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Emergency appeal operation update Costa Rica and Panama: Population Movement



Emergency Appeal Operations Update No. 3 (12-month update)	Emergency appeal no. MDRCR014 GLIDE no. OT-2015-000157-CRI
Date of issue: 22 December 2016	Date of disaster: November 2015
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Operation start date: 22 November 2015	Expected timeframe: 18 months; operation end date is 22 May 2017)
Overall operation budget: 560,214 Swiss francs (CHF)	
Number of people affected: 17,000 people	Number of people to be assisted: 10,000 people (while many of the Haitian migrants are traveling with family members, including small children, the majority of the extra-continental migrants are traveling without family members, which means that number of affected families is not applicable)
Host National Societies presence (n° of volunteers, staff, branches): The Costa Rican Red Cross (CRRC) has 121 branches grouped into 9 regions. Regions 8 and 5, where the Costa Rican Red Cross is providing assistance, have a broad structure of volunteers, ambulances, and vehicles operating to support humanitarian actions. According to the CRRC's database, it has 6,000 registered volunteers. Red Cross Society of Panama (RCSP): The RCSP has 1 national headquarters and 21 branches. At the national level, there are 500 active volunteers.	
Red Cross Red Crescent Movement partners actively involved in the operation: Costa Rica and Panama: The International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), and the American Red Cross.	
Other partner organizations actively involved in the operation: In Panama: Ministry of Health, the Ministry of Health's International Cooperation, National Civil Protection System (SINAPROC), National Border Service (SENAFRONT), National Navy System (SENAN), International Organization for Migration (IOM), Christian Pastoral, Ministry of Interior, Immigration Service, Social Security Service, protestant churches, civil society, private sector (farmers), and Caritas Panama. In Costa Rica: National Commission for Risk Prevention and Emergency Assistance (CNE) along with all of the institutions that comprise it, the National Health Ministry, the United Nations Population Fund (UNFPA), and the United Nations High Commissioner for Refugees (UNHCR), National Child Welfare Board (PANI), and Caritas Costa Rica.	

This 12-month update presents progress towards the activities of the Emergency Plan of Action and reflects changes since the operation update no. 2 issued on . The following changes have been made to the emergency appeal:

Number of people to be assisted:

In the emergency appeal's first phase, it reached approximately 7,000 migrants from various countries. Despite insufficient funding, the appeal's beneficiaries received personal hygiene items, hygiene promotion messages and food, among other actions due to the joint work of the Costa Rican and Panamanian governments and their country's respective National Society.

The operation expects to reach at least 1,000 people per month through self-protection messages, the provision of first aid, hygiene promotion and shelter management depending upon what is requested by the affected governments and the availability of funding; no duplication of beneficiaries is anticipated as the National Societies intend to deliver the humanitarian aid to different beneficiaries each time. Consequently, the figure for the number of people assisted has

been increased from 6,350 to 10,000 people.

Overall operation budget:

Due to the appeal's insufficient funding, its budget has been reduced from CHF 602,895 to CHF 560,214, with a funding gap of CHF 329,681. [Click here to view the revised budget](#). The interim financial report will be issued once the revised budget is uploaded.

Sectors:

Health

Output 1.3: Community-based prevention and health promotion provided to the target communication was added along with the following corresponding activities: Reproduction of health materials focused on the migrant population; distribution of condoms; and production of materials on sexually transmitted infections (STIs).

Water, Sanitation and Hygiene Promotion

The distribution of safe water was removed from *Outcome 2: Immediate risk of contracting diseases related to water, sanitation and hygiene are reduced by improving safe water storage and handling conditions for 10,000 migrants*.

Output: Safe water storage conditions are strengthened in the collective centres was eliminated along with the following corresponding activities: Construction of showers and drains; improvement and/or construction of wash basins; improvement and/or construction of drains

The following activities were also eliminated: the community-based health and first aid (CBHFA) workshop for volunteers in water and sanitation and hygiene promotion; the workshop for communities on water and sanitation and hygiene promotion; and the distribution of 1,000 14-litre buckets with lid and dispenser

The *repair of micro structure sanitation* activity was added to *Output 2.3: The hygiene systems in the collective centres are strengthened*.

Shelter and Settlements (and household items)

The *provision of a backpack for the transportation of personal items* was eliminated from the indicator for *Output 3.1: Essential non-food items (NFIs) are provided to the target population*.

The *Maintenance of mobile kitchens in Costa Rica and Panama* activity was moved from the Food Security, Nutrition and Livelihoods sector to this one.

Food Security, Nutrition and Livelihoods

Outcome 4: There is access to food in Red Cross-managed collective centres was changed to *Outcome 4: Administration of food is facilitated in Red Cross-managed collective centres*.

Output 4.2: Mobile kitchens in the collective centres in Costa Rica and Panama are well maintained was added to the sector.

The following activities were eliminated from this sector: *Purchase mobile kitchens in Panama*; and *Food distribution for 2,000 people for two months in Panama and Costa Rica*.

Panama was added to the *Maintenance on mobile kitchens* activity.

Disaster Preparedness and Risk Reduction

This sector was eliminated from the revised emergency appeal.

Quality programming/Areas common to all sectors

The following outputs were added to this sector: *Output 4.1. Initial and multi-sector needs assessment is conducted in coordination with beneficiaries*; *Output 4.3. Document the migrants' situation in order to produce materials for public visibility and advocacy*; *Output 4.4. Ensure migrants' and communities' access to information* and *Output 4.5. A communications strategy within the Institution, and in coordination with the various Red Cross National Societies located in countries along the migrants' route, is developed, which allows National Societies to respond to the population's specific needs*

The *Outcome: The most vulnerable people have access to unconditional cash in order that meet their special needs* was eliminated from the emergency appeal.

The following activities were added to the sector: Produce two videos on the operation; Develop a community mobilization strategy; Community mobilization workshop; Development of tools that combat stigmatization and

xenophobia; Develop a communication strategy; and Production of materials that monitoring the migrants' route

The *Acquisition of an Open Data Kit (ODK) and Mega V kit* activity was eliminated from this sector.

IFRC, on behalf of the Costa Rican Red Cross and the Red Cross Society of Panama, would like to thank all of its partners and appeal to all distinguished donors to support the Emergency Appeal to both National Society to provide much needed assistance to the most vulnerable migrant populations passing through Costa Rica and Panama.

1. Summary

In November 2015, more than 1,000 Cuban nationals were reported to be camped out at the Paso Canoas border crossing with Panama. In view of requirements for entering the country and the fact that these migrants did not meet them, a significant amount of people began to congregate in this border community, taking to living in the streets while they waited for a solution to their immigration status. The Costa Rican government issued permits allowing migrants to enter the country and continue on their way to the United States. Thousands of migrants benefitted; however, despite these permits, migrants were unable to enter Nicaraguan territory as they failed to meet Nicaragua's immigration requirements. By March 2016, approximately 8,000 migrants were in Costa Rican territory, requiring an immediate humanitarian intervention by the CRRC, which was later joined by other government institutions, churches and organized communities, among others; all of these organizations jointly supported the establishment of 37 collective centres to address food, water and sanitation needs and promote health.



Vaccinations at the Mashdi Collective Centre in Meteti, Darien province in Panama. Source: Panamanian Health Ministry

Nonetheless, the solution for many of the Cuban nationals came several months later (March to May 2016) after an air bridge between Costa Rica and El Salvador was established; in the end, around 8,000 people were airlifted to Mexico. However, the departures of the Cuban nationals marked the beginning of the arrival of a group of Haitians and people from various countries in Asia and Africa to Panama's border areas, specifically in Paso Canoas and Peñas Blancas; most of those from outside the continent were from Burkina Faso, Congo, Ivory Coast, Ghana, Guinea-Bissau, Mali, Senegal and Somalia, Nepal, Pakistan, Bangladesh, Angola, Cameroon, Eritrea, Gambia, Mali, Nigeria, Sierra Leona, Togo, Benin, Haiti, Afghanistan, Ivory Coast and Tanzania. Since the migrants lacked visas to enter Costa Rica, they started congregating in surrounding streets as they were unable to continue because they were not authorized to enter the country and unable to turn back because Panamanian authorities would not allow them to return; those that managed to evade police started gathering near the Peñas Blancas, Costa Rica border crossing with Nicaragua, where they were living in unsuitable conditions in regard to housing, drinking water, food and hygiene. On 12 April 2016, some migrants were transported back to the Paso Canoas border crossing with Panama by Security Ministry vehicles, which exacerbated the problem given the precarious conditions and the amount of people involved; this led to several institutions deciding to open a "humanitarian aid post" in order to assess basic food, health and hygiene conditions. This post was later handed to the Costa Rican Red Cross so that it could manage and operate it.

In May 2016, reports indicated the existence of 43 collective centres, 33 communities hosting migrants, 15 active municipal emergency committees, more than 500 volunteers and more than USD\$5 million in operating and administrative maintenance executed by Costa Rica's Emergency Commission. Panama also faced a rapid build-up of Cuban migrants in May 2016, when the Costa Rican government stopped issuing transit permits to migrants, which forced 4,000 migrants that had congregated in Paso Canoas to live in hotels, apartments and houses; this situation continued until late June 2016 when migrants were able to take flights out or find informal routes to travel across the remaining Central American countries.

At the end of July 2016, Colombian media outlets observed a rise in the migrants concentrated in Uraba Antioqueño and Choco, which are near Panama's Darien province. Moreover, while only 35 Haitian migrants were registered by Colombian migration authorities in July 2015, the number of Haitian migrants has increased significantly, thereby surpassing the total of Cuban migrants. The Panamanian government closed its borders in May 2016; however, it is still permitting the controlled entry and exit of migrants. By August 2016, thousands of migrants were en route to North America; many of them having started their journeys in Brazil and later travelling through Colombia, Panama, Costa Rica, Nicaragua, Honduras, Guatemala and Mexico.

Immigration authorities in all of the involved countries are doing everything within their power to manage the burgeoning immigration crisis, and emergency authorities are attempting to meet the humanitarian needs arising in each country's meeting points or points of passage; this was instantiated by the Panamanian authorities' establishment of a reception centre in Nicanor for the migrants (the migrants enter Panama from Las Blancas, Peñitas

or Yaviza on the Colombian-Panamanian border). From there, the migrants are transported by bus to Paso Canoas, Panama, which is near the border with Costa Rica.

The entry of migrants at the Colombian-Panamanian border increased in October 2016; according to health authorities, an average of 300 to 500 migrants was entering Panama per day on the Colombian-Panamanian border and only 100 were leaving the country per day through Panama's border with Costa Rica, which means more migrants were entering Panama on a daily basis than leaving from it. This influx of migrants swelled the number of migrants staying in the temporary reception centre in Nicanor.

Over the last nine weeks, 7,000 migrants have passed through Panama, and there are approximately 5,000 migrants in Nicanor that are waiting to travel to the border with Costa Rica; the migrants' average stay in Nicanor is 4 to 6 weeks. In 2016, the centre in Nicanor received 17,000 migrants "formally"; nevertheless, the number of migrants that entered Panama in 2016 could be higher as the authorities have not registered all of the migrants that have passed through Panama.

In the case of Costa Rica, approximately 12,567 migrants have been registered in the country to date. An agreement was reached with the government of Panama stipulating that as of 18 September 2016, Costa Rican authorities would only allow the entry of 100 migrants per day. When arriving at the border with Costa Rica, migrants go to a reception centre known as Kilometro 20 in Paso Canoas, which is the only migrant reception centre in southern Costa Rica. The government has arranged for buses to take migrants across the country to the border with Nicaragua, where there are currently two active migrant reception centres. Costa Rica grants migrants a temporary visa valid for 22 days; if they are delayed, this visa can be immediately renewed for 22 more days. The migrants' greatest expectation and hope upon arriving in Paso Canoas, Panama is to be granted the visa that will enable them to reach Costa Rica's northern border with Nicaragua; while this border with remains closed, small groups of migrants are able to cross into Nicaragua.

2. Coordination and partnerships

Summary of the current response

Overview of Host National Society

Since the beginning of the crisis, the RCSP and CRRC have provided support to the migrant population at Panama's and Costa Rica's border crossings in first aid, pre-hospital care, ambulance transfers, health promotion and communicable disease prevention, psychosocial support and the distribution of individual hygiene kits and blankets, and the CRRC has helped managed the in-country collective centres.

Movement Coordination

Costa Rica:

International Federation of Red Cross and Red Crescent Societies: The IFRC held meetings with the National Society and conducted visits to the camps; it has maintained constant communication with the CRRC. Additionally, it has supported the monitoring and updating of the response according to the changing scenario of the migrants in the country, and it mobilized a Regional Intervention team (RIT) member specialized in water, sanitation and hygiene to support the situation in the collective centres.

International Committee of the Red Cross: In August 2016, the ICRC deployed multidisciplinary team consisting of Restoring Family Links (RFL), health, water and sanitation experts to learn about the situation; this visit also included National Society members and the IFRC's disaster management coordinator for Central America. Moreover, the ICRC has generated material in different languages, including Creole, and through the support of a RIT, it identified the importance of providing the materials in Portuguese since many of the extra-continental migrants speak Portuguese because they spent a significant amount of time in Brazil and their children consider it their native language.

Panama:

IFRC: It has maintained constant communication with and provided support to the National Society through the deployment of a RIT member in May 2016 to Panama to provide care to the migrant population in Paso Canoas; the IFRC also provided guidance to the National Society on the field assessments performed in August 2016 in Darien near the Colombia-Panama border. The IFRC has held several meetings to address and analyze the scenario and the migrants' needs; additionally, it has shared the reports on the inter-agency cluster on migration, and it mobilized a second general RIT to support the operation in Panama. Funds have been mobilized for the Migration Unit in Geneva to produce a mini-documentary on the situation in Costa Rica and Panama. Lastly, in October 2016, the health in emergencies officer was deployed to Panama to make adjustments to the emergency appeal, in coordination with the country coordinators.

Overview of non-RCRC actors in country

Costa Rica:

Government: Ongoing coordination continues with the National Commission for Risk Prevention and Emergency Response (CNE for its acronym in Spanish) through its emergency operations centre (EOC) and with Municipal Emergency Committees in the cantons of Corredores and La Cruz, where the Red Cross is a member of the National Emergency System. Moreover, meetings have been held to coordinate the main operational actions and to address the various needs in the care posts.

Meetings continue with the Office of the President, the Ministry of Communications and the Ministry of the Presidency, in which they have been engaging in decision making at the central political level and the planning of activities. Communications have been maintained with the General Immigration Directorate and security forces (national police), as well as the coordination and monitoring of the migrants' security and the care posts.

The Comptroller's Office established the Costa Rican National Commission's emergency fund to address the migrant situation for up to one year, with this support officially ending on 18 November 2016. In this regard, the State is already making arrangements, e.g. a percentage of the country's exit tax fund will be allocated to Immigration. Additionally, the National Commission will lead the immigration efforts, and it will propose projects to rehabilitate and support the collective centres until December 2017.

Other government institutions are also providing support, including:

1. National Children's Council, the entity tasked with ensuring child and adolescent health
2. Ministry of Health, which is in charge of monitoring the migrants' health conditions. The Costa Rican Social Security Hospital provides free medical care to migrants (basic primary as well as specialized health care, including surgeries, childbirths, and referring patients to the Oncology Department)

Other organizations: Constant communication is maintained with the office of the Resident Coordinator for the United Nations (UN), and other international agencies such as the International Organization for Migration and the UN High Commissioner for Refugees (UNHCR) have monitored the humanitarian standards offered to migrants and coordinated their care; moreover, the National Child Welfare Board (PANI), with support from immigration and regular police, has been managing the collective centre in Buenos Aires, Costa Rica.

Costa Rican Red Cross is currently negotiating an agreement with UNHCR and the government to invest in the Kilometro 20 reception centre. The agreement includes the following objectives:

1. Three-month rental of Kilometro 20 facilities
2. Payment of public utility services for 4 months
3. Procuring a phone and internet contract for the collective centre; this is extremely important to help migrants re-establish contact with their relatives
4. Salary for a manager to be provided by the Costa Rican Red Cross for two months since the government has requested the National Society's support to manage this reception centre.
5. Repairs to infrastructure in order to fulfil minimum humanitarian standards (Sphere)
6. Purchase of bunk beds, mattresses, tables and chairs.

Panama:

Government: The National Border Service (SENAFRONT) is managing the collective centres and providing transportation to migrants from Meteti to David in order to prevent them from camping out for days in Panama City as they had been previously doing. In addition, SENAFRONT held a meeting with IOM to identify complementing capacities in order to support the border control agency's efforts to maintain peace and tranquillity in the collective centres, provide safe spaces for children and so forth; SENAFRONT requested the meeting due to the migrants' lengthy stay of 3 to 5 weeks in the collective centres before they are moved to the border region between Panama and Costa Rica.

The Panamanian government's Ministry of Health has deployed personnel, and it is providing healthcare services such as vaccinations, primary clinical care and transport to the hospital in Chepo for cases that require it; additionally, the Red Cross Society of Panama has held coordination meetings with Ministry of Health authorities to coordinate better their joint actions.

Other organizations: Caritas and IOM contributed supplies to improve the quality of care, especially to the Cuban migrants.

3. DETAILED OPERATIONAL PLAN

Health

Needs analysis: Health authorities in Panama and Costa Rica have not ruled out the possibility of outbreaks of non-endemic diseases or the appearance of diseases that have not been previously registered in the region. Moreover, diseases that were thought to be previously eradicated have reappeared since the arrival of the migrants. Panama's Ministry of Health has reported that a number of migrants have arrived with injuries, dermatological infections caused by fungus and/or bacteria, gastroenteritis, respiratory infections, male and female reproductive tract infections, snake bites and so forth; a significant number of pregnant migrants have also been observed, and there have been some cases of STIs, such as gonorrhoea and some cases of HIV.

Population to be assisted: 6,500 people suffering from chronic or acute health problems assisted in Peñas Blancas and in Paso Canoas.

OBJECTIVES	INDICATORS																		
Outcome 1: Immediate health problems among the migrant community are treated through pre-hospital care and psychosocial support in Costa Rica and Panama	# of people reached with appropriate pre-hospital care health services and psychosocial support in both border crossings																		
Output 1.1 Members of the migrant community showing symptoms or signs of illness receive pre-hospital care	# of people assisted with pre-hospital care																		
Output 1.2 Psychosocial support is provided to the affected migrant population in Peñas Blancas and Paso Canoas	# of people reached by PSS																		
Output 1.3 Community-based prevention and health promotion provided to the target population	# of people reached through community-based health activities																		
Activities	Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Pre-hospital care																			
Key messages for self-health care																			
Hiring of psychologist in Panama and Costa Rica																			
Replenishment of first aid items																			
Deployment of a National Disaster Response Team specialized in psychological support for 3 months																			
Reproduction of health materials focused on the migrant population																			
Distribution of 8,000 condoms for 5 months																			
Production of materials on sexually transmitted infections																			
Achievements to date																			
<u>Costa Rica</u>																			
Pre-hospital care: A total of 3,321 migrants have been attended, of which 2,605 have been transported to different healthcare centres. The data per branch and the Plaza Ferias collective centre are the following:																			

Branches	Attended	Transported
La Cruz Branch	1,894	1,535
Ciudad Nelly Branch	42	195
Laurel Branch	316	224
Plaza Ferias Collective Centre	1,069	651
Total	3,321	2,605

Psychosocial support: A total of 1,506 people (1,479 adults and 27 children) have participated in PSS activities through the Return to Happiness methodology, professional counselling and the promotion of recreational activities, which have been conducted in direct coordination with the Ministry of Health and its Psychosocial Department and with support from the CRRC's Auxiliary Committees in La Cruz, Liberia and Upala, Ciudad Neilly and Laurel.

The migrants have complete access to health services in the collective centre in Buenos Aires, Costa Rica, and they also have access to all services in the collective centre in Deldun, especially in the cities' health centres.

Replenishment of first aid items:

Supplies were delivered to the following branches:

1. Ciudad Neilly auxiliary branch
2. Laurel auxiliary branch
3. La Cruz auxiliary branch

Panama

From the beginning of the binational appeal in May 2016 up until now, pre-hospital care has been provided in support of the health centres in the vicinity of the collective centres; the support has mainly been through the transport of patients from the temporary collective centres to local health centres. The symptoms/conditions of the patients that were transported to the health centres were primarily: arterial hypertension, hypoglycaemia, back pain, a suspected heart attack, diabetic shock, possible fractures, pregnancy, appendicitis and children with less three years of age stricken with high fevers.

An orientation with health prevention and promotion messages was conducted with migrants using the Community-based health and first aid (CBHFA) methodology. Two workshops were conducted, and a total of 60 people attended the first workshop and 40 people attended the second one. Another way to reach the population was individually, and 1,241 people received the messages in this manner; the topics that were discussed with the migrants on an individual basis were: sexual health and reproduction (prevention of STIs), handwashing, prevention of epidemics (dengue and other endemic diseases) and the prevention of respiratory infections.

RCSP volunteers have provided PSS workshops to the migrant population, and care has been provided by professional psychologists. A PSS team comprised of 4 psychologists made two visits to the central headquarters in Gualaca in the province of Chiriquí to conduct mental health and psychosocial support actions; using a recreational methodology, the agenda covered topics such as assertive communication, emotional management, tolerance, stress management, building self-esteem and tools to facilitate coping mechanisms. The population was divided into three large groups: children, adolescents and adults (with a few elderly group members); the groups consisted of both men and women, and the actions with adults were done interactively in the dormitories, as they did not want to meet elsewhere because they did not want to lose sight of their belongings for fear of losing them. Activities in this sector allowed expressing emotion, which generated empathy. Only Cuban migrants participated in this activity. With the children, motivation for returning to a safe place was generated using play, playing games to relieve stress, manage free time, strengthen self-esteem and strengthen the ability to coexist among them, as the children were not socializing with each other and tended to stay with their own nationals; moreover, their parents joined their children's activities, which led to socialization among the adults. The tools that were used during this activity were from the violence prevention strategy; a total of

47 children, 61 adults and 15 adolescents benefitted from this activity.

Challenges

Challenges common to both National Societies

The multitude of languages spoken by the extra-continental migrants (French, Creole, Portuguese, among others)

Costa Rica

The main challenge is the lack of funding, which will make it difficult to continue providing pre-hospital care; it will also affect the participating branches' normal functioning of this activity, which in turn will jeopardize their ability to deliver this service to their respective communities.

Panama

RCSP personnel need to strengthen their knowledge and training in the IFRC's psychosocial support tools. In health promotion and prevention, the challenge has been logistical difficulties and access issues, and the health interventions have been limited to the visits in which Ministry of Health personnel were present. The same challenge has befallen pre-hospital care, as the migrants were located in remote areas.

Proposed new activities

Output 1.3: Community-based prevention and health promotion provided to the target communication was added to this sector, along with the following corresponding activities: Reproduction of health materials focused on the migrant population; distribution of condoms; and production of materials on sexually transmitted infections.

Water, sanitation and hygiene promotion

Needs analysis: There is no access to safe water in the case of the reception centre in Nicanor, Panama, as the reception centre has had to use a water treatment plant that cannot cope with the demand; the available water has been analyzed and it is murky and coliforms are present. The government is planning to acquire water treatment plants, but it is feared that the authorization of the purchase may not be until mid-2017. Lastly, the extra-continental population is producing a lot of waste; as a result, work should be done with them to raise awareness and prevent the generation of excess waste.

Population to be assisted: 10,000 people in Costa Rica and Panama.

OBJECTIVES	INDICATORS																	
Outcome 2: Immediate risk of contracting diseases related to water, sanitation and hygiene are reduced by improving safe water storage and handling conditions for 10,000 migrants	10,000 people that have access to sufficient safe water (disaggregated by gender/age)																	
Output 2.1 Personal hygiene kits that meet Sphere standards are provided to 10,000 people	10,000 people provided with a set of essential hygiene items (per person)																	
Output 2.2 The sanitation systems in the collective centres are strengthened	10 collective centres have improved shower and washing systems																	
Output 2.3 Knowledge of hygiene measures, sanitation, safe water and community health is strengthened	10 hygiene workshops in the collective centres for the migrant population																	
Activities	Months																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Distribution of personal hygiene kits to 10,000 people (men, women and children)																		
Repair micro structure sanitation																		
Safe water, hygiene, and sanitation awareness-raising campaign																		
Achievements to date																		

Costa Rica

Distribution of personal hygiene kits to 6,350 people (men, women and children): In total, 6,100 hygiene kits, which were acquired with funds from the International Appeal (3,700 kits), UNFPA (1,000 kits), the Cuban community in Miami (1,200 kits) and local donations (150 kits for women and 50 for children), were distributed from December 2015 to January 2016 kits; the kits complied with Sphere standards, and they were designed specifically for men, women and children since some migrants were travelling alone, while others were travelling with their families.

Panama:

Distribution of personal hygiene kits: A total of 1,241 people benefited from 2,482 personal hygiene kits (2 per person due to the migrants' needs); the deployed RIT supported the distributions. The distribution was carried out using the Open Data Kit System, which facilitated data collection.

The RIT member deployed to support distribution carried out the following activities:

- Induction provided to Barú District volunteers on ODK-Mega V system's use
- Individual characterization in ODK and delivery of Mega V cards
- Dissemination of actions and coordination on the ground with the national ombudsman and the director of Panama's National Civil Protection Service
- Delivery of personal protective gear to the volunteers the provided support during the distribution

ChallengesCosta Rica

Solid waste disposal in the collective centre in Delude has been poorly managed; however, improvements are being made.

Despite having all of the necessary facilities, complying with hygiene standards has been problematic in the collective centre in Buenos Aires.

Panama

In Barú, due to logistical challenges, the hygiene talks had to be conducted on the same day as the delivery of the hygiene kits.

The number of people initially targeted for the receipt of hygiene kits was 1,401 people; however, 1,241 people received hygiene kits in the end due to fluctuations in the collective centres' population.

Proposed new activities

The distribution of safe water was removed from *Outcome 2: Immediate risk of contracting diseases related to water, sanitation and hygiene are reduced by improving safe water storage and handling conditions for 10,000 migrants.*

Output: Safe water storage conditions are strengthened in the collective centres was eliminated along with the following corresponding activities: Construction of showers and drains; improvement and/or construction of wash basins; improvement and/or construction of drains

The following activities were also eliminated: the community-based health and first aid (CBHFA) workshop for volunteers in water and sanitation and hygiene promotion; the workshop for communities on water and sanitation and hygiene promotion; and the distribution of 1,000 14-litre buckets with lid and dispenser

The *repair of micro structure sanitation* activity was added to *Output 2.3: The hygiene systems in the collective centres are strengthened.*

Shelter and settlements (and household items)

Needs analysis: In terms of shelter in Costa Rica and Panama, it is important to strengthen the collective centres and the reception centres in the area of hygiene and other processes to ensure the migrants' dignity.

Population to be assisted: 10,000 people in the collective centres and reception centres in Costa Rica and Panama.

OBJECTIVES	INDICATORS																		
Outcome 3: The immediate shelter needs of the target population are met	# of people provided with emergency shelter assistance that meets the agreed upon standards for the specific operational context																		
Output 3.1 Essential non-food items (NFIs) are provided to the target population	5,000 people provided with a blanket in Panama																		
Output 3.2 The scope and quality of National Society services in the collective centres are improved	25 CRRC volunteers are trained in Shelter Management																		
Activities	Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Procurement and distribution of 5,000 blankets in Panama																			
Workshop to strengthen the volunteers' expertise in shelter management, protection and Sphere standards																			
Management workshop for branch volunteers involved in the management of collective centres																			
Achievements to date																			
<u>Costa Rica</u> The CRRC is currently managing two Migrant Care Centres in coordination with CNE, Immigration, Security Forces and Costa Rican Social Security (CCSS): one centre is located in southern Costa Rica in Kilometro 20 in Rio Claro de Puntarenas, serving a population of around 300 (with a high fluctuation in the number of migrants), while the second centre is located in northern Costa Rica in El Jobo, La Cruz in the province of Guanacaste, serving around 2,500 people a day; these centres provide temporary accommodations, food, first aid and transportation to medical centres, water and hygiene, as well as psychosocial support. The CRRC pays the volunteer-related management and operating expenses and the salary for the National Society's migration operation coordinator, while the government covers all costs related to rent, food, water, sanitation and hygiene.																			
Workshop to strengthen the volunteers' expertise in shelter management, protection and Sphere standards																			
<u>Costa Rica</u> The IFRC's social inclusion senior officer and emergency shelter and disaster management senior officer facilitated a shelter workshop on protection and violence prevention for the CRRC in August 2016.																			
<u>Panama</u> An official from the UNFPA and the IFRC's executive liaison senior officer facilitated a workshop in November 2016 for the RCSP on protection and sexual and gender-based violence (SGBV), while the CRRC volunteers that were trained in August facilitated the workshop's shelter component.																			
Both the CRRC and RCSP will participate in a workshop on the Sphere standards, which will specifically focus on protection and reinforce the training they received in in the previous workshops; the workshop will take place in the operation's penultimate month.																			

Procurement and distribution of 2,500 blankets: CNE has provided all of the collective centres with blankets; the items are delivered to the CRRC, which is then responsible for their distribution. The National Society has delivered more than 8,000 blankets, which were provided by the Costa Rican government, in the various CRRC-administered collective centres since it began caring for the migrants in November 2015.

Management workshop for branch volunteers involved in the management of collective centres: The IFRC trained 21 CRRC volunteers in shelter management; the volunteers were from different National Society branches, and they are currently providing care in the CRRC-administered collective centres. Some of the CRRC volunteers, that were trained during CRRC's shelter management workshop facilitated the RCSP's shelter management workshop, which was conducted from 18 to 20 November 2016 in Santiago in the province of Veraguas; the workshop had 20 participants.

Panama

Procurement and distribution of 2,500 blankets:

The acquisition of 2,500 blankets has been approved for an equal number of migrants, and they were delivered to Paso Canoas. The purchase was made through the IFRC's Global Logistics Service (GLS), and the blankets were delivered directly to the beneficiaries at the distribution point once they have been registered via ODK. The distribution was conducted with Mega V.

A total of 2,482 blankets were delivered to 1,241 beneficiaries in the collective centres in Bunker, Milenium, Hotel Morenita, Hotel Imperial, Hotel Galicia in David, Chiriquí. The purchase was done through the IFRC's Global Logistics Service (GLS), and the blankets were delivered directly to the beneficiaries at the distribution point once they had been registered via ODK; Mega V was also used during the distribution.

There will be an additional procurement of 2,500 blankets, which will be distributed to the beneficiaries in Panama.

Challenges

The constantly changing scenario is a challenge that requires the adaptation and streamlining of the actions to be implemented by the National Societies.

Costa Rica

There have been cases of unaccompanied minors in the collective centre in Buenos Aires, and "coyotes" have been seen prowling around the collective centre.

There are no designated places for setting up kitchens in the collective centre in Deldun, forcing many people to cook out in the open, which increases the risk of accidentally starting fires inside the camps.

The coordination of the collective centres and the interactions with the migrants has been difficult due to the multitude of languages spoken by the migrant population; however, with the support of the ICRC and the IFRC's RIT, the National Society is developing self-care messages with the purpose of improving communication and better informing the migrants.

Panama

The handing over of the collective centres' management happened very informally, with neither the appropriate communication nor transfer of responsibilities, which led to some organizational issues; however, the migrants were organized in a way that enabled the identification of their basic health needs, thereby providing them with food, basic health care along with hospital transport and comprehensive, personalized care by a RCSP social worker.

Proposed new activities

The provision of a backpack for the transportation of personal items was eliminated from the indicator for *Output 3.1: Essential non-food items (NFIs) are provided to the target population.*

Food security, nutrition and livelihoods

Needs analysis: The stores in the local communities in the vicinity of the reception centre in Panama are increasing the price of food for the migrants. In Costa Rica, the extra-continental migrants still prefer to cook with firewood despite the presence of kitchens in the collective centres, which poses a risk to their health and complicates the administration of food in the centres.

Population to be assisted: 10,000 migrants in collective centres and reception centres in Costa Rica and Panama.

OBJECTIVES		INDICATORS																	
Outcome 4: Administration of food is facilitated in Red Cross-managed collective centres		10 mobile kitchens installed in collective centres																	
Output 4.1: Food that meets minimum Sphere standards is distributed to 2,000 people		# of people receiving hot meals per day in coordination with local authorities in Costa Rica																	
Output 4.2: Mobile kitchens in the collective centres in Costa Rica and Panama are well maintained		# of mobile kitchens that remain fully operational throughout the operation's duration																	
Activities	Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Maintenance on mobile kitchens in Costa Rica and Panama																			
Achievements to date																			
<u>Costa Rica</u> Approximately 100,000 hot meals have been prepared and distributed since November 2015. The migrants receive three meals a day in the collective centre in Buenos Aires. The government of Costa Rica is providing the food, while the CRRC is tasked with distributing it to the migrants.																			
<u>Panama</u> Lunch and dinner are distributed to 800 people in Paso Canoas on a daily basis; however, during a visit to the collective centre in Paso Canoas, the IFRC's disaster management officer noted that the hygiene and security conditions during the food distributions must be improved; for this reason, changes were made to the kitchens' infrastructure, tables to place the prepared food were built, the lighting was fixed and covered containers for transporting the food were purchased in order to improve the administration and management of the food deliveries. The government of Panama is providing and distributing the food to the migrants at the moment; however, the RCSP may resume assisting with the distributions.																			
Challenges																			
<u>Costa Rica</u> Registering people has proven to be a challenge due to the constant rotation of people in the collective centres; however, coordination has been maintained with Costa Rican immigration authorities to keep track of the list of people who have been housed and received food.																			
<u>Panama</u>																			

Purchasing needed operational supplies has been difficult in Gualaca.
Proposed new activities
<i>Outcome 4: There is access to food in Red Cross-managed collective centres</i> was changed to <i>Outcome 4: Administration of food is facilitated in Red Cross-managed collective centres.</i>
<i>Output 4.2: Mobile kitchens in the collective centres in Costa Rica and Panama are well maintained</i> was added to the sector.
The following activities were eliminated from this sector: <i>Purchase mobile kitchens in Panama;</i> and <i>Food distribution for 2,000 people for two months in Panama and Costa Rica.</i>
Panama was added to the <i>Maintenance on mobile kitchens activity.</i>

Quality programming / Areas common to all sectors

OBJECTIVES	INDICATORS
Outcome 5: The operation's implementation is managed in a coordinated manner, with an adequate implementation and monitoring system	% of activities implemented on time By the end of the project, sources of verification for the actions conducted are available
Output 5.1 Initial and multi-sector needs assessment is conducted in coordination with beneficiaries	# of assessments conducted
Output 5.2: The project has been monitored and implemented as per the timeframe established Emergency Plan of Action	# of activity progress reports # of monitoring visits by the IFRC
Output 5.3 Document the migrants' situation in order to produce materials for public visibility and sensitization	# of organizations that use the Red Cross's messages/campaigns # of coordination actions with traditional media that disseminate information on the Red Cross's immigration # of radio spots and interactive programmes produced and disseminated # of people reached through massive communication campaigns # of case studies produced # of videos produced
Output 5.4 Ensure migrants' and communities' access to information	Development of a strategy for coordination and the exchange of information between National Societies - IFRC and ICRC # of reports on cases of migrants with special needs who are supported by the National Societies as a result of the intra-institutional coordination and information system.
Output 5.5 A communications strategy within the Institution, and in coordination with the various Red Cross National Societies located in countries along the migrants' route, is developed, which allows National Societies to respond to the population's specific needs	# of migrants who receive information regarding the services along the route. (material designed by ICRC)
Activities	Months
Rapid assessment of the emergency	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Multi-sector detailed assessment per collective centre																							
IFRC multi-sector field detailed assessment mission																							
Implementation of activities that will include meetings with authorities and diffusion at the community level																							
Development of a communication campaign as part of the advocacy strategy																							
Development of material that will include press release, key messages, video and diffusion material																							
National capacity building workshops																							
Binational coordination workshop																							
Diffusion and capacity building activities at the community level																							
Monitoring visits from headquarters																							
Two RIT deployments																							
Monitoring visits from the IFRC																							
Produce two videos on the operation																							
Lessons learned workshops in both countries																							
Beneficiary satisfaction survey (at least 10 collective centres)																							
Hiring of a general operations coordinator for the CRRC																							
Hiring of a general operations coordination for RCSP																							
Develop a community mobilization strategy																							
Community mobilization workshop																							
Development of tools that combat stigmatization and xenophobia																							
Develop a communication strategy																							
Develop and implement a communications campaign																							
Production of materials that monitor the migrants' route																							
Production of informative materials for the migrants developed by ICRC																							

Achievements to date

The CRRC has had an active role in assisting the migrant population. For ten months, CRRC branches have provided support to humanitarian needs with their own funds and funds from local donors, the IFRC, the government and local organizations. Fourteen CRRC branches have participated in the operation through their volunteer staffs and by making their ambulances available to assist the population.

The CRRC headquarters' emergency operations centre has remained active through the National Relief and Operations Directorate in order to provide guidelines on the actions to be conducted and coordination with national government authorities (immigration, police force, health and others), United Nations agencies, the IFRC, the ICRC and other national organizations.

Seven emergency operation reports have been submitted since November 2015 (Disaster Relief Emergency Fund [DREF] Plan of Action in November 2015, DREF update in December 2015, International Appeal in January 2016, a Revision of the Emergency Appeal in May 2016, a Six-Month Emergency Appeal Operations Update in July 2016, Emergency Appeal Operations Update no. 2 in October 2016 and this 12-Month Emergency Appeal Operations Update no. 3).

An operation coordinator was hired in December 2015, who has been responsible for coordinating the collective centres and CRRC branches at the border points as required.

A RIT from the Colombian Red Cross Society was deployed to the Paso Canoas area to support the RCSP's registration of migrants and the humanitarian aid distributions, and a RIT from the Canadian Red Cross Society was deployed to Costa Rica in September 2016 to provide support to the hygiene and sanitation activities.

Challenges

The main challenge in this area has been conducting a lessons learned workshop that involves all of the participating branches in order to extract as much learning as possible, including the things that were done right and those that need to be improved; this workshop would enhance the National Societies' position as humanitarian organizations. Developing beneficiary stories will be a priority over the coming weeks since the high workload has only allowed for the issuing of press releases and the posting of actions on social networks.

Proposed new activities

Output 5.1. Initial and multi-sector needs assessment is conducted in coordination with beneficiaries

1. Rapid assessment of the emergency
2. Multi-sector detailed assessment per collective centre
3. IFRC multi-sector field detailed assessment mission

Output 5.3. Document the migrants' situation in order to produce materials for public visibility and sensitization

1. Development of a communications campaign
2. Dissemination of campaign over national media
3. Radio spots and interactive programmes produced and disseminated
4. Production of case study
5. Production of videos

Output 5.4. Ensure migrants' and communities' access to information

1. Develop a community mobilization strategy
2. Reproduction of ICRC-developed informational material for migrants
3. Design and reproduction of banners in collective centres with guidance information for migrants regarding their route (ICRC)
4. Reinforcement activities and respect for the emblem, dissemination of fundamental principles
5. Development of communication tools to support sectorial activities
6. Development of tools to detect stigma, rumours and false information in host communities and among migrants
7. Development of actions to build volunteers' capacity in community mobilization
8. Informational platform in the collective centres (closed Wi-Fi)

Output 5.5 A communications strategy within the Institution, and in coordination with the various Red Cross National Societies located in countries along the migrants' route, is developed, which allows National Societies to respond to the population's specific

1. Development of a strategy to allow a communications network among countries that are part of the migration route (Brazil, Ecuador, Peru, Colombia, Panama, Costa Rica, Nicaragua, Honduras, El Salvador, Guatemala, Mexico and even Venezuela) regarding migrants' needs along the migration route; it could be over WhatsApp, and a monitoring format must be generated that includes information such as the number of migrants, special needs in different sectors, vulnerable population, etc.).

Contact information

For further information specifically related to this operation please contact:

In the Costa Rican Red Cross:

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For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

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1. Click [here](#) to return to the title page
2. Click [here](#) to view the revised budget

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.



EMERGENCY APPEAL

MDRCR014 Costa Rica - Panama Population Movement

21/12/2016

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0			0
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	20,489			20,489
Food	12,529			12,529
Seeds & Plants	0			0
Water, Sanitation & Hygiene	75,995			75,995
Medical & First Aid	39,406			39,406
Teaching Materials	68,633			68,633
Utensils & Tools	5,503			5,503
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	222,557	0	0	222,557
Land & Buildings	0			0
Vehicles	0			0
Computer & Telecom Equipment	0			0
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	0	0	0	0
Storage, Warehousing	0			0
Distribution & Monitoring	5,281			5,281
Transport & Vehicle Costs	20,735			20,735
Logistics Services	8,793			8,793
Total LOGISTICS, TRANSPORT AND STORAGE	34,808	0	0	34,808
International Staff	7,862			7,862
National Staff	2,260			2,260
National Society Staff	70,067			70,067
Volunteers	33,999			33,999
Other Staff Benefits	12,775			12,775
Total PERSONNEL	126,963	0	0	126,963
Consultants	13,758			13,758
Professional Fees	983			983
Total CONSULTANTS & PROFESSIONAL FEES	14,741	0	0	14,741
Workshops & Training	57,918			57,918
Total WORKSHOP & TRAINING	57,918	0	0	57,918
Travel	14,741			14,741
Information & Public Relations	33,187			33,187
Office Costs	7,075			7,075
Communications	6,486			6,486
Financial Charges	4,127			4,127
Other General Expenses	2,064			2,064
Shared Office and Services Costs	1,356			1,356
Total GENERAL EXPENDITURES	69,036	0	0	69,036
Partner National Societies	0			0
Other Partners (NGOs, UN, other)	0			0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Services Support Recovery	34,191	0		34,191
Total INDIRECT COSTS	34,191	0	0	34,191
Pledge Earmarking & Reporting Fees	0			0
Total PLEDGE SPECIFIC COSTS	0	0	0	0
TOTAL BUDGET	560,214	0	0	560,214
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	560,214	0	0	560,214