

## Emergency Appeal operations update

### Costa Rica and Panama: Population Movement

<b>Emergency appeal no. MDRCR014</b>	<b>GLIDE no. <a href="#">OT-2015-000157-CRI</a></b>
<b>Operation Update no. 1 (6-month consolidated update)</b> <b>Date of Issue:</b> 29 July 2016	<b>Timeframe covered by this update:</b> November 2015 to July 2016
<b>Emergency Appeal operation start date:</b> 22 November 2015	<b>Timeframe:</b> 12 months; operation end date: 22 November 2016
<b>Appeal budget: 602,895 Swiss francs (CHF)</b>	<b>Disaster Relief Emergency Fund (DREF) allocated:</b> 51,054 Swiss francs
<b>No. of people being assisted:</b> 6,350 people	
<b>Host National Society presence (no. of volunteers, staff, branches):</b> The Costa Rican Red Cross (CRRC) has 121 branches grouped into 9 regions. Regions 8 and 5, where the Costa Rican Red Cross is providing assistance, have a broad structure of volunteers, ambulances, and vehicles operating to support humanitarian actions. Red Cross Society of Panama (RCSP): The RCSP has 1 national headquarters and 24 branches.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> The International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC).	
<b>Other partner organizations actively involved in the operation:</b> In Costa Rica: National Commission for Risk Prevention and Emergency Assistance (CNE) along with all of the institutions that comprise it, the National Health Ministry, the United Nations Population Fund (UNFPA), and the United Nations High Commissioner for Refugees (UNHCR). In Panama: National Civil Protection System (SINAPROC), National Border Service (SENAFRONT), National Navy System (SENAN), International Organization for Migration (IOM), Christian Pastoral, Ministry of Health, Ministry of Interior, Immigration Service, Social Security Service, protestant churches, civil society, private sector (farmers) In Costa and Panama: Caritas Costa Rica and Panama.	

<Click [here](#) for the contact information. Click [here](#) for the interim financial report>

## 1. Summary

The mass mobilization of migrants began in November 2015 with the closing of the Nicaraguan border, resulting in huge crowds building up on the Costa Rican and Panama side. Panama detected the illegal entry of many Cuban nationals, leading to a first intervention in the province of Colon and the provision of primary care to approximately 1,000 migrants travelling by sea. Once these migrants had been assisted, they were sent to Panama so that they could continue their journey to the Paso Canoas border crossing.

This situation led to a concentration of more than 5,800 Cuban nationals stranded in the border, and the Costa Rican National Commission for Risk Prevention and Emergency Assistance (CNE) launched an operation to enable humanitarian assistance of 43 temporary shelters in 33 different communities across the country, the activation of 15 municipal emergency committees and more than 500 volunteers, and allocated more than 5 million US dollars to operating and administrative maintenance.

On 18 December 2015, Costa Rica closed its Paso Canoas border to Cuban migrants, generating a situation of uncertainty among migrants. The Red Cross Society of Panama (RCSP) initiated its efforts through its Baru branch, where it provided first aid and transported patients to medical centres. The various needs identified at the onset of this situation, led to an immediate humanitarian intervention by the Costa Rican Red Cross (CRRC) which was later joined by other government institutions, churches and organized communities among others. All of the organizations jointly supported the setting up of 37 collective centres, addressed food, water, and sanitation needs, and promoted health.

Around this time, the first flights arrived to airlift migrants to Mexico. Once all migrants on the original list had been airlifted, the Panamanian government ceased its actions along the border, leaving migration authorities to deal

with the migrants that had been left behind because they had not been part of the original list, and the ones who were on their way. This situation increased health care needs due to the emergence of diseases, including the death of a Cuban migrant attributed to the AH1N1 flu virus. Once the government suspended its actions, the people in greatest need were assisted by the Catholic Church, among other efforts to provide food assistance. Meanwhile, the migration authorities continued to provide support with what the funding they managed to raise, even if it was below Sphere minimum standards.

On 12 April, these migrants were transported back to the Paso Canoas border crossing with Panama, by Security Ministry vehicles, which exacerbated the problem given the precarious conditions and the number of people involved. This led to several institutions deciding to open a "humanitarian aid post" in order to assess health, basic food and hygiene conditions. This post operated from April to June 2016 in Paso Canoas and was managed by the Costa Rican Red Cross, Immigration and security forces. Additionally, the immigration authorities of Costa Rica opened a temporary detention centre, which housed an average of 1,380 migrants, to shelter them while their immigration status was being resolved. Meanwhile, Nicaraguan police, with support from the army, reinforced their border surveillance in order to prevent these migrants from entering Nicaragua.

Actions by the RCSP continued until the government was finally pressured into reactivating its staff and the National Civil Protection System, which happened after migrants, together with the local population, blocked the roads to the border. The airlifts to Mexico finally resumed in late May 2016, although some were unable to buy their tickets.

So far, more than 2,000 migrants have entered the Panama country both legally and illegally, and they are now travelling across Costa Rica through the northern border area of Los Chiles, and Peñas Blancas in the region of Guanacaste. The Panamanian borders at Darien and Guna Yala were closed to prevent other migrants from entering the country.

As of July 2016, the Costa Rican Red Cross is still managing two Migrant Care Centres in coordination with CNE, Immigration, Security Forces and Costa Rican Social Security (CCSS). One centre is located in southern Costa Rica in Kilometro 20 in Rio Claro de Puntarenas, serving around 300 people, while the second centre is located in northern Costa Rica in El Jobo, La Cruz de Guanacaste, serving around 200 people. These centres provide temporary accommodations, food, first aid and transportation to medical centres, water and hygiene, as well as psychosocial support (PSS) to the migrants. The CRRC contributes to the management of the centres, volunteer-related operating expenses and the National Society's migration operation coordinator's salary, while the government covers all costs related to rent, food, water, sanitation and hygiene. Additionally, a constant supply of food has been maintained in coordination with the Costa Rican CNE, and the government has been paying for all of the utilities (water and electricity) and absorbing other costs associated with the operation of these collective centres. Reports continue to circulate about other migrants from assorted countries whom entered Panama through the Darien from the Panama border and are being denied passage.

## 2. Coordination and partnerships

**Costa Rica government:** Constant coordination continues with the CNE, through its National Emergency Commission (COE), and Municipal Emergency Committees in the Cantons of Corredores and La Cruz, where the Red Cross Movement has representation, as an active member of the National Emergency System. Meetings have been held to coordinate the main operational actions and the various needs in the care posts.

Meetings continue with the Office of the President, the Ministry of Communications and Ministry of the Presidency, for their involvement in decision-making at the central political level and the planning of activities.

Communications with the General Immigration Directorate and security forces (national police) have been maintained, as well as coordination and control of security for migrants.

In July 2016, as part of CRRC's coordination with the CNE, an agreement was reached for the management and provision of technical support in two collective centres in Jobo in the Canton of La Cruz and in Kilometro 20 in Golfito in the province of Punta Arenas. It has also been agreed that CRRC will provide pre-hospital care and transportation to medical centres in all collective centres. Meanwhile, the CNE has been contributing with food, water, shelter items (blankets, mattresses) and covering the costs of accommodation for the buildings serving as collective centres.

The operation reflects the government's active role in the provision of humanitarian items and the further coordination with the actions of the National Societies. This further coordination, allows migrants to receive a comprehensive support from all of the actors involved in the operation.

**Panama Government:** Although personal differences have at times destabilized actions, a good relationship has been established between the RCSP, the government and the National Civil Protection System. As a result, it has been possible to clarify and implement what was established at the central level together with the National Civil Protection System (SINAPROC), National Border Service (SENAFRONT) and National Navy System (SENAN).

#### **Red Cross Red Crescent Movement partners**

**IFRC:** Meetings and visits to the field have been conducted by IFRC staff, with whom constant communication is maintained. The IFRC contributed to all actions through its human resources, and it continues to provide technical support.

**ICRC:** The ICRC conducted a field visit in July 2016 to assess conditions at the care centre in the southern part of the country.

**Other organizations:** Constant communication had been maintained with the office of the Resident Coordinator for the United Nations, which contributed with 6,000 US Dollars for the National Society's operating expenses. Other international agencies such as the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR), have monitored the humanitarian standards of the relief assistance offered to migrants and have been assisting with the care provided.

Additionally, the United Nations Population Fund (UNFPA) coordinated the distribution of hygiene kits with the CRRC in November 2015.

The CRRC participated in a workshop on "Education in humanitarian assistance provided to extra-continental migrants in transit through Costa Rica", which was coordinated by the CNE and the Universidad para la Paz. This workshop, funded by the CNE, was held on 13 July 2016, and it was attended by several local and national organizations. The workshop addressed issues such as migrant culture, food preparation, and livelihoods, in order to be able to provide assistance in accordance to the needs and culture of the beneficiaries.

Close coordination was held with Caritas Costa Rica and Panama in the first few months of the operation (November 2015 to May 2016), the organization provided food in several collective centres and distributed hygiene kits to the population, and it continues to provide support to the collective centres.

### **3. Summary of Current Response**

#### **Overview of Host National Society**

**Costa Rica:** Support has been constant to the migrant population at border crossings in northern and southern Costa Rica. Services include pre-hospital care to more than 2,157 migrants from various countries, which have been provided since the beginning of the crisis in November 2015 with support from National Society volunteers and coordination with the government of Costa Rica.

A total of 51,525 hot meals were prepared and distributed from November 2015 to January 2016 with financial support from the IFRC, the government of Costa Rica, Caritas, and local donations. Meals were initially prepared by CRRC staff using their own emergency mobile kitchen, which was complemented with support from the government and local donations for the provision of food to migrants.

A humanitarian post managed by the CRRC, Immigration and security forces was set up from April to June 2016 in Paso Canoas for the provision of first aid, food and hygiene care (showers and toilets), among other needs.

**Panama:** Three ambulances from the Baru local branch remained active throughout the operation (November 2015 to May 2016). Once migrants were transferred to Los Planes, health support was provided by RCSP staff in the city of David. A total of 695 people received first aid care from November 2015 to May 2016.

In total, 2,482 personal hygiene kits and 2,500 blankets were distributed in April 2016 in seven collective centres located in Paso Canoas in Panama.

Seven hygiene promotion lectures were delivered in collective centres in which cleaning kits and food were distributed.

Approximately, 1,200 people were assisted in collective centres in Progreso, Milenium, La Morenita, el Bunker and Los Planes. Six PSS workshops were provided with interventions by teams of psychologists and RCSP staff specialized in care for children and adolescents. Tasks were distributed according to the age of beneficiaries.

## 4. Operational implementation

### Health

OBJECTIVES	INDICATORS															
<b>Outcome 1: Immediate health problems among the migrant community are treated through pre-hospital care and psychosocial support in Paso Canoas and Peñas Blancas.</b>	# of people reached with appropriate pre-hospital care health services and psychosocial support in both border crossings															
<b>Output 1.1</b> Members of the Cuban migrant community showing symptoms or signs of illness receive pre-hospital care	# of people assisted with pre-hospital care															
<b>Output 1.2</b> Psychosocial support is provided to the affected migrant population in Peñas Blancas and Paso Canoas	# of people reached by PSS															
<b>Activities Months</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Pre-hospital care																
Key messages for self-health care																
Hiring of psychologist in Panama and Costa Rica																
Replenishment of first aid items																
Deployment a National Disaster Response Team (NDRT) specialized in psychological support for three months																
<b>Achievements to date</b>																
<p><u>Costa Rica:</u> The provision of support has been continuous to the migrant population being housed at the border crossings in northern and southern Costa Rica. Services include the provision of pre-hospital care to more than 2,157 migrants from various countries, which have been provided since the beginning of the crisis in November 2015 and continue to be provided today with support from National Society volunteers and through coordination with the government of Costa Rica.</p> <p>In total, 1,506 people (1,479 adults and 27 children) have participated in psychosocial support activities through the Return to Happiness methodology, professional counselling and the promotion of recreational activities, in direct coordination with the Ministry of Health and its Psychosocial Department and with support from CRRC Auxiliary Committees in La Cruz, Liberia and Upala, Ciudad Neilly and Laurel.</p> <p>The operation has provided pre-hospital care to migrants from Cuba, Haiti, Somalia, Pakistan, Nepal, Burkina Faso, Congo, Ivory Coast, Ghana, Guinea, Mali and Senegal, among others. Migrants have received the same needs-based assistance regardless of origin and in accordance with the IFRC's Fundamental Principles.</p> <p><u>Panama:</u> The RCSP branch in Baru provided an ambulance for three months, which was available on a permanent basis at the Paso Canoas border area in order to provide first-aid care and transport patients to medical centres for</p>																

migrants.  
The ambulance service is no longer necessary because migrants have been able to continue their journey through Costa Rica and the rest of countries in the region, although a similar crisis in coming months cannot be ruled out.

RCSP volunteers have provided PSS workshops to the migrant population, and care has been provided by professional psychologists.

There is no problem in Panama with migrants from other continents.

### Challenges

The main challenge has been providing pre-hospital care, especially psychosocial support to different beneficiaries, due to the variety of languages spoken by the migrant population. The CRRC has had to devise other ways to communicate, as well as identify translators within the migrant population. Some of the mechanisms currently in use consist of providing games and recreational equipment to the population to promote physical and mental activity in order to decrease stress levels.

### Changes

No additional changes to report since the previous [report](#) was issued.

## Water, Sanitation and Hygiene Promotion

OBJECTIVES	INDICATORS															
<b>Outcome 2: Immediate risk of contracting diseases related to water, sanitation and hygiene are reduced by improving safe water storage, distribution and handling conditions for 6,350 migrants</b>	5,000 people that have access to sufficient safe water (disaggregated by gender/age)															
<b>Output 2.1</b> Safe water storage conditions are strengthened in the collective centres	5,000 people receive items to store safe water															
<b>Output 2.2</b> Personal hygiene kits that meet Sphere standards are provided to 6,350 people.	5,000 people provided with a set of essential hygiene items (per person)															
<b>Output 2.3</b> The hygiene systems in the collective centres are strengthened	10 collective centres have improved shower and washing systems															
<b>Output 2.4</b> Knowledge of hygiene measures, sanitation, safe water and community health is strengthened	10 hygiene workshops in the collective centres for the Cuban population.  1 Community-based health and first aid (CBHFA) workshop for volunteers 10 CBHFA workshops in community															
<b>Activities</b>	<b>Months</b>															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Distribution of 1,000 14-litre buckets with lid and dispenser																
Distribution of personal hygiene kits to 6,350 people (men, women and children)																
Construction of showers and drains																
Improvement and/or construction of wash basins																
Improvement and/or construction of drains																
CBHFA workshop for volunteers in hygiene promotion, water and sanitation component																
Workshop for communities on hygiene promotion, water and sanitation																
Safe water, hygiene, and sanitation awareness-raising campaign																
<b>Achievements to date</b>																
<u>Costa Rica:</u> In total, 6,100 hygiene kits were distributed between December 2015 and January 2016, which were acquired with funds from the international appeal (3,700 kits), donations by UNFPA (1,000 kits), the Cuban community																

in Miami (1,200 kits), and local donations (150 kits for women and 50 for children). Kits were prepared as per Sphere standards and designed separately for men, women and children, since some migrants were travelling alone, while others were travelling in family groups.

Approximately, 650 people received hygiene promotion lectures in collective centres in December 2015 and January 2016; the lectures were organized by CRRC volunteers.

Ten collective centres were supposed to have improvements made to their washing areas, bathrooms and drains, but this only happened in one collective centre due to the Cuban migrants' quick departure in early March 2016. This collective centre is still housing migrants, but work on the other collective centres could not be justified since they are currently closed.

Hygiene items are currently being distributed in collective centres to migrants of various nationalities in coordination with the government.

The following are the collective centres that have received assistance since the beginning of the operation:

Collective Centre	Current status
Guanacaste, La Cruz, Colegio Nocturno población	Closed, no migrants
Guanacaste, La Cruz, Iglesia Shekina población	Closed, no migrants
Guanacaste, La Cruz, Liceo Experimental Bilingüe, población	Closed, no migrants
Guanacaste, La Cruz, Iglesia Bettel, población:	Closed, no migrants
Guanacaste, Upala, Salón Multiusos,	Closed, no migrants
Guanacaste, Upala, Salón Comunal Bijagua	Closed, no migrants
Puntarenas, Puntarenas, El Roble	Closed, no migrants
Puntarenas, Puntarenas, Parrita, Antigua Clínica	Closed, no migrants
Puntarenas, Corredores, Paso Canoas, Centro de Atención Humanitaria.	Closed, no migrants
Alajuela, San Ramón	Closed, no migrants
Alajuela, Grecia	Closed, no migrants
Alajuela, Salcedo	Closed, no migrants
Alajuela, Guatuso	Closed, no migrants
Alajuela, Upala	Closed, no migrants
Alajuela, Los Chiles	Closed, no migrants
Puntarenas, Golfito, Kilometro 20, Centro de Atención al Migrante	Currently open, 200 people housed in the centre per day
Puntarenas, Buenos Aires, Campamento Diquis	Currently open, 150 people housed in the centre per day
Guanacaste, La Cruz, el Jobo, Centro de Atención al Migrante	Currently open, 300 people housed in the centre per day
Guanacaste, La Cruz, Sandimas, Salón comunal Las Vueltas	Currently open, 167 people housed in the centre per day

Panama:

The following are the collection centres that received hygiene kits:

Collective Centre	Current status
Hotel Canarias, Paso Canoas	Closed
Hotel Imperial, Paso Canoas	Closed
Bunker, Paso Canoas	Closed
Hotel Galicia, Paso Canoas	Closed
Hotel Milenium, Paso Canoas	Closed
Hotel La Monerita, Paso Canoas	Closed
Los Planes, David	Closed

A total of 1,330 bottles of water have been sent by RCSP's headquarters to the Paso Canoas border area; the

bottled water was donated by the Panamanian public and Caritas.

### Challenges

The dynamic of the migrant population's mobilization in both countries has presented a challenge to the implementation activities in this sector; however, basic services in terms of water, sanitation and hygiene have been provided with support from CRRC volunteers, the government and other organizations.

Intervention through workshops was difficult since most people were reluctant to participate in this type of forum. As a result, the migrants were given flyers containing information regarding waste disposal and handling food. The outbreak of influenza and diarrhoea prompted the Baru staff to increase the dissemination of information to the migrants, including ways to distribute food; this aspect in particular improved with the purchase of the necessary supplies for the proper handling of food.

### Changes

No additional changes to report since the previous report was issued.

## Shelter and Settlements; Household Non-Food Items

OBJECTIVES		INDICATORS															
<b>Outcome 3:</b> The immediate shelter needs of the target population are met		# of people provided with emergency shelter assistance which meet the agreed standards for the specific operational context															
<b>Output 3.1</b> Essential non-food items (NFIs) are provided to the target population.		5,000 people provided with a blanket and a backpack for transportation of personal items.															
<b>Output 3.2</b> The scope and quality of National Society services in the collective centres is improved		25 CRRC volunteers are trained in Shelter Management															
Activities	Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Procurement and distribution of 3,500 blankets (2,500 in Panama and 1,000 in Costa Rica)																	
Management workshop for branch volunteers involved in the management of collective centres																	
<b>Achievements to date</b>																	
Investment in the purchase and distribution of non-food and supplementary items in the collective centres has been covered by the government of Costa Rica, which means that the operation has remained unchanged; however, the Costa Rican Red Cross supporting role in the coordination and management of the collective centres has been a key factor in their proper management as it currently plays an important role in the coordination with the government of Costa Rica.																	
The acquisition of 2,500 blankets has been approved for an equal number of migrants, and will be delivered to Paso Canoas. The purchase is being made through the IFRC's Global Logistics Service (GLS), and blankets will be delivered directly to the beneficiaries at the distribution point once they have been registered via Open Data Kit (ODK). The distribution will be conducted with Mega V.																	
<b>Challenges</b>																	
The constantly changing scenario is a challenge that requires adapting and flexibility and the streamlining of actions to be implemented by the National Societies.																	
<b>Changes</b>																	
No changes to report																	

## Livelihoods; Nutrition; Food security

OBJECTIVES	INDICATORS
<b>Outcome 4:</b> There is access to food in Red Cross-managed collective centres	10 mobile kitchens installed in collective centres

<b>Output 4.1:</b> Food that meets minimum Sphere standards is distributed to 2,000 people	No. of people receiving hot meals per day in coordination with local authorities																
<b>Activities</b>	<b>Months</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Purchase mobile kitchens in Panama																	
Maintenance on mobile kitchens in Costa Rica																	
Food distribution for 2,000 people for two months in Panama and Costa Rica																	
<b>Achievements to date</b>																	
<p>From November 2015 to January 2016, 51,525 hot meals were prepared and distributed with financial support from the IFRC, the government of Costa Rica, Caritas and local donations. The meals were initially prepared by CRRC staff using the National Society's own emergency mobile kitchen, which was complemented with support from the government and local donations to provide food to the migrants.</p> <p>In April 2016, the Humanitarian Aid Post distributed fast food rations to migrants during its first four days of operation, benefiting 250 people daily through a total of 1,000 rations containing water, juice, fruit and energy bars.</p> <p>With support from non-government organizations (NGOs), the government of Costa Rica, churches and the civil population have been distributing meals to an average of 500 migrants per day since April 2016. The food delivery activity in two of the collective centres has been managed by CRRC, with funding from the government of Costa Rica allowing the distribution of approximately 45,000 hot meals to migrants from June to July 2016.</p> <p>The CRRC's mobile kitchen is no longer in the collective centres because the government has set up kitchen areas.</p>																	
<b>Challenges</b>																	
Registering people has proven to be a challenge due to the constant rotation of people in the collective centres; however, coordination has been maintained with Costa Rican immigration authorities to keep track of the list of people who have been housed and who have received food.																	
<b>Changes</b>																	
No additional changes to report since the previous report was issued.																	

## Disaster Response Preparedness; Early Warning; Risk Reduction

OBJECTIVES	INDICATORS																
<b>Outcome 5: CRRC and RCSP offer pre-hospital care in emergencies in cross-border communities under a comprehensive legal framework.</b>	RC/RC operates in the bordering communities through laws that facilitate its intervention and the provision of pre-hospital care in emergencies.																
<b>Output 5.1:</b> Adequate legal framework that regulates the provision of pre-hospital care in emergencies by CRRC and the RCSP	# of legal instruments developed which regulate the provision of pre-hospital care for cross-border emergencies																
<b>Activities</b>	<b>Months</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Study that identifies the pertinent legislation that needs to be amended in order to facilitate the provision of pre-hospital care in emergencies in bordering communities																	
Workshop to evaluate the strengths and gaps in the national legislation for the provision of pre-hospital care in emergencies in bordering communities																	
Advocacy for the adoption of legislation that facilitate the provision of pre-hospital care in border communities																	
<b>Achievements to date</b>																	
There are no achievements to report in this sector, but this is an action that needs to be sustained because the current scenario has demonstrated the importance of the study and the strengthening of coordination in the border areas.																	
<b>Challenges</b>																	

The constant influx of migrants into Costa Rica is a significant challenge. According to records from Costa Rica's National Immigration and Foreigner Affairs Directorate, Costa Rica is an important bridge for the migration phenomenon in the region. There is a significant flow of transcontinental migrants - an average of 30 to 40 a day - entering without the proper documentation and aided by "coyote" networks.

#### Changes

There are no proposed changes to this sector.

## Areas Common to All Sectors

OBJECTIVES	INDICATORS																								
<b>Outcome 6: The operation's implementation is managed in a coordinated manner, with an adequate implementation and monitoring system</b>	% of activities implemented on time																								
	By the end of the project sources of verification for the actions conducted are available																								
<b>Output 6.1:</b> The project has been monitored and implemented as per the timeframe established Emergency Plan of Action (EPoA)	# of activity progress reports # of monitoring visits by the IFRC																								
<b>Output 6.2:</b> Costa Rican and Panamanian National Societies' 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  Video of the operation																								
<b>Activities</b>	<b>Months</b>								1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Monitoring visits from headquarters																									
Two Regional Intervention Team (RIT) deployments																									
Monitoring visits from the IFRC																									
Preparation of internal progress reports																									
Publication of press releases and key messages																									
Regional migration campaign																									
Publication of a video of the operation																									
Lessons learned workshops in both countries																									
Beneficiary satisfaction survey																									
Hiring of a general operations coordinator for the CRRC																									
Hiring of a general operations coordination for RCSP																									
Acquisition of an ODK and Mega V kit																									
<b>Achievements to date</b>																									
<p>The CRRC has had an active role in assisting the migrant population. For eight months, CRRC branches have provided support to humanitarian needs with their own funds and funds from local donors, the IFRC, the government and local organizations. Fourteen local CRRC committees have participated in the operation through their volunteer staffs and by making available their ambulances to assist the population.</p> <p>The CRRC headquarters' Emergency Operations Centre has remained active through the National Relief and Operations Directorate in order to provide guidelines on the actions to be conducted and coordination with national government authorities (immigration, police force, health and others), United Nations agencies, the IFRC, the ICRC and other national organizations.</p> <p>Five operation emergency reports have been submitted since November 2015 (DREF Plan of Action in November 2015, DREF update in December 2015, International Appeal in January 2016, Update/Review of the Appeal in May 2016 and this report in July 2016).</p> <p>An operation coordinator was hired in December 2015, who has been responsible coordinating collective centres and CRRC committees at various border points as required.</p>																									

Media coverage, especially during the first two months of the emergency was evident; the coverage was not only to inform about the CRRC's work, as the National Society served as link for many international media outlets, which were fully aware of the work that is being conducted and the Red Cross' credibility and position as an international movement. Consequently, media outlets sought the Red Cross to conduct interviews with migrants, government agencies and CRRC staff. The press department kept in constant communication with its counterpart at the IFRC in Panama in order to maintain an adequate line of communication.

In coordination with the RCSP and the CRRC, the IFRC disaster management coordinator conducted an assessment mission to the Paso Canoas and Peñas Blancas borders to determine the migrants' needs and coordinate this bi-national emergency appeal.

A RIT from the Colombian Red Cross Society has been deployed to the Paso Canoas area to support registration and humanitarian aid distribution. The RIT will be stationed on Panamanian soil to support the National Society.

### Challenges

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

### Changes

No additional changes to report since the previous report was issued.

OBJECTIVES	INDICATORS															
<b>Outcome 7: The most vulnerable people have access to unconditional cash in order that meet their special needs</b>	% of most vulnerable people receiving cash															
<b>Output 7.1:</b> 500 people have access to cash during three months in Panama and Costa Rica	No. of people using cash in order to meet the essential needs related to health and food															
<b>Activities Months</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Targeting and registration of beneficiaries																
Cash transfer programme (CTP) for 500 people for three months																
<b>Achievements to date</b>																
This activity was not conducted because the flow of migrants has decreased in both Panama and Costa Rica. Items and assistance made available by the governments of both countries meeting the needs of the migrant population.																
<b>Challenges</b>																
There had been no challenges for this area.																
<b>Changes</b>																
No changes have been reported for this area; however, the need for a Cash Transfer Programme (CTP) is currently being reassessed due to the changing situation.																

## Contact information

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

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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.

[www.ifrc.org](http://www.ifrc.org)

**Saving lives, changing minds.**



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.

## Disaster Response Financial Report

## MDRCR014 - Costa Rica - Population Movement

Timeframe: 22 Nov 15 to 22 Nov 16

Appeal Launch Date: 18 Jan 16

Interim Report

## Selected Parameters

Reporting Timeframe	2015/11-2016/6	Programme	MDRCR014
Budget Timeframe	2015/11-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		<b>602,895</b>				<b>602,895</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<i>American Red Cross</i>		23,964				23,964	
<i>Bulgarian Red Cross</i>		992				992	
<i>Japanese Red Cross Society</i>		21,200				21,200	
<i>Mexican Government</i>		173,389				173,389	
<i>Red Cross of Monaco</i>		10,988				10,988	
<b>C1. Cash contributions</b>		<b>230,533</b>				<b>230,533</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>230,533</b>				<b>230,533</b>	
<b>D. Total Funding = B + C</b>		<b>230,533</b>				<b>230,533</b>	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		230,533				230,533	
<b>E. Expenditure</b>		-194,229				-194,229	
<b>F. Closing Balance = (B + C + E)</b>		36,304				36,304	

## Disaster Response Financial Report

## MDRCR014 - Costa Rica - Population Movement

Timeframe: 22 Nov 15 to 22 Nov 16

Appeal Launch Date: 18 Jan 16

## Interim Report

## Selected Parameters

Reporting Timeframe	2015/11-2016/6	Programme	MDRCR014
Budget Timeframe	2015/11-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>602,895</b>			<b>602,895</b>		
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles	12,777		10,434			10,434	2,343	
Food	48,035						48,035	
Water, Sanitation & Hygiene	112,094		44,519			44,519	67,576	
Medical & First Aid	34,585		1,615			1,615	32,970	
Teaching Materials	8,262						8,262	
Utensils & Tools	11,240						11,240	
Cash Disbursement	144,105						144,105	
<b>Total Relief items, Construction, Sup</b>	<b>371,099</b>		<b>56,568</b>			<b>56,568</b>	<b>314,531</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	4,804						4,804	
<b>Total Land, vehicles &amp; equipment</b>	<b>4,804</b>						<b>4,804</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	1,921						1,921	
Distribution & Monitoring	7,180		1,270			1,270	5,910	
Transport & Vehicles Costs	11,817		1,774			1,774	10,042	
Logistics Services	12,369		2,700			2,700	9,670	
<b>Total Logistics, Transport &amp; Storage</b>	<b>33,287</b>		<b>5,744</b>			<b>5,744</b>	<b>27,543</b>	
<b>Personnel</b>								
International Staff	7,686		730			730	6,956	
National Staff	2,210						2,210	
National Society Staff	19,694						19,694	
Volunteers	17,867		2,109			2,109	15,759	
Other Staff Benefits	8,646						8,646	
<b>Total Personnel</b>	<b>56,103</b>		<b>2,838</b>			<b>2,838</b>	<b>53,265</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	14,411						14,411	
Professional Fees	6,725						6,725	
<b>Total Consultants &amp; Professional Fees</b>	<b>21,135</b>						<b>21,135</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	38,428		739			739	37,689	
<b>Total Workshops &amp; Training</b>	<b>38,428</b>		<b>739</b>			<b>739</b>	<b>37,689</b>	
<b>General Expenditure</b>								
Travel	7,205		3,946			3,946	3,260	
Information & Public Relations	20,655		1,006			1,006	19,649	
Office Costs	3,170		107			107	3,063	
Communications	3,651		1,151			1,151	2,500	
Financial Charges	4,083		3,922			3,922	161	
Other General Expenses	1,153						1,153	
Shared Office and Services Costs	1,326						1,326	
<b>Total General Expenditure</b>	<b>41,243</b>		<b>10,132</b>			<b>10,132</b>	<b>31,111</b>	
<b>Operational Provisions</b>								
Operational Provisions			106,354			106,354	-106,354	
<b>Total Operational Provisions</b>			<b>106,354</b>			<b>106,354</b>	<b>-106,354</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	36,796		11,854			11,854	24,942	
<b>Total Indirect Costs</b>	<b>36,796</b>		<b>11,854</b>			<b>11,854</b>	<b>24,942</b>	

**Disaster Response Financial Report****MDRCR014 - Costa Rica - Population Movement**

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Interim Report

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**III. Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>602,895</b>			<b>602,895</b>		
<b>TOTAL EXPENDITURE (D)</b>	<b>602,895</b>		<b>194,229</b>			<b>194,229</b>	<b>408,666</b>	
<b>VARIANCE (C - D)</b>			<b>408,666</b>			<b>408,666</b>		

**Disaster Response Financial Report****MDRCR014 - Costa Rica - Population Movement**

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster management	331,229		71,971	71,971	58,412	13,559	
Disaster response	271,666		158,563	158,563	135,817	22,745	
Subtotal BL2	602,895		230,533	230,533	194,229	36,304	
<b>GRAND TOTAL</b>	<b>602,895</b>		<b>230,533</b>	<b>230,533</b>	<b>194,229</b>	<b>36,304</b>	

## Annex 1

<b>Cuban patients assisted in La Cruz until February 2016</b>	
<b>Total care provided</b>	<b>Quantity</b>
<b>Burns</b>	4
<b>Stroke</b>	1
<b>Ethylic</b>	1
<b>Heart problems</b>	3
<b>Respiratory problems</b>	30
<b>Diabetes</b>	7
<b>Intoxication or Anaphylaxis</b>	28
<b>Traumas</b>	66
<b>Medical</b>	343
<b>Arterial hypertension</b>	90
<b>Seizures</b>	2
<b>Emergency Gynaeco-obstetrics</b>	17
<b>Total Patients served</b>	<b>592</b>

1,068 migrants with various health problems have been treated in the southern border (Humanitarian Care Centre in Paso Canoas and the Migrant Care Centre).

<b>Extra-continental patients treated in the southern border until July 2016</b>	
<b>Total care provided</b>	<b>Quantity</b>
<b>Diarrhoea</b>	56
<b>Suspected abortion</b>	3
<b>Skin fungus</b>	216
<b>Colds</b>	75
<b>Vaginal problems</b>	7
<b>Abdominal pain</b>	44
<b>Headaches</b>	26
<b>Dehydration</b>	28
<b>Anal problems</b>	32
<b>Oral problems</b>	114
<b>Edema in feet</b>	114
<b>Allergies</b>	148
<b>Hypertension</b>	79
<b>Friction burns</b>	4
<b>Fever</b>	121

<b>Hip pain</b>	<b>1</b>
<b>Total</b>	<b>1,068</b>

494 migrants have been treated for various health issues in the northern border area (Migrant Care Centre)

<b>Extra-continental patients treated in the northern border until July 2016</b>	
<b>Total Assistances</b>	<b>Quantity</b>
<b>Medical emergencies</b>	<b>376</b>
<b>Allergies</b>	<b>49</b>
<b>Blood pressure issues</b>	<b>16</b>
<b>Trauma</b>	<b>28</b>
<b>Respiratory problems</b>	<b>5</b>
<b>Gynaeco-obstetrics emergencies</b>	<b>13</b>
<b>Burns</b>	<b>2</b>
<b>Attacks and gunshot wounds</b>	<b>3</b>
<b>Injuries caused by animals</b>	<b>2</b>
<b>TOTAL</b>	<b>494</b>