

DREF Plan of Action Panama: Population Movement

DREF Operation n°	MDRPA015		
Date of issue:	19 August 2021	Expected timeframe:	3 months
		Expected end date:	30 November 2021
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: 309,477 Swiss francs (CHF)			
Total number of people affected:	In the first 7 months of 2021, 45,150 migrants transited the Darien province, of which 12,073 (26%) represented minors. ¹	Number of people to be assisted:	6,000 migrants
Provinces affected:	Darien	Province targeted:	Darien
Host National Society presence (n° of volunteers, staff, branches): The Red Cross Society of Panama (PRCS) has 1,666 volunteers and 90 staff and is organized in 23 branches ² . The National Society headquarters are in the province of Panama.			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), Canadian Red Cross Society, and the International Committee of the Red Cross (ICRC).			
Other partner organizations actively involved in the operation: National Civil Protection System (SINAPROC), National Border Service (SENAFRONT), Ministry of Health (MINSAs), National Migration Service (SNM), Office of the First Lady of Panama, Instituto Nacional de Salud Mental de Panamá (INSAM), Secretaría Nacional de Niñez, Adolescencia y Familia (SENNIAF), Médicos sin Fronteras (MSF), International Organization for Migration (IOM), UN Refugee Agency (UNHCR), Norwegian Refugee Council (NRC), Hebrew Immigrant Aid Society (HIAS), as well as other civil society organizations and churches.			

[<Click here for the budget and here for the contact information. >](#)

A. Situation analysis

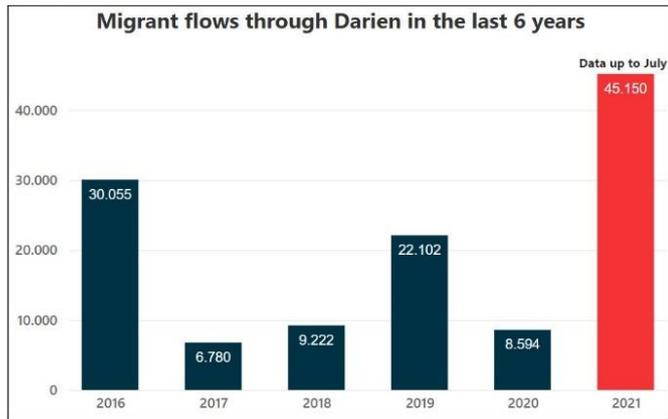
Description of the disaster

In 2021, the number of migrants crossing the Darien Gap has increased (see figure below), alarming institutions and organizations that provide humanitarian assistance in the field. According to the registers of the National Migration Service of Panama (SNM by his acronym in Spanish), **between January and July 2021, 45,150 migrants (33,077 adults and 12,073 children)³ have arrived in Panama from Colombia after crossing the jungle of Darien**, which represents the highest figure recorded in the last 6 years (30,065 in 2016) and has also exceeded by almost 42% the total number of migrants registered during 2019 (22,102).

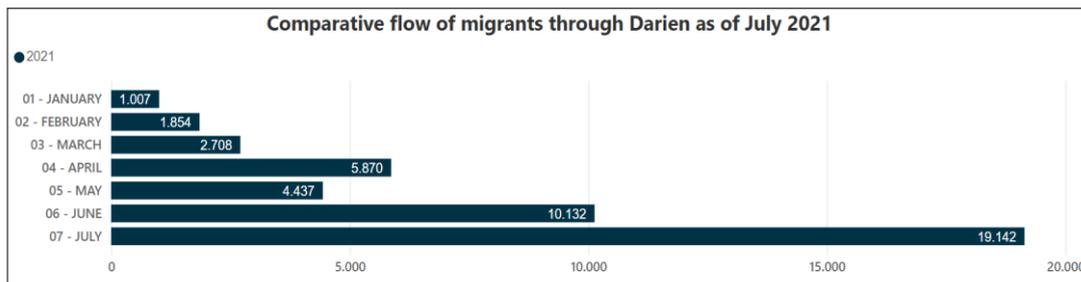
¹ In July, the Panamanian Migration Services registered the transit of 19,142 migrants (42% of the total number of migrants registered from January to July 2021)

² [Federation Databank and Reporting System](#)- FDRS, data from 2018

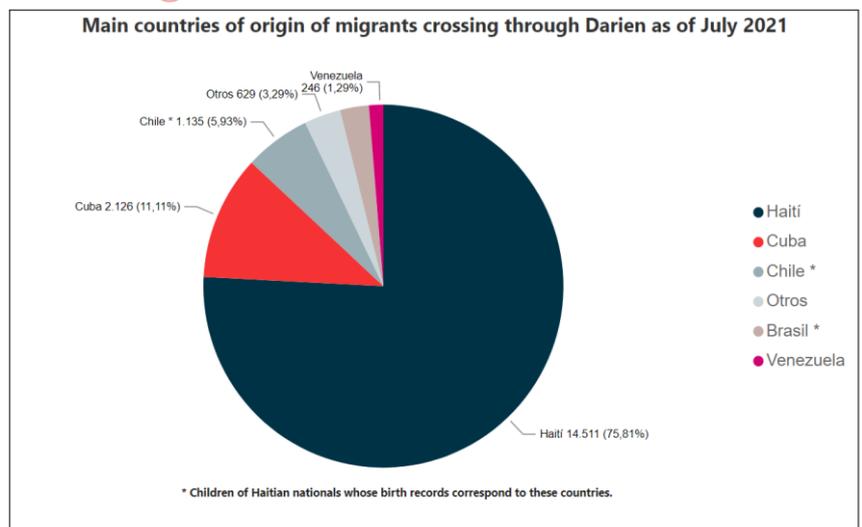
³ [SNM. Irregular transit of foreigners - July 2021](#)



According to the National Migration Service of Panama, the number of migrants crossing from the Colombian border to Darien has increased by 89% in July, compared to the flow in June.

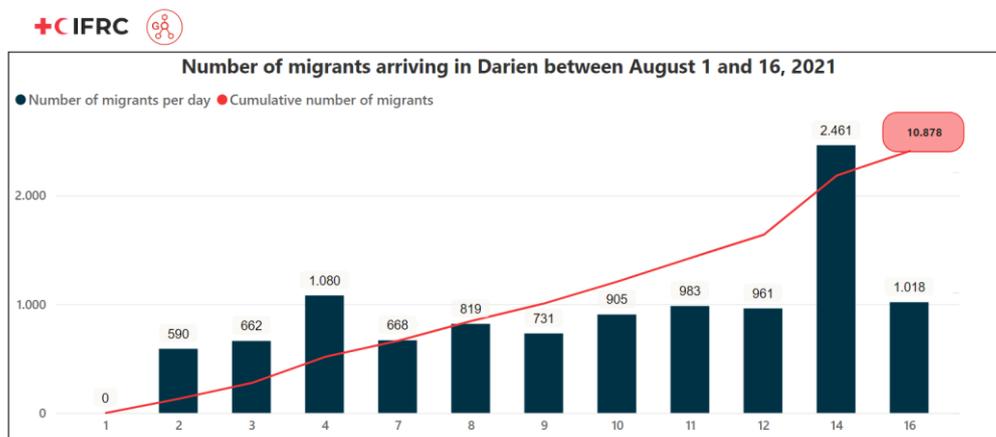


The migratory flow comes from different regions, with the highest number coming from the Antilles region, especially Haitians and Cubans. According to official figures, the number of Haitians has increased considerably; comparing data from recent months the increase has been 176.5% (June 5,248 and July 14,511). From South America there has been an increase in the number of people coming from Chile and Brazil (corresponding to children of Haitian nationals whose birth records correspond to these countries), and migrants from Venezuela have increased about 31%, in 2020 only 50 Venezuelan migrants crossed the Darien Gap, and during the first 7 months of 2021, 531 migrants from Venezuela have already crossed the border.



Migrants continue to arrive in Darien, most of them heading to North America, enduring all kinds of risks while crossing the Darien jungle and all along the migratory route in Central America and Mexico. Some of the main factors that have generated the increase in migration flows are the socio-political and economic situation in the countries of origin, violence, unemployment, racism, inequality of opportunities, increased poverty, and extreme weather conditions. In addition, an important triggering factor are disasters, such as the recent earthquake that occurred in Haiti on 14 August 2021.

According to a situation report from the IFRC and the Panamanian Red Cross (PRCS) team in the field, the scenario has become very dynamic. Reports indicate that 10,878 migrants have passed through the communities of Bajo Chiquito and Canan Membrillo between the 1st and 16th of August. This is concerning considering that Bajo Chiquito and Lajas Blancas Migrant Reception Stations (ERM by its acronym in Spanish) have limited capacity and conditions to receive and assist migrants.



The increasing flow has exceeded the response capacity of local authorities and of the humanitarian organizations in the field, and as already mentioned, around 10,000 migrants are waiting to cross the Darien Gap, from Necocli, Colombia and this trend is expected to increase.



In the scenario exercise developed by PRCS and IFRC on February 2021, SINAPROC identified the following entry points to Panama: Mirragantí, Nuevo Vigía, La Peñita, Lajas Blancas, Bajo Chiquito, Palmira, Puerto Limón, Barranquillita and Comunidad la 8 in Cañaza. Source: PRCS/ IFRC

During the rainy season (June to December), an increase in rainfall is expected and the worsening of transit conditions through the jungle.

Since January 2021, Panama authorities have begun to transfer daily the largest number of people from the Darien Province to the Reception Centre Station (ERM) of Los Planes de Gualaca, on the border with Costa Rica. COVID-19 and restrictive measures complicate however the movements to the Costa Rica border to continue their migratory journey. According to the same authorities, during the month of July, an average of 500 people per day are being transferred to the ERM of Los Planes de Gualaca.

Through the migratory route, the needs of migrant families and individuals are diverse in both countries of Panama and Colombia. Host communities as well required support based on their needs.

Summary of the current response

Overview of Host National Society Response Action

Aiming to prevent suffering and reduce the vulnerabilities and needs of migrants, the Red Cross Society of Panama (PRCS), with the support of the International Federation of the Red Cross (IFRC), began planning its response to population movement since 2015.

The provision of humanitarian services began from 1 December 2015, when the National Society activated its first humanitarian assistance activities for migrants in Puerto Obaldia, border between Colombia and Panama: Population Movement DREF Operation no. MDRPA011⁴. Also, the NS, as part of the [regional Emergency Appeal of population movement](#), has worked with the IFRC to provide humanitarian assistance to people on the move in Darien, increasing its capacities and positioning itself as an actor in the field specialized in assisting this population.

The National Society has continued to provide the required assistance as one of the most important actors in the Darien area, prioritizing some of its services according to context and needs. A programmatic and integral approach has been launched to provide humanitarian assistance and protection to the most vulnerable from April 2021, where the NS works together with the IFRC and involve the ICRC in RFL (Restoring Family Links) and protection issues.

Between December 2019 and 31 July 2021, the Red Cross Society of Panama (PRCS) has assisted more than 37 thousand people through humanitarian assistance and services provided in the field, with the support and accompaniment of different operations and programs.

Lessons learned workshops have been conducted based on the experiences of the 2015 DREF and the regional appeal that ended in June, especially considering the prepositioned stock, individual distribution by gender and nationality, the reception and care of patients in health, as well as the rotation of volunteers have been considered as part of the learning processes of the National Society.

Consequently, the PRCS, the IFRC and the ICRC joined forces and convened a high-level meeting to attract the Panamanian authorities' attention to the increased humanitarian consequences and threats to the sustainability of the services provided.

In the meantime, since the beginning of August and as mentioned in the context, there has been an increase in the number of new arrivals and humanitarian needs, so the NS sees the need to continue its response and complement the actions in the field.

As part of the operations in programs since 2019, the PRCS has deliver the following actions:

- 27,402 basic health services, adapted to migrants' needs.
- 15,627 basic first aid and primary medical care services.
- 2,250 psychosocial support services (PSS).
- 21,315,000 liters of safe water produced.
- 14,159 hygiene kits distributed.
- 2,488 baby kits distributed.
- 24 hydration points, 13 toilets and 2 showers installed.
- 5,397 Restoring Family Links (RFL) services.
- Distribution of 200 kits for the construction of Refugee Housing Units (RHU) modules and support to UNHCR.

⁴ [Panama: Population Movement DREF Operation no. MDRPA011 Final report-2016](#)

- Case management of protection cases (55), establishment of the first interagency group work and setting of 13 intersectoral safe referral pathways.

Overview of Red Cross Red Crescent Movement Actions

The IFRC Americas Regional Office and the Regional Logistics Unit (RLU) are in Panama. The PRCS has been coordinating its actions with the IFRC Regional Office's Disaster and Crisis Prevention Department.

The National Society, through the General Director, maintains constant communication with the Movement partners present in the country, the Partner National Societies (PNS). The American Red Cross has a bilateral conversation to support the PRCS in organizational development and Canadian Red Cross has collaborated bilaterally with the Panamanian Red Cross in health themes linked to COVID-19, both NS are present in Panama through their regional delegations. Both National Societies are in contact with the PRCS. Since 2019, the IFRC has maintained staff in accompaniment to the Red Cross Society of Panama in Darien (Funded by the regional population movement appeal and by the project with UNICEF in Panama).

The IFRC has held and led at least three coordination meetings with the different National Societies involved in this response in the last month (Colombian Red Cross, Red Cross Society of Panama, Costa Rican Red Cross and the International Committee of the Red Cross). The same meetings are held on a weekly basis, as well open communication and coordination channels are maintained with operations to share information relevant to the regional context of extracontinental and other flows in the region from Chile to Guatemala. Also, following the earthquake in Haiti, RFL and information services have been increased along the route.

The ICRC, since the onset of the emergency, has supported the PRCS through:

- Support for PRCS volunteers.
- The provision of RFL services through call points.
- Support the payment of a PGI related position within the PRCS.

Likewise, the ICRC has engaged with the authorities to help them establish better inter-institutional coordination, especially to strengthen the entire response to the needs of protection. Additionally, Forensic orientation are provided to the authorities of Panama and principles of use of force are reminded to members of the SENAFRONT.

Overview of other actors' actions in country

There are weekly inter-agency coordination meetings with the different humanitarian actors on the field. It is worth mentioning that a large part of the humanitarian response is led by the Panamanian state through the National Border Service (state security force).

Médecins Sans Frontières (MSF)

MSF has reinforced its medical teams in Bajo Chiquito due to the increase of migratory flow, the first Panamanian town to be reached by migrants, where they have provided nearly 14,000 medical consultations since the beginning of their intervention at the end of May.

The MSF intervention has 15 staff, including medical and nursing personnel, psychologists and logisticians, who have made it possible to cope with the number of medical consultations demanded, which in July exceeded 6,000 consultations. Most of them are the result of lacerations due to falls, skin affectations due to biting and foot affectations. In July, 14 patients were evacuated for medical emergencies. MSF teams, in addition to providing medical services, also have psychologists to assist the migrants. In total, MSF psychologists have provided 411 individual and 154 group mental health consultations.

International Organization for Migration (IOM)

Over the last few years, the IOM has accompanied the Panamanian State in order to strengthen local coordination spaces in the province of Darien and guarantee an orderly and safe migration management, in accordance with international standards, providing protection to migrants and host communities. IOM Panama delivered to the

National Border Service (SENAFRONT) and the Ministry of Health (MINSA) hygiene and cleaning items, as well as masks and food to complement the efforts of the Government of Panama in response to the flows of extra-regional migrants in transit through the country in the face of the COVID-19 pandemic. The IOM, in coordination with the United Nations High Commissioner for Refugees (UNHCR) and in logistical management with SENAFRONT, has articulated efforts to respond to the needs identified not only for refugees and migrants stationed at these Migration Reception Stations, but also for SENAFRONT and MINSA personnel who support logistical security and protection tasks in the area. The IOM is part of the agencies and organizations on the field that work in a coordinated manner to provide assistance to people in transit through Darien.

United Nations Children's Fund (UNICEF)

The programmatic response currently provided by PRCS to the needs of the migrant population in Health and WASH is carried out with the support of UNICEF, who are the main partner in the field of PRCS, where actions in the field are carried out in coordination with this actor. Since 2021, UNICEF and the Red Cross together have provided more than 74,000 liters of drinking water per day, delivery of 6,800 personal hygiene kits and other items such as newborn baby kits, water cans, mattresses and mosquito nets, among other essential elements to assist the population. UNICEF also has other partners on the ground supporting the country's efforts to protect the rights of migrant children in transit through Panama.

United Nations High Commissioner for Refugees (UNHCR)

PRCS also implements a programme in Panama City reaching refugees through livelihoods assistance in partnership with UNHCR, being strategic partners for the assistance to vulnerable populations. The UNHCR has made donations to the Panamanian State of medical equipment and other supplies in February 2021 to the health center in Canglón, a remote community in the province of Darién, which seeks to strengthen the provision of services in an area where the nearest hospital is a four-hour drive away. The donation included basic care medicines for three months, oximeters, 100 digital thermometers, stretchers, a wheelchair, air conditioners, computer equipment, 2,000 masks and soap. The center is part of the response to COVID-19 in the area and provides medical services to people moving in mixed movements.

PRCS and UNHCR are currently developing a joint work proposal to provide assistance to migrants in transit with international protection needs. PRCS seeks to align these bilateral actions with UNHCR towards its response in the Darien area with actions that complement the current response.

Panamanian State

On 11 August, the [first government regional framework](#) was held to address the migration situation. Through a multilateral meeting in search of sustainable solutions over time, with the participation of the countries that are part of this route, whether they are of origin, transit, or destination. A request for international assistance was made. At the meeting, the migration directors of Panama, Colombia and Costa Rica presented a report on the quota-controlled flow model they have already established. This "common front" methodology, it was explained, can serve as a reference for cross-border collaboration to provide solutions that respond directly to the needs and limitations of each country. The Panamanian meeting was attended by the Foreign Minister and Vice President of Colombia; the Foreign Minister of Costa Rica; the Foreign Minister of Brazil; the Foreign Minister of Ecuador; the Foreign Minister of Chile; the Secretary of Foreign Affairs of Mexico; the Minister of Immigration, Refugees and Citizenship of Canada; the Deputy Foreign Minister of Peru; and the Under Secretary for Civilian Security, Democracy and Human Rights of the United States.

The Office of the First Lady of Panama has visited the Migrant Reception Station in Lajas Blancas and delivered diapers, powdered milk, blankets and clothes for children and adults. At the end of April, Panama's Ministry of Foreign Affairs signed a Memorandum of Understanding on cooperation on irregular migratory flows with Colombia, so that the South American country would provide information, within a period not exceeding 24 hours, on migrants heading for the Panamanian border. Since August 2020, the National Civil Protection System (SINAPROC) has been providing support at the San Vicente Migrant Reception Station, in the daily surveillance for sanitary controls, emergency attention and in the joint tasks established by the security agencies.

The National Border Service of Panama (SENAFRONT) as well as the National Migration Service of Panama (SNM), maintain presence in the province of Darien and in the Migrant Reception Stations as control and security entities, in coordination with the humanitarian actors in the field.

The Ministry of Health of Panama (MINSa) has informed that it will reinforce and improve access to health services for the migrant population by appointing a nurse and hiring a doctor in response to the recommendations issued by the Ombudsman's Office of the Republic of Panama. Likewise, MINSa recently adopted the technical standard on mental health for refugees and migrants, which will be applied in conjunction with the National Institute of Mental Health (INSAM) and other organizations involved.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

So far this year alone, 45,150 migrants have crossed the Colombia-Panama border, the same number as in the last four years combined, fleeing the crisis generated by COVID-19, poverty and violence in their countries of origin. For several weeks, the number of migrants, including minors and pregnant women, has increased. The 266 km jungle corridor between Colombia and Panama has become an obligatory passage for irregular migration from South America to Mexico, the United States and Canada.

Migrants cross the 575,000-hectare jungle, despite the fact that there are no overland communication routes, where they encounter social risks, fast-flowing rivers and wild animals.

Since the first week of August 2021, around 15,000 extracontinental and extraregional migrants remain in the Colombian port of Necoclí, waiting to take the boats that will take them to the border with Panama to cross the Darién⁵. According to information received by the Colombian Red Cross teams, the number of migrants is maintained by the constant arrival of new groups of migrants at the border area. This increase in flows has prompted the creation of a controlled migration protocol between the States of Panama and Colombia, who have authorized 650 migrants to transit daily through the Darien border crossing since 12 August, in order to control the flow of people between the two territories. Based on official news, as of 1 September, only 500 migrants will be allowed daily between Tuesdays and Saturdays⁶.

Shelter

Due to the fact that the transfer of migrants by the authorities to the point of attention in Lajas Blancas takes between 1 to 8 hours, it is necessary to readapt the waiting spaces. This wait corresponds to the transfer from this point to Planes de Gualaca on the border with Costa Rica for people who have cash and prior registration in migration.

People who do not have cash, must wait between 1 to 3 days until their relatives send them money to be able to continue the trip. These services and the organization of the transfers are completely carried out by the Panamanian Government's Migration Service. The current station has a capacity for about 300 people, however, the deterioration of the current infrastructure has reduced the capacity by half. In addition, this is the station where COVID-19 victims are housed and require special services. The readaptation of these new spaces should offer a space protected from high temperatures and abundant rainfall, currently used by 400 to 600 people per day, according to the current flow. Under the current conditions, in order to receive services, people must wait outdoors under the inclemency of Panama's tropical climate, such as strong sun, humidity or rain. In many cases, services cannot be provided to certain population groups.

⁵ [Calamidad Pública en Necoclí](#)

⁶ [Flujo Controlado Colombia - Panamá](#)

Health

The Red Cross Society of Panama with IFRC support, through a humanitarian assistance project for migrants, provides health services, prioritizing maternal and child health and nutrition, as well as first aid. This service is provided five times per week at the Lajas Blancas station, San Vicente station, and La Peñita.

In addition, services are provided every 15 days to the population of the Bajo Chiquito community (which only has access by river). In Lajas Blancas the context demands that health services be provided weekly, because it is the point of arrival of migrants from Bajo Chiquito and they cannot always be assisted, due to the difficult transportation from Bajo Chiquito, and some people would not receive assistance.

The PRCS has adapted its services in coordination with UNICEF and the IFRC, reinforcing with two new health staff at the humanitarian assistance point and multiplying the number of assistances every day. Currently the attention provided is mainly oriented to maternal/infant care, pregnant and lactating mothers. Between April and June 2021, PRCS has performed nutritional screening using the MUAC tape on 492 children under 59 months of age (205 girls, 287 boys) were most of the results are moderate; there is a strategy with UNICEF to channel these children to treatment and accompaniment of the health team of the Panamanian Red Cross. PRCS also identified and attended 71 pregnant women and 59 nursing mothers corresponding to the migrant community. In total, in the second quarter of 2021 PRCS attended 1,145 people, 516 women and 629 men. Through the HSP team and the PRCS teams, the NS provides information on health promotion, including sexual health, maternal health, mental health and COVID-19 prevention.



Red Cross Society of Panama volunteer providing health care to a migrant woman. Source: PRC

The demand for health care could increase drastically due to the large number of migrants arriving daily. The extreme conditions of the migratory flow through the jungle have generated massive attention of people for health problems such as dehydration, malnutrition, arterial hypertension, injuries and wounds in extremities, respiratory problems, gastrointestinal infections, dermatological diseases, reproductive health services; this high demand for attention could be affected by the exhaustion of personnel and the limited availability of first aid supplies.

It has also been observed that family separations, difficulties during their migratory journey and the uncertainty of what to expect once they arrive at their destination have affected migrants psychologically (depression, anxiety and sleep alterations). Children are one of the groups most affected by family separations, they are also affected by the waiting process in the Migratory Reception Stations, the needs for psycho-emotional accompaniment are growing, organizations such as RET together with UNICEF provide psychosocial support services for children who remain in the ERMs, but there are children in transit who need a quicker attention.

Currently, in the area of care for migrants, there are no adequate means of transport, such as ambulances, to refer and transfer patients safely, effectively and appropriately to health centres and/or hospitals, given the serious health conditions presented by some of them, especially the most vulnerable groups such as women, pregnant women and children.

Due to the distances of the area where migrants arrive, from the river to the health care areas, added to the conditions in which many people arrive from the trip in the canoes (e.g., trauma and/or open wounds in the lower extremities, exhaustion or cramps due to heat, weakness, dehydration, etc.), it is necessary to implement safe and adequate equipment/systems for the transport of patients from the disembarkation area of the canoes, such as stretchers and/or wheelchairs suitable for the terrain.

Due to the high increases in the flow of people, and given the high demand for health services and/or first aid, there are no adequate and dignified spaces for people to wait for care at least with the minimum of comfort, nor enough furniture such as tables, chairs, stretchers to provide effective services that help dignify humanitarian assistance.

The increase of children on the route has been evidenced, where 23% of people transiting in Darien are minors, which requires the creation of activities and psychosocial support mechanisms for this group of people.

Water, Hygiene and Sanitation

Access to safe water at all migrant reception stations and host populations has been at the heart of health-related problems. Sanitation is also essential at access points to safe water and hygiene. Most people have consumed unsafe water on the way and people arrive with water-related health problems. Currently the PRCS - IFRC - UNICEF have installed a system of purification and distribution of water at the MRE. These new areas of focus must now be included in safe water access as the number triples the number of people housed in the station itself.

The host community does not have sufficient infrastructure. There are not enough latrines or showers, and this creates spaces of contamination.

Due to difficult access, waste management services are not frequent, so garbage accumulates in public spaces, presenting various risks for migrants and members of the host community.

In addition, there are no handwashing stations. So, it is necessary to provide support for the delivery of feminine hygiene products and hygiene promotion services for migrants. The space currently used in this wait is on the ground, exposed to high temperatures and rain, they do not have access to water or sanitation or adequate services, as well as a space for hand cleaning. Biosecurity measures are barely met in the midst of a pandemic, including the use of masks.

We are in rainy season and the river is still flooded, due to the intensity of the rains increasing the level of turbidity of the water, this can put at risk the water production currently carried out by the PRCS program.

In addition, water production has had to be increased to meet the needs of migrants, water pumping equipment has had to work longer, which also increases damage to equipment and preventive measures need to be taken in this regard.

This situation may compromise wash intervention standards, set out in the [Sphere manual](#) required to have optimal production.

Migration

Many of the migrants crossing the Darien come from outside the continent or have lived for many years in the south of the continent and families have separated during the migratory journey so there has been a loss of communication with family members in the country of origin. Consequently, with support from the ICRC and the IFRC, the PRCS will provide RFL services migrants. Communication needs are often accompanied by psychosocial support needs, since the loss of contact with families and the loss of friends or family on the migratory road generates greater psycho-emotional effects. It is currently necessary to reinforce the RFL services mainly in the Lajas Blancas Reception Station, where the number of people has tripled. It is ideal to have visibility inputs to promote RFL services in different languages.

There is a need to continue reinforcing the knowledge that staff and volunteers have on migration. The differentiated assistance to the migrant population and the context is changing, which evidences a need for constant reinforcement of the strategies, tools and actions that the Movement has in terms of migration, including RFL.

Protection, Gender and Inclusion (PGI)

Needs for protections activities are crucial. People in transit could be exposed to difficulties related to moving long distances, the exposure to assaults and violence, dangers faced in routes, separation of families, risk of children being separated from their parents, etc.

Migrant women face a violent and discriminatory social environment. Among the main manifestations of violence faced by women during migration are: physical violence, sexual abuse, rape, kidnapping, extortion, exploitation and subjugation for different purposes (trafficking in persons), illicit activities linked to drug trafficking, among others. In terms of the LGBTIQ+ population, even though is present as a minority in the field, they have reported several cases of sexual abuse, discrimination and stigma from the same migrant population which expose them to being left behind and to prefer not to access to different services by fear of prejudice against them. Other manifestations of gender-based violence that are continuous risks include sexual exploitation and abuse. To respond to this, the National Society is in process of developing their own policy which needs to be implemented in the field, together with preventive measures and the setting up of community-based mechanisms.

Since 2017, the number of children crossing the Darien Gap has skyrocketed from 109 to 1,653 in 2020, with a peak of 3,956 in 2019. This is 15 times as many children migrating through the jungle of Panama in the last four years.

In addition, the proportion of children among the migrant population through this forest has increased dramatically in recent years. Children accounted for only 2% of all these migrants in 2017; but more than 25% in 2020.⁷ There is information from the field in the Migrant Reception Centres that for every 100 adults there are 23 children under the age of 5.

Other needs are triggered by the lack of compliance in referrals to the corresponding authorities, in specific cases such as health care, prosecutor's office, ombudsman's office, migration, etc. contributing to an increase in the risk of management of humanitarian aid. Therefore, it is essential to work in a coordinated manner with the various institutions, agencies and organizations to ensure safe referrals. In addition, the governmental organizations have stated the need of frequent capacity building in regard to minimum protection measures, case management (including knowledge and implementation of referral pathways) and safeguarding.

Targeting

The Red Cross Society of Panama is committed to providing care to 6,000 people on the move, regardless of their nationality. However, priority will be given to certain groups such as:

- Pregnant or breastfeeding persons
- People with disabilities
- Seniors
- Unaccompanied children and minors
- Members of the LGBTIQ community
- Single-parent families
- People with chronic diseases

Estimated disaggregated data for population targeted.

According to the information currently handled, the population is composed of the following categories:

Category	Estimated % of target group	% female	% male
Young Children (under 5 years)	23%	8.28%	14.7%
Children (5-17yrs)	3%	1%	2%

⁷<https://www.unicef.org/panama/comunicados-prensa/quince-veces-m%C3%A1s-ni%C3%B1os-crossing-the-jungle-of-panam%C3%A1-to-us-in-the-%C3%BAltimos>

Adults (18-49 yrs)	73.7%	36%	37.7%
Elderly (>50 yrs)	0.3%	0.1%	0.2%

Scenario planning

Scenario	Humanitarian Consequence	Potential Response
<p>Best scenario: Decreasing or usual flow of migrants according to estimates for the period August to October. ~11,000 people/month. Stay times ~1 to 2 days</p>	<p>Humanitarian services and aid are provided within the usual volume impact of people who require them. It covers without major setbacks the demands for attention since no more services are demanded for the short time of stay.</p>	<p>Maintain close coordination with the authorities for the provision of humanitarian assistance based on the analysis of needs that have not yet been met. The scheduling of actions and resources assigned to the project does not undergo changes/increments.</p>
<p>Likely scenario: The flow of migrants arriving in Panama is increasing, according to estimates for the August-October period. ~16,000 people with increments of up to 5,000 people for each subsequent month. Stay times ~1 to 3 days with approximately 15% of people unable to move on transport routes due to lack of resources.</p>	<p>The services are not sufficient and given the increasing volume of people, impacts on the environment (waste management) are observed. Health, water and sanitation services are saturated. Despite the length of stay, the number of people requesting assistance generates impacts per extended working day for humanitarian actors on the ground. The capacity of the health care infrastructure is reduced and there is no adequate distribution of WASH services.</p>	<p>Coordination with other actors is strengthened. Help in the process of managing situations of mental health, stress and anxiety, both to target population and to personnel in the field. Apply PGI strategies and ensure the functioning of WASH systems, as well as humanitarian assistance in the health sector. More relief resources are deployed to match assistance without harm.</p>
<p>Worst-case scenario: The rains affect the flow of migrants, according to estimates for the August-October period. ~5,500 people/month, however, stay times are increased ~4 days, with approximately 20% of people without additional resources to move on transport routes.</p>	<p>Health conditions are worsening in areas affected by the increase in people lagging behind in MREs and the high rate of service requests by volume of people. The capacity of the health-care infrastructure is reduced and there is no adequate distribution of humanitarian services in terms of water, health and areas of care.</p>	<p>Coordination with other actors is strengthened. Help in the process of managing situations of mental health, stress and anxiety, both to target population and to personnel in the field. Apply PGI measures (including safeguarding mechanisms) and ensure the functioning of WASH systems, as well as humanitarian assistance in the health sector. More relief resources are deployed to match assistance without harm.</p>

Operation Risk Assessment

PRCS personnel deployed in emergency response care are exposed to a variety of risks given the context of the affected areas.

Given the recurrent weather situation in the province due to the rainy season, access roads and land communication could be structurally affected, making it difficult to move personnel safely. The occurrence of meteorological phenomena that could further affect the fragile road infrastructure of the province is not ruled out.

The outbreak of diseases resulting from limited access to safe water, in the areas of care/intervention, could also affect the volunteer staff linked to the response operation, so necessary supplies must be procured.

Risk mitigation in field operations resulting from the transfer of volunteer personnel through the affected areas will be done through the implementation of a security plan and protocols reinforced with the personnel on a daily basis, before leaving for mission.

Safety protocols should also be applied to the vehicle fleet in use within the operation, in order to mitigate risks associated with unsafe driving and preventable incidents based on vehicle inspections.

The National Society's response to the emergency takes into consideration the current context of risk from the COVID-19 pandemic, seeking the use of biosecurity and personal protection equipment for both staff and target population. The National Society will continue to closely monitor the situation and modify the plan if necessary, taking into account the evolution of the COVID-19 situation and the operational risks that may arise, including operational challenges related to access to the affected population.

The operation could be affected by the change of context or even the change in the protocols established by the States of Panama and Colombia, in terms of the controlled flow process, where mobility restrictions could hinder access to people. Likewise, an increase in flows could merit the revision of this action plan and the contingency plan of the PRCS and the IFRC.

COVID-19 Pandemic

This DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. According to information from the World Health Organization (WHO)⁸, as of 17 August, Panama reported a cumulative of 447,824 positive cases of COVID-19 and the Panamanian government has managed to immunize 62.42% of its population with at least one dose of vaccine against COVID-19⁹.

National Society responses to COVID-19 are supported through the [IFRC global appeal](#), which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas Regional Office, in coordination with global and regional partners. This means that the NS will ensure COVID-19 prevention measures are adhered to, in line with regional plan of action and its national COVID-19 country plan.

B. Operational strategy

Overall Operational objective:

The Red Cross Society of Panama aims to continue providing humanitarian assistance to migrants transiting through Panama, entering through the Province of Darien. This DREF is designed to complement the humanitarian needs of 6,000 migrants and in complementarity with the rest of the actions that are being carried out in Panama with other resources and other partners, as well as being part of the interagency meetings for the coordination of distribution of humanitarian aid. The proposed actions are concentrated in the points of attention in the Migrant Reception Stations of Bajo Chiquito, Lajas Blancas, San Vicente and La Peñita according to the needs and operational demands.

The strategic approach is based on the PRCS contingency plan whose care coverage is 6,000 people. It is proposed to scale up the services of attention to the migrant population that is crossing the Darien and that is expected to cross in the coming weeks.

All actions will be carried out in accordance with the role established by the humanitarian mandate of the National Society in the country and the international standards of the Red Cross Movement linked to this context and in line with the global migration strategy.

⁸ [WHO](#), COVID Explorer.

⁹ [Our World in Data](#), Coronavirus (COVID-19) Vaccinations. 17 August July 2021.

The National Society seeks to continue providing care and carry out new actions to help migrants, with its role as auxiliary to the public authorities, providing humanitarian assistance through its assistance posts, in the areas of health, water, sanitation and hygiene, shelter, migration and protection, gender and inclusion.

The proposed strategy is based on the permanent coordination that is maintained with the Local Authorities and Organizations that are providing assistance in the area, to ensure that efforts and the search for complementarities are not duplicated. As part of the strategic response, it is being considered to launch a DREF of migrant response preparations with the Costa Rican Red Cross to support the population that crosses Panama after passing through the Darien.

Proposed Strategy

Shelter

PRCS will support the affected population by providing humanitarian aid to 6,000 migrant persons in Darien.

The PRCS will complement the actions of state and government institutions with the distribution of:

- 6,000 light blankets
- Provision of shade and plastic sheet to be covered from the rain and the sun
- Placement of red and white plastic danger, warning and protection tapes, to delimit paths and safe spaces for all population groups, the COVID-19 area and flood zones

The National Society will monitor the use of the distributed items and provide appropriate guidance and counselling.

Health

PRCS contributes to mitigating health problems in the affected area through the following activities:

- First aid care
- Derivation of critical patients to healthcare centre or hospital, on appropriate transport (i.e. ambulance or basic relief unit)
- Health promotion (specifically prevention of COVID-19)
- Distribution of 6,000 COVID-19 prevention kits to the migrants and awareness messages (this includes face masks, antibacterial gel, and alcohol wipes)
- Assessment of mental health and psychosocial support needs of the affected population in ERM
- PSS interventions in target groups and ERM with PSS kits
- Psychosocial support interventions for volunteers and staff
- Disseminate PSS awareness messages and culturally and linguistically adapted materials to the affected population to reduce stress and promote resilience with a focus on PSS, community participation and accountability (CPRP) and PGI
- Distribution of 1,000 PSS kits for children in ERM (crayons, drawing blocks, stories, jigsaw puzzles)
- Monitoring of the health situation in the intervention area

A total of 6,000 people will be reached through health assistance.

Water, Sanitation and Hygiene

PRCS will install necessary equipment (water pump) to increase the production of safe water for migrants and community

PRCS will also contribute to improving hygiene conditions in the area with the following activities:

- Distribution of safe water to the affected population for hygiene, through installation of hand washing tubs
- Awareness campaigns on community cleanliness and hygiene promotion
- Distribution of individual hygiene kits for 6,000 persons in the different reception centre.
- Adequation and sanitation of common areas by dumping of material (gravel), for a safe transit of people to services areas as well as the reduction of vectors in the area

Protection, Gender and Inclusion

Following the humanitarian crisis, many of the families were affected, separated, and lost communication. Red Cross Society of Panama staff will provide access to equipment to make calls and contact family members.

PRCS will also conduct some activities to ensure the protection and safety of migrant persons by:

- Distribution of 6,000 transit kits, to provide migrants with supplies during the continuity of the route; they are delivered during the departure from Darien to Chiriqui.
 - The transit kit for women includes: 2 bars of soap, 2 masks, 2 children's masks, 8 band-aids, 2 preservatives packet of alcohol wipes, water container, packet of sanitary towels, all packed in a bag similar to a cosmetic bag.
 - The transit kit for men includes: 2 bars of soap, 2 masks, 8 band-aids, 2 preservatives, packet of alcohol wipes, water container, all in a bag similar to a cosmetic bag.
- Due to the turnover of volunteers and new staff that characterizes the Darien operation, and due to its complexity, some quick workshops and briefings will be held on PGI minimum standards, the NS code of conduct and will include a roll out of the PRCS PSEA policy.

Operation Support Services

Human Resources

The National Society will recruit 2 people to increase its implementation capacity:

- 1 finance assistant
- 1 DREF coordinator

Through the rapid response IFRC mechanism, the idea is to deploy one logistic officer and one field coordinator for 2 months.

With the ongoing project, the Red Cross Society of Panama already counts with a field coordinator, 5 health staff and 5 WASH staff, also 3 staff for support services (finance).

The activities will be implemented through the mobilisation of volunteers trained by the PRCS:

- 30 volunteers (NS, through its Real branch and its brigades, will ensure that there is a constant rotation of volunteers based on their capabilities).
- Team of psychosocial support specialists.
- National Intervention Team (NIT) specialists.
- Community-based Health and First Aid.
- Communications staff.
- WASH specialists from the National Intervention Team.

All staff and volunteers will have insurance coverage, which is already funded through another operation. They will be provided with the necessary visibility and protective equipment, including COVID-19 specific equipment, to carry out their actions.

Logistics and Supply Chain

Logistics activities aim to manage the supply chain effectively, including mobilisation, procurement, customs clearance, fleet, storage, and transport to distribution sites, following the operation requirements and in line with IFRC logistics standards, processes, and procedures.

The IFRC Regional Logistics Unit will procure the humanitarian assistance items and will support the NS in the logistics aspects needed, during the operation.

PRCS will oversee the procurement of goods and services, transport and storage. These processes will be executed by the PRCS procurement department, following the guidelines of the National Society's procurement manual. Distributions are coordinated with the relevant institutions as required. The main logistical challenge in the Darien context, in addition to the climate, is the access to some communities that are only accessible by river (Piragua);

in that sense the operational costs are high because arrangements need to be made with the communities and tenants to be able to make these distributions.

Security

PRCS will ensure that volunteers receive appropriate training for their assignments. All staff and volunteers will be briefed before the mission and will receive proper visibility and protective equipment.

PRCS will also consistently apply COVID-19 protocols regarding the duty of care for staff and volunteers. The COVID-19 protocol also aims to prevent harm to the target population.

The IFRC and PRCS are currently working through the IFRC delegate in the field on a security strategy for assistance inside the migrant reception stations, which has been developed over the last few months, adapting to the current context and at the same time seeking to involve other agencies and organizations in the field in this security strategy. This operation will be part of the security guidelines already in place and the strategies under construction.

Planning, Monitoring, Evaluation and Reporting (PMER)

Together with the Directorate General and the Finance Coordinator, the programme manager of the PRCS will be responsible for the monitoring, oversight, and delivery of reports for this emergency Plan of Action. Progress and accountability reports will be prepared in a timely manner. Visits and interviews will be conducted with the target population, volunteers, and other actors involved in implementing the Plan of Action. Also, a satisfaction survey will be conducted to monitor the progress and achievement of objectives.

PRCS will maintain a line of communication and coordination with the IFRC PMER focal point. Reporting on the operation will be done following IFRC minimum reporting standards. A final report will be issued within three months of the end of the operation, as well as a lessons learned exercise.

Administration and Finance

The financial management strategy will focus on the following:

- Staff available to work on specific aspects of the operation.
- Compliance with reporting and constant monitoring of the allocated budget and implementation level.
- Reporting to the different coordinators of the lines of intervention on the correct use of the resources allocated to the action plan.

C. Detailed Operational Plan



Shelter

People targeted: 6,000

Male: 3,960

Female: 2,040

Requirements (CHF): 41,216

Needs analysis: Migrants' journey north is in precarious conditions and has a major impact on physical and mental health; factors such as seasonal rains, inadequate clothing and footwear, dehydration, overcrowding in collective centres and lack of protection increase the level of vulnerability of migrants.

Risk analysis: with the arrival of the rainy season, the protection conditions of basic accommodation may be compromised by the intensity of the rainfall, which affects the sanitation conditions of the migrant holding centre. These climatic conditions can compromise the optimal life cycle of temporary accommodations, which could be left in poor condition for use.

On the other hand, the high conditions of humidity and temperature can represent discomfort in the users of the temporary accommodation stores, both for children and adults, and that they prefer not to use them. These people require shelter when they are out in the open.

Population to be assisted: PRCS will help support migrants by providing shelter and assistance to the most vulnerable, especially those in need of protective assistance, providing space in temporary shelter.

Programme standards: The intervention will follow the Standards set out in the Sphere Manual; the Fundamental Principles and Values of the International Red Cross and Red Crescent Movement; International Red Cross and Red Crescent Movement's Strategic Framework on Disability Inclusion; IFRC's Minimum Standard for protection, gender, and inclusion; the Code of Conduct; PRCS's Social Inclusion, Culture of Peace and Non-Violence Policy; and other documents related to the Movement and other organizations that allow providing quality humanitarian assistance with dignity.

P&B Output Code	Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions	<i># of persons provided with emergency shelter items, materials and/or tools to have a space that meets the minimum living conditions.</i>
	Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected persons.	<i># persons provided with household items (at least one item) Target: 6,000 persons</i>

	Activities planned Week	Week											
		1	2	3	4	5	6	7	8	9	10	11	12
AP005	Selection of the population to be reached based on the vulnerability criteria set.												
AP005	Coordination with local authorities and responding institutions.												
AP005	Procurement and distribution of 6,000 blankets (1 per person).												
AP005	Provide shade and the shelter to be covered from the rain in the different reception centres.												
AP005	Placement of red and white plastic danger, warning and protection tapes, to delimit paths and safe spaces for all population groups, the COVID-19 area, and flood zones												



Health

People targeted: 6,000

Male: 3,960

Female: 2,040

Requirements (CHF): 68,260

Needs analysis: The route through the Darien jungle increases the vulnerabilities of migrants. Given the uncertain path and conditions of travel, circumstances have greatly impacted their physical and mental health; factors such as seasonal rains, inadequate clothing and footwear, dehydration, overcrowding immigrant reception centres, and lack of protection increase the level of vulnerability of migrants, affecting both children and adults.

It has also been observed that the separation of families, the difficulties present during their migratory journey and the uncertainty of what to expect once they reach their destination have psychologically affected migrants (depression, anxiety and sleep disturbances, among other conditions). For this reason, the Red Cross Society of Panama has generated interventions in first aid, and PSS. In addition, the National Society will conduct PSS activities with volunteers and staff who are participating in the operation to protect their mental health.

Risk analysis: Many migrants suffer from health problems such as dehydration, high blood pressure, lower extremity injuries, respiratory problems, gastrointestinal infections and dermatological diseases, as a result of their journey on the migratory route. The increases in the volumes of people and the high demand for services require the supply of supplies and the availability of adequate spaces that dignify the humanitarian aid that is provided to people.

Population to be assisted: 6,000 people will receive assistance in the targeted areas.

Programme standards: All activities will meet the standards of the Ministry of Health, PAHO/WHO, Sphere MHPSS, Minimum Standard Commitments of Protection, Gender and Inclusion in emergencies, and the Inter-Agency Standing Committee (IASC).

P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	<i># of people reached with health activities. Target: 6,000</i> <i># of families that receive COVID-19 PPE kits. Target: 6,000</i> <i># of people receiving first aid services. Target: 4,000</i> <i># of ambulances supporting the operational activities. Target: 1</i>											
	Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.	<i># of persons that receive COVID-19 PPE kits</i> <i>Target: 6,000</i>											
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP022	Coordination with the Ministry of Health regarding the health situation in the affected area												
AP022	Provision of first aid services in humanitarian services points (with PRCS funds)												
AP022	Mobilization of an ambulance or a Relief Unit to the humanitarian services point												
AP022	Derivation of critical patients to healthcare centre or hospital, on appropriate transport (i.e. ambulance or relief unit)												
AP022	Health promotion (specifically prevention of COVID-19).												
AP022	Procurement and distribution of COVID-19 PPE kits for migrants.												
AP022	Awareness messages for migrant population.												
AP022	Constant monitoring of the health situation in the affected area												
P&B Output Code	Health Outcome 6: The psychosocial impacts of the emergency are lessened	<i># of people reached with psychosocial support. Target: 1,550</i>											
	Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff	<i># of people provided with PSS support. Target: 500</i> <i># of PSS kits are procured and distributed to the targeted population. Target: 1,000</i> <i># of volunteer that receive PSS</i>											

	Activities planned Week	Target: 50											
		1	2	3	4	5	6	7	8	9	10	11	12
AP023	Assessment and Identification of psychosocial support needs in the targeted population												
AP023	Distribution of PSS kits for children in ERM (crayons, drawing blocks, stories, jigsaw puzzles)												
AP023	Disseminate PSS awareness messages, culturally and linguistically-adapted materials to the affected population to reduce stress and promote resilience with a focus on PSS, community participation and accountability (CPRP) and PGI												
AP023	Emotional discharge sessions for volunteers and staff.												



Water, sanitation and hygiene

People targeted: 6,000

Male: 3,960

Female: 2,040

Requirements (CHF): 58,202

Needs analysis: Most people have consumed unsafe water on the way and people arrive with water-related health problems. Currently the PRCS - IFRC - UNICEF have installed a system of purification, distribution of water for the interior of the MRE. However, the generation of water must be increased by the considerable increase in people sheltered, many migrants travel without cleaning products and without the necessary hygiene standards. Hygiene promotion is required to prevent the spread of disease. Access to rain baths is unstable and unhealthy.

Risk analysis: The needs for safe water for human consumption, as well as for sanitation and hygiene are extensive for all people. Due to the high degree of humidity/heat of the area and the length of the route, many people require access as soon as possible to minimize the negative impacts on their health and hygiene. The occurrence of meteorological phenomena, as well as the increase in the turbidity of primary sources of raw water, could affect the production of safe water and the distribution network if there are no additional elements to increase and/or ensure production.

Population to be assisted: 6,000 migrants will receive assistance in the targeted areas.

Programme standards: The intervention will follow the Standards set out in the Sphere Manual; the Fundamental Principles and Values of the International Red Cross and Red Crescent Movement; International Red Cross and Red Crescent Movement's Strategic Framework on Disability Inclusion; IFRC's Minimum Standard for protection, gender, and inclusion; the Code of Conduct; PRCS's Social Inclusion, Culture of Peace and Non-Violence Policy; and other documents related to the Movement and other organizations that allow providing quality humanitarian assistance with dignity.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities	# of people improve their access to safe water and hygiene. Target: 6,000											
	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	# of people provided with safe water (according to Sphere and WHO standards). Target: 6,000											
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
AP026	Increase/ensure the water production/distribution with the installation of a water pump.												
P&B Output Code	WASH Output 1.5: Hygiene-related goods (household items) which meet Sphere standards and training on how to use those goods is provided to the target population	# of people who receive a personal hygiene kit. Target: 6,000											
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP030	Procurement and distribution of personal hygiene kits.												
AP030	Provide safer Access to the latrines and showers through the gravel materials.												
AP030	Instal the water hand-washing facilities.												
AP030	Cleaning campaigns and hygiene promotion.												



Protection, Gender and Inclusion

People targeted: 6,000

Male: 3,960

Female: 2,040

Requirements (CHF): 64,752

Needs analysis: The needs in protection have been and are very high. The passage of the Darien gap, together with the enormous physical and psychological effort and the exposure to real risks of assault, rape and the loss of life itself by accident on the road, crossing of rivers, separation of families, unaccompanied children on

Strategies for Implementation

Requirements (CHF): 72,788

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	# of volunteers supporting the operation. Target: 50											
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	# of volunteers that receive PPE and visibility for activities. Target: 50											
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
AP040	Provide complete briefings on volunteers' roles and the risks they face.												
AP040	Provision of biosafety kits and visibility for staff and volunteers												
AP040	Provision of PSS for volunteers.												
AP040	Recognition to volunteers.												
AP042	Advocacy briefing for volunteers to work with local authorities and communities.												
P&B Output Code	Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place	# of staff hired for the operation. Target: 3											
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
	AP042	Recruitment of operations staff (1 ops coordinator, 1 financial assistant).											
AP042	Lessons learned workshop for staff and volunteers.												
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured												
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.	# IFRC monitoring visits. Target: 3											
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12

Budget

See Annex.

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How we work

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

DREF OPERATION

MDRPA015 - Panama - Population Movement

19/08/2021

Budget by Resource

Budget Group	Budget
Shelter - Transitional	10,000
Clothing & Textiles	28,500
Water, Sanitation & Hygiene	90,850
Medical & First Aid	41,294
Teaching Materials	25,900
Relief items, Construction, Supplies	196,544
Storage	5,500
Transport & Vehicles Costs	24,100
Logistics Services	10,000
Logistics, Transport & Storage	39,600
International Staff	16,000
National Society Staff	7,500
Volunteers	13,945
Personnel	37,445
Workshops & Training	8,000
Workshops & Training	8,000
Travel	4,500
Information & Public Relations	2,200
Office Costs	1,400
Communications	600
Financial Charges	300
General Expenditure	9,000
DIRECT COSTS	290,589
INDIRECT COSTS	18,888
TOTAL BUDGET	309,477

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	41,216
AOF3	Livelihoods and Basic Needs	
AOF4	Health	68,260
AOF5	Water, Sanitation and Hygiene	58,202
AOF6	Protection, Gender and Inclusion	64,752
AOF7	Migration	4,260
SFI1	Strengthen National Societies	45,630
SFI2	Effective International Disaster Management	27,158
SFI3	Influence others as leading strategic partners	
SFI4	Ensure a strong IFRC	
TOTAL		309,477

