

Emergency Appeal Operations Update

Costa Rica and Panama: Population Movement

Operation Update no. 2	Emergency appeal no. MDRCR014 GLIDE no. OT-2015-000157-CRI
Date of Issue: 30 October 2016	Timeframe covered by this update: August 2016 to October 2016
Emergency Appeal operation start date: 22 November 2015	Timeframe: 18 months; operation end date: the operation has been extended by 6 months (the new operation end date is 22 May 2017)
Appeal budget: 602,895 Swiss francs (CHF)	Disaster Relief Emergency Fund (DREF) allocated: 51,054 Swiss francs
No. of people being assisted: 6,350 people	
Host National Society presence (no. of volunteers, staff, branches): The Costa Rican Red Cross (CRRC) has 121 branches grouped into 9 regions. Regions 8 and 5, where the Costa Rican Red Cross is providing assistance, have a broad structure of volunteers, ambulances, and vehicles operating to support humanitarian actions. Red Cross Society of Panama (RCSP): The RCSP has 1 national headquarters and 24 branches.	
Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC).	
Other partner organizations actively involved in the operation: 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.	

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1. Summary:

In November 2015, more than 1,000 Cuban nationals were reported to be camped out at the Paso Canoas border crossing with Panama. In view of requirements for entering the country and the fact that these migrants did not meet them, a significant amount of people began to congregate in this border community, taking to living in the streets while they waited for a solution for their immigration status. The Costa Rican government issued permits allowing migrants to enter the country and continue on their way to the United States. Thousands of migrants benefitted; however, despite these permits, migrants were unable to enter Nicaraguan territory as they failed to meet Nicaraguan immigration requirements. By March 2016, some 8,000 migrants were in Costa Rican territory. The solution for Cuban nationals came several months later (April to May 2016) after an air bridge between Costa Rica and El Salvador was established; nevertheless, the various needs identified at the onset of this situation and to date led to an immediate humanitarian intervention by the CRRC, which was later joined by other government institutions, churches and organized communities, among others. All of these organizations jointly supported the setting up of 37 collective centres, addressed food, water and sanitation needs, and promoted health; around 8,000 people were airlifted to Mexico.



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

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

After the departure of most of the Cuban nationals in March 2016, a group of Haitians and people from various countries in Asia and Africa were reported at the border in Paso Canoas and Peñas Blancas; most of those from outside the continent were from Burkina Faso, Congo, Ivory Coast, Ghana, Guinea-Bissau, Mali, Senegal and Somalia, among others. However, they were also lacking visas to enter the country, and they started congregating in surrounding streets as they were unable to continue because they were not authorized to enter the country and unable to turn back because Panamanian authorities would not allow them to return; those that managed to evade police started gathering near the Peñas Blancas border crossing with Nicaragua, where they were living in unsuitable conditions in terms of housing, drinking water, food and hygiene.

On 12 April 2016, migrants were transported back to the Paso Canoas border crossing with Panama by Security Ministry vehicles, which exacerbated the problem given the precarious conditions and the amount of people involved; this led to several institutions deciding to open a "humanitarian aid post" in order to assess basic food, health and hygiene conditions. This post was later handed to the Costa Rican Red Cross to manage and operate it.

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

Immigration authorities in all of the involved countries are doing everything within their power to meet the demand for immigration procedures, and emergency authorities are attempting to meet the humanitarian needs arising in each country's meeting points or points of passage. Panamanian authorities established a reception centre in Nicanor for the migrants (the migrants enter Panama from Las Blancas, Peñitas or Yaviza on the Colombian-Panamanian border). From there, the migrants are transported by bus to Paso Canoas, Panama, which is near the border with Costa Rica.



The reception centre in Nicanor, Panama.
Source: RCSP

The entry of migrants at the Colombian-Panamanian border has increased in October 2016; according to health authorities, an average of 300 to 500 migrants enters Panama per day on the Colombian-Panamanian border and only 100 leave the country per day from Panama's border with Costa Rica, which means more migrants are entering Panama on a daily basis than leaving from it; this influx of migrants has swelled the number of migrants that are staying in the temporary reception centre in Nicanor. Over the last nine weeks, 7,000 migrants have passed through Panama, and there are approximately 5,000 migrants in Nicanor that are waiting to travel to the border with Costa Rica; the migrants' average stay in Nicanor is 4 to 6 weeks. In 2016, the centre in Nicanor received 17,000 migrants "formally"; nevertheless, the number of migrants that entered Panama in 2016 could be higher as the centre has not registered all of the migrants that have passed through Panama.

The surge in migrants in October 2016 to both Panama and Costa Rica and a corresponding increase in the sectorial needs detailed below have necessitated a six-month extension of the appeal; the appeal will now end on 22 May 2017. The IFRC is currently revising the appeal's emergency plan of action, and it will determine whether the appeal's budget and activities need to be adjusted in order to represent better the changing scenario.

The sectorial needs are:

The health problems are diverse. For example, there are endemic diseases along the migration route like malaria, dengue, Zika, yellow fever. Additionally, the authorities in Panama and Costa Rica have not ruled out the possibility of outbreaks of non-endemic diseases or the appearance of diseases that have been registered in the region (for example, hepatitis E was recently identified in a Nepali migrant).

Due to the hardships experienced during the migration north, the Ministry of Health has reported that a number of migrants have arrived with injuries, dermatological infections caused by fungus and/or bacteria. Because of the difficulties of the road a lot of people arrive wounded, injured, gastroenteritis, respiratory infections, male and female reproductive tract infections, snake bites, etc.; a significant number of pregnant migrants have also been observed, and there have been some cases of Sexually transmitted infections (STIs) such as gonorrhoea and some cases of HIV. The increase in the number of migrants has overwhelmed the health system on some occasions, and the Ministry of Health reported that 6,672 migrants were attended by health clinics over a period of 43 days (12 August 2016 to 9 October 2016).

There is no access to safe water in the case of the reception centre in Panama. The reception centre is using a water treatment plant that cannot cope with the demand; the available water has been analyzed and is murky and coliforms are present. The government is planning to acquire water treatment plants, but it is feared that the authorization of the purchase may not be until mid-2017.

During the journey north, the migrants face a number of situations of violence, distress and losses which negatively impact their mental health.

In terms of shelter in Costa Rica, it is important to strengthen the collective centres in the area of hygiene and other processes to ensure the migrants' dignity. There is little information available about how this issue is being handled in the reception centre in Panama.

In terms of food, the Panamanian government is providing food in the centre, but most of migrants prefer to buy food outside of the centre; however, the stores in the local communities in the vicinity of the reception centre are increasing the price of food for them. In Costa Rica, the government is providing food to the migrants in the collective centres.

In regard to restoring family links, Panamanian health authorities have mentioned that the migrants have money to pay for cell phone cards to contact their relatives; however, this does not necessarily hold true for the collective centres in Costa Rica, and this area will likely need to be improved in the coming months.

2. Coordination and partnerships

Costa Rica

Red Cross Red Crescent Movement

International Federation of Red Cross and Red Crescent Societies: The IFRC held meetings with the National Society and conducted visits to the camps; it has maintained constant communication with the CRRC.

International Committee of the Red Cross: In August 2016, the ICRC conducted a monitoring visit to learn about the context, sending a multidisciplinary team consisting of Restoring Family Links (RFL), health, water and sanitation experts. This visit also included National Society members and the FRC's disaster management coordinator for Central America.

Other actors

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

As part of CRRC's coordination with CNE, an agreement was reached in July 2016 for the National Society to manage and provide technical support in two collective centres: in Jobo in the Canton of La Cruz and in Kilometro 20 in Golfito, province of Punta Arenas. It was also agreed that the CRRC will provide pre-hospital care and

transportation to medical centres in all of the collective centres. For its part, CNE contributes food, water, shelter items (blankets, mattresses) and pays for the buildings being used as collective centres.

Meetings continue with the Office of the President, the Ministry of Communications and the Ministry of the Presidency, in which they have been engaging in decision making at the central political level and planning of activities.

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

Lastly, the government is making arrangements to take over the management of the collective centres, and it has been paying for all of the utilities (water and electricity) and absorbing other costs associated with running the collective centres. The Red Cross Society of Panama has held coordination meetings with Ministry of Health authorities to coordinate better their actions; the Ministry of Health has communicated its interest to RCSP that the National Society continue to provide support to first aid, pre-hospital care, prevention and promotion, psychosocial support and the provision of safe water actions.

Other organizations: Constant communication is maintained with the office of the Resident Coordinator for the United Nations (UN), which contributed USD\$6,000 toward the National Society's operating expenses. Other international agencies, such as the International Organization for Migration (IOM) and the UN High Commissioner for Refugees (UNHCR), have monitored the humanitarian standards offered to migrants and coordinated their care. The National Child Welfare Board (PANI), with support from immigration and regular police, has been managing the collective centre in Buenos Aires, Costa Rica. Lastly, the UNFPA coordinated the distribution of hygiene kits with CRRC in November 2015.

The National Society participated in a workshop on "Culturalization in care to extra-continental migrants in transit through Costa Rica", which was coordinated by CNE and the Universidad para la Paz. This CNE-funded workshop 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 according to their needs and culture.

There was close coordination with Caritas Costa Rica in the first months of the operation (November 2015 to May 2016), which provided food in several collective centres and distributed hygiene kits to the population; the organization continues to provide support to collective centres throughout the country.

Panama:

Red Cross Red Crescent Movement

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

Other actors

Government: The National Border Service (SENAFRONT) is managing the collective centres and providing transportation to migrants from Meteti to David in order to prevent them from camping out for days in Panama City as they had been previously doing. The Panamanian government's Ministry of Health has deployed personnel, and it is providing healthcare services.

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

3. Summary of Current Response

Overview of Host National Society

Costa Rica:

Support to the migrant population at border crossings in northern and southern Costa Rica has been constant, where the CRRC has provided services such as pre-hospital care to more than 2,157 migrants from various countries; these services have been provided since the onset of the crisis in November 2015 and continue to be provided today with support from National Society volunteers and in coordination with the Costa Rican government.

Approximately 100,000 hot meals have been prepared and distributed since November 2015 through financial support from the IFRC, the Costa Rican government, Caritas and local donations; the meals were initially prepared by CRRC staff using their own emergency mobile kitchen, which was complemented with support from the government and local donations to provide food to migrants.

Panama:

The RCSP assisted 2,500 migrants during the first intervention in December 2015 and around 1,500 during the second intervention in May 2016.

At the Health Ministry's request, the RCSP deployed one ambulance and three volunteers to provide pre-hospital care at the collective centre in Nicanor. The Ministry also requested psychosocial support for migrants; however, since 90 per cent of migrants are Haitian and do not speak Spanish, the RCSP preferred not to take on this responsibility, prompting it to request the IFRC's guidance on this matter.

4. Operational implementation

Health

OBJECTIVES	INDICATORS																	
Outcome 1: Immediate health problems among the migrant community are treated through pre-hospital care and psychosocial support in Paso Canoas and Peñas Blancas.	# of people reached with appropriate pre-hospital care health services and psychosocial support in both border crossings: 2,733 people																	
Output 1.1 Members of the Cuban migrant community showing symptoms or signs of illness receive pre-hospital care	# of people assisted with pre-hospital care: 2,650 people																	
Output 1.2 Psychosocial support is provided to the affected migrant population in Peñas Blancas and Paso Canoas	# of people reached by PSS: 1,629 people (1,506 in Costa Rica and 123 in Panama)																	
Activities Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Pre-hospital care																		
Key messages for self-health care																		
Hiring of psychologist in Panama and Costa Rica																		
Replenishment of first aid items																		
Deployment a National Disaster Response Team (NDRT) specialized in psychological support for three months																		
Achievements to date																		
<u>Costa Rica</u>																		
Pre-hospital care: A total of 3,321 migrants have been attended, of which 2,605 have been transported to different healthcare centres. The data per branch and the Plaza Ferias collective centre are the following:																		
Branches	Attended									Transported								
La Cruz Branch	1,894									1,535								
Ciudad Nelly Branch	42									195								
Laurel Branch	316									224								

Plaza Férias Collective Centre	1,069	651
Total	3,321	2,605

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

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

Panama

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

An orientation with health prevention and promotion messages was conducted with migrants using the CBHFA methodology. Two workshops were conducted; a total of 60 people attended the first workshop and 40 people attended the other one. The other manner to reach the population was individually; the topics that were discussed migrants on an individual basis with the migrants were: sexual health and reproduction (prevention of STIs), handwashing, prevention of epidemics (dengue and diarrhoea, prevention of respiratory infections).

RCSP volunteers have provided PSS workshops to the migrant population, and care has been provided by professional psychologists. A professional team (4 psychologists) made two visits to the central headquarters in Gualaca, Chiriquí to conduct mental health and psychosocial support actions.

Challenges

Costa Rica

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

Panama

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

Changes

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

Water, Sanitation and Hygiene Promotion

OBJECTIVES	INDICATORS
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	5,000 people that have access to sufficient safe water (disaggregated by gender/age): 7,341 people have benefited from the delivery of hygiene kits
Output 2.1 Safe water storage conditions are strengthened in the collective centres	5,000 people receive items to store safe water
Output 2.2 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): 7,341 people (6,100 in Costa Rica and 1,241 in Panama)
Output 2.3 The hygiene systems in the collective centres are strengthened	10 collective centres have improved shower and washing systems: 37 collective centres have been supported by the CRRC

Output 2.4 Knowledge of hygiene measures, sanitation, safe water and community health is strengthened	10 hygiene workshops in the collective centres for the Cuban population: 2 to date 1 Community-based health and first aid (CBHFA) workshop for volunteers 10 CBHFA workshops in community																		
Activities Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
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																			
Achievements to date																			
5,000 people receive items to store safe water: This activity has not been conducted due to lack of funding.																			
1 Community-based health and first aid (CBHFA) workshop for volunteers 10 CBHFA workshops in community: This activity was not prioritized due to the lack of funding.																			
<u>Costa Rica</u>																			
Distribution of personal hygiene kits to 6,350 people (men, women and children): In total, 6,100 hygiene kits, which were acquired with funds from the International Appeal (3,700 kits), UNFPA (1,000 kits), the Cuban community in Miami (1,200 kits) and local donations (150 kits for women and 50 for children), were distributed between December 2015 and January 2016 kits; the kits complied with Sphere standards, and they were designed differently for men, women and children since some migrants were travelling alone, while others were travelling with their families.																			
Construction of showers and drains: Repairs were made in 37 collective centres to drainage, sanitary services (toilets) and showers, and sinks were mounted; CNE provided the materials and the tools to make the repairs to the CRRC, which coordinated the installation and maintenance of the fixtures with the population in the collective centres. As a result, all of the collective centres now provide basic hygiene services such as water, personal hygiene items, showers and adequate drainage.																			
Workshop for communities on hygiene promotion, water and sanitation: A workshop for the volunteers was conducted; the total number of workshops and participants will be identified in the final report.																			
<u>Panama:</u>																			
Distribution of personal hygiene kits: A total of 1,241 people benefited from 2,482 (2 per person due to the migrants' needs); the RIT supported the distributions.																			
Workshop for communities on hygiene promotion, water and sanitation: It was not possible to conduct workshops with many people; however, there were individual talks and orientations with each one of the people that received a hygiene kit (1,241 beneficiaries). A workshop with 48 beneficiaries was conducted (25 females and 23 males).																			
Challenges																			

Costa Rica

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

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

Panama

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

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

Changes

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

Shelter and Settlements; Household Non-Food Items

OBJECTIVES	INDICATORS
Outcome 3: The immediate shelter needs of the target population are met	# of people provided with emergency shelter assistance that meets the agreed standards for the specific operational context
Output 3.1 Essential non-food items (NFIs) are provided to the target population.	5,000 people provided with a blanket and a backpack for transportation of personal items: 1,241 people with 2,482 blankets in Panama.
Output 3.2 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 17 18
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	

Achievements to dateCosta Rica

The CRRC is currently managing two Migrant Care Centres in coordination with CNE, Immigration, Security Forces and Costa Rican Social Security (CCSS). One centre is located in southern Costa Rica in Kilometro 20 in Rio Claro de Puntarenas, serving a population of around 300 (with a high fluctuation in the number of migrants) while the second centre is located in northern Costa Rica in El Jobo, La Cruz de Guanacaste, serving around 2,500 people a day; these centres provide temporary accommodations, food, first aid and transportation to medical centres, water and hygiene, as well as psychosocial support. The CRRC contributes volunteer-related management and operating expenses and salary for the National Society's migration operation coordinator while the government covers all costs related to rent, food, water, sanitation and hygiene.

Countries of origin of migrants in collective centre in Golfito, Costa Rica

Country	Total	Percentage
Congo	2,911	83.8
Nepal	129	3.7
Senegal	59	1.7
Ghana	57	1.6
Pakistan	47	1.4
Bangladesh	46	1.3
Guinea	43	1.2
Angola	39	1.1
Cameroon	37	1.1
Somalia	25	0.7
Eritrea	19	0.5
Gambia	15	0.4

Mali	15	0.4
Nigeria	11	0.3
Sierra Leone	6	0.2
Togo	4	0.1
Benin	3	0.1
Burkina Faso	3	0.1
Haiti	2	0.1
Afghanistan	2	0.1
Ivory Coast	1	0.0
Tanzania	1	0.0
Overall Total	3,475	100

Procurement and distribution of 2,500 blankets: CNE has provided all of the collective centres with blankets; the items are delivered to the CRRC, which is then responsible for their distribution. The government of Costa Rica has delivered more than 8,000 blankets in the various collective centres. So this activity has been covered through actions from the government.

Management workshop for branch volunteers involved in the management of collective centres: The IFRC has trained 21 CRRC volunteers in shelter management; the volunteers are from different National Society branches, and they are currently providing care in the CRRC-administered collective centres. The shelter management workshop with RCSP is still pending.

Panama

Approximately 1,200 people were assisted in the collective centres in Progreso, Milenium, La Morenita, el Bunker and Los Planes.

Two collective centres were set up in Darien: in Nicanor, the largest and with the greatest number of migrants and in Peñitas.

Procurement and distribution of 2,500 blankets:

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

Challenges

Costa Rica

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

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

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

Panama

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

In terms of context and needs, there is a new wave of Cuban migrants who are mostly congregated in Puerto Obaldia. Apparently, Caritas and the Church in Santa Ana are providing them very rudimentary shelter and there is a large number of women and children. The RCSP has no official data regarding the number of people or the type of care being provided; furthermore, the RCSP has no more funds nor stock to deliver cleaning and/or hygiene kits (its current balance of appeal funds is approximately USD\$2,000).

The constantly changing scenario is a challenge that requires adaptation, flexibility and the streamlining of actions to be

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

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

Six 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/Revision of the Emergency Appeal in May 2016, a Six-Month Emergency Appeal Operations Update in July 2016 and this Emergency Appeal Operations Update in September 2016).

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

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

Challenges

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

Changes

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

OBJECTIVES	INDICATORS																	
Outcome 7: The most vulnerable people have access to unconditional cash in order that meet their special needs	% of most vulnerable people receiving cash																	
Output 7.1: 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																	
Activities Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Targeting and registration of beneficiaries																		
Cash transfer programme (CTP) for 500 people for three months																		
Achievements to date	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.																	
Challenges	There had been no challenges for this area.																	
Changes	No changes have been reported for this area.																	

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

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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.

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	2015/11-2016/9	Programme	MDRCR014
Budget Timeframe	2015/11-2016/11	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
A. Budget			602,895			602,895	
B. Opening Balance							
Income							
Cash contributions							
<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	
C1. Cash contributions			230,533			230,533	
C. Total Income = SUM(C1..C4)			230,533			230,533	
D. Total Funding = B + C			230,533			230,533	

* 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. Opening Balance							
C. Income			230,533			230,533	
E. Expenditure			-209,551			-209,551	
F. Closing Balance = (B + C + E)			20,982			20,982	

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	2015/11-2016/9	Programme	MDRCR014
Budget Timeframe	2015/11-2016/11	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	
BUDGET (C)				602,895		602,895		
Relief items, Construction, Supplies								
Clothing & Textiles	12,777			10,434		10,434	2,343	
Food	48,035						48,035	
Water, Sanitation & Hygiene	112,094			44,971		44,971	67,124	
Medical & First Aid	34,585			1,622		1,622	32,963	
Teaching Materials	8,262			824		824	7,438	
Utensils & Tools	11,240						11,240	
Other Supplies & Services				30		30	-30	
Cash Disbursement	144,105						144,105	
Total Relief items, Construction, Sup	371,099			57,881		57,881	313,218	
Land, vehicles & equipment								
Computers & Telecom	4,804						4,804	
Total Land, vehicles & equipment	4,804						4,804	
Logistics, Transport & Storage								
Storage	1,921						1,921	
Distribution & Monitoring	7,180			1,270		1,270	5,910	
Transport & Vehicles Costs	11,817			3,004		3,004	8,813	
Logistics Services	12,369			2,700		2,700	9,670	
Total Logistics, Transport & Storage	33,287			6,974		6,974	26,313	
Personnel								
International Staff	7,686			1,948		1,948	5,737	
National Staff	2,210			1,800		1,800	410	
National Society Staff	19,694			6,859		6,859	12,835	
Volunteers	17,867			6,741		6,741	11,126	
Other Staff Benefits	8,646			299		299	8,347	
Total Personnel	56,103			17,647		17,647	38,456	
Consultants & Professional Fees								
Consultants	14,411						14,411	
Professional Fees	6,725						6,725	
Total Consultants & Professional Fees	21,135						21,135	
Workshops & Training								
Workshops & Training	38,428			1,632		1,632	36,796	
Total Workshops & Training	38,428			1,632		1,632	36,796	
General Expenditure								
Travel	7,205			8,379		8,379	-1,174	
Information & Public Relations	20,655			1,239		1,239	19,416	
Office Costs	3,170			1,410		1,410	1,760	
Communications	3,651			1,919		1,919	1,732	
Financial Charges	4,083			6,386		6,386	-2,303	
Other General Expenses	1,153						1,153	
Shared Office and Services Costs	1,326			1,380		1,380	-54	
Total General Expenditure	41,243			20,713		20,713	20,530	
Operational Provisions								
Operational Provisions				91,915		91,915	-91,915	
Total Operational Provisions				91,915		91,915	-91,915	
Indirect Costs								
Programme & Services Support Recover	36,796			12,790		12,790	24,007	

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

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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	
BUDGET (C)				602,895			602,895	
Total Indirect Costs	36,796			12,790			12,790	24,007
TOTAL EXPENDITURE (D)	602,895			209,551			209,551	393,344
VARIANCE (C - D)				393,344			393,344	

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

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Subsector:	*		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Migration	602,895		230,533	230,533	209,551	20,982	
Subtotal BL3	602,895		230,533	230,533	209,551	20,982	
GRAND TOTAL	602,895		230,533	230,533	209,551	20,982	

