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Emergency Plan of Action (EPoA) Costa Rica: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation no. MDRCR014; Glide no. OT-2015-000157-CRI
Date of issue: 24 November 2015	Date of emergency: 12 November 2015
Operation manager: Felipe Del Cid, Regional Disaster Management Coordinator for Central America; email: felipe.delcid@ifrc.org	Point of Contact: Guillermo Arroyo – National Relief and Operations Director - Costa Rican Red Cross
Operation start date: 12 November 2015	Expected timeframe: 30 days
Overall operation budget: 51,054 Swiss francs (CHF)	
Number of people affected: 2,000 people	Number of people to be assisted: 1,000 people
Host National Society: Costa Rican Red Cross (CRRC)	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partners: The Costa Rica's General Directorate for Migration and Foreign Affairs, and the National Comprehensive Risk Management System along with all of the institutions that comprise it.	



Cuban migrants waiting at the border crossing in Costa Rica. Source: Costa Rican Red Cross.

[Click here](#) to view a map of the affected area and [here](#) for the DREF budget. [Click here](#) to view the contact information>

A. Situation Analysis

Description of the Emergency

On 12 November 2015, more than 1,000 Cuban nationals were reported to be camped out at Paso Canoas border crossing with Panama expecting the issuance of a pass permit not contemplated by Costa Rican legislation. Some of the foreign nationals claim to have been there for more than seven days, and they are not able to pay for food and lodgings due to lack of funds. These people have been spending the night in the open, outside of customs.

The most vulnerable people among this migrant population include children, pregnant women and the elderly. Furthermore, according to International Organization for Migration (IOM) officials, there are approximately 60 Africans under similar conditions.

On 14 November, the government of Costa Rica issued a 7-day humanitarian visa to these migrants, initiating a massive mobilization toward Peñas Blancas at the Costa Rica-Nicaragua border crossing.

As of 15 November 2015, more than 100 Cuban nationals were reportedly still in Paso Canoas at the Panamanian border, and at least 800 more migrants are expected to arrive in the coming days. Furthermore, some 1,000 migrants attempting to cross the Costa Rica-Nicaragua border were turned back by Nicaraguan authorities; this further compounded their vulnerability due to the uncertainty caused by this refusal to let them pass and forced them to camp out in the vicinity of the border. For the Costa Rican authorities, this refusal involves having to set up collective centres and services the migrant in-country and possibly for the migrants still crossing or crossing into Costa Rica (the latter are not confirmed as of yet).

As of 18 November 2015, it was estimated that approximately 2,000 foreigners were in La Cruz, the closest town to the Peñas Blancas border crossing with Nicaragua. These migrants have been in Costa Rica for more than six days, during which time they have exhausted their finances, which has left them without access to food, hygiene and hydration, among other needs. Half of the migrants are in the CRRC-administered collective centres, and the other half are either sleeping outside of customs' headquarters or other buildings. The CRRC has requested the IFRC's assistance in supporting the migrants' humanitarian needs with the IFRC's Policy on Migration, which states the following in the introduction:

In engaging in the area of migration, National Red Cross and Red Crescent Societies have the purpose –individually and together with the International Federation and the International Committee of the Red Cross (ICRC) – to address the humanitarian concerns of migrants in need throughout their journey. They strive to provide assistance and protection to them, uphold their rights and dignity, empower them in their search for opportunities and sustainable solutions, as well as promote social inclusion and interaction between migrants and host communities.

Working with and for vulnerable migrants is one of the long-standing traditions of the International Red Cross and Red Crescent Movement. It is rooted in its Fundamental Principles and universal character as well as in its volunteer and community basis. However, patterns and issues associated with migration change over time. Therefore, the CRRC continuously examines the ways of working with and for migrants to ensure that the Red Cross and Red Crescent action remains strong, coherent, and mindful of crosscutting issues. The Costa Rican Red Cross policy on migration is a living policy: It will be reviewed and, if necessary, revised as the National Society evaluates its implementation.

Summary of current response

Overview of the National Society: The Costa Rican Red Cross has 121 committees grouped into nine regions as follows:

- **Region 1:** San José
- **Region 2:** Alajuela
- **Region 3:** Cartago
- **Region 4:** Heredia
- **Region 5:** Guanacaste
- **Region 6:** Puntarenas
- **Region 7:** Limón
- **Region 8:** Southern Area
- **Region 9:** Northern Area

As an auxiliary to state authorities, the Costa Rican Red Cross works in cooperation with them and under their leadership, to prepare communities and individuals and seeks to improve their self-protection, commits to raising awareness regarding risks and develops practical actions to reduce them. It also advocates and offers technical advice during the development of legislation, regulations and standards that facilitate actions in the event of large-scale emergencies.

Regions 8 and 5, where the Costa Rican Red Cross is providing assistance, have a far-reaching structure of volunteers, ambulances and vehicles operating to support humanitarian actions. There are rings of response to assist in the event of a greater number of patients or an emergency.

Current response

In addition to its role as an auxiliary to State authorities, the Costa Rican Red Cross is a member of the National Risk Management System's Emergency Operations Centre (EOC). As the institution responsible for pre-hospital care service in Costa Rica, the CRRC alerted local branches in the areas that were to be affected as soon as the situation began to develop and requested a presence at the Operations Coordination Centre set up by the Municipal Emergency Committees of Corredores and the De la Cruz. The following are additional actions conducted by the CRRC:

1. The National Deputy Director for Relief and Operations (NDRT trained), the National Head of Responders (NDRT trained), the National Head of Telecommunications ((NDRT trained), and the Chief of Institutional Press travelled to Paso Canoas to support and coordinate humanitarian assistance.
2. It assisted the Municipal Emergency Committee in the drawing up of a census of affected people.
3. In Paso Canoas (Costa Rica-Panama border), the CRRC is working with 12 Red Cross members and 4 ambulances from the auxiliary committees in Laurel, Ciudad Neily, Pérez Zeledón and the Regional Board of the Southern Zone.
4. In Peñas Blancas (Costa Rica-Nicaragua border), the CRRC is working with 18 Red Cross members and 6 ambulances from the auxiliary committees in De la Cruz, Liberia, Filadelfia, Sardinal, Santa Cruz, Bagaces and the Guanacaste Regional Board.
5. The CRRC is conducting pre-hospital care efforts through migrant care points at both borders, where more than 60 patients have been treated.
6. In coordination with IOM and the National Commission of Risk Mitigation and Emergency Response (CNE for its acronym in Spanish), meals are being distributed in the collective centres and border crossings; 480 meals have been distributed in Paso Canoas alone.
7. Bottled water and water from tanker trucks is being distributed at both of Costa Rica's borders.

In parallel, the Central Operations Headquarters has conducted the following activities:

- ✓ Meetings at the General Directorate for Migration and Foreign Affairs.
- ✓ Implementation of an institutional yellow alert for the southern zone and Guanacaste, which is where most of the migrants are concentrated. In addition, implementation of an institutional green alert for the regions of San Jose, Alajuela, Cartago, Heredia and the northern zone, which are the areas the migrants will be travelling through.
- ✓ Implementation of the Incidence Command System (ICS) software in order to have a detailed record of the activities carried out by the CRRC.
- ✓ Mobilization of resources: vehicles, ambulances and personnel to Peñas Blancas and Paso Canoas in order to support the operation.

Overview of non-RCRC actors in the country: The National Risk Management System (National Emergencies Commission) coordinates all of the risk management activities in Costa Rica, which involves all of the country's public institutions; however, the Costa Rican Red Cross is the only organization present at two levels. At the political level, it has representation on this system's Board of Directors, and at the operational level, the CRRC maintains a presence not only at the EOC, but also on some technical advisory committees known as CATs (sectorial panels) as advisory entities. The main actors in national emergency coordination are Security forces (state police), Fire department, Ministry of Health, Costa Rican Social Security (national hospital system), Ministry of Agriculture and Livestock, National Animal Health Service (SENASA), National Child Welfare, Costa Rican Electricity Institute, Ministry of Public Works and Transport, 9-1-1 Emergency System, and General Directorate for Migration and Foreign Affairs.

The National Risk Prevention and Emergency Care Commission (CNE for its acronym in Spanish) has activated the Municipal Emergency Committees to coordinate inter-agency action at Paso Canoas and Peñas Blancas.

Currently there are people in collective centres prepared and managed by the Costa Rican government. Migrants are receiving medical care in general from the government and the Costa Rican Red Cross is providing pre-hospital care. For this reason the CRRC has not considered further actions in relation to health and sanitation, as these are been covered by the government authorities.

Movement Coordination: From the beginning of the emergency, direct communications have been maintained with the IFRC country representative, both over the phone and face-to-face during the various meetings held internally at the National Relief and Operations Directorate (DINASO). A field visit was conducted to assess the needs of the population and the operation and support the field efforts.

Since 15 November, the IFRC disaster management coordinator for Central America has maintained constant communications with the National Society, to advice on actions to be developed.

The CRRC has maintained communication with the ICRC. The focal point for Restoring Family Links (RFL) inquired about whether the ICRC could support RFL actions for the migrants; the CRRC is currently awaiting the ICRC's response.

The IFRC sent a letter to all of the regional National Societies about the migration situation, along with key messages from its Policy on Migration.

Needs analysis, beneficiary selection and risk assessment

Needs analysis: The migrant population currently has few economic resources to meet their food, hydration, personal hygiene, health and accommodation needs. There have been medical cases involving chronic illnesses and others related to the poor sanitary and food conditions. The population lacks access to basic health services, including vulnerable groups such as children, pregnant women and the elderly. The weather conditions at both borders are extremely hot, and dehydration is a constant issue as a result.

Beneficiary selection: Priority will be given to vulnerable groups: children, pregnant women, the elderly, dehydrated people, and those in need of medical assistance.

Risk assessment: The closing of the border has increased tensions between migrants and authorities, which could lead to widespread outbreaks of violence that could affect humanitarian personnel or to an increased demand for pre-hospital emergency care services.

B. Operational plan and strategy

Overall objective: To provide pre-hospital care, safe water, psychosocial support and hygiene items to respond to the immediate needs of the affected migrant population in the border crossings.

Proposed strategy

1. Provision of pre-hospital care and psychosocial support for the migrants:

The Costa Rican Red Cross will provide pre-hospital care to people requiring assistance by setting up a care post at the Peñas Blancas border and another care post at the Paso Canoas border, supported by three ambulances and trained personnel.

Two National Disaster Response Team (NDRT) specialists will provide psychological care with the help of two young people at the Peñas Blancas border, as well as recreational activities for children using the "return of happiness" methodology.

2. Provision of personal hygiene items to 1,000 people:

Hygiene kits will be designed to be used by one person for five days, and different kits will be developed for men and women. Kits will contain at least soap, shampoo, toothpaste, toothbrush, toilet paper, towelettes, and alcohol gel. Women's kits will include four sanitary napkins.

Operational support services

Human Resources: To implement this Plan of Action, the CRRC has a multidisciplinary technical team that will ensure the implementation of activities:

- Two field commands (one in Peñas Blancas and another in Paso Canoas)
- Two information officers (one in Peñas Blancas and another in Paso Canoas)
- One logistics, security and operations officer in Peñas Blancas
- Psychosocial support (2 NDRT) in Peñas Blancas)
- Administrative - accounting personnel at the Central Administrative Headquarters.
- Relief and Operations Directorate personnel and its respective departments.
- Procurement Department personnel (purchasing, warehousing, fleet)
- Press Department personnel
- IT Department personnel.
- Volunteer personnel from the Southern Area and Guanacaste.

Process monitoring is through the Relief and Operations Directorate (which has the support of the General Manager) and the institutional administrative structure in all its departments. Headquarters also has a monitoring team for financial reporting and is responsible for ensuring the quality of intermediate and final reports.

The chain of responsibility in the monitoring process includes local, national and international levels.

Logistics and supply chain: The Operation does not foresee having to purchase materials outside the country. All purchases will be made in country as domestic markets carry the items required for the Operation.

The CRRC has a procurement department and a central warehouse through which all supplies and equipment needed by committees across the country are purchased, with purchasing procedures endorsed by the Government since many processes are made with public funds granted by the State, requiring Management to adopt these procedures for all purchases.

Communications: The telecommunications department will work to maintain communications with all units and team leaders supporting CRRC actions through a VHF/UHF radio network at the national level, and will conduct constant monitoring in terms of its functionality.

The CRRC has a strong, robust radio communications network, which is indispensable to support the actions to be developed, covering close to 98 per cent of the national territory.

A constant flow of timely and accurate information between people working in the field and other actors will support program objectives within this plan of action; raise the profile of and financing, and other types of support, for the CRRC; and will provide a platform to defend the interests of vulnerable populations.

The strategy of the National Society's communications team consists of three main components:

1. Internal communications: a steady flow of internal communications must be maintained, from the analysis of reports prepared by volunteers in the field through to the information gathered by EOC components.
2. External communications to the media: the information collected in the internal communications component will complement the actions that will be carried out so as to issue press releases over television, radio, social networks, etc., in order to provide an overview to the national and international community regarding the humanitarian actions performed by the Costa Rican Red Cross, and thus promote the raising of resources.
3. Intra-Movement communications: the Movement will be submitted reports (DMIS, status reports) in order to provide them with details of the actions being conducted and their impact within the community. This information is relevant, since this will motivate PNSs to donate to actions contained in the Plan of Action. The information generated will likewise be shared in Movement media (FedNet, National Society and IFRC websites, etc.)

Communications initiatives will help build National Society information and public relations capacity for future emergencies. The key aspects of relief and recovery operations, including achievements, challenges, donors, support needs, and beneficiaries, will be promoted constantly on all relevant channels mentioned above.

As for communications both within the National Society and the Movement, and to external entities, the press department will provide wide coverage to the actions being carried out, and will issue press releases, background notes and others as required.

For this operation, key messages will be disseminated nationwide focused on personnel security, fulfilment of fundamental principles, and the IFRC's migration policy and code of conduct.

Planning, monitoring, evaluation and reporting (PMER): The CRRC will have a monitoring team made up of the Relief Directorate. Since activities are short term, this project will only submit a final report in December 2015.

Administration and Finance: The Financial Accounting Directorate has trained staff available to provide the necessary support to the areas of work included in the Plan of Action.

The Financial Accounting Directorate's strategy focuses on the following points:

- a. Having Directorate staff available to work on specific aspects of the Operation.
- b. Complying with the issuance of reports and constant monitoring of compliance with and proper use of budget allocations.
- c. Informing the various coordinators of work areas regarding the full utilization and proper use of the resources allocated to the Plan of Action.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

Objectives	Indicators
Outcome 1: The operation's implementation is managed in a	There is a final report by the end of the project

coordinated manner, with an adequate implementation and monitoring system	By the end of the project sources of verification for the actions conducted are available							
Output 1.1: The project has been monitored and implemented as per the timeframe established in this emergency plan of action (EPoA).	# of activity progress reports # of monitoring visits by IFRC							
Output 1.2: Costa Rican Red Cross efforts have been disseminated via press releases to the media, and the airing of key messages.	# bulletins and press releases published at the end of the operation Key messages has been developed and disseminated during the first week on the emergency							
Activities	November				December			
	1	2	3	4	1	2	3	4
Monitoring visits from CRRC headquarters								
Monitoring visits from the IFRC								
Preparation of internal progress reports								
Publication of press releases and key messages								
Lessons learned workshop								

The CRRC has national insurance coverage for its volunteers working on the operation.

Health and Care

Needs analysis: Migrants have been in the country for over seven days, and have received no medical care in Peñas Blancas and Paso Canoas. There is no information on how long they will be at the border crossing, but support should continue for at least seven days more with DREF funds. The National Society will need the replenishment of all the first aid items used during the first week of the emergency, and the cost will be included in the current DREF operation.

Currently, the CRRC, in coordination with the Social Security Administration, is providing first aid care. The main types of cases that have been attended to are the following:

- Headaches and slight abdominal pain
- Cases of high blood pressure
- Cases of fevers
- Cases of diarrhoea (to date, only one patient has been attended to that presented with symptoms of diarrhoea) Minor injuries
- Two people in the initial stage of Leishmaniosis (Papalomoyo)

The care provided by the CRRC consists of taking vital signs and transporting affected individuals to health centres, if necessary.

In respect to the specific groups, the current strategy in place has increased to the migrants, who initially rejected the care that was being provided.

Population to be assisted: People suffering from chronic or acute health problems assisted in Peñas Blancas and in Paso Canoas during 15 days.

Objectives	Indicators
Outcome 1 Immediate affectations to the health of affected populations are attended by pre hospital care and psychosocial support at Paso Canoas and Peñas Blancas border crossings.	# of people reached with appropriate pre-hospital care health services and psychosocial support in both border crossings
Output 2.1 Affected population is provided with pre-hospital	# of people assisted with pre-hospital care

care in Peñas Blancas and Paso Canoas border crossings								
Output 2.2 Psychosocial support provided to the affected migrant population in Peñas Blancas and Paso Canoa border crossing.	# of people reached by psychosocial support (PSS)							
Activities	November				December			
	1	2	3	4	1	2	3	4
Mobilize 2 National Intervention Team (NIT) members specialized in PSS to border crossings								
Provide pre-hospital care at Paso Canoas through care post, 3 ambulances, 1 support vehicle and 20 CRRC members.								
Provide pre-hospital care at Peñas Blancas through care post, 3 ambulances, 1 support vehicle and 20 CRRC members								
Carry out PSS activities in the 2 border crossings								

Water, Sanitation and Hygiene Promotion

Needs analysis: Migrants have been in the country for over 7 days, and have funds to cover hydration and personal hygiene costs. The National Society will provide bottled safe water.

Population to be assisted: 1,000 affected people living with no water and personal hygiene items in Paso Canoas and Peñas Blancas.

Objectives	Indicators							
Outcome 1: Immediate reduction in risk of waterborne and water related diseases in the two border crossings (Paso Canoas and Peñas Blancas)	1,000 people that has access to sufficient safe water (disaggregated by gender/age)							
Output 3.1 Distribution of safe water provided to 1,000 people (3 litres per day)	1,000 people provided with safe water to drink during 15 days. # of litres of safe water distributed during 15 days							
Output 3.2 Personal hygiene kits, which meet Sphere standards, are provided to 1,000 people.	1,000 people provided with a set of essential hygiene items per person							
Activities	November				December			
	1	2	3	4	1	2	3	4
Distribution of 3 litres of water per day to 1,000 people in Paso Canoas and Peñas Blancas								
Preparation of personal hygiene kits								
Distribution of personal hygiene kits to 1,000 people in Paso Canoas and Peñas Blancas								

Contact Information

For further information specifically related to this operation, please contact:

In the Costa Rican Red Cross:

- Guillermo Arroyo, National Relief and Operations Director, Costa Rican Red Cross; email: guillermo.arroyo@cruzroja.or.cr; phone: (+506) 2542-5012.

In the IFRC Americas regional office, Panama (+507 317-3050):

- Carlos Inigo Barrena, disaster response and crisis and early recovery coordinator; email: ci.barrena@ifrc.org.
- Stephany Murillo, regional senior logistics & mobilization officer; email: stephany.murillo@ifrc.org
- Priscila Gonzalez, planning, monitoring & reporting coordinator; email: priscila.gonzalez@ifrc.org
- Ursula Araya, relationship management coordinator; email: ursula.araya@ifrc.org

In IFRC Geneva:

- Cristina Estrada, quality assurance senior officer, phone: +41.22.730.4529, email: cristina.estrada@ifrc.org



[Click here](#)

1. DREF budget [below](#)
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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.

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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.

DREF OPERATION

23-Nov-15

MDRCR014 Costa Rica Population Movement

DREF Grant
Budget CHF

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	18,128
Seeds & Plants	0
Water, Sanitation & Hygiene	7,050
Medical & First Aid	8,057
Teaching Materials	1,309
Utensils & Tools	0
Other Supplies & Services	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	34,544
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	2,336
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	2,336
International Staff	0
National Staff	755
National Society Staff	604
Volunteers	5,589
Other Staff Benefits	0
Total PERSONNEL	6,949
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	504
Total WORKSHOP & TRAINING	504
Travel	1,007
Information & Public Relations	1,108
Office Costs	252
Communications	836
Financial Charges	302
Other General Expenses	101
Shared Office and Services Costs	0
Total GENERAL EXPENDITURES	3,605
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	0
Programme and Services Support Recovery	3,116
Total INDIRECT COSTS	3,116
TOTAL BUDGET	51,054



Costa Rica: Population movements

