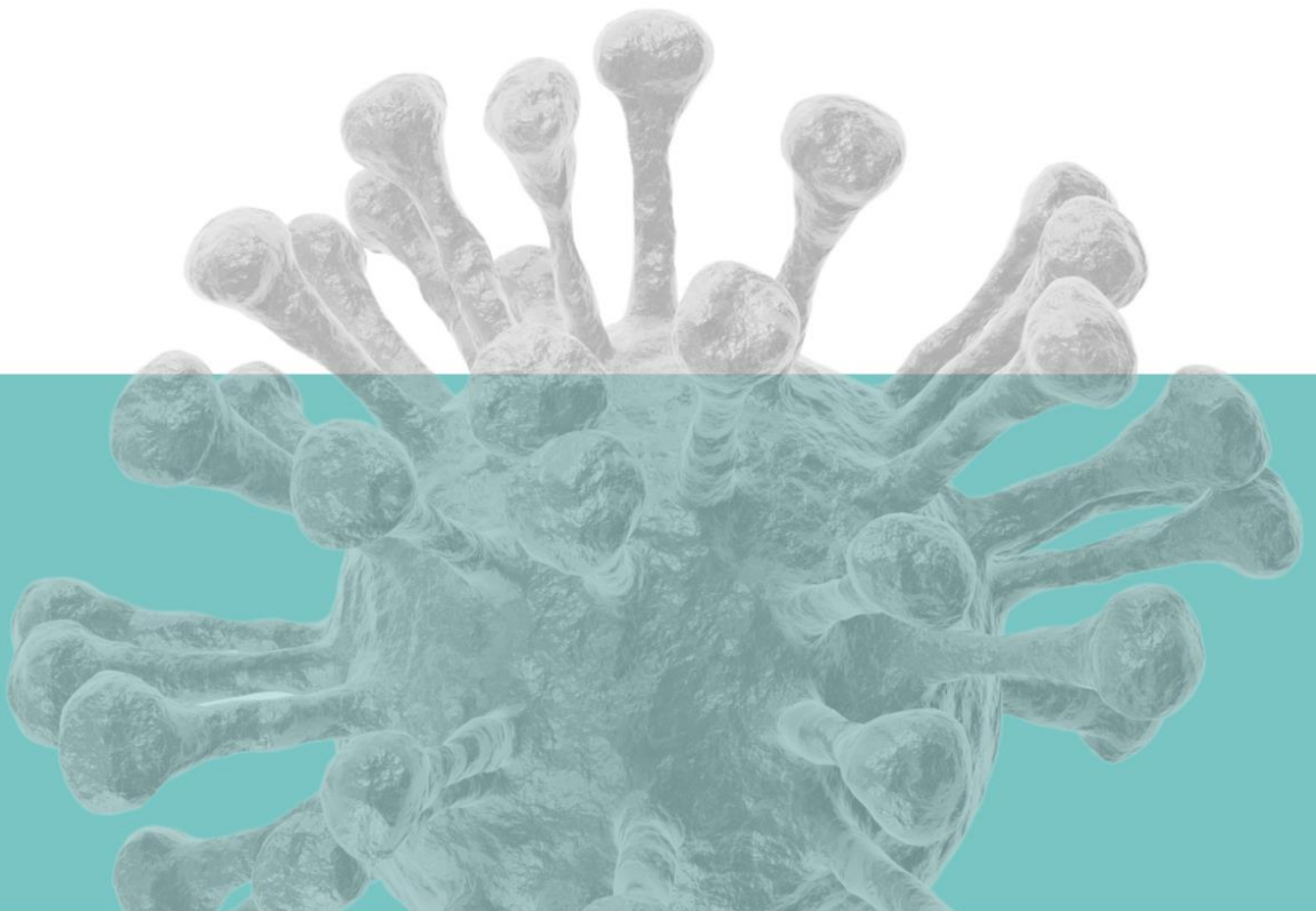


COVIDCAS

Research into the resilience of Dutch Caribbean societies
Final report



COLOPHON

Authors

Prof. dr. Ajay Bailey², Dr. Merel Griffith-Lendering¹, Drs. Elly Hellings¹, Drs. Izzy Gertsenbluth¹, Prof. dr. Antonio Carmona Baez⁴, Dr. Benedicta Deogratias³, Drs. Raymond Jessurun⁴, Dr. Selim Jahangir¹, Dr. Jelte Elsinga², Dr. Ilse van Liempt², Prof. dr. Ashley Duits¹

¹Curaçao Biomedical Health and Research Institute (CBHRI)

²Utrecht University

³University of Aruba

⁴University of Sint Maarten

January 2024

Contents

1. The scope of the research.....	5
2. The CAS islands under COVID-19: an overview of actions and policies.....	7
2.1 The state of small island developing states: a closer view.	7
2.2 Island responses to the COVID-19 challenges.....	8
2.3 Curacao's response to the pandemic	8
2.4 Aruba's approach to managing COVID-19	9
2.5 Sint Maarten's COVID-19 response strategy	13
2.6 Communicating risks during a pandemic.....	15
2.7 Human Rights considerations during COVID-19	16
2.8 Focusing on vulnerable populations during the pandemic	17
3. Research approach and methodology.....	18
3.1 Research objectives and framework	18
3.2 Methods of data collection	18
3.3 Building research capacity.....	21
4. Findings and insights from the field research.....	22
4.1 Introduction to the findings	22
4.2 Support mechanisms for vulnerable groups.....	22
4.3 Health care accessibility during COVID-19.....	29
4.4 Pandemic preparedness	32
4.5 Risk communication practices	34
4.6 COVID-19 information dissemination strategies and channels.....	36
4.7 Vaccination efforts and uptake	39
4.8 Financial implications of the pandemic	42
4.9 The pandemic's effect on education	44
4.10 The pandemic's impact on children.....	44
4.11 Social dynamics in pandemic times	46
4.12 Domestic violence in the pandemic context.....	48
4.13 Government support and policies during COVID-19.....	50
4.14 Maintaining human rights standards amidst COVID-19.....	55
5. Concluding analysis: synthesizing insights and forward directions	58
5.1 The effects of COVID-19 on vulnerable families	58
5.2 Navigating the pandemic aftermath for older adults in the CAS islands	58
5.3 Outcomes of COVID-19 on women in low-income households on the CAS islands	59
5.4 The impact of COVID-19 on undocumented migrants on the CAS islands	59

5.5 Pandemic preparedness on the CAS islands	60
6. Recommendations for future action	61
6.1 Key recommendations	61
6.2 Recommendations for Curacao: enhancing resilience and preparedness.....	61
6.3 Recommendations for Aruba: unified response for pandemic preparedness	61
6.4 Recommendations for Sint Maarten: comprehensive crisis preparedness	62
6.5 Human rights-focused crisis management	62
References	64
Annex 1: Interview and focus group guides	65
Annex 2: Infographics key outcomes vulnerable groups	76
Annex 3: Infographics recommendations CAS islands	79

1. The scope of the research

Across the globe the COVID-19 pandemic forced governments to take drastic measures to slow down the spread of the virus. The Caribbean islands were not spared, when looking at the impact the virus has had. The COVID-19 pandemic strained the economies, health-care systems, social structures and living standards and influenced how people interact and live together on the Small Island Development States of Curaçao, Aruba and Sint Maarten (henceforth CAS islands). In responding to the COVID-19 pandemic the CAS islands adopted several measures, including but not limited to containment measures (e.g. lock down, travel restrictions and suspension of non-essential work), tax measures (e.g. extension of payment of monthly taxes and postponement of forcible collection) employment-related measures (e.g. state compensation schemes, permits for business that comply with COVID-19 protocols) and measures to stimulate the economy. Globally it has been observed that containment measures, to a degree, exasperated the situation of low-income families, migrants, and undocumented persons. These led, among others, to higher unemployment rates and economic insecurities within these groups (Henriquez, 2020). Measures related to economic and employment stimulus, such as State compensation schemes, did not necessarily benefit individuals on all levels of society. Undocumented persons did and continue to face challenges (Caribbean Network, 2020).

Following the global trend that was observed (Blundell et. al., 2020, Dorn et. al. 2020) social inequalities within the islands have been and continue to be exacerbated by both the pandemic as well as the responses. The COVID-19 pandemic has highlighted the importance of understanding the vulnerabilities of these groups. In the context of the CAS islands, scientific research focusing on these vulnerable group can provide valuable insights for future pandemic preparedness efforts.

The objectives of this study are threefold namely to:

- assess quality of life impact and the societal impact of the COVID-19 pandemic and State responses towards vulnerable families on the CAS islands;
- identify the various ways in which vulnerable families have been and continue to be resilient throughout this crisis;
- reconsider and improve State responses in a manner that contributes to and strengthens resilience within the families and communities of the CAS islands.

These objectives are approached from two perspectives: the legal and human rights impact of COVID-19 responses and the evaluation of how vulnerable target groups have experienced risk communication on the CAS islands. Within the CAS islands responses that aim to slow the virus down and that serve to neutralise the economic disruptions caused by the lockdowns have had far-reaching consequences for vulnerable families. It is therefore, crucial to assess and investigate how the policy and legal responses to the COVID-19 pandemic have affected vulnerable families, and to what extent these islands countries' responses have contributed to or have detracted from social resilience within families.

Risk communication should emerge long before a crisis occurs (preparedness), thus aiming to reduce the likelihood of a crisis event. In the short-term, effective communication should empower people to take preventive/protective action. In the long run, effective communication needs to provide guidelines to build social resilience in vulnerable communities. Effective risk communication, before, during and after a crisis, can provide the knowledge needed for an optimal decision-making process; furthermore, it rebuilds trust among individuals and stakeholders (Schiavo, 2016). Therefore, it is crucial to provide the public with meaningful, relevant, and timely information regarding health risks to influence

behaviours and build resilience of communities and institutions.

Research on risk communication in the CAS islands aims to identify best practices for future pandemic preparedness. This includes evaluating the effectiveness of communication channels, assessing the accessibility and clarity of information, and understanding the impact of cultural and linguistic factors on message dissemination. Enhancing risk communication strategies will contribute to better public awareness, compliance with health guidelines, and community engagement during future pandemics.

By conducting scientific research on COVID-19 vulnerabilities among the elderly, migrants, and women, as well as exploring risk communication strategies, the CAS islands can strengthen their preparedness for future pandemics. The insights gained from this research will help inform evidence-based policies, interventions, and communication strategies, ensuring that vulnerable groups receive appropriate support and reducing health disparities. Ultimately, the goal is to enhance the resilience and readiness of these island communities in the face of future pandemic.

2. The CAS islands under COVID-19: an overview of actions and policies

2.1 The state of small island developing states: a closer view.

Curaçao, Aruba and St Maarten are territories in the state the Kingdom of the Netherlands. CAS-islands are not states. Via an associate status in UN agencies, we have access to information and programmes for small island development states. As territories in the Kingdom of the Netherlands with a constitutional status of country within the Kingdom the CAS islands have a limited sovereignty or the right to a full measure of self-governance. The island of Saint Martin is divided in two territories of two separate sovereign states being France and the Netherlands. A significant portion of the local population is transient between the two territories.

Small Island Developing States (SIDS) like Curaçao, Aruba, and Sint Maarten face a variety of challenges that are often magnified due to their size, location, and economic structures. The unique nature of these islands means that while they share some common issues with other developing nations, they also encounter specific difficulties that require tailored solutions.

Economic vulnerability: The economies of Curaçao, Aruba, and Sint Maarten are highly dependent on a few key sectors, notably tourism. This makes them particularly sensitive to global economic changes and events that can disrupt travel, such as pandemics or international economic crises. The narrow economic base also limits job opportunities and can lead to a high cost of living due to the need to import many goods.

Environmental challenges: SIDS are disproportionately affected by climate change and environmental degradation. Rising sea levels, coral bleaching, and increased frequency and intensity of hurricanes pose significant threats. These islands' economies

and infrastructures are heavily impacted by such events, as seen with Hurricane Irma's destruction in Sint Maarten. Efforts to protect and manage natural resources are crucial, as these are not only environmental assets but also economic ones, given the role of natural beauty in attracting tourism.

Energy dependence: With limited natural resources for energy production, these islands often rely on imported fossil fuels, making them susceptible to fluctuating prices and supply disruptions. There is a growing push towards renewable energy sources, such as wind and solar, to reduce this dependence and promote sustainability.

Social issues: Despite a relative high standard of living, there are social challenges, including inequality and limited access to some services. The transient nature of the tourism-driven workforce can lead to issues with integration and community cohesion.

Political and institutional factors: As constituent countries within the Kingdom of the Netherlands, Curaçao and Sint Maarten, and Aruba as a separate constituent country, have degrees of self-governance. However, they also rely on the Netherlands for defense, foreign policy, and financial oversight, which can lead to tensions and challenges in addressing local issues effectively.

Healthcare and education: The size of the islands and available resources led to limited capacity for healthcare and education, which can be stretched during crises. There is often a need to send patients or students abroad for specialized services, adding to the cost and complexity of these essential services.

Disaster preparedness and response: Given their geographical location, preparing for and responding to natural disasters is a constant challenge. Infrastructure must be built to withstand extreme weather, and there needs to be effective emergency response and recovery plans.

In addressing these challenges, Curaçao, Aruba, and Sint Maarten must navigate a path

of sustainable development that balances economic growth with environmental stewardship and social inclusion. Innovation, diversification of economies, investment in renewable energy, and strengthening regional cooperation are among the strategies that can help these islands build resilience and ensure long-term sustainability.

2.2 Island responses to the COVID-19 challenges

COVID-19 pandemic has forced governments across the globe to take drastic measures to slow down the spread of the virus. With regards to the impact of the coronavirus, the Caribbean Islands have not been spared. Similar to many other countries the COVID-19 pandemic has strained the economies, healthcare systems, social structures and living standards of and within the islands.

2.3 Curacao's response to the pandemic

The COVID-19 pandemic in Curaçao began in March 2020, with the first case reported on March 13. This initial phase saw relatively low numbers of infections. By July 9, 2020, all cases had resolved, but new cases emerged later in the month. Over the following years, the number of COVID-19 cases in Curaçao fluctuated, reflecting the changing dynamics of the pandemic.

2.3.1. Restrictive measures in Curaçao

Curaçao implemented a range of restrictive measures to combat the spread of COVID-19. These measures varied over time, reflecting changes in the pandemic's status on the island, including:

Suspension of flights and border controls: Initially, after the first COVID-19 case was reported on March 13, 2020, Curaçao suspended all flights coming from Europe. This was a crucial step considering the first case was linked to a tourist from the Netherlands. Later, all international flights were suspended, significantly limiting travel to and from the island.

Shelter-in-place and social distancing: Residents were asked to shelter in place and gatherings of 10 or more people were

prohibited. This measure aimed to reduce the risk of community transmission.

Schools were closed: As one of the measures to prevent further spread of COVID, all schools were closed in March 2020. From May onwards, day-care centres and schools gradually reopened, taking various precautions, including the use of face masks and limiting the maximum number of children in a class, for example by splitting classes and alternating digital and physical teaching.

Economic and social support measures: The government initiated financial support programs for companies, employees, and the unemployed to mitigate the economic impact of the pandemic. Additionally, measures were taken to support vulnerable populations, including unregistered migrants, who were eligible for food packages but not monetary support.

Healthcare and emergency aid: In April 2020, Curaçao received medical supplies, including ICU beds, from the Netherlands, increasing its healthcare capacity. The Dutch government also sent American health care workers to assist, although there were challenges with some workers testing positive for COVID-19.

Gradual reopening and adjusted measures: As the situation evolved, Curaçao began a phased easing of restrictions. Certain shops were allowed to open for delivery, and beaches were opened during limited hours. These steps were part of a broader strategy to gradually reopen while continuing to monitor the pandemic's progress.

Repatriation efforts: The government arranged repatriation flights for stranded travelers from various countries. This was a significant logistical undertaking given the global travel disruptions.

Travel and tourism adjustments: As the island considered reopening its borders, officials assessed the risks associated with travelers from different regions. For instance, by June 2020, discussions were focused on managing

the reopening to travelers from lower-risk areas.

These measures highlight the dynamic nature of Curaçao's response to the pandemic, balancing public health needs with economic and social realities. The situation required ongoing adjustments and re-evaluation.

2.3.2. Supportive measures in Curaçao

Curaçao implemented various supportive measures to assist its population and businesses in navigating the challenges posed by the pandemic. These measures were crucial in providing economic relief and ensuring the well-being of its citizens, including:

Financial support for businesses and individuals: The government introduced financial assistance programs for companies, employees, and the unemployed. This support aimed to mitigate the economic impact of the pandemic, especially given the disruptions to normal business activities and employment.

Healthcare support: The island received external support in terms of healthcare resources. For instance, the Netherlands sent medical supplies, including ICU beds, to bolster Curaçao's healthcare capacity. Additionally, healthcare workers were brought in to assist with the pandemic response.

Food assistance for vulnerable groups: Recognizing the pandemic's impact on vulnerable populations, the government arranged for food packages to be facilitated and distributed by the Red Cross. This was particularly important for unregistered migrants and those who were underemployed or unemployed, ensuring they had access to essential supplies.

Adjustments in public services: The government likely had to adapt various public services to meet the new challenges posed by the pandemic, such as shifting to online

platforms for certain services or modifying how in-person services were delivered to adhere to health guidelines.

Healthcare worker support: The government took steps to support healthcare workers, including bringing in additional staff from abroad and ensuring they had the necessary resources to safely and effectively treat COVID-19 patients.

Vaccination program: A large-scale and accessible vaccination program was started in February 2021 to facilitate and motivate as many residents as possible on the island for COVID-19 vaccination.

These measures reflect a comprehensive approach to addressing the various challenges posed by the pandemic in Curaçao, from economic and social support to healthcare and logistical arrangements.

2.4 Aruba's approach to managing COVID-19

The first two cases of COVID-19 were reported on 13 March 2020. In response to the global crisis, the Aruban government officially announced the country to be in a state of emergency. This announcement was followed by a series of measures to contain the spread of the COVID-19 virus within the Aruban population. It should be noted that in comparison to the other two overall the restrictions on Aruba were less severe, with the catering industry for example remaining open from June 2020 onwards, albeit with earlier closing times. This approach was taken in order to minimize the disruptions to the tourism sector since, similar to other countries within the Caribbean, the tourism sector provided and still continues to provide a large contribution to the total GDP of Aruba as well as the Island's employment market.¹

The Staatsregeling Aruba and (the Constitution of Aruba) and Calamiteitenverordening formed the primary

¹ More specifically, the contribution by the tourism sector to Aruba's GDP was estimated in 2019 to be 86,5

%, whilst the sector also contributed 89% to the island's employment rate.

legal basis upon which the Government responded to the COVID-19 pandemic. Both laws describe which conditions constitute a state emergency, the fundamental rights and freedoms that may be restricted during a state emergency and the specific powers attributed to government authorities to manage the crisis. Next to these laws, the Crisis Management Plan was followed during the pandemic. This is a policy document that details how a crisis should be managed, describes the organization of the crisis team and attributes responsibilities to various state institutions. The crisis management plan covers a broad range of crises including (viral) diseases outbreaks.

The following paragraphs provide an overview of the restrictive and supportive measures that were taken during the pandemic by the government of Aruba and local organizations.

2.4.1 Restrictive measures in Aruba

Restrictive measures were applied at the onset and during the pandemic at different intervals, for different lengths of time and to varying degrees. These measures had primarily the aim to protect public health by limiting the physical movement of and interactions between individuals.

Restrictive measures included curfews. These were introduced on 21 March 2020 and initially prohibited persons to be outside their homes between 21.00 - 06.00. Although several sectors were exempted, no exemptions were made for the press. After some commotion an agreement was reached on March 24, 2020, whereby, on a rotation basis, three journalists per day were exempted from the curfew. Inbound flights were restricted on 19 March 2020, except for cargo and returning legal residents. However, this was updated so that Aruban residents were not permitted to return to Aruba between 21 March till 31 March. Furthermore a 14-day self-quarantine was imposed on all returnees, regardless of whether they had

tested positive for COVID-19. On March 29, 2020, a *Shelter in place* was announced, which prohibited all persons to leave the house, unless when this was done for necessary things, such as buying food, going to the pharmacy, exercising, or getting gas. Visiting family members, friends or holding social activities was prohibited.

Other COVID-19 measures that were introduced between the period of 2020-2021 were: (1) restriction on sport activities, (2) social distancing of 1.5 meters, (3) prohibition on nightclubs to operate, (4) adjusted opening hours for casino's until 01:00 AM, (5) prior approval for public or political activities required by Bureau Rampen Bestrijding, (6) celebrations of event by way of drive-by, (7) online schooling/education, (8) delaying the school starting dates for the year 2020-2021, (9) prohibition of camping during easter holidays (10) grocery shopping to be carried out by one person of the family , (11) prohibition of kids camp during school vacation, (12) prohibition to open the coffin of deceased person whom at time of death had contracted the coronavirus (13) prohibition of agglomeration at the beaches, (14) prohibition to visit nursing homes, (15) increased safety protocols in the hospital, (16) mandatory PCR at the airport upon arrival for local and non-local travellers, (17) mandatory adjustments to the operations of establishments and controls by de department Dienst Volksgezondheid (DVG)² and (18) mandatory face masks. This list does not include all COVID-19 measures however covers those that have had significant short and/or long term impact on the community and visitors of Aruba.

2.4.2 Supportive measures in Aruba

Supportive measures primarily aimed at mitigating the economic and social consequences brought about by the restrictive measures described above, informing the public and facilitating testing and treatment of both COVID-19 and non-

² Adjustments had to be in line with the health protocols in order for an establishment to receive in order to

receive green and ultimate gold certification upon inspection by the department of Dienst Volksgezondheid (DVG) and be allowed to operate

COVID-19 patients. These are by far not all the measures that were taken, but rather are the measures that had a vast short and or long-term impact on Aruban residents.

Communication about the virus and preventive measures

Bureau Voorlichting (BUVO) had the main task of informing the population about the COVID-19 pandemic, the disease and the measures taken by the government. This was achieved in various ways. The Facebook page of cabinet Wever-Croes played an important role in spreading the necessary information about the Covid-19 situation in Aruba in Papiamentu. It was a platform to directly communicate with Facebook users. Online daily reports of the Government (overheid.aw, Isla Online), also published Mondays to Friday's content and news on the work and activities of the ministries and other public authorities. All Covid-19 measures were published and updated on the website of the government (overheid.aw) in Papiamentu, Dutch, and English. Additionally press conferences with the prime-minister, the minister of Tourism, Health and Sport and experts from the crisis-team were held at regular intervals (weekly) to inform the public on the policy and measures taken regarding the pandemic. According to the annual report of the Ministry of general affairs, the government invested in more than 100 informative programs during the pandemic to inform the public. Thus, to reach the public several channels of communications were used including, online media, social media, television broadcasts, radio broadcasts and newspapers. *'The national early warning system disseminate[d] information in Spanish, Dutch, English and Papiamentu' and efforts were also made to provide information in Chinese, for the Chinese speaking population'.*

Wage subsidies, FASE (Fondo Asistencia Social di Emergencia) and financial support to medium and small enterprises

To prevent mass firing of employees and high unemployment rates, the government subsidies up to 60% of employers' salary costs. Employers were thus required to pay 60% percent of employees' salaries with this funding. The remainder 40 percent was divided into 20% paid salary by the employer and 20% salary waived by the employee. This enabled many employers to keep their staff. Accordingly, 18.778 employers were supported by this programme.³

The financial programme FASE started in April 2020 and provided financial relief of 950 AWG to Aruban residents who lost their jobs due to the pandemic. In the first months 10.777 persons made use of this programme. The programme which ended in November 2021 provided financial relief to a total of 12.246 persons.

Financial relief was also provided to medium and small businesses. These received 4.000 florin per quarter to address operational costs. Accordingly, via this programme the Aruban government was able to assist 2522 businesses.

Provision of essential needs by Red Cross Aruba and Fundacion pa Nos Comunidad
The Red Cross Aruba (RCA) branch, in cooperation with Red Cross Netherlands, CEDE Aruba and FPNC helped via three modalities: e-vouchers, food and hygiene packages and ready to eat meals (RTE). Between the period of May 2020 and September 2021 the Red-Cross Aruba reportedly supported 11.410 vulnerable households in their livelihood (i.e. food and hygiene). This concerned households who did not have access to or could not afford the purchase of livelihoods due to precarious financial situation caused by the pandemic. Looking at the different modalities, RCA reported to have supported 11.394 households via e-vouchers, distributed food, and hygiene packages to 3.422 households and provided RTE to 800 persons.

³ This subsidy programme costed the government 422 million AWG and ended in November 2021. The programme was subsidized by the liquidity support

received by the Aruban Government from the Dutch Government.

To finance these programs the Netherlands provided 36,2 million euro in humanitarian aid for all three islands. These funds were used to provide food via the coordinated efforts of the Red Cross and local partners on the islands. For the year 2021 the Netherlands provided an additional financial support of 19 million euro for Aruba and Sint- Maarten.

The above disaster relief program provided by RCA ceased at the beginning of July 2021 and were from then onwards, to some extent, continued by the Aruban government in cooperation with local organizations. Hereafter, RCA continued to aid vulnerable groups. During 2021 RCA, in cooperation with HAVA, facilitated 492 visits to physicians for COVID-19 patients. Via the National Action Plan, funded by Red Cross the Netherlands, the RCA also provided the following assistance: temporary rent- assistance to 136 persons, financial assistance with the education fees of 265 undocumented migrants, distribution of 8.280 RTE meals to persons who did not have access to the government's food security programme (food packages), distribution of 49 e-vouchers to persons who did not have access to the government's food security programme. Payment the utility bills of 73 persons.

Besides the food packages provided by RCA, the Fundacion pa Nos Comunidad (FPNC), in cooperation with the Aruban Government, set up a project to distribute food packages to those in need. This project was operational from 1 July 2021 onwards. Within the period of July 2021 and December 2021 food packages were distributed to 6.201 households and reached approximately 15 thousand people.

Physical and mental health

With regards to ensuring the continuation and strengthening of public health system. Health care facilities similarly implemented the

mandated protocols (facemasks, social distancing etc.). The Netherlands contributed to the temporary expansion of ICU beds and aided in financing the necessary additional health care workers, mainly from the USA, for the Aruban hospital.⁴

Hotlines were established for the elderly, due to many social activities having come to a halt. Similarly, telephone hotlines were established for those experiencing mental health issues and for women and children in violent domestic circumstances.

Finally, the Government also provided access to all residents, including migrants and regardless of legal status, to COVID-19 testing facilities, related treatments, and vaccination. The local organization HIAS, facilitated access to these facilities for migrants without a legal status.

Migrants and undocumented persons

From the onset the Aruban government announced that it would use its limited sources to aid only to Arubans and those with a legal residence status in Aruba.

Consequently, undocumented persons and those without a legal residence status could not count on assistance related to food and financial security by the State. In April 2020 this was estimated to concern about 20 thousand people, nearly 1/5 of the Aruban population. As previously mentioned, the Aruban Government did provide access to all migrants, regardless of legal status, to COVID-19 testing, related treatments and vaccination. Undocumented persons found relief with local and international organizations such as HIAS, Response for Venezuela (R4V) and the RCA. Besides the previously mentioned assistance by RCA, HIAS also assisted migrants with 'medical vouchers' and R4V assisted 2295 Venezuelans in 2020 among others with food, health, educational materials.

⁴ *Managing the Mental Health of Healthcare Professionals in Times of Crisis: The Aruban COVID-19 Experience*

Inbound traveling restrictions, coupled with the unilateral closure of the Venezuela- Aruba border by Venezuela, had therefore that a number of migrants and rejected asylum applicants were left stranded in Aruba with limited possibilities to leave the country. During the pandemic there were several repatriation flights in 2020 and 2021, enabling among others Venezuelan, Peruvian, Ecuadorian and Guyanese residents to return to their home states.

2.5 Sint Maarten's COVID-19 response strategy⁵

Following the public announcement of Prime Minister and Minister of General Affairs Silveria Jacobs, on 11 March 2020 the Government of Sint Maarten adopted the following categorised emergency measures while activating the Emergency Operating Centre (EOC) and the 10 Emergency Support Functions (ESF). The categories are Containment, Security Measures, Medical and Public Health Measures and Financial.

2.5.1 Containment

To contain the spread of the COVID19 virus the government of Sint Maarten, in consultation with RIVM and the government of the Collectivité of Saint Martin (French Republic), the following measures were taken: Big events such as Carnival 2020 in keeping with the WHO recommendations which advises persons to avoid large crowds were postponed.

Travel restrictions were announced: The airport and ports were closed for passengers on March 11, 2020, for 21 days. Residents of Sint Maarten could enter, but had to quarantine for 14 days, and essential travel from Saba, St Eustatius and Curaçao was permitted. After March 22, 2020, the only flights coming into St Maarten were cargo flights or flights that were coming in to pick up foreign tourists to return them to their home address. The Sint Maarten government denied a cruise ship (the Ms Braemar) the right to dock and evacuate the passengers, because

several passengers had been diagnosed positive by the health authorities of Canada and Curaçao. These travel restrictions lasted until August 1, 2020.

School and business closures: To further mitigate the spread of COVID-19 all schools and non-essential businesses were shut down for 14 days on March 18, 2020, at 12:00 am, after on March 17, 2020 a local male resident who had recently travelled to the United Kingdom via Miami was registered as the country's first confirmed Coronavirus COVID-19 case.

Restaurants could only provide take-away meals and were not allowed to sell alcoholic beverages. The alcohol ban was lifted on April 15. On May 7, 2020, Prime Minister Jacobs announced that the State of Emergency would be lifted on May 17, and businesses who wished to reopen had to submit a plan which had to be approved.

Curfew: On March 29, 2020, further restrictions on the movement of persons throughout the island was taken via a Ministerial Regulation. This regulation requires citizens to carry a document on them, signed by their employer, declaring the need for them to travel to work (Form A), or one which describes which essential service they are traveling to or for (Form B). Everybody had to stay home except when they had special permission to travel. The curfew from 20:00 until 6:00 am entered into force on March 30th. The night curfew would remain in effect.

Lock down: A total lock-down was announced on April 5, 2020, which ended on April 17, 2020. Nobody was allowed to leave their house for those two weeks. A National Decree regarding the curfew had been signed by the Governor Eugene Holiday. The lock-down announced one day before April 5, caused long queues at the supermarket; it was later announced that supermarkets are allowed to deliver. Due to the Holidays no deliveries

⁵ https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Sint_Maarten

would be allowed on Sunday, however, seeing the grave need for some persons to receive food during this time, the Prime Minister allowed for deliveries not only to continue Saturday, but also on Easter Sunday and Monday. On April 6, 2020, two parliamentarians (Melissa Gumbs and Raeyhon Peterson of Party for Progress) criticized the haphazard announcement one day before the total lock-down came into effect, and the exclusion of Parliament in this decision. On April 17, 2020, the total lock-down was ended causing long lines at the supermarkets.

Border closure: The border between Sint Maarten and Saint Martin was closed and jointly patrolled with the French government. The border had been open since 1648 when the Treaty of Concordia was signed between French and Dutch settlers. The minor roads were physically blocked to prevent border crossings. On May 18, 2020, the Prime Minister of St Maarten announced both the government of ST Maarten as well as the President of the Collectivité on the French side wanted to reopen the borders, however the Prefect refused and wanted to keep the borders closed. It was up to the French government to decide whether the internal borders will reopen. This situation lasted for another two weeks until June 2nd. In response to the decision to open Dutch St. Maarten to flights from the United States as per August 1st, the Préfète Déléguée of French Saint Martin, Sylvie Feucher, announced that the Dutch French border would be closed from midday July 31st. The controls and closures put in place were intended to slow the spread of the Coronavirus by banning American tourists from entering the French side of the island. The border closure was supposed to have been lifted on Tuesday, September 15th; but had been extended further, until October 1st. The extension of the border closure on October 16 met with a huge march and manifestation from citizens of both sides of the island including high ranking government officials from both sides. As a result of this

public manifestation the border closure was terminated.

Restrictions for religious services. Social distance of 1.5 meter had to be observed in church buildings. The number of people allowed depended thus on the size of the church. People under 12 and over 70 were requested to stay at home being labelled as the most vulnerable health wise.

2.5.2 Security measures

To ensure public order during the first year of the COVID19 pandemic the Government of Sint Maarten adopted the following security measures:

Based on the country's *National Ordinance on Disaster Management (Landsverordening Rampenbestrijding)*, the Prime Minister called for the execution of emergency measures: request on behalf of the Prime Minister for military assistance from the Netherlands. On April 13 the Zr. Ms. Karel Doorman which was dispatched from Den Helder to assist with food aid, border control and public order arrived in Sint Maarten. The Netherlands, France and United Kingdom would jointly patrol the waters of the Caribbean.

The local police force was employed to control border crossing and manage permits for exceptional border crossing and manage curfew regulations.

2.5.3 Medical and Public Health

Testing facilities: Health Care Laboratory Sint Maarten and the laboratory in Cole Bay now have the ability to test for COVID-19, but they only had a limited amount of test kits therefore tests of people without symptoms are often forwarded to Guadeloupe which will take 3 to 5 days. On 30 April 2020, Prime Minister Silveria Jacobs announced that Sint Maarten will start rapid testing. The test kits will have a 98% accuracy.

Medical supplies: Respirators, medical supplies, and six ICU beds were flown to Sint Maarten by the Dutch government. Sint Maarten was considered the hardest hit island

and therefore received the supplies five days before the other islands.

2.5.4 Food distribution

Social Services a department of the Ministry of Public Health Social Development and Labor has distributed 1077 food packages. Also, several organizations, as well as Domino's Pizza, were donating food to those in need. Several restaurants have called and are also preparing food that will be delivered to those in need. People in need who were without income were encouraged to fill in online a 'social assessment impact' form or had to call 711. Over 4000 persons registered. The St. Maarten Tzu Chi Foundation distributed 3,826 emergency food packages to vulnerable persons in the various communities from May 15 to May 30. A total of 3,050 families were assisted which translated into about 9,315 recipients benefiting. A total of 264 volunteers were involved in this distribution effort. The emergency food packages distribution was possible in part thanks to the ninth container of Love Rice which arrived in St. Maarten from Tzu Chi's head office Taiwan on May 13. The family got a bag of 10kg rice as well as cornmeal, oil, pasta, tomato paste, brown sugar, salt, canned vegetables, dried peas, Club Social biscuit, peanut butter, Chlorox, toilet paper, dishwashing liquid, detergent, baking powder, and flour. This before the Dutch government provided the Netherlands Red Cross mission in St Maarten with the moneys to provide food distribution in St Maarten. The Red Cross introduced a voucher system which the needy could use to shop at four big supermarkets in St Maarten. The distribution was done via community service organizations. The Consumers Coalition received many complaints about the food distribution criteria used and about the distribution system.

2.5.5 Financial support

Maximum prices for essential goods were published to prevent price hikes.

Financial budget support: on April 27, 2020, the Sint Maarten government allocated NAf 4.7 million (\$2.4M) for additional healthcare

of which NAf 450,000 is for testing (~\$0.25M) in its 2020 budget. The hospital which has been suffering from a decrease in its cash flow will get an additional NAf. 17.8 million

Solidarity Cuts: on May 6, 2020, the Council of Ministers decided to reduce their remunerations by 25%. Companies in the private sector could qualify for payroll support if they implemented a 20% cut on the remunerations of their employees.

Government introduced a 12.5% solidarity cut on the remunerations of civil servants in the public sector and on workers and teachers in the semi-public sector, which were covered by legislation introduced with retroactive force. On all employees with higher incomes a maximization of the remunerations to 130% of the prime minister's remuneration (after the 25% remuneration cut) was imposed.

2.6 Communicating risks during a pandemic

Effective risk communication during the COVID-19 pandemic is pivotal in ensuring access to healthcare and reliable information about the virus, particularly in the context of the CAS islands (Curaçao, Aruba, and Sint Maarten). This communication plays a crucial role in empowering communities, especially vulnerable ones, to make informed decisions about their health and safety. By providing timely, relevant, and meaningful information, authorities can guide the public in understanding and adhering to health protocols, thus minimizing the spread of the virus and facilitating better access to healthcare services. In the CAS islands, authorities have implemented various strategies for effective risk communication. These include regular press briefings, updates through digital platforms, and community outreach programs. They have focused on delivering clear, consistent messages in multiple languages, considering the diverse linguistic backgrounds in these islands. Additionally, they have engaged in active dialogue with community leaders and stakeholders to address specific concerns and combat misinformation, thereby building trust and resilience in their healthcare systems and

communities. Such efforts highlight the importance of tailored, proactive communication strategies in managing public health crises. Some concrete examples: National press conferences were regularly held on all three islands, which could be followed via various media. Sint Maarten has used speaker cars to reach target groups that make less use of social media and other channels. Curacao has invested in developing a central communication campaign with an appealing and recognizable design.

2.7 Human Rights considerations during COVID-19

2.7.1. Human rights protection within the Kingdom of the Netherlands

Curaçao, Aruba and Sint-Maarten are autonomous countries within the monarchy of the Kingdom of the Netherlands. Rather than the individual countries, it is the Kingdom of the Netherlands that is State party to several international human rights treaties. It is thus, the Dutch Kingdom that primarily carries the responsibility to implement and comply with the international obligations within its entire territory and jurisdiction, bearing in mind any reservations made on the territorial application of said treaties within the Kingdom. The major human rights treaties to which the Dutch Kingdom is a party include the International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic Social and Cultural Rights (ICESC), International Convention on Eradication of all Racial Discrimination (CERD) and the European Convention on Human Rights (ECHR)⁶, which oblige the Kingdom of the Netherlands to ensure that the rights contained therein are respected and guaranteed to all 'human beings' within its territory and jurisdiction on an equal basis and without discrimination. Thus, according to public international law the State, i.e. the Kingdom, must take action to ensure that human rights standards are realized within its territory and to guarantee the enjoyment thereof on an equal basis and

without discrimination throughout the Dutch Kingdom.

At the constitutional level, the Charter of the Kingdom considers the responsibility for the realization of human rights primarily as a country affair, whilst the 'guaranteeing human rights' is a Kingdom affair. In other words, the Kingdom has to ensure that all human rights encoded within treaties it has acceded to are accessible within the territories of the Kingdom. The role of the Kingdom to 'guarantee' the implementation and protection of human rights is to be understood not only as entailing the Kingdom's responsibility to take action when an autonomous country fails or is unable to meet its responsibilities, but also entails that the Kingdom may, where it deems necessary, take action to ensure that human rights standards are realized to 'an acceptable level' within the Kingdom. This obligation also implies that the Kingdom may intervene to address and already deteriorated situation within an autonomous country in order to prevent it from becoming 'untenable'. Thus, at the constitutional level both the autonomous countries as well as the Dutch Kingdom have a responsibility.

2.7.2. Minimum standards and core obligations

Human rights contain minimum standards and core obligations. Minimum standards refer to the minimum guarantees that States, irrespective their economic conditions, should provide. States may, however, always provide more protection and go beyond ensuring the minimum standards. Core obligations entail integral obligations of a right. These are often immediate of character, i.e. States must guarantee them immediately. These among others entail the obligation to ensure the essential minimum levels of rights are realized, the obligation to ensure access to rights on a non-discriminatory basis and the obligation to ensure gender equality. These obligations do not cease to exist in time of emergency.

⁶ These treaties extend to all four countries that make up the Kingdom of the Netherlands

The obligation to ensure gender equality entails, among others an immediate obligation to assess the *de jure* and *de facto* situation of women and to take concrete steps to formulate and implement and pursue comprehensive gender policy and without delay that is targeted towards eliminating discrimination and achieving gender equality. Non-compliance with the latter obligation, as in the event of delays, is not justifiable. States are required to continuously monitor implemented gender policies and adjust these as needed over time.

Specifically for the right to health, States must show that they have taken every possible effort, within the available resources that they have independently and through international assistance, to protect and promote the right to health. Retrogressive measures are in principle not permissible, unless a state can demonstrate that all effort has been made to use all resources at its disposal to meet the obligations. States have a core obligation to ensure that the right to health is exercised based on non-discrimination.

Specifically for the right to education immediate core obligations exist. These include the obligation to ensure access to public educational facilities and programs at all levels on a non-discriminatory basis (i.e. prohibit discrimination), to provide free primary education for all and to progressively realize the protected rights by taking 'deliberate, concrete and targeted' steps. The obligation to prohibit discrimination applies fully and immediately within the territory of the State. Besides the core obligations, states also must ensure that educational institutions and services are available and adequately functioning (facilities, teachers, technology), physically and economically accessible, acceptable and of good quality and adaptable to the changing needs of society. In the event of worsening measures, States have the burden of proof in the event of retrogressive measures. Regression in the enjoyment and access to the right to education must be justified, whereby the

state must demonstrate that it has devoted its maximum available resources, through cooperation or individually, and has carefully considered alternatives.

2.8 Focusing on vulnerable populations during the pandemic

Three vulnerable Groups were identified: older adults, migrants, and women.

The elderly population is more susceptible to severe illness and complications from COVID-19. Investigating the specific challenges faced by the elderly in terms of healthcare access, social support, and psychological well-being can help inform strategies for future pandemic preparedness. This includes enhancing healthcare infrastructure, developing targeted support systems, and ensuring the availability of tailored resources for this group.

Migrants often face unique challenges during a pandemic, including legal status concerns, limited access to healthcare, language barriers, and inadequate social support networks. Researching the experiences of migrant populations in Curaçao, Saint Martin, and Aruba can shed light on the specific vulnerabilities they encounter and contribute to the development of inclusive policies and interventions for future pandemics.

Regarding to women, gender dynamics play a crucial role in vulnerability to COVID-19. Women, particularly those from marginalized communities, face specific challenges such as gender-based violence, limited economic resources, and caregiving responsibilities. Understanding the gender-specific impacts of the pandemic on women in these islands can guide policymakers in designing gender-responsive interventions and addressing the systemic barriers that exacerbate vulnerability.

3. Research approach and methodology

3.1 Research objectives and framework

The COVIDCAS Research project aims to critically evaluate the effectiveness of state responses to the COVID-19 pandemic, particularly focusing on the CAS islands (Curaçao, Aruba, and Sint Maarten). The primary objectives include identifying areas where state interventions may not be achieving their intended goals and enhancing the involvement of civil society and vulnerable families in both the research process and the implementation of strategies. The research seeks to understand the impact of COVID-19 regulations on individual rights and freedoms, and to explore the various factors that influence the disparate effects of these responses on different families. A key goal is to gain insights into legal and policy measures that not only uphold human rights but also bolster social resilience. Additionally, the project aims to develop more effective preparedness programs for future health crises, improve the participation of low-income households in public health measures and create a comprehensive risk communication toolkit for experts, policy advisors, and stakeholders. Furthermore, an important aspect of the project is to foster research capacity among students and junior researchers from local universities in the CAS islands, equipping them with the skills and knowledge to address health crises effectively. Overall, this research endeavours to contribute significantly to the understanding and management of pandemic responses in these island communities.

Linked to this, the research design and data collection processes have been developed in a research framework which is used as a basis for setting up data collection processes, see figure 1.

3.2 Methods of data collection

This research project looked at the impact of the COVID pandemic in general and more specifically the measures taken by the

government on vulnerable families in Curaçao, Aruba and Sint Maarten (CAS islands). The main focus was to what extent the information provided about the measures and assistance actually reached vulnerable groups and how vulnerable groups experienced the information and assistance offered. Although all three islands in question are part of the Kingdom of the Netherlands, they are characterized by major geographical and demographic differences. To do justice to these differences, an innovative multi-sited (CAS Islands) mixed-methods approach has been applied. In addition to gaining insights from policy and research data, empirical data was collected through interviews with people who were considered to be vulnerable in times of crisis, and group discussions were held with professionals who were directly involved in the approach and implementation of COVID aid and measures.

We started the project with a desk research, consisting of listing available COVID data and legal and policy information about measures taken by the governments on the three islands. To include the human rights perspective in the analysis, a human rights framework has been prepared from the desk research. In consultation with research partners (University of Curaçao, University of Aruba and University of Sint Maarten) for each island a strategy was developed to reach the targeted vulnerable groups, see table 1.

Collaborative relationships have been built with relevant stakeholders (Red Cross Curaçao, refugee aid organisation HIAS Aruba, senior citizens support organisation Kibrahacha Aruba, Foundation against domestic violence Aruba, Sint Maarten Development Fund and Social & Health Insurance Sint Maarten) to recruit respondents. In total, 81 face-to-face in-depth interviews were conducted with respondents from the vulnerable groups on all three islands to capture individual experiences and insight in how they were coping with and adapting to new realities, see table 2. A semi-structured interview guide was used focusing on the lock down experience,

Figure 1: Research Framework COVIDCAS

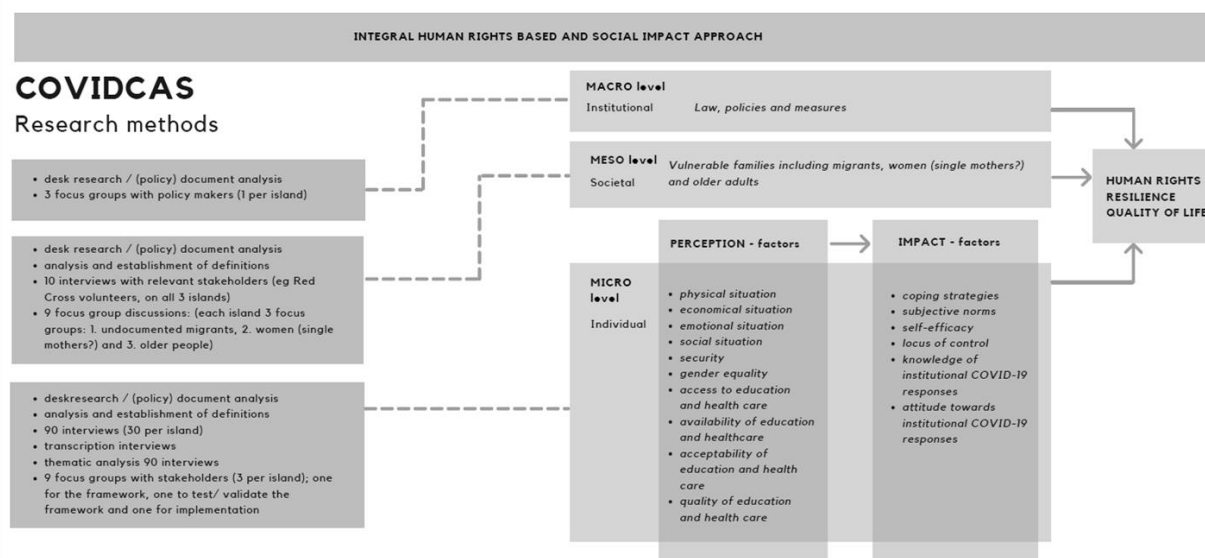


Table 1: Profile respondents vulnerable groups

	Curaçao	Aruba	Sint Maarten
General criteria vulnerable families	3 or more family members	3 or more family members	3 or more family members
	Household income <3500 ANG	Household income < 850 AW	Household income, 3500 ANG
	No welfare	Limited welfare	Limited welfare
Women	Geographically spread	Geographically spread	Geographically spread
	Under 65	Under 65	Under 65
	Variety in type of aid received	Variety in type of aid received	Variety in type of aid received
Elderly	Men/women	Men/women	Men/women
	65 year or older	65 year or older	65 year or older
	Variety in type of aid received	Variety in type of aid received	Variety in type of aid received
Migrants	Men/women	Men/women	Men/women
	Under 65	Under 65	Under 65
	Variety country of origin	Variety country of origin	Variety country of origin
	Variety in type of aid received	Variety in type of aid received	Variety in type of aid received

Table 2: In-depth interviews vulnerable groups

	Curaçao	Aruba	Sint Maarten	TOTAL
Women	9	9	10	26
Elderly	12	10	9	28
Migrants	12	7	8	27
TOTAL	33	26	27	81

Table 3: In-depth interviews with volunteers

	Curaçao	Aruba	Sint Maarten	TOTAL
Red Cross volunteers	9	3	4	16
HIAS volunteers		3		3

Table 4: Capacity building initiatives

Where	When	What
Curaçao	October 2021	Training Qualitative Interview Techniques
	November 2021	Training conducting/transcribing/ translating qualitative interviews
	7 May 2022	Masterclass: Qualitative Research Cycle (on site University of Curaçao, live stream Aruba + Sint Maarten)
	26 November 2022	Workshop: The use of participatory visual methods in qualitative research (on site University of Curaçao, live stream Aruba + Sint Maarten)
Aruba	October 2021	Training Qualitative Interview Techniques
	November 2021	Training conducting/transcribing/ translating qualitative interviews
	April-May 2021- present	Human Rights Research Clinic
Sint Maarten	October 2021	Training Qualitative Interview Techniques
	November 2021	Training conducting/transcribing/ translating qualitative interviews
	21 November 2022	Workshop: Coding and analysis in qualitative research

anxiety and stress resulting from COVID-19 restrictions, risk perceptions, barriers in accessing care and access to information. Exploring the impact of legal and social implications of the lockdown and COVID-19 related services and interventions on the families was also part of the interview. Initially, the intention was to recruit all respondents through the Red Cross. In the early stages of the pandemic, the Red Cross played a central role in coordinating relief efforts on all three islands and therefore had an extensive list of vulnerable residents on the islands who received aid from the Red Cross. On Curaçao we succeeded in recruiting all respondents through the Red Cross Curaçao. Based on the profile drawn up, a Red Cross Curaçao volunteer approached random persons on the list and asked whether they were willing to cooperate in the research. In Aruba and Sint Maarten this turned out not to be possible because the coordination of the aid was done by the Dutch Red Cross (and not the local Red Cross) and their database could not be used to recruit respondents. On these islands, therefore, alternative recruitment methods have been used. Local stakeholders, who were known to be in direct contact with the target groups, were asked to provide respondents in accordance with the profile. The snowball method was also used, in which respondents themselves were asked whether they knew any other people who had received help and were willing to participate.

The recruitment and conducting period of the interviews took a long time, not only because of the challenges of recruitment (partly during the pandemic) but also because of the multilingualism on the islands. To give all respondents the opportunity to have the conversation in their own preferred language, multilingual interviewers have been deployed and the interview guides have been prepared in five languages: Papiamentu, Papiamentu⁷, Dutch, English, and Spanish. This multilingualism meant a labour-intensive process in data processing, all interviews were

transcribed in the language in which they were conducted, and all interviews transcribed in Dutch, Spanish, Papiamentu, and Papiamentu were subsequently translated into English.

The information collected with the in-depth interviews has been enriched with short video conversations with people who have played a prominent role in one way or another in the implementation of the measures and/or risk communication. In these conversations they were asked to share experiences and anecdotes that stuck with them the most.

Due to the central role that the Red Cross has played on all islands in organizing and helping, in-depth interviews were also held with Red Cross volunteers, to gain more insight of their experiences in the field. In addition on the Island of Aruba, interviews were also held with HIAS volunteers, see table 3.

The second method to collect empirical data consisted of conducting focus group discussions. A multi-stakeholder focus group was organized on Curaçao with representatives from both government and NGOs. To enable open discussions, it was decided, in consultation with the research partners on the islands, to organize separate focus group sessions for GO and NGO representatives on Aruba and Sint Maarten. The intention of the focus group discussions with policy makers, medical staff and front-line workers was to get a better understanding of the governance and how the implemented services and interventions were being operationalized. In the focus group discussions with NGO's and stakeholders' attention was paid to capture the legal and social ramifications, including the risk communication measures employed. The multilingualism on the islands was also considered in the focus groups and the working language to be used was determined in consultation with the participants. On Sint Maarten the focus group discussions were

⁷ Papiamentu/o is the most widely spoken language in Curaçao and Aruba. There is a difference in spelling between Curaçao (Papiamentu) and Aruba (Papiamentu)

held in English, on Curaçao and Aruba in Papiamentu/o.

In addition, the government communications departments of the CAS were approached for an in-depth interview to explain how risk communication was set up during the pandemic, which challenges were faced in the field and how they were addressed.

In the final phase of the research project, dissemination sessions were organized on all three islands. These sessions were intended to inform stakeholders about the experiences with and outcomes of the research. Using interactive techniques (World Cafe), stakeholders were challenged to think about lessons learned and practical and useful recommendations in the event of a new pandemic or crisis situation.

3.3 Building research capacity

In addition to knowledge about and insight into the impact of the COVID-19 regulations and interventions on the living situation, rights, and freedoms of individuals in society, the realization of more research capacity on the islands is also one of the intended outcomes of this research. To realize this outcome, various initiatives have been taken in the form of workshops, training courses and lectures, see table 4.

4. Findings and insights from the field research

4.1 Introduction to the findings

This introduction sets the stage for the detailed analysis and discussions that follow in the chapter, providing a thematic overview of the research findings. We begin by outlining the support mechanisms that emerged for vulnerable groups, revealing gaps and strengths in our social fabric. The accessibility of healthcare during the crisis is scrutinized, alongside the readiness of our systems to handle such an unprecedented global health emergency. We examine the effectiveness of risk communication practices and the dissemination of information about COVID-19, which played crucial roles in public response. Further, we explore the community's engagement with vaccination efforts and the economic repercussions that have reshaped livelihoods. The educational situation was also a topic within our research, and we discuss the effects the pandemic had on the learning environment and the mental and physical well-being of children. The changes in social dynamics and the increase in domestic violence are discussed to understand the societal undercurrents during the pandemic times.

Moreover, we evaluate the role of government support and policies in navigating the crisis and the challenges in upholding human rights standards when the world is in lockdown. Each section in this chapter provides a detailed analysis of these critical areas, offering insights that contribute to a comprehensive understanding of the pandemic's legacy on the CAS islands.

4.2 Support mechanisms for vulnerable groups

4.2.1 Diversity in forms of support

During the pandemic, supporting vulnerable groups such as women, older adults, and migrants became an essential endeavour that involved concerted efforts from various entities including communities, governments,

and local organizations such as Red Cross, HIAS, *Fundacion pa nos comunidad*, IOM on Aruba and K1 Britannia, Salu pa Tur, Salvation Army, Samaritan's Purse, Sint Maarten Development Fund – SMDF and Voedselbank. Recognizing the unique challenges these groups faced, communities and these organisations rallied to provide emotional, financial, and logistical aid. Grassroots initiatives emerged, offering grocery delivery services, virtual support groups, and online educational resources to ensure that women, who often bore the brunt of increased domestic responsibilities and job losses could be supported. Government responses varied but many implemented social safety nets, unemployment benefits, and targeted financial aid to alleviate the economic strain on older adults and migrants. Local organizations played a pivotal role by coordinating efforts, disseminating accurate information, and offering essential services like healthcare, food distribution, and mental health support. NGOs collaborated to provide shelters for migrant workers, ensuring their basic needs were met amidst job losses and uncertain living conditions.

In response to the challenges posed by the pandemic, social workers collaborated closely with organizations such as the Red Cross to provide vital support to vulnerable communities. Initially partnered with the Red Cross (and in Curaçao primarily with the Curaçao Red Cross), these efforts aimed to address issues like food insecurity among those in need. However, as the situation evolved, the responsibility gradually transitioned to another dedicated institution known as 'Fundacion Pa Nos Comunidad in Aruba, Sint Maarten Development Fund (SMDF) in Sint-Maarten and Department Family and Youth of the Ministry of Social Affairs, Labor and Wellbeing in Curaçao?'. These organizations played a significant role in distributing essential resources, particularly food vouchers, to individuals and families facing financial difficulties.

Amidst the challenges of the pandemic, the support extended to the community proved

to be a lifeline for many individuals. As one of the migrants in Curaçao mentioned that she was happy whatever she received from the FASE and the Curaçao Red Cross, though the supports provided have not fully met all needs.

I would say that I am person that is satisfied is ok with what I get. It was not enough, there are times that there are things that I need but it was not there. Because they didn't have to do it but they did it. But I am person who always try to appreciate what I have (A Jamaican migrant woman without work due lack of documents, lives with her aunty in Curaçao).

Some people complained that though they needed many things during the crisis, they received little support from the government and other local organisations. As one of the women in Curaçao stated that she received only food package from Red Cross and no other essential supports such as financial help.

I started receiving support packages. I did not receive the support card from the government or anything, but I did receive food packages with all that (A woman, 28, in Curaçao).

No, from no one. I did not receive any help from anyone. I did not hear anything. But later I saw that they were giving some kind of help to people from here, that is, the most, to the elderly (Migrant woman, 39, in Sint Maarten).

But many of the migrants in Curaçao and Sint Maarten complained that they did not receive any support neither from government nor from Red Cross. In contrast, most of the participants viewed that though they did not receive adequate support, they received food packages during the pandemic.

4.2.2 Community support during pandemic

Throughout the pandemic, community support, played a crucial role in upholding the well-being of migrants, older adults, and women, who often faced distinct challenges⁸. Here community supports refers to the assistance given to vulnerable people by the

neighbours and extended family members. Migrants, often grappling with language barriers and uncertain living conditions, found refuge in local support agencies which offered essential supplies. Older adults, who were at higher risk of severe illness, benefited from community-driven efforts that ensured their safety through grocery delivery services and healthcare outreach. Similarly, women, who were disproportionately impacted by job losses and increased domestic responsibilities, also found relief by community-led supports.

One of the women in Aruba reiterated that the initiatives and support were coming directly from the social workers within the community.

Yes, absolutely. From social workers themselves. And donations. So, they are willing to give more groceries and donations to help the children. Therefore, they are always willing and with a big heart to help others. But now I see that they give extra help (Woman, 43, in Aruba).

One of the migrants in Curaçao stated that he received a lot of support from the neighbours and community. He remembered that a person helped him with accommodation when he was unemployed upon arriving in Curaçao. Migrants in Curaçao described that they received support from their community regarding essential items such as food, chlorine, and soap for maintaining cleanliness. *Because he was the one who really helped us with the house, he took us in. He helped us a lot before, when I wasn't working when I arrived in Curaçao, he also helped me a lot and so on* (Migrant older woman, 60, in Curaçao).

Let's start with the food that had to be bought, the chlorine or the soap to keep things clean and so on. We got by because we always had people who helped us, so we were able to get by (Woman, 54, in Curaçao).

4.2.3 Family support during the pandemic

Family support during the pandemic has been a cornerstone of strength and resilience for many. Families came together, both physically and emotionally, to navigate the uncertainties and disruptions caused by the crisis. From providing emotional comfort to offering practical assistance, families proved to be a vital source of stability. Whether it was sharing responsibilities, helping with household tasks, or simply lending an empathetic ear, family members played a crucial role in alleviating the feelings of isolation and anxiety that the pandemic brought.

One of the women in Curaçao stated that she received the financial support from the father of her children, who sent her money; and she managed to buy the things her children needed. In addition, she received support from her grandmother, who received a pension. The combined efforts of her family and the support she received allowed her to continue fulfilling her responsibilities even in the absence of regular employment.

Then I started to buy things for my children on my own but still without a job, with the help of the father of my child that send me money. My grandmother was also helping me. My grandmother receives a pension (Woman, 28, in Curaçao).

Similarly, for older adults the major sources of support were their family members. One of the older women confirmed that her son and daughter provided her food and other essential required things. The quotes show that children and family members were the strength of family bonds and provided a reassuring sense of connection during a time of isolation.

I have not received help anywhere. We kept living the same. Our children helped us with everything we needed. We did not receive help from any organization. My son brought me food. My daughter also brought homemade food (Older man in Aruba).

The migrants also reiterated that their family members supported the most during their

need. For instance, one of the migrant women in Curaçao responded that she received support from her niece who worked in the Netherlands. Her niece also helped those without homes and troubled children in Curaçao. Her efforts played a vital role in helping the Antillean community adjust to their new lives in Curaçao. She helped with food packages.

She (niece) works in the Netherlands for Curaçao. So, she helps multiple Antilleans who leave to go to the Netherlands. People who do not have a home, children who are troubled. She works with the Netherlands to help Curaçao. We then distribute the packages to help others (Woman, 51, in Curaçao).

4.2.4 Financial support during the pandemic

One of the women in Aruba expressed that she received FASE, assistance on two occasions which were the lifesaving support. FASE (Procedure for the Emergency Funds for Social Assistance) is financial aid for those affected during this crisis. She explained that her husband and she were unemployed during the pandemic and were facing a complete lack of income. Lockdown days were the most stressful days they have ever experienced since they found it difficult to manage even the basics like putting food on the table. Though her sister's support helped her to manage water and electricity bills, FASE assistance emerged as a critical support which helped to them to reduce financial challenges.

I got FASE twice uhm that was a big help because I didn't have work and there wasn't any income neither via me or my husband either so it was very hard we couldn't deal I'm not lying these days were the most stressful days (Woman, 29, in Aruba).

4.2.5 Financial support by banks during pandemic

During the pandemic, the banks in Curaçao, Aruba and Sint Maarten demonstrated their commitment to their communities by offering essential financial support to individuals facing income loss. Understanding the challenges brought about by the pandemic's economic impact, these banks initiated various measures to provide relief. They

introduced flexible repayment options for loans allowing to manage their financial obligations during difficult times.

One of the older women in Aruba stated that her husband was facing challenges to repay the car loan, but the bank showed a cooperative attitude by suspending the car loan payments for a few months. This collaboration with the bank significantly eased their financial burden because her husband's income was reduced drastically during the crisis.

My husband was paying his car off, and the bank cooperated. He didn't, he didn't have to pay the car-loan for a few months. And then the bank told him he needed to start paying again. So that was the cooperation we got from the bank (Older woman, 68, in Aruba).

4.2.6 NGO support during pandemic

The Fundacion pa nos comunidad coordinated with Red Cross and played a pivotal role in providing support to the community during the pandemic in Aruba. Recognizing the immense challenges faced by people, the foundation stepped up to offer assistance and relief. The social worker initially collaborated with the Red Cross to address the situation, but subsequently, a shift occurred. Most of the efforts were redirected towards the 'Fundacion Pa Nos Comunidad' for assistance. They organized various initiatives aimed at helping those in need, including distributing food packages to families facing financial hardship, providing essential supplies to vulnerable individuals, and offering financial aid to those who lost their jobs.

One of the women in Aruba reiterated that social workers in the foundation focused on providing food vouchers to those in need. *The social worker was working on it with the Red Cross, but I got, uh... They are now mostly doing the task with 'Fundacion Pa Nos Comunidad'. To receive a food voucher* (Woman, 43, who works as a social worker in Aruba).

However, the aid and support by the foundation was not adequate for the people

to get rid of crisis. Here crisis refers to the widespread illness, death, and significant societal and economic disruptions. One of the women viewed that the foundation used to provide food packages once in a month, but it was not sufficient for a mother with three children to survive with that support; it was not sufficient for more than a week's worth of needs. It is noteworthy that the needy people applied to multiple sources of support for essential items such as food boxes and voucher for grocery. Despite the limitations, such assistance still served as a lifeline, offered some relief, and helped to alleviate the immediate pressure.

4.2.7 Support from various organizations during pandemic

During the challenging times of the pandemic, the International Organization for Migration (IOM) played a crucial role in providing vital support to people across the islands. One of the organization's pivotal actions was the registration of individuals in need, enabling targeted aid distribution and ensuring that those most affected received the necessary assistance such as food, mask, and personal hygiene products: toiletries like toilet paper, toothpaste, shampoo, and menstrual products remained essential. However, one of the migrants in Curaçao mentioned that she registered her name with IOM and waiting for the assistance that will be provided.

I sat down with them, and they also gave me the opportunity. It was going to be the benefit for two more months, which was September and October. I think that also part of the benefit is because I have three small children and because I don't generate income here. So, it's a really big help (Venezuelan migrant woman in Curaçao).

However, one of the migrants in Curaçao was sceptical about the support by the IOM. She mentioned that her husband was invited to meet with IOM for the aid but he had to wait for the whole day. She expressed her frustration that complex paperwork and unclear communication led to the uncertainty and inconvenience.

The IOM really left us totally in the air, they did so much paperwork. In fact, when they told my husband to go to the meeting, he was waiting all day (Venezuelan migrant woman in Curaçao).

The K1 Britannia Foundation was a beacon of support for the residents of Sint Maarten during the pandemic. The foundation distributed essential food boxes and food vouchers with which the people can buy grocery from the following supermarkets: Carrefour, Sunny Foods, Fairway, and XXX. Furthermore, they focus on the baby care assistance highlighting their profound concern to take care of the young children. One of the migrant women mentioned she received food voucher as well as diapers and essential baby care items.

They helped me. They bring me like cases of diapers and whatnot. That's how I get through. They said they didn't have no more of the card, but they can supply stuff for the baby and dry food (Single mother living with 4 children in Sint Maarten).

Another woman in Sint Maarten reiterated the support provided by the K1 Britannia Foundation which came at a critical juncture for her and her family. With the closure of schools and the loss of her husband's income, the challenges were multiplied during the pandemic. The assistance she received in the form of baby care items and essential supplies not only eased financial burdens but also provided a sense of relief during those months of uncertainty.

That really helped, yes because when my husband is not working and you know it's being, the school had closed down for a period of, for the whole Covid, about 3 months or so? they had closed down and so when I was home no money coming in, so it had come in so handy (Woman, daycare provider, in Sint Maarten).

Amidst the pandemic, the Red Cross was a steadfast source of support for the communities in Curaçao, Aruba, and Sint Maarten. Their multifaceted approach included the distribution of essential food

vouchers, which played a crucial role in ensuring that families had access to sustenance during this crisis. Beyond immediate relief, the Red Cross also extended financial assistance, recognizing the economic strains faced by many households. Besides, they supported people with health facilities during the pandemic.

One of the migrants in Aruba articulated that she reached out to the Red Cross over phone for the support when she was down with Covid. They helped her with crucial information regarding precautionary measurement and guidance.

Because there are many people and well, I had contact with Jaya, with the Red Cross when I was quite bad, I called the Red Cross and they told me over the phone more or less what I could do, how I could be attended (Venezuelan migrant woman, 41, in Aruba).

In contrast, a migrant in Aruba highlighted that despite filling the online application for the assistance, she did not receive the support from Red Cross. She explained that she was directed to visit Red Cross foundation with the provided card. When she reached there and used her card, but it did not work; she came back without further resolution.

They sent a digital form to fill out. I filled it out, and they told me to take the card to the foundation, but they told me nothing came out of it. I didn't get any other answer and I didn't insist anymore (Venezuelan migrant woman, 47, in Sint Maarten).

Similarly, an older adult in Curaçao also mentioned that she was denied accessing support. She could not register her name and family members due to lack of documents. The staff requested additional documentation, including ID cards and passports, to verify the residency status of the children, whether they hailed from the locality or were newcomers. She went next day with required documents, but they stopped giving support card; only those people who already registered earlier were eligible to receive support.

No. There were a bunch of people there at that moment. The people were in line, waiting to be served. It was a long line. When I came in turn, the employer told me to bring the Id-card, passport, etc. to verify if the children live here or are originally from here. When I went there the next day, they had stopped with the support card (Older woman, 80, in Curaçao).

In addition to these support sources there were few more small sources which provides support to the needy during the pandemic. Among them are Salu pa Tur in Curaçao which helped the migrants with food and support card containing 150 guilders. Similarly, Salvation Army also supported people with food package, blanket, and medical stuff. On the other hand, Sint Maarten Development Fund (SMDF) also extended helping hand to the people during pandemic. They supported people with food boxes and vouchers.

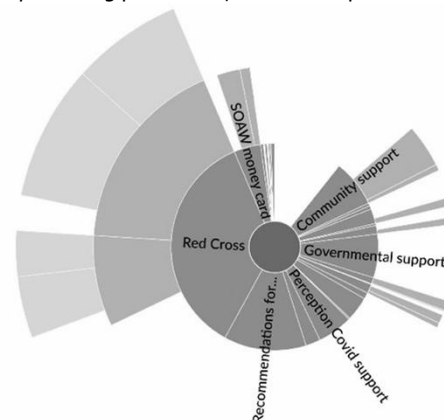
4.2.8 Collaborative support from the organisations

During the challenging times of the pandemic, the islands of Curaçao, Aruba, and Sint Maarten demonstrated remarkable resilience and community spirit through the support and collaboration of local organizations and non-governmental organizations (NGOs). These entities played a pivotal role in extending a helping hand to vulnerable populations such as women, migrants and older adults and addressing the multifaceted impacts of the crisis. Local organizations and NGOs distributed essential supplies such as food packages, financial and medical assistance to reduce the burden of pandemic crisis. One of the participants, who worked in an NGO in Aruba, explained that the immediate and robust response from local NGOs and volunteers in Aruba helped the community people to be resilient. Recognizing the imminent challenges, NGOs swiftly mobilized their resources and networks to provide crucial assistance to those affected the most- the migrants, women and older adults. Since Aruba is a tourism-based economy island, the volunteers prioritised to the people who were associated with tourism industry.

Yes, the NGOs. The response from the NGOs and volunteers was immediately very strong because we knew Aruba was very vulnerable. Tourism is going to break down, and the border is going to close (Head of an NGO in Aruba).

In this context, collaborative efforts between organizations like the YMCA, Kibrahacha and the food bank in Aruba showcased a remarkable capacity to respond effectively to the challenges posed by the pandemic. Recognizing the urgent need to expand their reach and support vulnerable populations, these organizations displayed impressive adaptability by utilizing available spaces and resources. Kibrahacha's decision to provide their space to the food bank enabled the food bank to accommodate the increased demand for assistance. Moreover, the YMCA's proactive approach to cooking and serving hot meals for the older adults and those who couldn't cook for themselves highlighted the solidarity among the organisation during the crisis.

Figure 2 : Hierarchy chart showing support to vulnerable people during pandemic (source in-depth interviews)



Kibrahacha gave their available space to the food bank. I think it's the YMCA's capacity to cook, because they knew right away that the first ones to be vulnerable are the elderly and those who cannot cook for themselves. So, therefore, the YMCA began to cook for four to six weeks (NGO worker in Aruba).

4.2.9 Recommendation/appropriation for support

Many of the participants felt that the support, which were provided by the government and local agencies to the community people, should have been distributed in better way. Among them, the older adults were more outspoken who expressed their views regarding the recommendations to the government. For instance, one of the older adults in Curaçao mentioned that the government could have taken care of the psychological health of the older adults because many of the older adults were living alone during the pandemic. Her feeling of loneliness highlighted the isolation and emotional toll experienced by many during this challenging period.

I would like it if you uhm, uhm, focus more on the psychiatric, psychological part. I would like to chat, to talk. The loneliness was terrible (Older woman, 68 in Aruba).

Whereas the migrants suggested that the government could have taken care of their housing and food during the pandemic. Many of the migrants lost their jobs and could not pay the rent for months. Many of the landlords forced them to leave houses and the migrants found it difficult to manage their accommodation. As one of the migrants in Aruba expressed:

We need somewhere that we can sleep when night come. We need somewhere that we can go to as a home and we need to have food there, because when you have nothing to eat, it aint become a home (Migrant man, 60, in Aruba).

Similarly, many of the women, older adults and migrants viewed that government could have done better for the jobless or for those who lost their jobs during the pandemic. For instance, one of the older adults mentioned that many people who have faced job losses or reduced income due to the pandemic were burdened not only with day-to-day expenses but also with financial commitments like car loans and mortgages. So, she suggested providing financial relief or flexibility in loan

repayments could have significantly contributed to reduce financial strain.

You know for those in need, like someone that lost his job and couldn't go to work for 4 or 5 months, they need money, to the bank, for the car loan they have or the mortgage of their house. The bank does not give any dispensation for all of this (Older adult, 65, in Curaçao).

Another woman suggested that the government should provide jobs to women particularly and train them for their job skills. This signifies the fact that women face obstacles due to societal norms, lack of access to education, or perceptions of their abilities. However, providing education and employment to women would have contributed better financial growth of the community. This could have lessened the burden of taking care of the families during pandemic.

Help women, help them all. Give them a job. If they can't fulfil a job, do not simply tell them that they didn't study for it. Help them. Teach them because everyone has to learn it (Woman, 36, in Curaçao).

Furthermore, one of the women in Curaçao reflected that the government should have enhanced its efforts to communicate important information, specifically related to Covid-19 and vaccination. She suggested that government should have taken a proactive approach by physically entering neighbourhoods to engage with residents. She perceived this was particularly crucial because there were many people within these communities who had unfavourable opinions about Covid-19 and the vaccination process.

I think that the government should provide more information. For example: go into the neighbourhoods. Some people have negative thoughts about Covid and vaccination. Since they are the ones who go out a lot and cause more Covid infections (Woman, 47, in Curaçao).

4.3 Health care accessibility during COVID-19

The COVID-19 pandemic has produced extensive disruptions to routine healthcare events, resulting in lower admissions and emergency department visits. The focus group discussion unearthed a wealth of anecdotes that illuminated the intricate tapestry of healthcare practices, highlighting the nuanced ways in which doctors and patients navigated the evolving circumstances during the pandemic. The participants expressed that there was strict prohibition of patients waiting in the conventional waiting room—a reflection of the emphasis on minimizing close contact to safeguard health. For instance, a participant mentioned:

"I remember some doctors wearing a whole suit and attending to their patients in the car. The reason for this is that no one was allowed to wait in the waiting room. This was the case in some offices. Other doctors did it differently. Because it's different from one office to another. Some offices let people come in one by one with different requirements." (JM, director of Kibrahacha, in Aruba)

The impact of covid-19 pandemic was more severe on the vulnerable groups of people such as older adults, children, and women. The older adults contacted the healthcare professionals through phone calls. Moreover, online services such as Zoom, Teams, and WhatsApp had positive impact on the support system in the context of patient care. The ability to address patients' needs, particularly those with injuries or other ailments, is significantly enhanced through such assistance. This support system allowed healthcare providers to offer both medical help and a listening ear, contributing to a comprehensive and patient-centred approach. The participants revealed the diverse nature of the queries they received, which spanned medical and social concerns. The medical aspect was particularly prominent, with a strong healthcare system in place. As one participant aptly expressed, *"We were in contact with older adults. We had a group of ourselves with membership. But,*

because of the call line, I had a lot of contact with others" (MRES, works for an NGO in Aruba).

As a result of restricted access to regular medical attention during the pandemic, older people with pre-existing conditions have faced challenges in managing their health, leading to an exacerbation of their ailments. *I think one other thing was that happened as a consequence of COVID as well is a new vulnerable group was created as a consequence of the elected medical care. And as a consequence, we then had an increase in chronic illnesses or multiple complications as a result of your non-communicable diseases, be it diabetes, hypertension, cholesterol, whatever* (Senior Policy advisor in Aruba).

My mother got Covid, because she is a dialysis patient. Furthermore, they are one of the most vulnerable groups to get infected by Covid. And, because she has heart problems and high blood pressure (Woman, 43, works as a social worker in Aruba).

Similarly, the migrants in Aruba also faced challenges in accessing healthcare due to lack of their health insurance coverage (AZV) serves. As a result, the process of obtaining necessary healthcare becomes even more complicated for them. In the absence of proper health insurance, the migrants often had to rely on alternative means to receive medical assistance. The stakeholders such as directorate of social affairs and directorate of public health took on an unconventional role, functioning as intermediaries between the migrants and healthcare providers. In these instances, they found themselves assuming a quasi-medical role, with migrants turning to them for guidance and assistance. However, the participant acknowledged the limitations of their expertise. Despite the constraints, they were committed to making a difference within their means, primarily by facilitating medical vouchers. The participant highlighted, *"However, we did what we could within our reach, which was to help with medical vouchers. That is what we can do. We were able to help with a medical voucher for the*

consultation" (Woman medical practitioner, in Aruba).

This account demonstrated their dedication to bridging the gap for migrants, emphasizing the role of practical assistance in overcoming barriers to healthcare access.

However, many migrants delayed seeking medical attention until their symptoms had escalated to a severe stage, often requiring emergency hospitalization. Such behaviour likely stems from a combination of factors, including lack or low income, fear, uncertainty, and limited access to healthcare resources. While migrants inherently possess certain rights, the practical realization of these rights often hinges on economic resources. In this context, the quote resonates as a testament to the profound impact of the pandemic on individuals' health, emotions, and the need for reliable support systems during times of physical and emotional vulnerability.

When the Covid thing started, I had a very strong pain in my belly, I felt like it was going to burst because of pressure. I spoke to Fundashon Salu pa Tur to reassure me, as I had been having a hard time going to the bathroom for almost a month (Venezuelan migrant woman with two adult sons in Curaçao).

In contrast, some of the migrants responded that they adopted home remedies rather than going to hospital due to financial crisis and to maintain social distance. They shared living environment where residents exhibited caution, even if suffering from fever for up to a week, out of fear of seeking hospitalization. This conveys the spirit of self-reliance as the community relied on home remedies such as ginger treatment, antibiotics, and pain relief medication to combat the virus. However, it also sheds light on the absence of accessible medical facilities and professional assistance, highlighting the lack of healthcare infrastructure that the community faced. This narrative ultimately portrays a community's resourcefulness and unity in overcoming challenges, while underscoring the importance of equitable access to healthcare

and medical services during times of crisis. One of the migrants in Sint Maarten stated that:

We all communicated by phone and said that no one was going to leave. And that with that ginger treatment that we have and antibiotics, many pain pills analgesic or any other, we got rid of that virus little by little. But no, neither was there hospital nor medical assistance (Migrant woman, 37, in Sint Maarten).

4.3.1 Access to medication during pandemic

Most of the participants viewed that they had to struggle and faced challenges in accessing healthcare and medications. A migrant in Aruba highlighted that she was seen by a doctor at home to receive a prescription, emphasizing the vital role of medical professionals in providing necessary treatment. The reference to acquiring "some pills, some paracetamol" reflects the limited options available for over-the-counter remedies, showcasing her restricted access to more specialized medications. Therefore, the migrants had to depend on home remedies without medical prescription. By utilizing simple yet effective remedies like tea, lemon, ginger, and paracetamol, the participant illustrated a proactive attitude towards wellness. This approach suggests a blend of traditional and readily available solutions to tackle the situation. As one of the participants viewed:

We do it ourselves, on our own. Lots of tea, lemon, ginger, paracetamol. That's how we had dealt with it (Migrant woman, 37, mother of two daughters, in Aruba).

For older adults, access to medicine during pandemic was a unique way. The older adults used to call the doctors and they used to send the prescribed medicine at nearest drugstore from where the family members picked up. As an older participant responded:

Medicine, I'd call and they'd send it to the drug store, my daughter picks them up for me (Older woman, 66, who lives with three grandchildren in Curaçao)

One of the challenges of accessing medicine through phone call was the delayed responses from the doctors. Since doctors were busy with other calls, the older adults had to wait long to get response and prescribed medicine. The access of medicine became more challenged for people with pre-existing diseases. One of the older adults, who was a diabetic, in Sint Maarten stated that managing their health was full of complexities. Similarly, another older adult in Curaçao viewed:

Uhm, not that much, because when you call, sometimes they'd answer, and sometimes the doctors would take long to answer the phone to make an appointment or get medicine (Older woman, 75, who lives with granddaughter in Curaçao).

In another situation a woman stated that the doctor and a nurse visited her house to treat her husband to clean the leg and change the bandages. But for medicine she had to go to the pharmacy.

4.3.2 Access to general practitioners during pandemic

During the pandemic the migrants were bound to restrict their access to general practitioners similar to other healthcare facilities. In Curaçao, the migrants were dependent on one practitioner, who dealt particularly with migrants who are not insured, during pandemic. The doctor, who practices medicine at 'Salu pa tur' in Curaçao, undertook a noble mission, catering specifically to migrants who lacked insurance, an often overlooked and vulnerable population. Another migrant resonated that he had to take appointment with the doctor at 'Salu pa tur' because he didn't have the opportunity to go elsewhere. However, financial constraints often cast a shadow over our intentions to prioritize the migrants' health. The burden of paying for medical services, especially when unexpected expenses arise, created a significant barrier to seeking necessary care.

It has to be something that really is in need of a doctor so that I try to schedule, an appointment. In that case at "Salu Pa Tur" because we don't have the opportunity to go

elsewhere (Migrant woman, who lives with her husband and three minor children in Curaçao).

Of course, I would like to go to the doctor because sometimes you want to go for a check-up, but imagine that you have to pay for it, I can't pay now (Widow, 54, who lives with two adult sons in Curaçao).

For older adults, the access to a general practitioner was more difficult and often a matter of risk of getting infection. One of the older adults from Curaçao expressed that he avoided going to the doctor and didn't use any medications during the entire pandemic. However, there was a specific occasion when he went to see a doctor. This happened because he needed to have a check-up and had to get a prescription for medicine to help with his leg. But getting appointment with the doctor was challenging for him because of social distance protocol and restriction to meet in-person. The restriction of meeting doctors also increased the risk of excluding people from accessing medicine even for common diseases. Even if people felt unwell, the message was to stay away. The procedures underwent a transformation – examinations became meticulous and cautious. The days of physical contact and trust seemed to wane; a sense of uncertainty lingered. Trust between individuals seemed to erode, as reflected in the new norms. Even within the confines of the doctor's office, chairs were strategically separated, maintaining a certain social distance. Amid these changes, a sentiment seemed to prevail that the quality of doctor-patient interactions had shifted. The pandemic had certainly reshaped the way healthcare was approached, causing a shift in dynamics and interactions that were once taken for granted.

As I said, if you cough, do not come. You sneeze, do not come. You are feeling something, do not come. No one wants to touch anyone anymore. No one trusts anyone. You still feel it. No one trusts one another. You do not have an appointment, do not come. You have to come at the set time to leave on time. Even at the office, the chairs are separated. I do not think doctors are that

good anymore (Older woman, 65, who works as a gardener in Curaçao).

There's a sentiment that doctors should maintain the same level of care and commitment to their patients as they did before the pandemic. The desire is for doctors to navigate the challenges and uncertainties while continuing to provide proper treatment and attention. A concern arises that in these times, the bond between doctors and patients might be diminishing, possibly due to the necessary restrictions and changes in healthcare practices. As one of the older adults mentioned:

I think the doctors should do as they did before. Whatever happens, they should treat their patients correctly. I think that the doctors of today are neglecting their patients (Older woman, 78, who lives with her granddaughter in Curaçao).

4.4 Pandemic preparedness

In the context of the pandemic, stakeholders, local governments, and support-providing organizations in Curaçao, Aruba, and Sint Maarten demonstrated a heightened level of preparedness and adaptability. One of the stakeholders in the focus group discussion explained that the health professionals and local government are much more prepared for crisis situations than before. The constant engagement with the community people and addressing the challenges of the people during the pandemic helped the stakeholders to be more adaptive and capable. However, the stakeholders reiterated that significance of effective communication is a central pillar of preparedness for future crisis. Based on the lessons of past experiences with COVID-19, stakeholders viewed that there is a need of multi-facet preparedness including cooperation among the local support providers. One of the stakeholders mentioned that there is a need for symbiotic relationship between non-governmental organizations (NGOs) and governmental bodies during any crisis.

Another participant explained that the government's commitment to establishing a

dedicated fund is of paramount significance. He suggested that relying solely on the Netherlands' guidance or support might not suffice; a proactive approach is imperative. A predetermined reserve fund will serve as a safety net that will help to address any future pandemic like situation without disruption. In short, having a readily accessible fund with the local government and its autonomy can safeguard the community's well-being. *According to me, the government has said something about a fund. Anything they reserve for these things is very important. You can't wait for the Netherlands to say, "We're working in this direction." Something came, then a pandemic came, and then we're going to see where we get the funding* (community centre manager in Aruba).

A significant aspect of pandemic preparedness, particularly in regions like Aruba and Curaçao, has been the commendable discipline exhibited by the people. The adherence to recommended practices, including consistent hand washing, proper usage of masks, and maintaining social distancing, has been notable on these islands.

Another thing is the discipline of the people, especially in Aruba and Curaçao. I also noticed that what they said we kept—the discipline of hand washing, mouth masks, and social distancing—went pretty well on the islands (A male participant in focus group discussion in Aruba).

Furthermore, a crucial collective effort involving both governmental organizations (GOs) and non-governmental organizations (NGOs) should be made for a comprehensive assessment of their actions. It's imperative to analyse what practices have proven effective, identify areas where improvements are needed, and strategize for enhanced future responses. For instance, many migrants, women, and older adults complained that they could not get the expected support (food packages, Medicare facilities and financial aid) during the pandemic. These issues could be addressed if GOs and NGOs conduct comprehensive assessments. In the context of

Covid pandemic, the absence of collaborative discussions hinders progress to prevent spreading viruses and potential mutations. *In this case, the GOs and the NGOs first. Look at what has been good, what has been less good, and what can be better. It should be evaluated for next time; waiting is not anytime soon. But it's a reality we live in; there are many viruses running around and mutations. We don't sit down together to talk about this* (Woman, focus group participant, in Aruba).

Another stakeholder in Aruba viewed that the complexity of managing COVID-19 was exacerbated by the changing advice and guidelines provided by WHO, which led to confusion and challenges in establishing a coherent response strategy. This highlights a one-size-fits-all approach wasn't feasible to address the pandemic crisis, emphasising the need for specific preparedness for specific contexts.

What made COVID so difficult, was the communication of WHO. The advice that they gave would change from day to day. One size doesn't fit all (Government officer, Disaster Response Office in Aruba).

The stakeholders in Curaçao viewed that a significant number of vulnerable people are still grappling with pandemic's consequences. One of the NGO participants from Curaçao stated that some agencies prematurely considered that the crisis was over and returned to routine operations, but the underlying threat were persisting. She suggested that more profound changes are needed, particularly in establishing robust systems to safeguard the vulnerable people such as older adults, as well as addressing their mental health needs. This reflected that a comprehensive evaluation of structures and strategies is needed to understand the existing level of crisis and develop a more resilient approach.

There are a lot of people that are still affected by it. That certain agencies think, ok, fine it's done and almost we just go back to business as usual. The threat is over and we're just moving on. We need to create structures that

better protect our elderly, we need to create structures that better protect the poor. We have to start giving the mental health system a push (Government official, Directorate Social Affairs in Aruba).

Another participant working for an NGO in Curaçao suggested that to prepare better the local government and agencies should assess the existing problems. In addition, there is a need of data collection and comprehensive analysis for informed decision-making and a more responsive approach. Besides, there is a need of establishing a robust infrastructure for handling data and deriving meaningful insights from it. The participant further suggested that developing skills and expertise across all levels (data collection, analysis, and training) is vital for effective crisis management and response.

We really need to get better at data collection and analysis. Working well with that. And the third is: training, training, training, training, training, training (Government official, Director of Disaster Management in Curaçao).

Whereas in Sint Maarten, a more comprehensive approach to disaster prevention and management was adopted. The participants explained that the introduction of a dedicated crisis team brought about a transformative change in the situation. Similar crisis team should be formed in other islands to prevent the disastrous affect.

I find it (crisis team) extremely good. And I actually think that they took the entire organization of catastrophe prevention more seriously (Ministry of Social Development, Welfare, and Labor).

Another participant in a focus group discussion in Sint Maarten highlighted the significance of developing and sustaining a network with the community people. According to him, when a crisis strikes, the network of individuals and organizations will become the essential of effective action. Building these relationships and maintaining

them over time is the bedrock of a successful crisis preparedness.

The thing that I learned is the importance of having a network, maintaining a network even outside of a disaster. It's the people you need and you need to know who to call, what to tell them you need and how fast you need it (Policy Advisor at the Department of Public Health in Sint Maarten).

It is evident that the department of communication (DCOMM) has taken a proactive approach in researching and identifying additional stakeholders for outreach. Besides, the approaches such as Speaker Car, Informal Leaders, and Community Councils have proven effective in enhancing communication and engagement with communities. Moreover, making information readily available in various languages is vital to ensure effective communication across diverse segments of the population. These strategies should indeed be sustained and integrated into future outreach endeavours.

DCOMM researching and preparing a list of other stakeholders that can assist with outreach. The Speaker Car was a plus along with the use of Informal Leaders and Community Councils. These best practices should be maintained. Challenge is having readily available materials in other languages (FGD participant, Department of Communication in Sint Maarten).

4.5 Risk communication practices

Health professionals and social workers on the islands of Curaçao, Aruba, and Sint Maarten faced significant communication risks during the pandemic. The unprecedented healthcare challenges strained their ability to relay accurate and up-to-date information to the public while also navigating complex emotional and psychological needs. The urgency of the situation led to an overwhelming influx of information from various sources, risking the spread of misinformation. Additionally, language diversity among the local populations and migrants posed challenges in conveying crucial guidelines effectively. Older adults, for instance, faced difficulties in navigating digital

platforms and relied on traditional means of communication that was not as effective during lockdowns.

One of the participants in focus group discussion in Aruba highlighted that they had to rely on a single communication channel, the telephone line, which limited the effectiveness of information dissemination. This inadvertently reduced the access to vulnerable people especially those with limited access to phones or technology. This emphasized the need for comprehensive and multi-faceted communication approaches that can cater diverse demographics. Some of the stakeholders actively monitored news updates and press conferences, with a specific focus on translating relevant information from Spanish to Papiamentu. This translation was then disseminated on Facebook, a platform used to share updates widely. The objective was to ensure that the community was well-informed about the evolving situation. However, he acknowledged the potential for miscommunication due to differences between Papiamentu and Spanish, highlighting the complexity of conveying accurate information across languages. He also mentioned about the collaborative effort with a doctor from the DVG, a local health authority, who participated in webinars to educate the public about Covid-19. This approach aimed to provide accurate information directly from an expert source. *What we were doing was following the news, following the press conference, and translating everything. I used to translate everything; that's why I remember it. I translated the Spanish-speaking news in full Papiamentu; we used to post it on Facebook; we shared it about our status; that's how people were informed* (Woman FGD participant, works at Centro Kibrahacha in Aruba).

Given the urgency of the situation, many of the health professionals and NGOs utilized the telephone as a primary means of client outreach and counselling during the pandemic. This rapid adaptation allowed a free phone line that facilitated critical

investigations and information dissemination. One of the stakeholders viewed that this approach enabled consistent contact with the needy and helped to provide essential services and support.

We thought about what could be done here. So quickly we used the telephone as the means of reaching out to clients. We put a phone, a free phone line to push [investigation]. That is how we went from AC team to OT, to B-team, and then come back to work. That is how we did it every day, every day (Government official, Disaster Response Office in Aruba).

Another participant in the focus group stated that the Department of Social Affairs made efforts to provide services by introducing innovative online approaches. The process was gradual, symbolized by the phrase ‘bit by bit,’ indicated that changes were being implemented gradually rather than all at once. The main goal of these changes was to transition their services to an online platform, making them more digitally accessible and efficient. Despite the initial lag in digitalization, people acknowledged a positive progress. They pointed out that some government services had already undergone the process of being transformed into digital formats.

Our department continued innovating and now bit by bit they are switching up the services and making them online. More digital. And you can say that concerning that aspect, our island is behind in general. But you can also see that several services provided by the government have also been digitalized (Government official, Department of Social Affairs in Aruba).

Another focus group participant in Curaçao stated that the primary mode of communication revolved around issuing warnings and precautions during first phase of pandemic. The messages emphasised actions to avoid and guidelines to adhere to: stay indoors, maintain hand hygiene, wear masks. As time progressed, the focus transitioned from prohibitive mandates—such as not leaving home, not going to work, or refraining

from various activities—to a more nuanced phase of communication. This phase demanded a delicate approach: persuading people to opt for vaccination. The challenge here was to effectively convey the importance of vaccination without resorting to coercion. *In the beginning of COVID, it was mostly warnings: don't do this, watch out with that, stay home, wash your hands, wear a mouth mask, that came a little later. Protect your elderly, stay home, don't go to work, don't go out, don't do this, and so on* (Government official, Directorate of Public Health in Curaçao).

In Sint Maarten, the stakeholders emphasised their roles and responsibilities, they engaged in collective professional services, likely in the field of public health or healthcare. Their primary objective was to provide accurate and relevant information to the community, particularly during a critical period marked by the spread of a disease. Besides, their overarching goal was to curb the progression of the disease within the community. As the situation evolves, they shifted their focus to minimise the loss of lives.

We're in collective professional services. We are responsible in regard to providing information to the community. Our aim was in regard to mitigate and to stop the spread of the disease at that time. And then we went into a wave and objective of minimizing the number of deaths (FGD participant who works at the Ministry of Public Health, Social Development and Labor in Sint Maarten).

The participants from an NGO in Sint Maarten also played a significant role in communicating with the local government and health professionals to provide support to the vulnerable people during the pandemic. As one of the participants gave example of how they communicated and helped in the case of older couples during the pandemic. They reached out to a department, a government services agency, to address their needs. The department took prompt action by dispatching a community officer along with a social worker to assist the couple. The context suggested that in such situations, where

individuals had complex or specific needs, the community officer and social worker became the primary points of contact for communication and support.

In the case that we have right now, we have a case where a couple needs, a senior couple there is diabetes right now. And I just called the department, and they send the community officer together with the social worker (A member of the Red Cross in Sint Maarten).

Besides, additional communication avenues such as the 'Speaker Car' was also added. This was adopted for certain communities on the island who had communication challenges or a language barrier. They mainly focused on the Spanish, and Haitian (Creole) communities in various neighbourhoods with "calls to action."

We added additional communication avenues such as the "Speaker Car." This entails a vehicle with a speaker attached to the roof and a person inside the vehicle providing information to those in certain communities on the island who may have communication challenges or a language barrier (A member at the Department of Communication in Sint Maarten).

4.6 COVID-19 information dissemination strategies and channels

The spread of information regarding the COVID-19 pandemic across the islands was disseminated through various media channels to ensure widespread awareness and understanding. Local television networks, radio stations, and newspapers played crucial roles in delivering updates on infection rates, government regulations, and health guidelines. Additionally, social media platforms, including Facebook, Instagram, and Twitter, proved invaluable for sharing real-time updates and fostering community discussions. Government press conferences were frequently broadcasted on television and online platforms, allowing authorities to directly address the public and provide transparent information about the evolving situation. Public health agencies and local organizations also utilized their official websites to offer comprehensive resources,

including symptom guides, testing locations, and safety protocols. Overall, the combined efforts of traditional media, social media, official broadcasts, and online resources helped ensure that residents of these islands were well-informed about the pandemic's progression and the necessary precautions to safeguard their health and the health of their communities.

However, dissemination of information on Covid-19 virus encountered challenges due to the spread of fake news and the amplification of fear through various media channels. While local media outlets aimed to provide accurate updates, misinformation spread rapidly through social media platforms, creating confusion and anxiety among the islanders. False claims about cures, transmission methods, and government actions often gained traction, eroding trust in reliable sources. This influx of misinformation fuelled fear and panic, leading some residents to adopt extreme measures out of uncertainty. Additionally, shocking headlines and dramatic coverage by certain media outlets heightened public anxiety.

The focus group participants highlighted that misinformation played a significant role in shaping people's perceptions and actions. They mentioned that the lack of knowledge about the pandemic caused fear and misinformation to spread easily. The ignorance and fear led to unintended consequences and complicated the efforts to address and manage the crisis effectively.

Yes, fake news played a role, of course. Because that just, look, ignorance and fear are two very powerful things. If you don't know something and you be afraid about something, it just goes its own way (Government official, Director of Disaster Management in Curaçao).

The migrants in Aruba viewed that their perception of information about the COVID-19 pandemic appears to be primarily influenced by pamphlets and physical materials found in various locations they visited. One of the migrants mentioned that

these informational materials guided him on how to protect self from the virus.

Furthermore, he mentioned that the "propaganda" on the phone also helped to spread information from social media or digital platforms which were not always accurate or reliable.

Look, I usually see it in the pamphlet, in the places where I go, where you protect yourself from covid. Normally by - by pamphlet, I don't see it, I've never seen a news item that tells me about covid. On the phone there is also their propaganda (Migrant, 46, who works as a sports trainer in Aruba).

Another migrant in Curaçao stated that he relied on indirect methods such as receiving messages on their phone and engaging in conversations with others. This highlighted the evolving landscape of information dissemination, where digital platforms and personal interactions played crucial roles in sharing updates about the pandemic.

Well, I don't really listen to the radio. And I cannot even say I watch the TV. Sometimes what I hear, sometimes I get a message on the phone, and I will hear people talk (Migrant woman who lives with two children in Curaçao).

Yes, via radio, TV, on the streets talking to people. Can be anybody you meet. We talked about it and shared our opinions about covid (Older adult, 65, who lives alone and works as painter in Curaçao).

One of the women in Aruba mentioned that when the virus reached Aruba, the press promptly started discussing the situation. Government officials, specifically the minister, addressed the public with measures to combat the pandemic, and these measures started affecting schedules and daily life. She confessed that she was not personally afraid of the virus itself, but rather of its potential effects on people.

We found out almost everybody, because it got here, there was a case in Aruba the press started to speak. I think that the minister spoke about the measures and I don't know what, the schedules started to get affected

(Woman who lives with her 15 year old daughter in Aruba).

Another woman in Curaçao viewed that the information about the spread of the COVID-19 pandemic is rooted in the engagement with social media platforms, particularly Facebook. She recalled how she frequently scrolled through Facebook feed and came across posts discussing a new virus. The information seemed scattered, with various names being used, leading to initial confusion. This influx of distressing news about the virus's global impact, with countless deaths and infections, evoked a strong sense of fear and apprehension.

I was a lot on Facebook and such, and I heard from, I got on Facebook and scrolled, scroll and I saw that they, like I saw that Chinese invented a new virus. It's called Covid 19.

(Single mother of six children, 38, in Curaçao)

On the other hand, the older adults in Aruba stated that the newspapers, whether belonging to Kibrahacha or not, served as vital tools for the flow of information of the pandemic to the community. Despite uncertainty about the source, the newspapers circulated within the locality reflected a collective awareness of the situation's seriousness.

The newspaper does go around here. I don't know if the paper belongs to Kibrahacha or if it's their own newspaper, but we do have newspapers here. It goes around and they read it (Older woman, 68, who works at Customs in Aruba).

Television also played significant roles to flow the information about the pandemic and spread awareness among the older adults. For instance, an older adult in Aruba mentioned that he watched television for the updated information about the pandemic. The television was more accessible and reliable information distribution for him. His admission of not frequently listening to the radio highlighted the preference for television as a more impactful medium for staying updated. This reflected how diverse media channels were employed to access information, showcasing the adaptability of

news consumption habits to suit the urgency of the situation.

I'm telling you I've heard about it on the news. I don't listen to the radio much. I'll listen to a piece of information on the news that's going on television (Older adult who lives on his own in Aruba).

For older adults in Curaçao traditional media outlets, such as radio and television, have played pivotal roles in disseminating comprehensive updates. The dissemination of all available knowledge, including geographical details of outbreaks and the identification of infected individuals, had contributed significantly to raising awareness. Moreover, the internet served as a potent source of information that provided a global perspective of the pandemic situation to the local community.

On the radio. The television. They explained what was happening and the symptoms. Everything that was known, which they mentioned in the news. Where it was, who got infected, and that is how we started paying attention to all the information. On the internet you can also follow what is going on abroad, compared with what was going on in Curaçao (Older woman, 65, housewife and gardener in Curaçao).

4.6.1 Perception of information on pandemic

The perception of the COVID-19 pandemic's contagion and seriousness has undergone a transformation since its inception. Initially, there was a tendency to view it as a distant issue, linked to a specific geographical origin. However, as the virus swiftly transcended borders and affected communities worldwide, the perception of its contagious nature shifted drastically among the community across the islands. One of the migrants in Aruba stated that the notion of the virus originating in China, possibly from bats, seemed plausible and aligned with the stories circulating. He believed it was akin to a passing tale on social media platforms like Instagram or Facebook – captivating yet distant. However, his perspective shifted when he dedicated time to engage with televised information and delve deeper into the subject.

It was like a story from Instagram, Facebook, or whatever. But when I sat down to watch TV and analyse everything a little bit more, I realized that there were a lot of contagions. I also feel that covid was blamed for most of the deaths because at the beginning it was a very high rate of death (Venezuelan migrant man, 41, in Aruba).

Some of the migrants in Aruba believed that the information that they received through different media were not true since the pandemic seemed to be a mystery for them. The absence of visible bodies and the reliance on abstract figures for information contributed to disbelief. Rather than witnessing tangible evidence, there were only statistical updates provided by government officials, which seemed to focus more on spreading alarm. Each day, the minister announced increasing infection numbers that fostered a sense of fear and uncertain future.

I didn't think it was true because it was all very mysterious. You didn't see bodies. There were figures but there were no bodies and it. Practically the minister came out to say a figure every day and then we depended on figures and not on solutions (Venezuelan migrant woman, 37, who lives with her husband and daughter in Aruba).

An older adult in Aruba mentioned that the flow of information made him tired of pandemic updates. He acknowledged that there was ample information accessible throughout its progression. However, the saturation of information, sometimes conflicting or overwhelming, contributed to a sense of fatigue. The situation became a new normal for him, like many others, who opted not to actively seek out the latest news.

I do believe there was enough information available, but at a certain point [laughing] you get tired, you don't want to listen anymore. You don't bother to listen anymore because there are people who just don't listen (Older woman, 68, in Aruba).

The migrants also resonate the cluelessness of the situation during the pandemic because of diverse opinion that spread over the islands.

For instance, one of the migrants in Curaçao, conveyed a sense of frustration and dissatisfaction with the approaches of the government and social workers. He felt that the media and other sources of information urged people to take certain actions, but without providing any alternative solutions. The repeated advice to "take care" is perceived as insufficient and lacking in practicality. He pointed out that the focus seemed to be solely on vaccination, with an insistence that vaccination was the only solution.

Listen, you tell me to do something, but I know I can't do so. You do not give me any other solution. You tell me "Take care, take care, take care". For example, use oregano to help strengthen your immune system. Drink vitamin B, drink this, drink that. You rarely hear about that option. The one that stressed to vaccinate put emphasis on that and solely that (Older woman, 65, who lives with two grandchildren in Curaçao).

4.7 Vaccination efforts and uptake

Vaccination against COVID-19 has proven to be a pivotal tool in combating the spread of the virus and safeguarding public health. However, in places like Curaçao, Aruba, and Sint Maarten, despite the evident benefits of vaccination, challenges to access remain significant hurdles. These challenges encompass issues such as vaccine supply limitations, logistical complexities in distributing vaccines to remote areas, and hesitancy among certain segments of the population. Furthermore, the awareness about the COVID-19 virus itself has been inconsistent, with varying levels of understanding regarding its modes of transmission, symptoms, and preventive measures. Efforts to disseminate accurate and up-to-date information about COVID-19 have encountered obstacles, ranging from language barriers to a lack of proper channels for communication.

The focus group participants in Aruba emphasised that fear surrounding vaccination efforts have led to some concerning situations during the pandemic. In certain instances,

individuals have expressed reluctance to visit vaccination sites due to their concerns. In response, authorities have taken measures to ensure compliance with vaccination mandates. For instance, in some cases, law enforcement teams have been stationed at these sites to encourage vaccination and inform individuals about the importance of getting vaccinated. This approach has been reinforced through various channels, including call centres, where representatives repeatedly emphasize the necessity of vaccination.

People were afraid to go to a place. And, for example, they are confronted with the arrest team standing there. They tried more easily to tell them that they needed to be vaccinated. We at the call centre also kept repeating this, so they understood (Woman, focus group participant who works at Centro Kibrahacha in Aruba).

4.7.1 Access to vaccination

The process of vaccination has encountered additional challenges due to issues related to documentation and communication. It appears that some individuals arriving for vaccination lack the necessary AZV (Social Health Insurance) documents to verify their eligibility or coverage for the vaccine. This has led to confusion among both the individual's seeking vaccination and the staff working at vaccination sites. The absence of clear instructions or guidelines regarding how to handle such situations has exacerbated the confusion. In such cases, both the vaccinators and the individuals seeking vaccination may be uncertain about whether they can proceed.

And what happens is that when they arrive at the office to vaccinate, they don't have the AZV with them to point it out. The people who were working didn't know if they could help them. So, this has caused a lot of confusion. And it makes sense because you didn't get any instructions on this (Woman, focus group participant in Aruba who works at the White – Yellow Cross).

One of the focus group participants in Sint Maarten stated that when vaccines initially became available, people were suspicious about its effect. Despite the urgency of the situation, cultural factors, including a prevalent lack of trust in the vaccine's safety and efficacy, emerged as significant barriers to widespread vaccination. The "wait and see" approach, where people were hesitant until they witnessed someone, they knew taking the vaccine, prevailed. This was exacerbated by a lack of visible role models among politicians, as they did not fit the initial eligibility criteria for vaccination. The absence of such endorsements from influential figures hindered the population's motivation to get vaccinated. Additionally, delays in disseminating accurate information and countering negative publicity further impeded efforts to encourage timely vaccination uptake.

Now our culture is: I don't trust it, and until I see somebody that I know take it, I'm not going to take it. Consequently, the politicians who would have been the role models at that time were not allowed to be vaccinated because they were not in the vulnerable group, they were not 65+ (Senior Policy advisor, department of Social Development in Sint Maarten).

One of the migrants in Aruba stated that she was reluctant to take vaccine in the beginning but when she was pressured by the government, she agreed to take a shot. She also mentioned that the organisations like Red Cross have been actively involved in facilitating vaccination efforts, especially for migrant populations.

Red Cross helped me with the vaccination, which at the beginning was for migrants, it was a little complicated because they did not vaccinate (Venezuelan migrant man, 41, who lives alone in Aruba).

For migrants, requirement of stamped passports posed an additional challenge for vaccination. This condition inadvertently excluded migrants or those with more

complex immigration situations. As one of the migrants in Aruba expressed:

All the people who entered with documents, I also entered because normally I did not enter by boat, but I entered by plane. The people who did not have their passports stamped did not get them (Venezuelan migrant man, 41, who lives alone in Aruba).

On the other hand, a migrant in Curaçao mentioned that despite his migrant status and inadequate documents, the government provided opportunity to get the vaccine. The authorities recognized the importance of extending vaccination access to everyone, regardless of their immigration status.

No, when the first batch got sick and the vaccine arrived, I thought that we were not going to benefit, but after the level of vaccinated people advanced, they gave the opportunity to undocumented people and just by bringing and presenting my passport they vaccinated me (Migrant woman who lives with 4 years old daughter in Curaçao).

4.7.2 Communication challenges for vaccination

Communication during the pandemic presented significant challenges, particularly in the context of vaccination. The community grappled with uncertainties surrounding the vaccine's effects, leading to confusion among the people. On top of that the proliferation of fake news and misinformation on various social media platforms exacerbated the situation. In this context, local authorities and public health campaigns had to counter misinformation with evidence-based messaging, engaging in open dialogue to address concerns and foster trust among the people.

One of the women in Curaçao explained that she was confused about taking vaccine. She understands that if she gets vaccinated she can have a better job opportunity but when she sees social media, a lot of misinformation discourages her to go for the vaccine.

I did not vaccinate yet. The social media also comes up again. On social media they say something and Izzy something else. And you don't know which to believe. It completely confuses you, you get confused (Single mother of six children, 38, in Curaçao).

Effective promotional campaigns played a crucial role in addressing vaccine hesitancy and encouraged community-wide participation. One of the older adults in Sint Maarten stated that he received messages in his phone for getting vaccinated. This underscores the significance of clear and transparent communication in fostering trust and motivating individuals to take the vaccines.

4.7.3 Encouraging others for vaccination uptake

Encouraging and discussing the COVID-19 vaccine within families was an important way to promote vaccination and protect the health of loved ones. Such open conversations based on reliable information and the understanding of the benefits of vaccination played a significant role in accessing vaccines. One of the older adults in Aruba mentioned that he discussed with his children and took the decision to go for vaccination.

Well, from my children, only one grandchild. But all my children... We gathered and talked about that. And all of them took it (Older adult, 81, lives with wife and grandchild in Aruba).

One of the women in Aruba mentioned that her husband and her father were reluctant to get the vaccines. She took the initiative to have a conversation with them and convinced them about the benefits of the vaccination. She told her father that the vaccine would benefit his pre-existing lung problems.

My husband and my father are against the vaccine. I talked about the vaccine. I talked to him about it at the time I got vaccinated. I told him: "You know what... if you don't vaccinate, you can get sick. It affects your lungs too." He has taken the vaccine anyway (Woman, 43, who works as a social worker in Aruba).

Another woman explained that her decision to get vaccinated encouraged other family members to go for the vaccines. She shared her experience through photo with her family members helped to build trust and confidence in the vaccination process. This kind of supportive environment contributed to higher vaccination rates and greater protection against COVID-19.

At first, no. None of them agreed at first. When I took a picture of myself sitting there getting the vaccine, like the same day my mom went, my brother went (Single mother living with 3 children in Aruba).

Similarly, the migrants also encouraged their family members to get vaccinated. For instance, one of the migrants in Sint Maarten mentioned that she encouraged her family members including her sister and children to get vaccinated. Though initially they were not ready to take vaccines based on misinformation about vaccines, later they agreed when they realised that vaccine would protect them from getting infected.

Yes, I told my sister, my family, my children, to get vaccinated, because yes. Then they would tell me "No, mommy, but now people are dying and that is people who get vaccinated and die all at once" (Migrant, widow, 39, living alone in Sint Maarten).

Besides, all the employers also encouraged their employees to get vaccinated. All the institutions were instructed that they should promote vaccination. One of the women in Sint Maarten informed that she and her daughter were working at the same hotel industry, and she encouraged her daughter to get the vaccine because she has to take it if she wants continue working.

She is based on where I am working, it's just going to be any day now. I even said to her, it's going to reach a point where preferences will be given to people that have the vaccine, but this is going to be the new norm (Woman, 53, who lives in Sint Maarten with 2 children).

4.7.4 Reflection on vaccination

The availability of vaccines created a mixed feeling among the community people about

its effect. Despite the extensive efforts to disseminate accurate information, a segment of the population remains unvaccinated, perceiving their immunity as a personal triumph. The results revealed the reflections of the participants on their access and intention of getting vaccinated. One of the migrants in Aruba mentioned that she was surprised to see the people who were not vaccinated celebrated when they see someone of those vaccinated gets sick.

I feel that there are still people who have not been vaccinated and they are happy because they think it's their success, that they did not get vaccinated and nothing has happened to them and they celebrate every time someone of those vaccinated gets sick because they say that it's due to the vaccine (Venezuelan migrant man, 41, who lives alone in Aruba).

Besides, there were many people who were reluctant to get vaccinated due to uncertainties and doubt due to lack of information. One of the women in Aruba highlighted that she was afraid of taking vaccine in the initial stage due to prevalent myths and fear. Her statement validated that the proliferation of myths and misinformation surrounding vaccines created a cloud of uncertainty, sowing doubt in the minds of people. However, with the passage of time and with reliable information, people gradually accepted the vaccines.

At first, I was afraid because I saw so many myths, so much. The thing. So much that, well, I said no, I'm not going to get it, I'm like a guinea pig (Migrant woman living with husband in Aruba, leaving 3 children in Venezuela).

4.8 Financial implications of the pandemic

The COVID-19 pandemic has had profound implications for the financial well-being of various vulnerable groups such as women, older adults, and migrants in the regions of Curaçao, Aruba, and Sint Maarten. Women have been disproportionately affected by the pandemic's economic fallout due to their overrepresentation in sectors such as hospitality, tourism, and informal work, which

experienced significant disruptions. The loss of livelihoods and reduced working hours has exacerbated gender inequalities, pushing many women into precarious financial situations. Older adults, particularly those relying on family and social support, faced challenges as economic instability disrupted essential services. Migrants, who mostly were engaged in temporary and low-wage jobs, encountered heightened vulnerabilities as many of them lost income and lacked access to government aid due to their legal status.

An older woman in Curaçao stated that her husband has experienced a decrease in his income, leading to financial difficulties for their family. This impelled him to seek assistance from a bank in the form of a loan. The bank offered a short-term solution to her husband's financial difficulties by allowing him to temporarily stop making payments on his car loan. But after a month, the bank informed her husband to resume making the car loan payments. Moreover, they often financially support their children and grandchildren. However, due to their own financial troubles caused by the husband's income cut, they found it harder to continue offering that support.

"Okay, my husband's income has declined and such. My husband works and they just cut his salary. They cut his salary, and that was why he got help from the bank. The (financial) situation deteriorated, and more so for the elderly that help their children, help their grandchildren and such" (Older woman, 68, without pension in Curaçao)

Another woman in Aruba explained that her husband's income was a source of her financial stability. Before the pandemic, her husband's income supported essential aspects such as food and utilities, while she took care of expenses like the house payment, cable, and internet.

"My husband supports and contributes certain things for us, like let's say, food, utilities and so. I pay the house, the cable, the internet. The other part for my daughter's I also pay for it, so his salary has never been very good"

(Woman, who works as administrator and leadership trainer in Aruba)

The pandemic's impact on the financial situation of migrants was particularly severe. The recession in employment opportunities had created a multitude of challenges for migrants. Lack of their proper documentation further complicated the situation, as many jobs required legal identification that migrants often lack. This became a barrier, limited access to various employment opportunities. Secondly, the contraction of employment opportunities due to the pandemic had left migrants without a reliable source of income. The combination of these factors left migrants feeling trapped, as they are caught in a distressing cycle where job prospects are dwindling, and opportunities were limited by legal constraints.

The recession of employment due to the pandemic affects you a lot as a migrant. First, because you don't have a document to go to. Look, here is my ID card, for some jobs they are going to tell you no. Second, because of the pandemic, employment has contracted. Now you are left without a job because there are no jobs on the street, and you have no papers. So, you're left, you're always very, very, very trapped (Migrant woman, 32, mother of three children and lives with husband who works in tourism industry).

Migrants commonly rely on remittances, sending money earned in their host country to support loved ones in their country of origin. However, the pandemic's restrictions and uncertainties led to reduced work opportunities and disrupted support to their families back home. For instance, a migrant in Curaçao mentioned that he could not send money to his family in Colombia due to abrupt loss of earnings. This also impacted the well-being of his family who depended on these remittances.

For me, it affected us in all aspects. Normally, I try to send money to Colombia, which I do with what I earn here. I had to make a lot of effort during these 4 months. I take care of my

children in Colombia. Because I- they need to eat every day. My father is old, and I take care of medicine, food (Colombian migrant woman, 54, who lives with husband in Curaçao).

The older adults lamented that pandemic hit them harder than any other people. The older adults, often living on fixed incomes such as pensions, have encountered heightened difficulties during the pandemic. One of the older adults in Curaçao responded that even the organizations like the Red Cross could not provide adequate support at the time of need. He mentioned that even 150 guilders could have served as a significant support for them during the increased financial strain brought about by the pandemic's disruptions. Even that small amount could make a substantial difference in their ability to manage essential expenses. But he was disappointed because of the absence of expected outreach from the Red Cross.

They (Red Cross) were supposed to call me but didn't. I don't think it's fair. I went one more time to the Red Cross, the one in Parera, and nothing. I don't think it's fair. I mean, give those that have a pension, a small pension, at least 150 guilders, it helps (Older adult, 65, who lives alone in Curaçao and works as a painter).

The pandemic has deeply impacted the financial situation of women living with families. The pandemic brought about unforeseen financial difficulties, prompting many women to seek government support, specifically the NOW program⁹ designed for those without income due to the pandemic. But access to this assistance was again a difficult task for them. One of the women in Curaçao stated that despite submitting the required documentation, she did not receive NOW support, and she passed months without any financial support. Her experience of prolonged financial strain serves as a stark reminder of the dire consequences faced by many women as a result of the pandemic. *No, as I told you my mom is a pensioner. She receives 862 guilders. After a long road I*

⁹ The "NOW" scheme in Curaçao during the pandemic refers to a financial assistance program implemented by

the government to support businesses and employees affected by the COVID-19 crisis.

managed to get NOW [government COVID support for people without income]. I mean a lot of people have been collecting money from NOW for months, I didn't get anything. After everything Although I did send in everything correctly (Independent woman, 55, who works at a call centre, and lives with older mother in Curaçao).

4.9 The pandemic's effect on education

Most of the participants viewed that the Covid-19 pandemic adversely impacted on the children's education. They observed that restriction of children to go to school for an extended duration was a matter of paramount concern. This raised important questions about whether it's okay for kids to miss so much school. The school board decided to keep the schools open to avoid long breaks. However, parents disagreed and didn't want the schools to stay open. This led to disagreements and fights, especially involving powerful groups like the unions. The unions (associations for education) argued and made a lot of noise. Then, unexpectedly, a new union appeared. They wanted to be different from the old union, whose leader was sick. So, COVID-19 made the unions fight for power, and the school board was also confused about the situation.

So at one point you had that the school board had decided that the schools just stay open. But the parents said, but we don't want that at all. And so around that you get all kinds of other power strongholds, the unions (Government official, Senior policy advisor in Curaçao).

Some of the participants expressed that teaching children was hard because some parents had different ideas about what makes school safe. Every parent wanted the best for their child, and they had different thoughts about safety. Putting all these ideas together and making things calm was tough. Even the teachers were also worried about their own safety in a similar way. Dealing with all of this had been a big challenge. The school boards and the crisis team also had a hard time working together – it was like they were moving in different directions.

There was a challenge in the context of being able to teach children whose parents had a certain vision of what school safety was. In addition, of course, the teachers, who in a similar way, say, look at their own safety. Well, that's been a huge challenge. And the interaction between the school boards and the crisis team was also one of back and forth (Government official, Director of Disaster Management in Curaçao).

Moreover, handling the situation becomes even more intricate due to the strong emotions felt by both parents and children. If one child gets sick, the whole class might need to stay home. Figuring out what to do was tricky. When a child's friend is in that class, the parents of other children were reluctant to send their children. There was a big challenge for school leaders and boards. They had to think on a big scale, and had to deal with each class individually, even if it was just one class.

And what makes it even more complex, as you know very well, is the emotional value of parents and children. So a child who became positive, whose whole class then had to go home? Uhm, Should it, shouldn't it? And that's been quite a challenge for principals of school boards (Government official, Senior policy advisor in Curaçao).

4.10 The pandemic's impact on children

This section shows the heightened challenges faced by children, particularly those from migrant backgrounds, during the COVID-19 pandemic in the CAS islands. It delves into the struggles of accessing education due to financial constraints, technological barriers, and health concerns. The pandemic also prompted parents to adopt various methods to facilitate their children's education, amidst the complexities of remote learning and concerns about health and safety.

4.10.1 Children's participation in education

The children from migrant background faced higher challenges than other children in Aruba. The children were kept away from school simply because their families lacked the means to afford enrolment fees due to

loss of jobs during the pandemic. However, amid this adversity, a glimmer of hope emerged in the form of HIAS which became a lifeline for these marginalized families. Those who had been denied access to education turned to HIAS (Hebrew Immigrant Aid Society) for assistance. As one of the migrants explained:

There were cases of kids not going to school. They didn't go to school because they didn't have, this, the way to pay the enrolment and they didn't get the quota and then people would approach HIAS for support because HIAS has the means to help those people (Venezuelan migrant woman, 48, who lives with 4 children and works as apartment intern in Aruba).

Some of the children could not attend online classes because they did not have computer at home. This quote highlights the challenges many households faced during the pandemic, including the digital divide and the varying degrees of access to remote learning resources.

Well, I don't know if my sons' school did have it. But he didn't. I didn't hear about it so I don't know. I know online classes was going on but he didn't have one. I do have internet, but I didn't have a computer (Jamaican migrant woman, who works as a house cleaner and lives with 2 children in Curaçao).

The children who were having some symptoms of disease had faced more challenges. In such situations parents played significant roles as they had to teach their children. One of the migrants in Curaçao explained that their child's school implemented a hybrid model of learning. She decided against sending their daughter to school even for the in-person portion of classes due to her asthma condition. The primary concern was the potential risk of her contracting the virus, as individuals with respiratory conditions like asthma are more vulnerable. She expressed that they couldn't take the chance of exposing their daughter to the virus given her health condition. They acknowledged their daughter's desire to go out and interact with friends, but they

weighed this against the importance of her safety.

They had classes online, and they did half the class to school and half at home. But I said no because she [the daughter] suffers from asthma. I was not going to put it that they were going to get the virus (Colombian migrant woman, 33, works as a house cleaner in Curaçao).

Well, yeah... she had to enrol via e-mail. I helped her with many things. Enrolling her via mail... and paying with online banking. Right now, it's her first year. But it's going well with her (Woman, 51, works in health sector and lives with 2 children in Curaçao).

Some of the parents were not sure how to maintain their children's education during pandemic. They were concerned and frustrated regarding sending their children to school during the pandemic. There were perceived lack of transparency and communication from the school administration. They mentioned instances where teachers seemed to withhold information about positive COVID-19 cases among students. This lack of clarity led to uncertainty and anxiety among parents as they worried about the safety of their children.

In this crisis the parents and children adopted different methods to attend online classes. For instance, a woman from Curaçao stated that her daughter's laptop was dysfunctional, so she had to depend on her mobile. Additionally, her daughter received assistance from her aunt or her friend. The aunt and the friend, both of whom had laptops, played a crucial role in aiding the girl's education by allowing her to use their devices. Another woman from Sint Maarten stated that the internet signal was not robust enough to support their needs. Despite recognizing the need for a higher-speed internet connection, financial constraints prevented the speaker from upgrading their plan. Consequently, they had to make do with the available resources. To address the issue, she adopted a creative solution – used to visit places like Burger King

or similar establishments where the internet signal was stronger.

4.10.2 Experience of pandemic for children

Some of the participants mentioned that children could not understand the gravity of the pandemic since they were young. The limited reasoning capabilities and understanding of hygiene among children posed a concern. One of the migrants in Curaçao viewed that she refrained from putting face masks on children's mouths, they also chose not to take them out into the public domain.

Children are small, they don't have as much reasoning as one with maintaining it and washing their hands. I didn't put a facemask on their mouths, but I also didn't take them out into the street. They didn't really understand the situation (Venezuelan migrant woman, lives with three children in Curaçao).

In addition, some of the parents perceived that their children were under stress and concern during the pandemic because of potential exposure to the virus. The older adults feel that if children go out, they may get infected and will spread in the home where older family members have chronic illnesses which will put them at greater risk.

Stress? Well maybe because he doesn't go anywhere, he's young too and he can't go anywhere. Because if he goes out and comes home with Covid, we're all older people with chronic illnesses, you'd come spread the virus to us (Older woman, 66, who lives with three grandchildren in Curaçao).

Children experience it with a lot of stress. Therefore, children have the right to go to school. Of course! And play outside or go to other places. Due to the pandemic/virus, it is now much limited. Children are also quickly infected with Covid-19 (Woman, 43, mother of 4-year-old son and works as social worker in Aruba).

A critical factor that emerged during this period was the level of preparedness among teachers for the sudden shift in teaching methods. The abrupt transformation in

educational practices posed challenges for both educators and students. For effective remote learning, it became crucial for students to have a quiet and conducive environment at home to attend virtual classes. However, the reality for many families, such as a woman from Curaçao for instance, was quite different. Limited space meant that family members had to share the same area for lessons, leading to distractions and difficulties in maintaining a focused learning atmosphere.

Things changed completely for schools. And also, let's say, when you're at home that you, could be in a quiet area to follow the classes. For us, it was difficult, because all of us had to be in here and we all had to sit here (Woman, 21, studying business economy and guardian of two younger siblings).

4.11 Social dynamics in pandemic times

Social distancing measures and lockdowns reshaped the social landscape by redefining how people interacted and engaged with one another during the pandemic. Majority of the participants conveyed a sense of isolation and confinement resulting from disrupted routines and limited interactions. One of the women in Aruba stated that the repetition of spending extended periods with the same people in the family evoked a feeling of being trapped and alone. The loss of direction and uncertainty about activities highlight the struggle to fill time meaningfully.

The restriction of schedules also made everyone feel a little desolate, alone, locked up, as if being locked up for many hours with the same people. Sometimes you don't know what to do or what. Even the games I used to play or made-up ones (Woman, who works as administrator and leadership trainer in Aruba).

Similarly, the responses of the older adults in Curaçao reflected that people refrained from visiting them. Furthermore, they were reluctant to venture out to visit others. This highlighted the picture of a socially restrained landscape dominated by caution. For him house became a cage and a type of self-imposed refuge, which resonated both safety

and isolation. However, only her siblings visited her which served as a lifeline to the outside world during the pandemic.

When Covid was very active, the people didn't come to us. And well, I don't usually go visit other people either. So, I'd usually just stay at home. And well, my sibling sometimes comes and visits me (Older woman, 67, who lives with frail husband in Curaçao).

The fear of contracting with Covid virus also restricted to stay inside home during the pandemic. For instance, a woman in Curaçao stated that her mother was hesitant to leave the house until she's vaccinated. She highlighted that even simple tasks like going to the supermarket were challenging for her. The limited social interactions intensified her mother's depression since only the family members used to visit her.

She is afraid, she doesn't want to go out until she's got her vaccine. I told her, you must go to the supermarket, but she also sleeps the whole day. Only family members come to this house, those who are not family members they don't come (Independent woman, 55, who works at a call center, and lives with older mother).

Another woman in Curaçao reiterated the significant decrease in social interactions, due to a combination of factors. She acknowledged that people were intentionally avoiding in-person gatherings due to concerns related to the pandemic. This avoidance was not solely driven by the fear of infection but also by a general sense of mistrust that had become prevalent in society. She stated how this mistrust played out in everyday situations, such as people quickly putting on masks when someone arrived or instinctively reacting to a cough in a public space. This heightened level of caution and mistrust has led to an atmosphere of tension and fear within society.

They (social interactions) decreased a lot because right now you too as a person prevent yourself from going to someone... because you think it's not only about the infection, but nowadays everyone mistrusts a little (Woman,

51, works in health sector and lives with 2 children in Curaçao).

Furthermore, people underwent noticeable changes in behaviour, no longer exhibiting their usual selves during the pandemic. One of the migrants in Sint Maarten mentioned that the situation was exacerbated by landlord who, despite being aware of the challenging circumstances of his working, were unwilling to accommodate. The social repercussions were severe, leading to a distressing situation. *It was stressful like I tell you. People wasn't themselves anymore. It was hard; a lot of people get left homeless because the landlord didn't have any ... Even though they know the situation why you can't go to work, and you basically had to stay home. You can't go on the job you cannot get a salary, but they don't care* (Migrant single mother of five children who works as a chef in Sint Maarten).

The impact of COVID-19 on social relations of the older adults led to a situation where older people, out of a sense of self-preservation, had become cautious about their interactions with others. This cautious approach has resulted in a shift towards remote communication methods, such as phone calls, as a replacement for in-person conversations. While this strategy helped to minimize the risk of exposure to the virus, it also limited face-to-face interactions.

When you take care of yourself so much, you may not be able to communicate with certain people. Like the people that visits you in your home, I communicate by phone, but not face to face (Older woman, 64, work as a house cleaner in Sint Maarten).

Furthermore, the epidemic has had a considerable influence on social relations, leaving people depressed and concerned about their extended family members. The inability to visit other family members has been a source of concern, especially when thinking about the well-being of loved ones. For instance, one of the women in Sint Maarten expressed sadness over not being able to physically visit her aunt, who recently lost her husband. She wishes to check on her

aunt's emotional state and offer support during a challenging time highlights the emotional strain caused by physical distancing measures. Despite the limitations, she went to visit her aunt from a distance, just outside her gate, to console and to provide companionship. This approach highlights the importance of in-person interactions and the limitations of virtual communication, as the video calls, while helpful, did not fully meet the emotional need for connection and reassurance in this case.

I was sad because I couldn't get to go by other family and thinking on them how they are, especially my aunt, her husband which was my uncle died, and thinking if she's okay, I would go and just talk to her from the gate, because she was scared too (Single mother of three children, works at University of Sint Maarten).

4.12 Domestic violence in the pandemic context

The Covid-19 outbreak, and the subsequent restrictive measures have sparked the concerns among experts and stakeholders about the potential surge in domestic violence cases. The focus group discussion revealed that the domestic violence cases started during the first, second and third months of the pandemic and lockdown. For instance, the domestic violence in Aruba during the first three months appears to follow an unusual trend, one that challenges the idea of people remaining safe at home. Rather, there's a sense of an underlying development, of an unseen power building strength before erupting. It's almost as if the period of solitude unwittingly allowed stress and mental health issues to build up silently and out of sight. Then, suddenly, the situation explodes into a flood of cases. The figures tell their own narrative, illustrating the indisputable link between the emotional toll of isolation, the accumulation of stress, and the following increase in instances. As one of the participants opined:

The cases appeared to fall during the first, second, and third months. Although everyone's at home. It's like something is developing, and then it explodes. So, before

people were in isolation, the stress built up, as did the mental health situation. Then the cases increase. You can see it in the numbers (Woman, focus group participant, who works at Centro Kibrahacha in Aruba).

The reasons of increasing domestic violence were the restrictive situation at home for months and subsequent mental pressure. The convergence of multiple stressors acted as a catalyst for the unfortunate surge in such incidents. The sudden loss of jobs for those who were previously employed created a financial strain, eroding the stability that families had relied upon. The closure of schools deprived children of their routine and social interactions, leaving them isolated and disconnected. This placed an added burden on mothers, who had to manage both childcare and household responsibilities without respite. The family's dire situation was further exacerbated when both parents contracted Covid-19, necessitating intensive care, and leaving the family without their usual support system. The inability to engage in their customary coping mechanisms, like the father's visits to the bar, led to emotional bottling. Consequently, the escalating pressures, unaddressed frustrations, and isolation combined to form a volatile environment.

Everything happened at the same time. Whoever had a job lost his or her job. The children couldn't go to school. They're at home, and their friends aren't with them. The mother must care for the children. The parents also had Covid, and they were in intensive care. It began like a little storm, getting bigger bit by bit (A woman FGD participant who works at CEDE in Aruba).

Though instances of violence were not a recurring theme, there was one particularly unsettling incident that captured the attention of many in Aruba. The news shed light on a distressing occurrence within a family's home, where a situation escalated to the point that the police had to intervene abruptly. This incident left a significant mark on the community, as the mistreatment of a lady and her two daughters was shocking and deeply concerning. In a place like Aruba,

where such occurrences are rare, the gravity of this incident was magnified.

Yes, the violence was once. I saw on the news that a family of people who were also in their house, I think their son was going to leave and the police arrived abruptly. It was very relevant news here in Aruba. A lady and her two daughters were treated very badly, but otherwise, there was no other violence (Venezuelan migrant woman, 41, in Aruba).

The domestic violence was not only against women, but the older adults also faced the similar violence during the pandemic. One of the participants viewed that the incidents of domestic violence against older adults in Aruba were apparent in news and social media such as Facebook. Another woman stated that she was attacked by her ex-husband who used a vehicle as a weapon with the intention to harm her.

No, not in my family. Not in my family, but when you look on Facebook, the newspaper and such, you do notice it. But it didn't happen around my home or in my family (Older woman, 68, who works at Customs in Aruba).

I was involved in an accident with my ex-partner who wanted to kill me with the vehicle so I have been staying in here until now they took me in here, I have no contact with my family so ehm I am good in here and soon I will have my own roof (Single mother, 58, lives with son and grandchildren in Aruba).

The domestic violence also grasps the children during pandemic. For instance, a woman from Curaçao mentioned that she met with a girl who had experienced domestic violence at home. She explained that this was not an isolated incident; there were several cases that shared similarities. Unfortunately, a significant number of people were hesitant to come forward and share their experiences. The prevalence of such unspoken suffering underscores the challenges surrounding addressing these issues.

I am dealing with the case of the little girl that- Haven't you heard of it? I just saw her. There are multiple cases, but many people do not want to speak up (Woman, 51, lives with 6 children and husband in Curaçao).

In such situation the counselling of the domestic violence victims is essential but there is rarely any social organisation or social workers in Curaçao which address the grievances of the vulnerable groups. One of the participants responded that though there are some governments aided companies, but they are not capable of handling situation like social workers. She pointed out a communication gap between the police and the individuals involved, highlighting that the police often don't communicate in a manner similar to that of social workers. This could imply a lack of empathy or understanding in their interactions. The scarcity of social workers becomes another point of concern for the victims, suggesting that action should be taken to address this shortage as well. So, the people want government to provide a contact number which will promptly response their grievances.

The police aren't prepared for these types of situations. They don't talk as similar to a social worker when they're communicating with the person. I don't remember where I read about social workers complaining of being alone. There aren't many social workers (Woman, 47, lives alone and works at Sociale Verzekeringsbank in Curaçao).

Similarly, the migrants in Sint Maarten also experienced domestic violence during the pandemic. one of the migrants mentioned that a young Venezuelan man carried out an attack on him though there were peaceful relations before the pandemic. However, at some point, his behaviour took an alarming turn. It was unclear whether his sudden change in attitude was due to the influence of psychotropic substances or an underlying mental health issue due to pandemic restrictions and subsequent crisis.

But some time ago his attitude changed, we don't know if it was the use of psychotropic substances or if he didn't know what was wrong with him. But there was a kind of fear because suddenly he became crazy and wanted to kill (Venezuelan migrant woman, 45, lives with husband and son in Sint Maarten).

Another woman from Sint Maarten stated that her husband abused her over family issues. She took shelter in Safe Haven, which provide refuge and protection for those seeking to escape abusive situations, but her experience was far from secure. Despite her efforts to escape her abusive husband, he managed to locate her there, casting doubt on the effectiveness of these shelters in ensuring complete safety. This illustrates the complex nature of domestic violence and the intricate challenges involved in providing comprehensive protection for those in vulnerable situations during a pandemic that has further exacerbated the already troubling dynamics of abuse. However, there was aid organisations such as Red Cross, but it could not reach to all the needy household.

But I understand also that the Safe Haven isn't safe, because a lady I know, she said she ended up there, but she didn't feel safe. Her husband still found her there. And he got her out of there and fought with her (Single mother of three children, works at University of Sint Maarten).

4.13 Government support and policies during COVID-19

During the initial months of the COVID-19 pandemic, governments (both the Netherlands and local government) implemented various measures to support the communities across the islands. These measures typically aimed to mitigate the economic and social impacts of lockdowns, travel restrictions, and reduced economic activity. Majority of the participants highlighted that government supported people with food package distribution, financial assistance, healthcare benefits and tax relief during the pandemic crisis.

One of the participants in Sint Maarten stated that government distributed packages containing essential food items, hygiene products, and other necessities. These boxes were distributed to communities, often through collaboration with local authorities, non-governmental organizations (NGOs), and community organizations.

From government side, governments also give help. But what they did, they were given so much per region, so each community would get a certain number of boxes at the time they gave the food (Secretary at the board of Sint Marten seniors and pensioners association).

One of the women in Curaçao also reiterated the support of government to the needy people during the pandemic. She mentioned that a member of the MAN political party approached her and assured her support through the Ministry of Social Development, Labor, and Welfare (SOAW). She registered her name along with those of her children and grandmother to receive food. In addition, she also got the opportunity to work as an assistant in the kitchen for the "Siloam" project, which is overseen by SOAW.

The mister who is in the MAN party [political party] came and asked me if I desire, if I am interested in receiving hot meals, from SOAW [ministry of social development, work, and well-being]. I told him yea ok; I wrote my name, my children's and grandmother's. And he also asked me if I have the desire to work in the department as an assistant in the kitchen "Siloam" (Single mother of six children, 38, in Curaçao).

But the migrants showed their dissatisfaction that they did not receive government aid and support during the pandemic. One of the participants explained that since her document was not valid, she was denied food packages.

And never, they keep telling me that my papers aren't in order. I must apply again. I don't qualify (Migrant widow, 39, living alone in Sint Maarten).

Another migrant in Sint Maarten mentioned that she primarily received medical support i.e. COVID-19 testing and vaccination from the government. Hence, the absence of comprehensive support in other areas caused frustration and challenges for the migrants dealing with economic and social impacts of the pandemic.

Only in the test and the vaccine. The government did provide that, but other than

that, there is nothing (Dominican Republic migrant woman, 36, mother of 3 children in Sint Maarten).

However, there was mismatch between the pressing demand for aid and the meagre support provided to communities during the pandemic. For instance, one of the participants, who worked for an NGO, mentioned that a mere 50 boxes of assistance were distributed to an estimated 800 people in a locality in Sint Maarten. This situation highlights challenge of allocating limited aid to a vast number of needy people during times of crisis.

We only got 50 boxes for about 800 people. And what they told us, that was all they could give. So why would you take such an amount of people, take on so many people calling in for help and registering, and you can only give 50 for one region (Director of the Sint Maarten Development Fund in Sint Maarten).

4.13.1 Reflections of government role

One of the participants in focus group discussion in Aruba mentioned that the situation was so serious that the government was not even fully prepared to address the crisis at the first instance. She stated that two ministers were seated in contemplation, seeking guidance amidst uncertainty. The Minister of Health was seeking suggestions if the boarder of Aruba should be closed for restricting the spread of virus. But the minister of Justice and the stakeholders justified to keep it open and not to close the border immediately.

Two ministers sitting there, and they were looking at you like “What should we do now?” I remember the minister of Health asking “Does Aruba need to close the border?” We told them “No, no, no. Hold, hold, no. Do not close any borders yet (Government official, Directorate Public Health in Aruba).

The government implemented a strict lockdown and the repercussions of the decision to shut down were deeply felt. The initial message announcing the restrictions, which prohibited people to move out of houses except essential workers, left a

profound impact on all walks of life. Such stringent action triggered an unprecedented response, with many unable to report to their workplaces, leading to a noticeable absence across various sectors. Even the social workers were not allowed to step out in the beginning since they were not categorised as ‘essential workers. According to government the essential works centred around critical professions such as police, fire workers and medical practitioners. As one of the government workers responded:

When we heard the first message saying, “if you are not an essential worker... if you do not have an essential job, you cannot leave your house”, we were at work and no show, simply no show. They said in the press conference only ‘essential work’. They thought about the police, the fire brigade, doctors, and physicians (Government official, Disaster Response Office in Aruba).

In addition to the multifaceted efforts, there was a necessity to engage with non-governmental organizations (NGOs). Recognizing the limitations of the government's reach, collaborations with these groups were essential in extending support across a broader spectrum of communities and individuals. One of the stakeholders mentioned that the authoritative hierarchy ensured efficient decision-making processes, with directives from the prime minister's decisions to their implementation on the ground. This centralized approach to governance is particularly relevant in crisis scenarios, where swift and coordinated action is of paramount importance.

Plus, you had to do outreach to NGOs, for example, because it wasn't des government to be able to approach all these groups and people. What is also definitively different is that disaster response or crisis management is an authoritarian operation. That makes decisions and they are carried out (Government official, Fire Brigade Service in Aruba).

The recognition that the government's role is not all-encompassing is apparent. Some of the

policies have already been partially integrated into practice, while others necessitate time for implementation. A crucial evaluation and the need to collaborate with various agencies are some of the pending tasks to implement. In contrast, certain aspects, such as inter-ministerial cooperation challenges, have re-emerged in different ways.

I think there are emphatic lessons learned that are partially being implemented, but some also just really need time. Anyway, the evaluation is not ready yet, the statutory evaluation. We really had to prepare it very well, you also must find agencies, so that's all delayed (Government official, Director of Disaster Management in Curaçao).

Another stakeholder opined that initially the Ministry of Social Affairs and Labor (SOAW) and the Red Cross collaborated to address the pandemic crisis. Before the pandemic they had a competitive attitude towards each other, but the crisis has brought them together. He also mentioned that the initial process of distributing food aid and handling disaster relief typically operated from government to government. But due to delays and challenges in communication and cooperation, the Red Cross was brought into the equation to address the pressing urgency. *Yes look, from the Red Cross I can say that SOAW, yes, the staff, cooperation was seen as a kind of competition. From the fact that initially food aid and disaster, of course, goes from government to government. But given the fact that there was no progress there, between contacts and cooperation, it was decided, given the urgency, to involve the Red Cross* (Member of the Red Cross in Curaçao).

The participants in the focus group discussed that government's role during the pandemic encompassed addressing the vulnerabilities faced by a specific group – migrants living in an illegal situation. These migrants lacked access to facilities available to the general population. The government had to find ways to ensure their inclusion in critical services, particularly food aid. Furthermore, the predicament was exacerbated by the pandemic-induced lockdown, which limited

their mobility due to their illegal status, disrupting their ability to work and support themselves and their families, even across borders. The government grappled with complex issues related to healthcare, vaccinations, and overall well-being. Collaborative efforts were initiated, with organizations like "Salu pa Tur" being involved in healthcare activities, although still in developmental stages.

What made them vulnerable was the fact that they were living in an illegal situation and thus cannot access the facilities. With the challenge added, how do you make it accessible to them as well. Particularly food aid. But also, the fact that the country was closing, and they are here illegally, they cannot move (Government official, Disaster Management Organization in Curaçao).

In managing the situation of fake news spread, negative publicity and promoting awareness among the communities, the government ensured direct communication with the people through press coverage. This approach aimed to provide accurate information in a controlled manner. The implementation of these strategies proved effective in achieving the goal.

We can't go into details, strategies. But what we can say is so, the press. It was very important for us to make sure that we could inform the population directly and not through the press. So, we came up with some strategies to make sure that it got there. We also succeeded (Focus group participant, Department of Communication in Curaçao).

4.13.2 Perceptions related to role of Netherlands government.

Though the Netherlands government promised to support to older adults, migrants, and women during the pandemic, the stakeholders perceived that there was a disconnection between the Netherlands government's financial concerns and the social realities faced by the people in Curaçao, Aruba, and Sint Maarten during the pandemic. The stakeholder implied that their government could have strengthened its stance by presenting a more accurate

portrayal of the social hardships endured by the vulnerable groups. The frustration stemmed from the belief that their government were prioritizing their political position over addressing the immediate needs of the people in these islands. This thus left them feeling unheard and unsupported.

No, I think it comes from the argument that you have that the government has with me and the Netherlands on the financial side. They're busy trying to put the table on the block, and they're not in reality (Focus group participant, works at HIAS in Aruba).

In contrast, one of the stakeholders pointed out the significance of international cooperation, especially with the Netherlands, during the pandemic. The Netherlands government acknowledged that this collaboration was instrumental in addressing local challenges effectively. However, the focus group participant in Sint Maarten expressed surprise that this spirit of cooperation seemed to have waned or disappeared over time.

Yes, I would actually like to add to that. The under-resourcing was definitely a reality and our dependence on primarily the Netherlands and then the conditions that were placed on the country also made it difficult for us to be able to react in a swifter manner based on our own experience and knowledge of our population, our culture (Department Head of Community Development and Humanitarian Affairs in Sint Maarten).

Furthermore, one of the older adults in Curaçao appreciated the support provided by the Netherlands within the context of the Dutch Kingdom. She mentioned that people received financial aid, including assistance for food through food cards, which has played a significant role in helping the community during the pandemic. She emphasised that when comparing with other Caribbean countries, which were facing more severe difficulties, the Netherlands government's assistance was relatively more stable.

You know sincerely, a lot of people criticize the Netherlands. Look at other countries in the Caribbean, they are screwed. We get, they

send money for us, to help us, they send money for food, for the food card, everything. Other countries don't get this help (Older woman, 65, who lives alone and works as a painter).

4.13.3 Perceptions of Covid measurements by government

The data revealed that there were mixed perceptions of Covid-19 measures implemented by the government in the CAS islands. Some individuals believed that the measures were appropriate and effective in managing the situation, stating, "I think the measurements are fine, because everything is under control". These individuals appreciated the government's efforts to maintain control over the spread of the virus and safeguard public health. However, there were also those who hold differing opinions, expressing concerns about the economic impact of the measures and potential limitations on personal freedoms.

One of the older adults in Curaçao viewed that though people were supposed to strictly adhere to essential guidelines such wearing mask while venturing into public spaces, many people were moving without any measures. For instance, a participant mentioned that people were not following the pandemic guideline while going to supermarket which discouraged her to visit that supermarket. However, amidst such discrepancies, Vreugdenhil Supermarket took a proactive stance of a non-negotiable facemask policy. The stringent imposition of this rule reflects a responsible attitude towards curbing the pandemic's spread and protect the community at large.

But when you go to like a supermarket, you find a lot of people. "Normally speaking" you must wear your facemask, but I see a lot of people who don't wear it. But you know Vreugdenhil Supermarket there they put a sign saying: 'if you are not wearing a facemask you cannot enter and buy things' So, they put the rule (Older woman, 67, who lives with husband in Curaçao).

Another older adult in Sint Maarten stated that maintaining hygiene practices by consistently washing hands and wearing a mask served as a pivotal measure against the virus. She also suggested that adhering to the imperative of social distancing is paramount. Whether one is in a public place or utilizing public transportation like buses, it's crucial to avoid crowded spaces and minimize close contact with others. Moreover, people should refrain from congregating in groups and maintain distance from fellow passengers. *Well, from my understanding and from the things that I did myself, always keep your hands clean, keep your mask. The social distance, especially. If you're going somewhere, don't be in a group. If you're going on a bus, not always be sitting next to other people, and all that* (Older woman, 63, works as a cleaner in a restaurant in Sint Maarten).

The experience of adhering to Covid-19 measures was marked by a sense of frustration and restriction for some people, whereas some other showed positive attitudes towards following pandemic measure. For instance, one of the migrants in Aruba reflected he was unable to freely move out and visit friends or family members due to restrictions imposed by the pandemic's safety protocols. This period was characterized by a sense of isolation and the need to navigate social interactions with caution, highlighting the maintenance of safety protocol aimed at minimizing the virus's spread.

Well, terrible because I couldn't go out to visit somebody. We were going two people only. I couldn't go more than two. Sometimes we went out as a family and we couldn't go out, we refrained ourselves from doing those things (A Venezuelan migrant woman, 48, who lives with 4 children and works as apartment intern in Aruba).

One of the women in Curaçao viewed that she did not find it difficult to follow the safety protocol during the pandemic; in fact, she was quite comfortable with it. She was cautious about standing too close to anyone, especially strangers. She explained that she understood

the importance of responsible behaviour, but, at the same time she did not want to avoid any misunderstandings where people might perceive her as trying to deliberately avoid them.

I have no problem with keeping two-meter distance. However, I would not go stand close to someone, specifically next to a stranger. I do my best to keep a distance, but don't want to be dramatic for people to say: "Ugh, she tries to avoid me" (Woman, 21, studying business economy and guardian of two younger siblings in Curaçao)

One of the migrants in Sint Maarten explained her experience of Covid measure as frustrating and depressive. She was infected with Covid and was under quarantine, her entire household had to follow suit for three weeks. The authorities were quite thorough in their approach, made regular calls every couple of days to check on them. After the initial two weeks, the authorities contacted her to schedule a test. Even after testing negative, she continued to remain cautious and maintained isolation from daughter and gran-daughter.

So, they put me on quarantine. The whole house had to be on quarantine. But they did a very good job because they call like every two days they call and check something very good. And after two weeks, they called me to take a test (Dominican migrant woman, 32, lives with daughter and works at a hotel in Sint Maarten).

Another migrant echoed the safety protocols for Covid measures were depressing for him during the periods of restrictions. He mentioned that whenever he ventured out of home, he had to carry a paper detailing name, address, and the purpose for outing. These documents always indicated that he was either going to the pharmacy to collect medication or heading to the grocery store. Adhering to these regulations proved to be quite challenging for an extended three-month duration.

If I come out my house, I have this paper, stating my name, where I live and the reason why I am on the road. My letter will always

state that I am going to the pharmacy to pick up drugs, medication, or going to the grocery store. It was very stressful, being home for like three months (Migrant single mother of five children who works as a chef in Sint Maarten).

The impact of Covid-19 measures, encompassing restrictions, quarantine protocols, social distancing, and mask mandates, has reverberated across the islands of Curaçao, Aruba, and Sint Maarten. For instance, one of the migrants in Aruba mentioned that the uncertainty brought about by the Covid-19 measures triggered a sense of fear among the people. The sudden change in measures, prompted by the emergence of the Omicron variant, prolonged the previous lockdowns. This reflected the potential restrictions on the social events and activities.

I was scared, I had been working for two days and well, I thought that if she (minister) was going to change the measures again everything will stop, there was, the delta, no, the Omicron, the Omicron. And then it seemed that they were going to close the island again, that there were not going to be events (Migrant woman, 33, lives with three daughters in Aruba).

In addition, a prevailing sense of anxiety grappled the community, with many feeling that the Covid-19 situation might lead to dire consequences. This uncertainty prompted people to adopt a defensive stance, safeguarding their financial resources and personal well-being. In response, companies, swiftly implemented stringent measures. Workforces were downsized, work hours were reduced, and salaries took a hit. The ripple effect of these measures on livelihoods was intense, highlighting the far-reaching impact of the pandemic on individuals, families, and the economy.

And at that moment everybody felt like, well, Covid was going to finish everything. They thought: "I'm going to protect my money and I'm going to protect". And then the companies, at least the one I was with, took drastic measures, they reduced the personnel, they reduced the work time, they reduced the

payment and well (Migrant man, 43, who has a part-time job in Aruba).

One of the stakeholders in focus group discussion in Sint Maarten perceived that the persistent sense of uncertainty and challenges stemming from the Covid-19 pandemic measures have given rise to a prevailing feeling of abuse within the community. Despite some easing of restrictions, certain measures remain in effect. The uncertainty surrounding the situation contributed to a pervasive feeling of abuse, as people were clueless of what lies ahead.

So, the abuse continues, and I still think it continues up to today, even though there is a lot of lifting of the measures, certain measures are still in place. So that is the abuse, the uncertainty (Representative of the Ministry of Education, Culture, Youth and Sport in Sint Maarten).

One of the older adults in Aruba viewed that the measures taken by the government was really effective to prevent the Covid virus spread. She mentioned that she was extremely anxious and panicked before actions taken to mitigate the virus's impact. She believed that during the holiday season of Christmas and New Year, the cases increased due to a lapse in adherence to safety measures.

Everything they (government) did to prevent that COVID was good because I just panicked. I get very nervous. You could go shopping before, but now you can't shop anymore. During the Christmas season, New Year's, I don't know, but I do believe that that was the reason why the cases peaked (Older adult, lives with wife, a grandchild, and great-grandchildren in Aruba).

4.14 Maintaining human rights standards amidst COVID-19

The following addresses the challenges the islands face in enforcing human rights. During the interviews and focus groups, attention was paid to a number of specific aspects related to upholding human rights: undocumented migrants as an extra vulnerable group, accessibility to healthcare

and education and the effects of emergency legislation introduced during the pandemic.

4.14.1 Understanding the complex relationships and legal dynamics within the Kingdom of the Netherlands

The complex human rights situation on the Caribbean islands of Curaçao, Aruba, and Sint Maarten (CAS islands) is deeply intertwined with their constitutional status within the Kingdom of the Netherlands. As semi-autonomous countries, they possess self-governing capabilities, yet share certain responsibilities, including human rights obligations, with the Kingdom. This shared responsibility often leads to challenges in uniformly implementing and upholding human rights standards. Particularly in areas like immigration and asylum, disparities emerge, as seen in the treatment of Venezuelan migrants in Curaçao. The islands' limited resources and administrative capacities further complicate their ability to fully adhere to international human rights treaties, creating a landscape where human rights protections can vary significantly within the Kingdom.

4.14.2 Insight into the human rights situation in the CAS islands

The human rights situation in Curaçao, Aruba, and Sint Maarten, as detailed in the 2021 Netherlands Human Rights Report, presents a complex landscape influenced by each island's unique legal and social context.

In Curaçao and Sint Maarten, detention center conditions have raised concerns, falling short of international standards in some cases. Reports indicate inhuman and degrading treatment in some instances, with issues like overcrowding and inadequate food being highlighted, particularly for migrant detainees in Curaçao. Both islands lack legal protection against refoulement, the practice of returning refugees to countries where they face persecution, although they are bound by the European Convention on Human Rights, which prohibits torture and inhuman or degrading treatment.

The Sint Maarten government has established a victim support unit and has laws in place prohibiting stalking, with sexual harassment also recognized as a criminal offense. However, in Aruba, Curaçao, and Sint Maarten, there is a significant concern regarding the treatment of Venezuelan asylum seekers. Many are considered economic migrants and ineligible for protection, with instances of deportation reported, despite claims of potential abuse upon return to Venezuela. Legal access for detainees, particularly immigration detainees in Curaçao, is limited. This includes inconsistent visitation rights and barriers to legal assistance, especially for Venezuelans who often lack information about local laws and face language barriers.

Overall, these challenges reflect a broader struggle in balancing local autonomy, international human rights standards, and the unique socio-political dynamics on each island.

4.14.3 Inequalities within the Kingdom: examples during the pandemic

During the COVID-19 pandemic, the Netherlands provided financial and technical support to the Caribbean islands of Aruba, Curaçao, and Sint Maarten. This included direct financial aid for healthcare and humanitarian needs, as well as support for expanding ICU beds and hiring additional healthcare workers. However, financial assistance came with conditions aimed at strengthening the islands' resilience, leading to austerity measures and reforms in financial, governance, and institutional areas. In Aruba, specific austerity measures were imposed in the healthcare sector, resulting in significant cuts in healthcare spending and wages, affecting the quality and accessibility of healthcare services. Similar conditions were not applied to Sint-Maarten and Curaçao. The austerity measures also led to cuts in salaries of workers in public and semi-public sectors, impacting education and other public services.

The approach in the Netherlands was in stark contrast, with increased investment in health and education sectors, including wage increases for healthcare workers and educators. This divergence led to a disparity in the standard of living and human rights enjoyment between the Netherlands and the Caribbean islands. The Committee for the Elimination of all Racial Discrimination expressed concerns about potential discrimination in the rights enjoyment due to these conditionalities, noting that the aid provided to the Caribbean parts of the Kingdom was less favorable compared to that in the Netherlands.

Human rights organization on the islands have also indicated that the exemption law disproportionately affects vulnerable groups because it applies a one-size-fits-all approach to crisis situations, potentially infringing upon fundamental human rights like freedom of expression, demonstration, and privacy. This generalized approach lacks the necessary specificity and safeguards, leading to heightened risks for these groups under emergency conditions.

4.14.4 Examining the struggles of vulnerable groups from a human rights perspective

The COVID-19 pandemic and its resultant measures have significantly impacted vulnerable groups, particularly undocumented migrants, women from low-income households, and the elderly, from a human rights perspective. For undocumented migrants, the restrictions have exacerbated their already precarious situation, limiting their access to healthcare and essential services due to their legal status and fear of exposure. Women from low-income households have faced heightened challenges, including increased domestic responsibilities and potential exposure to domestic violence during lockdowns, while often lacking access to support systems and economic opportunities. The elderly, a group particularly susceptible to the virus, have faced severe isolation and mental health challenges due to social distancing measures, in addition to facing barriers in accessing

continuous healthcare. These impacts reflect a broader human rights concern where the most vulnerable in society bear the disproportionate burden of the pandemic's fallout, highlighting the need for inclusive and equitable policy responses.

While the islands have taken steps to improve detention center conditions, challenges remain. For instance, in response to overcrowding partly due to the Venezuelan migration crisis, the Dutch government funded improvements in the Curaçao detention center and prison based on the standards of the Council of Europe's Committee for the Prevention of Torture (CPT).

In Aruba and Curaçao, the pandemic led to more frequent repatriation flights for undocumented Venezuelans who did not request asylum. This resulted in some Venezuelans remaining in immigration detention longer than expected. Amnesty International and Human Rights Watch reported that Venezuelan refugees were held in detention in Curaçao for more than six months, violating local immigration policy. The living conditions at the migration detention center were criticized for being poor, and there was a noted lack of staff at the prison.

Legal rights for detainees were also affected. In Aruba, Curaçao, and Sint Maarten, a criminal suspect is only allowed to consult a lawyer prior to the first substantive interview. In Curaçao, immigration detainees, particularly Venezuelans, faced barriers in accessing legal assistance. They were often uninformed about local laws and regulations, and materials were only provided in Dutch. Additionally, detainees or their families had to bear the cost of attorney's fees, creating a significant hurdle for access to legal representation.

These issues highlight the complex challenges faced by the islands during the pandemic, particularly in managing the rights and welfare of migrants and detainees.

5. Concluding analysis: synthesizing insights and forward directions

5.1 The effects of COVID-19 on vulnerable families

In conclusion, the COVID-19 pandemic has had a profound and multifaceted impact on the Small Island Development States of Curaçao, Aruba, and Sint Maarten (CAS islands). Like many parts of the world, these islands have faced economic, healthcare, social, and structural challenges due to the pandemic. The measures implemented to contain the virus, while necessary, have also exacerbated existing inequalities, particularly affecting low-income families, migrants, and undocumented individuals. This study sought to address these issues by examining the quality of life and societal impact of the pandemic and the responses of the CAS islands' governments, with a focus on vulnerable families. We also aimed to identify the resilience exhibited by these families and communities throughout the crisis and to propose ways to improve state responses that can contribute to strengthening resilience.

One critical aspect that emerged from our research is the importance of effective risk communication both before and during a crisis. Preparedness and timely, relevant information are key in empowering individuals and communities to take preventive and protective actions. This also includes evaluating communication channels, assessing the accessibility and clarity of information, and understanding the impact of cultural and linguistic factors on message dissemination. Moreover, such communication can rebuild trust among stakeholders and help guide decision-making processes. The COVID-19 pandemic has underscored the vulnerabilities within these island communities, and it is imperative that lessons are learned from this experience to enhance future pandemic preparedness efforts. By understanding the specific

challenges faced by vulnerable groups and by improving state responses, we can work towards a more resilient and equitable future for the CAS islands.

In short, this study highlights the need for a comprehensive approach that addresses not only the immediate health crisis but also the social and economic consequences that disproportionately affect vulnerable populations. The study found that the CAS islands can enhance their preparedness for future pandemics by focusing on scientific research to understand vulnerabilities among specific groups, such as the elderly, migrants, and women, and by exploring improved risk communication strategies. These insights will inform evidence-based policies, interventions, and communication strategies, ensuring that vulnerable groups receive appropriate support and reducing health disparities. Ultimately, the goal is to strengthen the resilience and readiness of these island communities to face future pandemics effectively. In doing so, they can better protect the most vulnerable members of their society and ensure a more equitable response to crises.

5.2 Navigating the pandemic aftermath for older adults in the CAS islands

The COVID-19 pandemic has undeniably altered the fabric of everyday life for older adults on the CAS islands, presenting multifaceted challenges that compounded pre-existing vulnerabilities. The loss of jobs and ensuing social isolation exacerbated mental stress and financial instability, particularly as regular pensions incomes failed to keep pace with higher costs. The economic strain was tangible, with many unable to meet the cost of basic necessities, highlighting the fixed nature of retirement funds against the backdrop of an unstable economy.

The forced shift to a technology-centric world left many behind, struggling to adapt to digital means of communication and access to information, which became a lifeline during the pandemic. Online resources, a potential source of support and connection, remained

largely inaccessible due to a lack of digital literacy and resources.

Social interactions, once the cornerstone of community life for older adults, dwindled as the fear of virus exposure kept families and friends at bay.

Despite the challenges, the community's resilience was evident in the grassroots support networks that emerged, providing essential services such as grocery delivery and healthcare outreach. However, systemic support gaps were evident. Institutions were overwhelmed and could not provide adequate support in critical moments. Although banks and local organizations attempted to offer short-term relief and NGOs stepped in with essential supplies, these measures were not a panacea for the broader issues at hand. In conclusion, the pandemic has highlighted the pressing need for a robust, inclusive support system for older adults that integrates economic, social, and technological support to ensure their well-being during crises. This calls for a concerted effort to bridge the digital divide, reinforce economic safeguards, and maintain strong community ties, ensuring that older adults are not left to navigate such challenges alone in the future.

This conclusion synthesizes the outcomes and suggests a forward-looking perspective that emphasizes the need for comprehensive support systems for older adults.

5.3 Outcomes of COVID-19 on women in low-income households on the CAS islands

The COVID-19 pandemic has deeply affected the lives of women in low-income households on the CAS islands, with long-standing repercussions. The rise in domestic violence and added pressures of childcare, home schooling, and household management during the pandemic placed an extraordinary amount of stress on women. Job losses intensified these pressures by increasing economic strain and caregiving responsibilities.

Communication challenges were notable, with many women having limited options—often just a telephone line or television. This restricted their access to vital information and opportunities for social connection, further isolating them. The psychological toll was compounded by the monotony of confinement and the emotional distress due to social distancing, leading to a profound sense of isolation.

Economically, the reduction in available work and the necessity of depending on a partner's income for basic needs like food and housing exposed the fragility of these women's financial security. In the face of these challenges, community-led initiatives and local organizations provided some relief, offering food, vouchers, and rent assistance, demonstrating the critical role of support networks.

Yet, despite these community efforts, significant support gaps remained, with even modest financial aid making a substantial difference. This underlines the importance of accessible and responsive support systems tailored to the unique needs of women in low-income households, ensuring that they have the resources to navigate the challenges of such crises now and in the future.

5.4 The impact of COVID-19 on undocumented migrants on the CAS islands

The COVID-19 pandemic has cast a stark light on the vulnerabilities faced by undocumented migrants on the CAS islands. Without the ability to access basic facilities and support systems such as food aid and healthcare, these individuals found themselves at a significant disadvantage. The fear of deportation, a constant undercurrent in their lives, was heightened during the pandemic, leading to a reluctance to seek help even in situations of violence or medical necessity. Risk communication to this group was fragmented at best, as they were often dependent on indirect methods of information like messages on their phones or word of mouth, leaving many with insufficient

guidance during critical times. Social and economic impacts were closely intertwined, with the loss of housing due to an inability to pay rent and limited employment opportunities, disrupting not only their lives on the islands but also the support they provided to their families back home. While local NGOs and some organizations like FASE, the Red Cross, and IOM made commendable efforts to bridge these gaps by providing essentials, the lack of a comprehensive support system left many migrants without the aid they needed. The inability to access food aids and vaccines due to lack of legal documentation, coupled with the threat of homelessness, underscored the acute need for inclusive policies that ensure humanitarian aid reaches all segments of the population, regardless of their legal status. In light of these findings, it is clear that the pandemic has not only amplified existing challenges for undocumented migrants but also highlighted the crucial role of inclusive and non-discriminatory support mechanisms. Addressing these gaps is essential for building resilient communities that can withstand the trials of such global crises, ensuring that no one, regardless of their immigration status, is left behind.

5.5 Pandemic preparedness on the CAS islands

The experience of the CAS islands with the COVID-19 pandemic underscores a crucial lesson: preparedness is multifaceted and dynamic. The islands' populations showed commendable discipline in adhering to public health guidelines, which played a significant part in the response effectiveness.

Key to future resilience is the establishment of structures that not only enhance preparedness but also prioritize the vulnerable, including migrants, elderly and the economically disadvantaged. The pandemic has demonstrated the importance of symbiotic relationships between NGOs and government bodies, ensuring a cohesive response during crises. Furthermore, the need for dedicated funds and rigorous data

collection and analysis has emerged as a pillar for informed decision-making.

Moving forward, the insights gained point towards a heightened level of preparedness that incorporates robust community networks, effective communication, dedicated resources, and policies focused on the most at-risk populations. This integrated approach is the foundation upon which the CAS islands can build a more resilient future against potential crises.

The pandemic preparedness across the CAS islands—Curacao, Aruba, and Sint Maarten—has been tested in unique ways by the COVID-19 crisis, revealing strengths and areas for development. Curacao's relatively young crisis management system faced challenges in reaching different language groups and in addressing the economic impacts of job losses. Aruba's efforts, while showing a strong initial response, highlighted the need for better social support mechanisms for the elderly amid strict social distancing measures. Sint Maarten, with a crisis structure oriented towards natural disasters, found the persistent demands of the pandemic required a more sustained response than that for episodic events like hurricanes.

The varied experiences on each island point to a common conclusion: Pandemic preparedness cannot be a one-size-fits-all approach. It must be adaptable, with dedicated resources for prolonged crises, inclusive communication strategies for diverse populations, and economic and social support systems resilient enough to withstand both the immediate and long-term effects of a public health crisis. This integrated approach, with lessons learned from each island's response, forms the cornerstone of a more resilient future for the entire region.

6. Recommendations for future action

6.1 Key recommendations

The COVID-19 pandemic has highlighted significant disparities affecting vulnerable groups across the CAS islands, necessitating targeted interventions. In Curaçao, the emphasis is on bolstering women's employment and improving governmental communication. For Aruba, the focus is on ensuring healthcare access for women, particularly those in low-income households, and addressing the psychological and basic needs of older adults. St. Maarten's recommendations center on support for single mothers seeking education and enhancing the accessibility of community centers, along with monitoring and assistance for the older adult population, and offering amnesty to migrants for better integration into society. These key recommendations serve as a blueprint for each government to address specific vulnerabilities and pave the way for a more resilient and equitable post-pandemic recovery.

6.2 Recommendations for Curacao: enhancing resilience and preparedness

For Curaçao, a multi-layered enhancement in crisis preparedness and resilience is essential. A foundational recommendation is the establishment of a multidisciplinary crisis response team, integrating various professional fields and ministries, and fostering collaboration between government and non-government organizations. Legislation should define and support this team's operations, including training in legal aspects and a translation of laws to Papiamentu for public understanding. In policy-making, a 'Health in All Policies' approach is advised, incorporating the needs of vulnerable groups and fostering comprehensive inter-ministerial collaboration. Data management improvements are crucial, necessitating the creation of a central data center and a system for data collection to identify and communicate with at-risk populations.

Digitalization efforts should aim to close the accessibility gap revealed by the pandemic, ensuring universal internet access and enhancing digital literacy. Trust-building between government authorities and the public is paramount, with healthcare professionals playing a key role in community engagement. Mental health support should be streamlined, with resources like a free helpline and digital support platforms, while domestic violence interventions need strengthening, particularly in law enforcement training. The healthcare system should prioritize accessible and tailored care, especially for undocumented persons and the elderly, with mobile healthcare units proposed as a solution.

Effective communication is highlighted as a central pillar, with clear, consistent messaging across diverse channels and a robust feedback loop to ensure public engagement. It is recommended that communication strategies are not only responsive but also anticipatory, leveraging places of community significance for information dissemination. Finally, a multidisciplinary approach to poverty is necessary to address multiple risk factors, suggesting the need for community-based activities and support structures.

This summary captures the comprehensive set of recommendations aimed at bolstering Curacao's capacity to prepare for and respond to crises, with a particular focus on infrastructure, legislation, policy, data management, digitalization, trust, healthcare, communication, and socioeconomic impact. A complete schematic representation of all recommendations for Curaçao can be found in appendix 3.

6.3 Recommendations for Aruba: unified response for pandemic preparedness

In Aruba, the fragmentation of NGO efforts highlights the need for a cohesive strategy to unite these entities, with agencies like SEDE Aruba centralizing coordination and enhancing government-NGO interaction. Improved monitoring and equitable resource

allocation are imperative, particularly through collaboration with religious organizations to ensure aid distribution reaches all, including migrants and vulnerable populations. Governance should be transparent, decisions well-communicated, and public engagement fostered to build trust. Data utilization, focusing on vulnerable demographics for targeted support, is crucial, as is the assessment of the health system's resilience to adapt during and post-crisis. The restructured mental health management needs further integration of services. Risk communication must be diverse and accessible, with clear messaging and defined authority to prevent confusion and ensure comprehensive community coverage in pandemic responses. For a more elaborated representation of all recommendations for Aruba, see the table in appendix 3.

6.4 Recommendations for Sint Maarten: comprehensive crisis preparedness

For Sint Maarten, the recommendations to fortify crisis management and preparedness involve a holistic approach that encompasses infrastructure, networks, legislation, policy, data management, digitalization, trust-building, and specific group protection. It is crucial to establish infrastructure pre-emptively, rather than solely in reaction to crises, and ensure that services are accessible to all residents. The harmonization between the Dutch and the French side of the island is vital, as is the integration of governmental and non-governmental organizations with informal networks.

There is a call for better integration between government services and vulnerable communities, utilizing church and community organisations and resources and expanding networks among NGOs, including smaller entities. The Red Cross in Curaçao's robust local organization could serve as a model for other islands. Proactive development and deliberation on legal frameworks are needed, with specific health policies concerning the elderly and undocumented individuals.

An extensive social database, supported by the World Bank, is underway, aiming not only to collect data but also to provide targeted support to at-risk populations. Trust-building is essential, with established relationships in normal times facilitating communication in times of crisis. There's a necessity to protect the most vulnerable, including those often unseen, like the inhabitants of the dump. Healthcare should be decentralized, with potential repurposing of community centers into health units, and discussions about a national basic health insurance plan are progressing. For risk communication, leveraging radio broadcasts and WhatsApp groups for information dissemination has been effective, and expanding to multiple communication channels is recommended. Closing the communication gap between the government and community organizations is a priority, with disaster training sessions provided to community groups.

The overall strategy includes creating neighbourhood recreation to enhance social well-being and addressing high living costs by educating locals and creating better opportunities. These measures aim to foster a resilient Sint Maarten, equipped to navigate the challenges of any future crises effectively. For a more elaborated representation of all recommendations for Sint Maarten, see the table in appendix 3.

6.5 Human rights-focused crisis management

Based on the outcomes of the interviews, focus groups and desk research, the following recommendations aim to strengthen pandemic preparedness while upholding human rights standards in Curaçao, Aruba, and Sint Maarten can be formulated:

- *Enhance support for vulnerable populations:* Address the needs of undocumented migrants and other vulnerable groups. Implement policies ensuring their access to healthcare, food, and basic services.

- *Strengthen legal frameworks:* Amend laws to ensure they align with human rights standards, especially in crisis management and migrant treatment.
- *Improve educational access:* Ensure equitable access to education, particularly for children from marginalized backgrounds, including remote learning support.
- *Community engagement and transparency:* Involve community organizations in decision-making processes. Enhance transparency in government actions, especially concerning public health measures and migrant policies.
- *Infrastructure and capacity building:* Develop infrastructure for healthcare and crisis management, emphasizing human rights and integrating migrant needs. Provide training for relevant personnel in human rights-based approaches.
- *Collaborative approach:* Foster collaboration between government, international organizations, and NGOs to effectively address the pandemic's impacts and support human rights.
- *Parliamentary oversight and accountability:* Ensure regular parliamentary review of emergency measures and their impact on human rights.
- *Comprehensive Healthcare Access:* Ensure healthcare access for all, including undocumented migrants, with special attention to mental health services.

References

- Amnesty International (2023). *Curaçao: Little improvement in the Protection of Venezuelans*. Monitoring report 2023
- Blundell et. al., (2020). 'COVID-19 and Inequalities'. *Fiscal studies – The Journal of Applied Public Economics* 2020/41-2, pp. 291-319
- Bureau Rampenbestrijding Aruba (2018). *Crisisbeheersingsplan deel 1 – Basisplan 2018*
- Burki, T. (2021). Statelessness in the COVID-19 pandemic. *The Lancet*, Vol 397, April 24, 2021
- Caribbean Network, (2020). 'Thousands of families on Aruba depend on food aid', *Caribbean Network* May 2020.
- Central Bureau of Statistics Curacao (2020). *Estimates of the impact of COVID-19 on poverty in Curacao*
- Centrale Bank van Curaçao en Sint Maarten (2021). *Effecten van de steunmaatregelen*. COVID-19 pandemic in Sint Maarten (n.d.). Retrieved 15 October 2023 from https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Sint_Maarten
- Dorn, A. van, Cooney, R.E. & Sabin, M.L. (2020). COVID-19 exacerbating inequalities in the US. *Lancet (London, England)*, 395(10232), 1243
- Duwel, V., de Kort, J., Jacobs, S., Dennert, R. & Busari, J. (2022). Managing the Mental Health of Healthcare Professionals in Times of Crisis: The Aruban COVID-19 Experience. *Healthcare* 2022, 10(7), 1263; <https://doi.org/10.3390/healthcare10071263>
- Government of Aruba, (2013). *Staatsregeling van Aruba, AB 1987 no. GT 1*
- Government of Aruba (2020). *Calamiteitenverordening, AB 1989 no.51*
- Government of Curacao (2020). *Tijdelijke regeling maatregelen uitzonderingstoestand COVID-19 pandemie, A2020, No.143*
- Henriquez, Sharina (2020). 'New rules on Aruba pushing undocumented immigrants into poverty'. *Caribbean Network* May 2020
- Heydari, et. al. (2021). The effect of risk communication on preventive and protective behaviours during the COVID-19 outbreak: mediating role of risk perception. *BMC Public Health*, (2021) 21:54. <https://doi.org/10.1186/s12889-020-10125-5>
- Mohammed, N. and Rei, D. (2020). *Tourism sector in the English- and Dutch speaking Caribbean. An overview and the impact of COVID-19 on growth and employment*. International Labor Organisation
- Reus, B. (2021). *Hoe beïnvloedt COVID-19 de mentale gezondheid van basisschoolleerlingen in de 5^e en 6^e klas op Aruba?* Onderzoeksrapport Wit Gele Kruis
- Schiavo, R., Hilyard, K.M., Skinner, E.C., & SOPHE (2016). Community-based risk communication in epidemics and emerging disease settings. Zimmerman et al. (eds.) *Introduction to global health promotion*. San Francisco, CA: Jossey-Bass, 271-302
- Seecharan, R. (2020). *COVID-19 Economic Impact on the Caribbean*. RBC Caribbean Economic Briefing.
- Umakanthan, S., Bukelo, M. and Gajula S. (2022). The Commonwealth Caribbean COVID-19: Regions Resilient Pathway During Pandemic. *Front. Public Health* 10:8444333, doi: 10.3389/fpubh.2022.844333
- UN Human Rights Office (2020). *Checklist for a human rights-based approach to socio-economic country responses to COVID-19*; An interim version.
- UNESCO (n.d.) *UNESCO and Small Island Developing States (SIDS)*, <https://www.unesco.org/en/sids/about>

Annex 1: Interview and focus group guides

A. INTERVIEW GUIDE COVIDCAS RESEARCH – RED CROSS VOLUNTEERS

Introduction

Thank you very much for accepting our invitation to do this interview. My name is I'm one of the interviewers in this research project. I am doing this research together with partners in Aruba, Sint Maarten, Curaçao and the Netherlands; with the Red Cross, CBHRI, University of Aruba, University of Sint Maarten, University of Curaçao and University of Utrecht.

We would like to know your experience as a red cross volunteer of the COVID-19 pandemic, and especially how you experienced the measures taken by the Government for those families in need. We will talk specifically about vulnerable families, such as migrants, single mothers and elderly. Based on your experiences, this study will explore responses of the Government to crisis's such as the COVID pandemic and how these responses can improve so that it strengthens resilience for families and communities in Aruba, Curaçao and Sint Maarten.

The interview lasts approximately 45 minutes. All the information you provide will be used only for this research. Your identity will be anonymized. Participation in this interview is voluntary, and you have the right to stop or deny replying answering questions you find uncomfortable. As part of this interview, we would like to ask your permission for recording. So please allow us your consent for conducting and recording the interview.

Opening questions

- Can you tell me something about yourself ? (Probes: age, occupation, family and education)
- What motivated you to become a Red Cross volunteer?
- Can you describe the kind of work you do within the Red Cross? (*Probes: What is your role/position, which activities do you carry out?*)

Covid-19

- What are the different ways the Red Cross provided assistance to vulnerable families during the COVID-19 pandemic? (*Probes: which forms of support/types of programs, how was it organized?*)
- What kind of barriers Red Cross faced to provide aid to all types of vulnerable groups? (*Probes: how about (undocumented) migrants, In which situations was it more difficult?*)
- Can you tell me about your own experience as a Red Cross volunteer during your stay? (*Probes: What did it mean to you to do this work, what challenges did you encounter?*)
- What is the difference with providing assistance during a pandemic compared to before?
- Did you notice other needs in the recipient families and how did you deal with them? (Probe: domestic violence / child neglect / referral to other aid organizations)
- Based on your experiences as a Red Cross volunteer, what do you consider as the most pressing issues now? (*Probes: Health services, sanitation, food and shelter, cooperation with other organizations?*)

Role of government and measures

- What do you think of the role of the government during the pandemic? (*Probes: measures against COVID-19, spread of information about the virus?*)
- Can you tell me how the government dealt with groups of vulnerable people during the pandemic? (*Probes: how about (undocumented) migrants, what do you know about social policies?*)

- From your experience, what do you think the government can do to improve the situation for these people?
- How do you think the government has handled the pandemic for vulnerable families? (Probe: scope of the interventions / opinion about the government's communication towards vulnerable families / impact on work Red Cross)
- Are there things you missed in the government's communication towards vulnerable families about COVID-19 and the measures, or things you would have preferred differently?
- Can you tell me about your experience with supportive interventions for vulnerable families (such as money vouchers, food packages, meals)?

Transition

The emergency support of the Red Cross is now converted to structural support via the government.

- Can you tell me more about the transition of the Red Cross support to the local government? (*Probes: how will aid be organized, is assistance provided to undocumented migrants?*)
- What was your experience with this process of transition? (*Probes: implementation of handover strategies, training of new staff?*)

Impact

- In this study, we look specifically at what COVID-19 and the associated measures have meant for vulnerable families. Can you give one or more examples of your experiences with vulnerable families in the performance of your work?
- Why did you consider them vulnerable? (Probe: which problems (physical, social, emotional, financial) did they encounter, what were their needs, what did they ask from you as a volunteer, how did they cope?)
- What impact has working as a volunteer for the Red Cross during the pandemic had on you as a person, has it changed you?

Closing questions

- Do you want to add something to this interview?
- Do you have any questions for me?

B. INTERVIEW GUIDE COVIDCAS RESEARCH – WOMEN IN LOW INCOME HOUSEHOLDS

Introduction

Thank you very much for accepting our invitation to do this interview. My name is I am one of the interviewers in this research project. I am doing this research together with partners in Aruba, Sint Maarten, Curaçao and the Netherlands; with the Red Cross, the Universities of Curaçao, Aruba, Sint Maarten and Utrecht and CBHRI.

We would like to know your experience of the COVID-19 pandemic, and especially how you experienced the measures taken by the Government. Based on your experiences as a woman and mother/care taker, this study will explore responses of the Government to crisis's such as the Covid Pandemic and how these responses can improve so that it strengthens resilience for families and communities in Aruba, Curacao and Sint Maarten.

The interview lasts approximately 45 minutes. All the information you provide will be used only for this research and be kept strictly anonymous and will not be shared with authorities. Participation in this interview is voluntary and you have the right to stop or deny answering questions you find uncomfortable. As part of this interview we would like to ask your permission for recording. So please allow us your consent for conducting and recording the interview.

Participant information

- First could you please tell me something about yourself and your family (Probes: age, education, family members, marital status, legal status and children)
- How would you describe your family situation? (probe: with whom do you live together in the household / children / other adults)
- How does your current economic situation look like? (probe: current job / income / do others in your household have a job / income)
- This house you are living in how long have you lived here? (probe: share/ rent / own house)
- How is your household insured for health costs? (probes: self, other family members)

Impact of COVID

Now I would like to talk to you about how you have experienced the COVID pandemic.

- Were you or your family members infected with COVID? (probe : care giving, health care, complications, testing facilities)
- If you would have to describe the pandemic with one word what would it be and why? (probe: social consequences, financial consequences and health consequences)
- How has this COVID pandemic affected you and your family emotionally? (probe : anxiety , sadness, sense of fear, depression, abuse, effect on linked family members?)

COVID – pandemic communication, beliefs, behaviours and practices

- Where did you hear about COVID? (Probes: sources of info, trust, symptoms)
- How do people in your surroundings exchange information about COVID? How did you yourself share information to other people / groups (Probes: more vulnerable, route, actions, and behavior)
- What needs to be done in your opinion to prevent the spread of the infection? (situation difficult to practice this)
- What do you think about the vaccine? (Probe: efficiency, source of info, family opinions, willingness to take)
- Do you inform your family to practice the preventive measures and if so how? (Probes: actions, information, conflicts)
- In what situations is it difficult to practice these measures and why? (probe: public, private and everyday life)

- What kind of support did you receive during the pandemic and by whom? (Probe: health care, food, shelter, work, education)

Health care access and aid

- What are the health care needs you and your family have? (Probe: chronic conditions, medicines and regular hospital visits)
- How were these needs affected due to the pandemic? (Probes: coping mechanisms, support, degree of accessibility and barriers)
- How do you pay for health costs? (probes: self, other family members)
- What kind of aid did you receive from the Red Cross? (probes food vouchers, food boxes, others). What did you think of this aid? (Probes: quality, quantity, feelings)

Women, agency and violence

- According to you what are the main challenges that girls and women have experienced during this pandemic? (Probe: why are these specific to girls and women, awareness of measures, by whom, effectiveness, accessibility and availability to support).
- What kind of instance of violence have you seen within the home or outside the home during the pandemic? (Probe: by whom, who were the victims? action taken, impact, support)
- What kind of support mechanisms/aid are available in the community for girls and women who experience violence within their family or within the community? (Probe: use of shelter houses, reporting incidents to NGO or the authorities, initiation of legal action, use of legal, health-care and/or psychosocial services, use of hotlines etc.)

Education, Children and rights [To be asked only if children are co-residing]

- How did the children in your household experience this pandemic? (Probe: school closure, online lessons, stress and anxiety)
- How did the school communicate to you and the children about the pandemic and its actions? (Probe : sufficient information, supportive actions, food aid, facilities for online learning, internet access)
- Did you observe behavioural problems among children during the pandemic and if so which ones? (Probe: anxiety, violence, learning problems)

COVID – Policies / regulations and support

- How did you experience the measures taken by the government during the Covid-19 pandemic? (Probe: communication, lock down, plachi di dia (In Curacao)/)/shelter in place (Aruba), curfew)
- How do you think the government has handled the pandemic? (Probes what else could be done, other measures)
- What supportive interventions/aid by the government are you aware of? (Probe: on securing financial income, affordable housing, access to food, water, healthcare and education, care-giving support during the lockdowns)
- Have you used any of the supportive interventions? (probe: which one, how did you do this, where they easy to access, equal access to male counterparts)

Closing questions

- What recommendations would you make to the government to support girls and women on the Island during the pandemic?

May I contact you in the future for further clarification? Is there anything you want to ask me?
Thank you very much for sharing your ideas and perceptions on this.

C. INTERVIEW GUIDE COVIDCAS RESEARCH – OLDER ADULTS

Introduction

Thank you very much for accepting our invitation to do this interview. My name is I am one of the interviewers in this research project. I am doing this research together with partners in Aruba, Sint Maarten, Curaçao and the Netherlands; with the Red Cross, the Universities of Curaçao, Aruba, Sint Maarten and Utrecht and CBHRI.

We would like to know your experience of the COVID-19 pandemic, and especially how you experienced the measures taken by the Government. Based on your experiences as a older adult , this study will explore responses of the Government to crisis's such as the COVID Pandemic and how these responses can improve so that it strengthens resilience for families and communities in Aruba, Curacao and Sint Maarten.

The interview lasts approximately 45 minutes. All the information you provide will be used only for this research and be kept strictly anonymous and will not be shared with authorities . Participation in this interview is voluntary and you have the right to stop or deny replying answering questions you find uncomfortable. As part of this interview we would like to ask your permission for recording. So please allow us your consent for conducting and recording the interview.

Participant information

- First could you please tell me something about yourself and your family (Probes: age, education, occupation before retirement, family members, marital status, legal status and children)
- How would you describe your family situation? (Probe: with whom do you live together in the household / grandchildren / other adults)
- How does your current economic situation look like? (Probe: current job / income / do others in your household have a job / income, pension)
- This house you are living in how long have you lived here? (Probe: share/ rent / own house)
- How is your household insured for health costs? (Probe: self, other family members)

Impact of COVID

Now I would like to talk to you about how you have experienced the COVID pandemic.

- Were you or your family member infected with the COVID ? (Probe : care giving, health care, complications, testing facilities)
- If you would have to describe the pandemic with one word what would it be and why? (Probes : social consequences, financial consequences and health consequences)
- How has this COVID pandemic affected you and your family emotionally? (probe : anxiety , sadness, sense of fear, depression, abuse, effect on linked family members?)

COVID – pandemic communication , beliefs, behaviours and practices

- Where did you hear about COVID? (Probe: sources of info, trust, symptoms)
- How do people in your surroundings exchange information about COVID? How did you yourself share information to other people / groups (Probes: older adults more vulnerable, route, actions, and behavior)
- What needs to be done in your opinion to prevent the spread of the infection? (Probe: maintain distance, masks, handwashing, situation difficult to practice this)
- What do you think about the vaccine? (Probe: efficiency, source of info, family opinions, willingness to take)
- How do you inform your family to practice the preventive measures? (Probes: actions, information, conflicts)
- What kind of support did you receive during the pandemic (Probe: health care, food, shelter, work, education)

Health care access and aid

- What are the health care needs you and your family have? (Probe: chronic conditions, medicines and regular hospital visits)
- How were these needs affected due to the pandemic? (Probe: coping mechanisms, degree of accessibility, support and barriers)
- What kind of aid did you receive from the Red cross? (Probe: food vouchers, food boxes, others)
- What did you think of this aid? (Probe: quality, quantity, feelings). What other supportive measures were needed during the pandemic? And why do you think this was not given?

Ageing, care and support

- According to you what are the main challenges older adults experience in this pandemic? (Probe: social, physical and emotional, financial why specific to older adults).
- What kind of instance of violence on older adults have you seen within the home or outside the home during the pandemic? (Probe: by whom, action taken, impact, support)
- During the pandemic how were your concerns, opinions, needs and wishes dealt within your household? (Probes: involvement in decision-making, access to resources, support, respect)
- What kind of support or help is available in the community for older adults? (Probe: use of shelter houses, use of legal, health-care and/or psychosocial services, emotional support, etc.)

Education, Children and rights [To be asked only if grandchildren are co-residing]

- How did the children in your household experience this pandemic? (Probe: school closure, online lessons, stress and anxiety)
- How did the school communicate to you and the children about the pandemic and its actions? (Probe: sufficient information, supportive actions, food aid, facilities for online learning, internet access)
- Did you observe behavioural problems among children during the pandemic and if so which ones? (Probe: anxiety, violence, learning problems)

COVID – Policies / regulations and support

- How did you experience the measures taken by the government during the Covid-19 pandemic? Probe: communication, lock down, plachi di dia (In Curacao)/shelter in place (Aruba) curfew
- How do you think the government has handled the pandemic? (Probes what else could be done, other measures)
- What supportive interventions/aid by the government are you aware of? (Probe: on securing financial income, affordable housing, access to food, water, healthcare and education, care-giving support during the lockdowns)
- Have you used any of the supportive interventions? (probe: which one, how did you do this, where they easy to access?)

Closing questions

- What recommendations would you make to the government to support older adults on the Island during the pandemic?

May I contact you in the future for further clarification? Do you have any questions for me?
Thank you very much for sharing your ideas and perceptions on this.

D. INTERVIEW GUIDE COVIDCAS RESEARCH – UNDOCUMENTED MIGRANTS

Introduction

Thank you very much for accepting our invitation to do this interview. My name is I'm one of the interviewers in this research project. I am doing this research together with partners in Aruba, Sint Maarten, Curaçao and the Netherlands; with the Red Cross, the Universities of Curaçao, Aruba, Sint Maarten and Utrecht and CBHRI.

We would like to know your experience of the COVID-19 pandemic, and especially how you experienced the measures taken by the Government. Based on your experiences as an undocumented migrant, this study will explore experiences of migrants who are forced to live without documentation and who might face specific obstacles in terms of accessing health care and support during a pandemic Aruba, Curacao and Sint Maarten.

The interview lasts approximately 45 minutes. All the information you provide will be used only for this research and be kept strictly anonymous and will not be shared with authorities. Participation in this interview is voluntary and you have the right to stop or deny answering questions you find uncomfortable. As part of this interview we would like to ask your permission for recording. So please allow us your consent for conducting and recording the interview.

Participant information

- First could you please tell me something about yourself and your household (Probes: age, education, country of origin, family members, marital status, and children)
- Since how long have you been living here? (Probe: journey, process of arrival and settling in and networks of migration, history of documented/undocumented stay)
- How would you describe your living situation here on the island? (Probe: with whom do you live together, other migrants, linked family members)
- How do you support yourself (and family)? (Probe: income/ support from community, informal work, civil society organization, churches)

Impact of COVID

Now I would like to talk to you about how you have experienced the COVID pandemic.

- Were you or your family member infected with COVID ? (Probe : care giving, health care, complications, testing facilities)
- If you would have to describe the pandemic with one word what would it be and why? (Probes : social consequences, financial consequences and health consequences)
- How has this COVID pandemic affected you (and your family in CAs or home country) emotionally? (probe : anxiety , sadness, sense of fear, depression, abuse, effect on linked family members?)

COVID – pandemic communication , beliefs, behaviours and practices

- Where did you first hear about COVID? (Probes: sources of info, trust, symptoms)
- How do people in your surroundings exchange information about COVID? How did you yourself share information to other people / groups (Probes: more vulnerable, route, actions, and behaviour)
- How can one prevent the spread of the infection ? (Probe: situation difficult to practice these)
- What do you think about the vaccine? (Probe: efficiency , source of info, family opinions, willingness to take)
- Do you inform your family/other migrants to practice the preventive measures and if so, how? (Probes: actions, information, conflicts)
- What kind of support did you receive during the pandemic and by whom? (Probe: health care, food, shelter, work, education)

Health care access and aid

- What are the health care needs you and your family have? (Probe: chronic conditions, medicines and regular hospital visits, paying for costs)
- How were these needs affected due to the pandemic ? (Probes: coping mechanisms, support , access to health care services and resources, and barriers)
- What kind of aid did you receive from the Red Cross? (probes food vouchers, food boxes, others)
- Did you received aid from other agencies and or individuals ? (who , type, and expectations). What did you think of this aid ? (Probes: quality, quantity, feelings)

(un)documented migration, care and support

- According to you what are the main challenges migrants experience in this pandemic ? (Probe: social, physical and emotional). Are there specific challenges for (un)documented migrants, if so which ones?
- What kind of instance of violence on migrants have you seen within the home/shelter or outside the home during the pandemic? (Probe: by whom, action takes, impact, support)
- What kind of support is available on the island for migrants? (Probe: use of shelter houses, use of legal, health-care and/or psychosocial services, emotional support, etc.)
- During the pandemic which concerns, opinions, needs and wishes were addressed by the support organizations? (Probes: involvement in decision-making, access to resources, support, respect) and which ones not? And why do you think that is the case?

Education, Children and rights [To be asked only if children are co-residing]

- How did the children in your household experience this pandemic? (probe: no access to school, school closure, online lessons, stress and anxiety)
- How did the school communicate to you and the children about the pandemic and its actions? (probe: sufficient information, supportive actions, food aid, facilities for online learning, internet access)
- Did you observe behavioural problems among children during the pandemic and if so which ones? (probe: anxiety, violence, learning problems)

COVID – Policies / regulations and support

- How did you experience the measures taken by the government during the Covid-19 pandemic? Probe: communication, lock down, plachi di dia (In Curacao)/shelter in place (Aruba), curfew
- How do you think the government has handled the pandemic? (Probes what else could be done, other measures)
- What supportive interventions/aid by the government are you aware of? (Probe: on securing financial income, affordable housing, access to food, water, healthcare and education, care-giving support during the lockdowns)
- Have you used any of the supportive interventions? (probe: which one, how did you do this, where they easy to access?)

Closing questions

- What recommendations would you make to the government to support (un)documented migrants on the Island during the pandemic?

May I contact you in the future for further clarification? Do you have any questions for me?
Thank you very much for sharing your ideas and perceptions on this.

E. INFORMED CONSENT FORM FOR IN-DEPTH INTERVIEWS

Informed consent form for in-depth interviews

Research title: Research into the resilience of Dutch Caribbean Societies

Principal investigator: Prof. A. J. Duits, Curaçao Biomedical Health and Research Institute (CBHRI)

Description: The name of this study is 'COVIDCAS', which refers to the impact of COVID-19 on vulnerable families in Curaçao, Aruba and Sint Maarten. The research is funded by ZonMW as part of the 'Societal dynamics in the Dutch Caribbean Covid-19 program'.

The objective of the study is to understand the social impact of COVID-19 measures on vulnerable families. The study will explore State measurements and identify the various ways in which vulnerable families are resilient. The results of the research are used to explore how the Government can improve their responses aiming at strengthening resilience in vulnerable families.

Various organizations from Curaçao, Aruba and Sint Maarten work together in the project, including the Red Cross. Furthermore, the team consists of 5 research partners including Curaçao Biomedical Health & Research Institute (CBHRI), University of Curaçao (UoC), University of Aruba (UA), University of Sint Maarten (USM) and University Utrecht (UU).

The interview/conversation will take about 45 minutes. All the information you provide will be used only for this research and be kept strictly anonymous and will not be shared with authorities. Your participation in this interview is voluntary. However, you have the right to stop or deny replying the question you feel uncomfortable with. As part of this interview, we would like to ask your permission for recording the interview

If you have any comments or queries regarding this research, you may contact the researchers of the project

Name:

Phone number:

Email:

If you have any concerns, complaints or feedback please inform

Name respective PI on the island :

Phone number:

Email:

F. FOCUS GROUP GUIDE

Exploring Stakeholder Perspectives on the social impact of COVID on CAS islands

Introduction

Topic: Upholding Human Rights in a Pandemic

Thank you very much for accepting our invitation to have this discussion. My name is I'm one of the moderators and researchers in this COVIDCAS research project. *[Introduce her the other researchers present and their role in the discussion]* We are doing this research on behalf of the Curacao Biomedical & Health Research Institute (CBHRI) together with partners of the Universities of Aruba, Sint Maarten, Curaçao, Utrecht, the Red Cross and *[especially when in SXM]*, Social and Health Insurances (SZV).

We would like to know your experience of the COVID-19 pandemic, and especially how you experienced governance, impact and roll-out of support measures by governments and other organizations. We would like to consider your input to prepare an implementation framework or pandemic preparedness plan.

Rules

The discussion lasts approximately 60 to 90 minutes. All the information you provide will be used only for this research and be kept anonymous. Your identity will be anonymised throughout the process of collecting the data, analyzing it and processing it within the research. To ensure that everyone can feel safe and comfortable in sharing their opinion we want to ask you also not to reveal anything discussed here to external parties.

This is a discussion so please

- feel free to express your opinions and ideas
- listen and react in a constructive manner to the ideas and opinions of others
- allow others to finish their idea before reacting
- bring in your own questions and ideas that you think are also linked to the topic.

The moderator will facilitate this process so please allow the moderator to move from one topic to the next and introduce new questions or probes.

Consent

Participation in this discussion is voluntary and you have the right not to respond to certain questions. If a question makes you uncomfortable, please let the moderator know. As this is a dynamic discussion, we would like to ask your permission for recording. So please allow us your consent for conducting and recording the discussion.

Opening question

- To begin with, could you all please introduce yourselves and tell us which organization you represent or you're working for?

Key questions

- *promote discussion*
- *ask for examples and anecdotes*
- When we talk about COVID what is the first thing that comes to your mind?
 - Why?
 - How do others see this?

- What have been the **challenges /problems for vulnerable groups** on the islands
 - *Older adults*
 - *Women*
 - *Migrants*
- During the COVID lockdown, **how were these challenges /issues dealt with?**
 - What worked/or not
 - What support was available
 - Which groups difficult to reach
 - Efforts taken
- For future pandemics **how can we improve support to vulnerable groups**, based on the COVID experience?
 - Kind of support
 - Who needs to provide
 - What collaboration is needed
- How can we **improve the communication about risks, prevention efforts and services** during a pandemic?
 - Source
 - Trust
 - Channels
 - Language
 - Timing
- What are the **challenges of inter-sectoral collaboration and how to improve (collaborate between different organisations)?**
 - Expectations
 - Bureaucracy
 - Mandates
 - Trust
 - Timing
- How can we **prepare and improve community engagement** during the pandemic ?
- In the post-pandemic phase, **what efforts are needed for recovery?**
 - *Health*
 - *Income support*
 - *Employment*
 - *Education*
 - *Community participation.*


Closing questions

- We have discussed so many issues today and we are very happy with your input. If we were to finally ask you to list the **top three measures to take for pandemic preparedness**, what would you list?




(NOTE they don't need to come to a consensus, we would like to hear the various listings and then potentially ask a why question).

Annex 2: Infographics key outcomes vulnerable groups

COVIDCAS - SPECIFICATION KEY ISSUES OLDER ADULTS

 Key vulnerabilities	<p>Loss of jobs, social isolation, feelings of loneliness, mentally stressed, unable to pay rent, no social visits, children did not visit.</p>	<p>The existing income, often from pensions, was no longer sufficient to meet the rising costs of basic necessities.</p>	
 Risk communication	<p>Faced difficulties in adapting to the new technological landscape.</p>	<p>Hindered their ability to access vital information and stay connected.</p>	<p>Unfamiliar with using electronic devices which made it challenging for them to access online resources.</p>
 Social impact	<p>People refrained from visiting them.</p>	<p>they were reluctant to venture out to visit others due to risk of exposure to the virus.</p>	
 Economic impact	<p>The fixed sources such as pensions or retirement funds remained stagnant and could not make ends meet with high inflation.</p>		
 Support networks	<p>Community-driven efforts that ensured their safety through grocery delivery services and healthcare outreach.</p>	<p>The bank offered a short-term solution to older adults for financial difficulties.</p>	<p>Local organizations and NGOs distributed essential supplies such as food packages.</p>
 Support gaps	<p>Red Cross could not provide adequate support at the time of need.</p>	<p>Could not access resources online.</p>	<p>Could not be counselled during their psychological stress and loneliness.</p>

COVIDCAS - SPECIFICATION KEY ISSUES **UNDOCUMENTED MIGRANTS**

 Key vulnerabilities	<p>Unable to access the facilities and support systems such as food aid and healthcare that were open to the rest of the population.</p>	<p>Fears of deportation which made them hesitant to report instances of violence or seek help from authorities.</p>	<p>Faced challenges when they need regular check-ups and seek medical attention.</p>
 Risk communication	<p>Had to rely on indirect methods such as receiving messages on their phone and engaging in conversations with others.</p>	<p>Information that they received through different media were not sufficient.</p>	
 Social impact	<p>Forced to leave house due to unable to pay rent.</p>	<p>The absence of comprehensive support.</p>	<p>Fear of deportation if contacted government official for help</p>
 Economic impact	<p>Limited access to various employment opportunities.</p>	<p>Disrupted support to their families back home.</p>	
 Support networks	<p>Local NGOs such as Fundacion pa nos Comunidad, IOM, KI Britannia, Salu pa Tur.</p>	<p>FASE and the Red Cross supported with food, chlorine, and soap for maintaining cleanliness.</p>	<p>IOM with 100 guilder voucher for essential personal items.</p>
 Support gaps	<p>Could not be supported due to lack of legal documents.</p>	<p>Could insufficiently access food aids and vaccins.</p>	<p>Became homeless; were not supported by the landlords.</p>

COVIDCAS - SPECIFICATION KEY ISSUES **WOMEN LOW INCOME HOUSEHOLDS**

 Key vulnerabilities	Sharp increase in incidents of domestic violence.	Added responsibilities of childcare, home schooling, and household management placed immense stress.	Losses of jobs exacerbating the economic stress and caregiving.
 Risk communication	Had to rely on a single communication channel, the telephone line or television.	Reduced access to information due to limited access to phones or technology.	
 Social impact	Increasing burden of care for children.	Repetition of spending extended periods with the same people in the family evoked a feeling of being trapped and alone.	Emotional strain caused by physical distancing measures.
 Economic impact	Loss of livelihoods and reduced working hours.	Had to rely on husband's income to food and other essential expenses such as house rent and cable.	
 Support networks	Relief by community-led supports and extended family members.	K1 Britannia Foundation distributed essential food boxes and food vouchers.	Red Cross helped them not only with food aid but also with the rent.
 Support gaps	Limited financial support by NOW.	Even 150 guilders could have served as a significant support for them.	

Annex 3: Infographics recommendations CAS islands

COVIDCAS - RECOMMENDATIONS PANDEMIC PREPAREDNESS CURAÇAO

Preconditions	
Infrastructure	A robust framework for a multidisciplinary crisis response team is essential, enabling effective collaboration between government organizations (GOs) and non-government organizations (NGOs). This framework should include joint working groups from diverse ministries and professional fields. Maintaining and developing this infrastructure is vital. Enhancing cooperation between GOs and NGOs is crucial, both in times of crisis and stability. Such proactive partnerships are key for quick mobilization during emergencies
Networking	Investing in and maintaining strong networks of relevant organizations and individuals is crucial. Establishing formal agreements and communication protocols during stable times is key. This foresight ensures that, in the event of a crisis like a pandemic, pre-established relationships and systems enable a coordinated and flexible response. Additionally, these networks facilitate the flow of information, resources, and support, overcoming logistical, economic, or social challenges
Legislation	it's recommended to set up a legal framework for the Multidisciplinary Crisis Response Team. Develop a comprehensive plan according to this framework, focusing on training government and non-government entities in legislative matters. Also, prioritize translating the legislation into Papiamentu, enhancing public understanding
Policy development	Under the Ministry of General Affairs, start developing integrated policies with other ministries. Improve policymaker expertise through focused training. Adopt a 'Health in All Policies' strategy for holistic collaboration. Ensure policies include vulnerable groups like women, the elderly, and the undocumented during crises. Regular policy evaluation is essential
Use of data	Create a consistently funded registration system. The Ministry of General Affairs is setting up a data center for centralized data collection and two-way stakeholder communication. Developing a database, network, and related processes is crucial. Launch a secure platform for data acquisition and sharing. Use this data to identify and reach at-risk populations. Establish a system for continuous data collection and monitoring to keep the register current

COVIDCAS - RECOMMENDATIONS PANDEMIC PREPAREDNESS CURAÇÃO

	Preconditions	Digitalization <p>Invest in improving digital skills and literacy. The pandemic's push towards digital platforms highlighted the digital divide. Embrace a broad digitalization strategy, ensuring universal internet access, for example, by providing community-level or neighborhood-level internet connections.</p>
		Trust <p>Establishing mutual trust with government authorities is essential, depending on effective government outreach that resonates with individuals' needs. It's vital to cultivate this trust also outside crises. Involve healthcare professionals, such as doctors and paramedics, especially those experienced in pandemic conditions, in communication initiatives.</p>
	Vulnerable populations	Outreach <p>Broaden the definition of vulnerable populations. Include not only the elderly, undocumented, women, but also people with mental health issues, individuals with limited literacy, those with physical disabilities, children over 12 years old. Chart and assess the organizations that have direct contact with the vulnerable populations, collaborate with them and address the specific needs.</p>
		Accessibility <p>General practitioners, who are frequently the first point of contact for many patients, should keep thorough patient records to improve care quality. During crisis situations, consistent regular care, including urgent surgeries should be maintained as much as possible. Deploy mobile GP stations in communities, using buses like the 'Salu pa tur' initiative, to provide accessible healthcare to vulnerable groups. Streamline medication and prescription delivery via online platforms and identify easily accessible pharmacies. Develop specialized financial healthcare options for undocumented persons. Build and maintain trust with undocumented communities, including during times of stability.</p>
	Health	Mental health <p>Enhance mental health support by creating a free helpline for open discussions about well-being, backed by follow-up care and a team of experts for continuous guidance. Work towards destigmatizing mental health, reducing wait times, and improving access to care. Prioritize addressing healthcare professionals' mental health, along with early detection in communities. Expand online mental health resources and emphasize the importance of seeking help, fostering a culture where asking for assistance is actively encouraged.</p>


COVIDCAS - RECOMMENDATIONS PANDEMIC PREPAREDNESS CURAÇÃO

 Health	Domestic violence	<p>Police frequently encounter domestic violence situations, accounting for half of their emergency calls, but they typically lack adequate training to manage these incidents. Providing law enforcement with the right resources and strategies to effectively address domestic violence is crucial.</p>
	Trust	<p>Establishing mutual trust with government authorities is essential, depending on effective government outreach that resonates with individuals' needs. It's vital to cultivate this trust also outside crises. Involve healthcare professionals, such as doctors and paramedics, especially those experienced in pandemic conditions, in communication initiatives.</p>
 Communication	Risk communication	<p>Disseminate a consistent, unified message across various channels like radio, TV, and social media to reach different audiences. Balance legal accuracy with understandable language, focusing on the core message. Use diverse formats like audiovisuals, written content, and press releases to keep the public informed about local and international events. Aim for simple, clear communication, enhancing understanding with design elements like color and pictograms. Hold regular press briefings at set times for reliable information. Regularly review and assess communication strategies to ensure universal comprehensibility and effectiveness.</p>
	Communication loop	<p>Implement a robust, accessible communication loop that allows public feedback and queries, including a dedicated phone line or call center. Ensure representation from relevant organizations and maintain this framework continuously, with skilled individuals in both government and non-government sectors, and community representatives. Prioritize clear, factual messaging from government sources, with community involvement to maintain integrity. Identify and support intermediaries for each language and demographic to effectively communicate with vulnerable groups. Actively engage in communities to adapt messages for different linguistic and cultural groups. Emphasize a direct and personal communication style, balancing reactive and proactive strategies. Utilize community hubs like churches and centers for information dissemination. Conduct community engagement sessions for two-way dialogue and dynamic response</p>



COVIDCAS - RECOMMENDATIONS PANDEMIC PREPAREDNESS ARUBA

<div>  Preconditions </div>		
<div> Networking and collaboration </div>	<p>Currently, NGO efforts are too fragmented. A strategy to unite and facilitate cooperation among these groups is essential. Key agencies like Sede Aruba could play a pivotal role in this process, serving as a hub for NGO coordination and government interaction. Creating stronger mechanisms to reach people, strengthen stakeholders, prevent fragmentation and stimulate collaboration.</p>	
	<p>While the government has provided significant support, NGOs, including churches, could be more effectively utilized to reach diverse target groups. The government alone cannot reach all groups and lacks the necessary resources. This situation led to uneven distribution of aid, such as discrepancies in food package distribution. To improve this, a more robust monitoring and control system is needed, ensuring equitable and efficient allocation of resources. Collaborating closely with NGOs and religious organizations can enhance outreach and ensure that aid reaches those who need it most.</p>	
	<p>It's crucial to evaluate the proportionality of response measures to different kinds of disasters. Making distinctions between various types of emergencies can lead to more tailored and effective responses. Regular assessments of the outcomes and effectiveness of these measures are also recommended to ensure they meet the intended goals and can be adjusted as necessary for optimal impact.</p>	
	<p>It's important to avoid rigid policies that exclude vulnerable groups, such as migrants, on the basis that they are 'not the target group.' There's a significant population of migrants, especially Venezuelan refugees, within the community. Their needs and rights should be considered and addressed in support programs and policies, ensuring that no one is excluded due to their migrant status.</p>	
	<div> Trust </div>	<p>To improve governance and public trust, more transparency in the decision-making process is essential. This includes providing clear explanations afterward, making information more accessible to the public, conducting parliamentary reviews, and ensuring accountability. Such steps would not only increase transparency but also foster greater public understanding and engagement in governmental decisions.</p>


COVIDCAS - RECOMMENDATIONS PANDEMIC PREPAREDNESS ARUBA

 <p>Preconditions</p>	<p>Use of data</p>	<p>Recommendation for population assessment and data utilization: Implementing a comprehensive people assessment, with a focus on vulnerable groups, is recommended. Utilizing a general population database, managed by an entity like the Central Bureau of Statistics, can provide valuable insights. This approach enables targeted and effective support, ensuring that policies and services are tailored to meet the specific needs and circumstances of all community segments, including the most at-risk individuals.</p>
 <p>Health</p>	<p>Accessibility</p>	<p>During the pandemic in Aruba, while medical supplies and medications were available, accessibility was a different issue. The healthcare system wasn't prepared for the pandemic, leading to difficulties in obtaining referrals and repeat prescriptions. People struggled to visit general practitioners due to unclear processes and a lack of information, especially regarding insurance, which had other priorities during the pandemic. To improve healthcare during crises like COVID-19, it's essential to streamline access to medical services, including clear information on visiting healthcare providers and obtaining medications. Ensuring effective communication from insurance companies during such times is also vital.</p>
	<p>Mental health</p>	<p>In Aruba, there has been a shift in how mental health is managed. Now, mental health falls under Social Affairs instead of the Health Department. This restructuring is currently under debate due to various challenges, including limited facilities and cooperation between organizations. However, movement is observed since the transition to Social Affairs, with initiatives like Fundashon Hunto aiming to integrate these services. The pandemic's impact on vulnerable groups and also healthcare workers, who faced high stress and burnout risks, deserves more attention.</p>
	<p>Resiliency</p>	<p>Assessment of Resilience in Health Systems: Evaluating resilience involves measuring the ability to transition effectively between normal and crisis health systems. This includes assessing how well a system adapts during a crisis and then returns to its normal state. The focus is on the system's flexibility, responsiveness, and sustainability during these shifts.</p>




COVIDCAS - RECOMMENDATIONS PANDEMIC PREPAREDNESS ARUBA

 <p>Vulnerable populations</p>	<p>Post-pandemic trauma</p>	<p>Recognizing and addressing post-pandemic trauma is crucial. The return to pre-pandemic systems without adequately dealing with its mental health repercussions overlooks the ongoing emotional and psychological impacts. A comprehensive approach to mental health, especially for the most vulnerable, is essential in the pandemic's aftermath.</p>
 <p>Communication</p>	<p>Risk communication</p>	<p>To enhance risk communication, a diverse mix of channels including TV, radio, and social media should be utilized, acknowledging that not everyone has access to these, especially social media. Factors such as lack of devices, internet access, challenges in identifying credible sources, and language barriers in a multilingual society need to be considered. Conducting a thorough assessment of the population is recommended to determine the most effective communication methods for different target groups. This approach ensures that critical information reaches all segments of the community efficiently and accurately.</p>
		<p>Recommendation for improved communication strategy: the communication tone should be calming and reassuring. Abrupt cessation of data sharing, like COVID updates, should be avoided. Simplifying the message for broad understanding is key. A more structured approach is needed for implementing measures, including clear guidelines with specific deadlines to prevent confusion and panic. Additionally, addressing authority challenges by clearly defining who authorizes what can streamline the decision-making process and enhance public trust.</p>

COVIDCAS - RECOMMENDATIONS PANDEMIC PREPAREDNESS SINT MAARTEN

<div>Preconditions</div>		
<div>Infrastructure</div>	<div>Networking</div>	<p>Governments should proactively establish crisis infrastructure rather than just react during emergencies, ensuring access to essential services which residents rightfully expect.</p> <p>It's essential that governments of the Dutch and French part of the island harmonize policies and measures, considering that families are dispersed across both sides. This leads to high mobility, making the border feel more like a nominal division rather than a physical barrier in everyday life.</p>
	<div>Policy development</div>	<p>Improving cooperation between government services and vulnerable communities is crucial, with a focus on leveraging church and local community resources. Expanding networks among NGOs, including smaller organizations, is important because community-led initiatives tend to be more sustainable than those driven solely by NGOs.</p> <p>The Red Cross in Curaçao can be seen as an example of a robust and efficiently operating local organization. Its strong local embedding and recognition from both government and community made it possible to make a significant contribution to the organization and distribution of resources.</p>
	<div>Use of data</div>	<p>More foresight and planning are essential; One should not wait for a pandemic to break out. It is important to develop proactive strategies, partnerships, facilities and legal frameworks. Specific attention should be paid to elderly and undocumented migrants.</p>
	<div>Trust</div>	<p>The government, following World Bank recommendations, is creating a comprehensive social database covering all island residents. This registry aims to gather detailed information from each household and family, focusing on identifying and aiding at-risk groups. This effort is key for informed policymaking, offering valuable insights into demographics, residential trends, and other relevant data.</p>
		<p>Fostering relationships and trust is essential. In normal times, fostering a sense of inclusion is crucial to enhance communication and build relationships for crisis situations. Establishing safe spaces and utilizing role models from churches or other organizations can play a significant role in this process.</p>

COVIDCAS - RECOMMENDATIONS PANDEMIC PREPAREDNESS SINT MAARTEN

 <p>Vulnerable populations</p>	<p>Protect the most at risk during crisis</p>	<p>It's crucial to have structures that recognize and gain the trust of vulnerable groups in everyday life when there is no crisis,, ensuring they are visible and their needs understood. This goes beyond mere data collection and also concerns actively identifying and assisting these groups, including those often overlooked, like individuals living in marginalized conditions such as the dump.</p>
 <p>Health</p>	<p>Accessibility</p>	<p>In Sint Maarten, there are ongoing discussions about introducing national basic health insurance, as not everyone is currently insured. Efforts are being made to decentralize healthcare by establishing local health centers, possibly repurposing community centers, and deploying mobile healthcare units. General practitioners are vital in integrating healthcare within the community by disseminating information. Organizing permanent shelters in the event of crises contributes to the efficiency and sustainability of this approach. At this time, the White Yellow Cross Organization remains the sole provider of accessible community healthcare, with a general agreement on the need for an expanded and stabilized healthcare infrastructure closer to the population.</p>
 <p>Communication</p>	<p>Risk communication</p>	<p>Coordinating with all radio stations for uniform information dissemination in Sint Maarten might be challenging due to limited government resources. Originally, the government used a single channel but is considering expanding to multiple outlets. Despite initially favoring Facebook, radio, particularly through influential DJs, has proven more effective. Health information is also shared via WhatsApp groups linked to community centers, ensuring wide accessibility. Sint Maarten has effectively communicated health and safety measures in multiple languages, ensuring comprehensive communication coverage.</p>
	<p>Communication loop</p>	<p>The primary communication issue in Sint Maarten lies between the government and community organizations, but efforts are underway to bridge this gap. This includes providing disaster training to these groups. Leveraging community councils, which are well-established and trusted, can significantly enhance communication, given their active presence and connection within the community.</p>