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Information Bulletin

Central America: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Date of issue: 17 September 2016

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Host National Societies: Costa Rican Red Cross (CRRC), Red Cross Society of Panama (RCSP) and Honduran Red Cross (HRC)

Number of people to be assisted: 7,000 people

In response to the burgeoning migration crisis, the International Federation of Red Cross and Red Crescent Societies (IFRC) launched an emergency appeal in for 642,202 Swiss francs (CHF) to reach 5,000 vulnerable people in Costa Rica in January 2016. However, following a surge in migration in neighbouring Panama, the emergency appeal was revised in May 2016 to include Panama, reach 1,350 additional beneficiaries and extended for six additional months to November 2016. Meanwhile, the escalating migrant crisis in Honduras has prompted the Honduran Red Cross to consider the need for Disaster Relief Emergency Fund (DREF) funding. **Consequently, due to the heightened need for funding and the current budget shortfall, this information bulletin is being issued to bring much-needed attention to the ongoing migrant crisis in the region and the International Red Cross and Red Crescent Movement actions.**

The Situation

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.



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

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, and 8,000 people were airlifted.

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 Haitian 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 Costa Rica's 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.

By September 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. Migrants encounter different sets of problems and different housing, security and health conditions in each country. Although there are no exact numbers, assessments conducted by National Societies and data provided by the involved governments' Immigration Directorates indicate that there are currently 3,000 migrants at the Panamanian-Colombian border, 4,000 in Costa Rica and 2,000 in Honduras.

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.

Actions of the Red Cross Movement and other actors

Costa Rica:

Costa Rican Red Cross: 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.

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. With support from the Canadian Red Cross Society, a RIT member specialized in health was deployed to Costa Rica to support the CRRC in the collective centres.

International Committee of the Red Cross (ICRC): 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 arranging 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.

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 Society of Panama: The RCSP assisted 2,500 migrants during the first intervention in December 2015 and around 1,500 during the second intervention.

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 understand the language, the RCSP preferred not to take on this responsibility; the RCSP has requested the IFRC's guidance on this matter.

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 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.

Other actors

Government: The National Border Service (SENAFRONT) is managing the collective centres and providing transportation to migrants from Metetí to David in order to prevent them from camping out for days in Panama City as they had been previously doing.

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

Honduras:

Honduran Red Cross: With support from the Honduran Red Cross, the migrants that require emergency medical attention are transported to the hospital in Choluteca; to date, 30 migrants have received emergency medical care in 2016.

Other actors

Government: The Irregular Migrant Attention Centre (CAMI for its acronym in Spanish) has attended more than 6,000 migrants (approximately 200 minors) in transit (extra-continentals, from the Caribbean and South America); meanwhile, from January to September 2016, 5,000 migrants have been sent to the National Migration Institute's (INM for its acronym in Spanish) offices in Tegucigalpa; however, INM is only able to process a maximum of 100 to 150 migratory permits per day (from Monday to Friday).

From 22 August to 28 August 2016, CAMI processed around 1,400 migratory cases (the majority of which were Haitians).

CAMI is not providing shelter to the Haitian migrants because it only has capacity for 30 people; instead, the INM is using this space to shelter migrants from Asia (e.g. Pakistanis) according to INM's director.

INM is currently discussing the placement of doctors in its centre with the Directorate for Childhood, Adolescence and Family (DINAF for its acronym in Spanish), as there have been cases of women and children that need care, especially in health (a large number of migrants of arriving in Honduras with minor injuries, the flu, fatigue, fractures, among other conditions).

Summary of Current Response

Overview of Host National Society

Costa Rica:

Approximately 100,000 hot meals have been prepared and distributed since November 2015 through financial support from the IFRC, the Costa Rican 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 to provide food to migrants.

A total of 6,100 hygiene kits were distributed from December 2015 to January 2016, which were acquired with funds from the International Appeal (3,700 kits), the United Nations Population Fund (UNFPA) (1,000 kits), the Cuban community in Miami (1,200 kits) and local donations (150 kits for women and 50 for children). The kits were assembled as per Sphere standards and designed differently for men, women and children since some migrants were travelling alone, while others were travelling with their families.

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 promotion of recreational activities, which has been in direct coordination with the Ministry of Health and its Psychosocial Department and with support from CRRC Auxiliary Branches in La Cruz, Liberia and Upala, Ciudad Neilly and Laurel.

A humanitarian post managed by the CRRC, immigration and security forces was set up between April and June 2016 in Paso Canoas, providing first aid, food and hygiene care (showers and toilets) to meet the needs of migrants in transit.

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.

Shelter and protection

Collective centre in Buenos Aires

- Managed by National Child Welfare Board (PANI), with support from immigration and regular police
- Offers three meals a day
- One room per family
- There are cases of unaccompanied minors
- No IDs have been confirmed and work is done based on estimates
- DNA tests will be performed
- The collective centre has capacity for 70 people, which can be expanded to house 120 people, although not by very much
- Complete access to health services
- Despite having all the necessary facilities, compliance with hygiene standards is problematic
- “Coyotes” are hanging around the collective centre

Collective centre in Deldun

- Covered by all services, especially in cities’ health centres
- Source of pollution; poorly managed solid waste disposal, although improvement efforts are being made
- Amount of people makes coordination difficult
- No specific places designated for setting up kitchens; many people cook out in the open, running the risk of setting fires inside camps

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

Health

- In terms of health, a few cases of tuberculosis have been detected, as well as pregnancies, injuries, minor injuries and fatigue. No epidemic outbreaks have been reported

Panama:

Three ambulances belonging to the Barú local committee remained active throughout the operation (November 2015 to May 2016). Once migrants had been transferred to Los Planes, health support was provided by the RCSP staff in the city of David, albeit in a less direct way and only for emergency calls. A total of 695 people received first aid care from November 2015 to May 2016.

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

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

Approximately 1,200 people were assisted in the collective centres in Progreso, Milenium, La Morenita, el Bunker and Los Planes. Six psychosocial support (PSS) workshops were provided with interventions by teams of psychologists and RCSP staff specializing in child and youth care.

Shelter and Protection:

- 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, 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.
- Two collective centres were set up in Darién: in Nicanor, the largest and with the greatest number of migrants, and in Peñitas. The IFRC received a request for quotes for 12 Rubb Hall tents from the Ministry of Security's Architecture and Engineering Directorate; the Ministry is interested in acquiring these tents for the Peñitas collective centre. Each would house 100 people in bunk beds, 25 per side of each tent.
- In terms of context and needs, there is a new wave of Cuban migrants who are mostly congregated in Puerto Obaldía. Apparently, Caritas and the Church in Santa Ana are providing them with very rudimentary shelter, and there are a good 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.

Health

- The three ambulances provided by Barú's Local Committee remained active throughout the entire operation. Once migrants had been transferred to Los Planes, health support was provided by staff in David, albeit in a less direct way and only for emergencies.

Honduras:

The Honduran Red Cross and the ICRC conducted a joint evaluation of the border area between Nicaragua and Honduras due to the significant increase in the number of migrants at the border. The National Society's president met with the INM's director to understand better the situation in the border region and determine how the National Society can provide support.

The National Society convened its internal migration board with the aim of establishing the lines of support that it can provide during this crisis.

Based on the evaluation of the camp and the coordination meetings, the HRC has identified the following lines of action to be financed through its imminent DREF funds request:

1. **Mobilization of mobile clinic**
 - a. Two paramedics
 - b. Two relief workers
 - c. One driver
 - d. Medically-equipped ambulance
 - e. First aid supplies

2. **Distribution of hygiene kits**
 - a. Individual hygiene kits (children, adults, male and female)
 - b. Key hygiene promotion messages (French, Creole, Spanish, English and Portuguese)
 - c. Mobilization of a hygiene promotion RIT (Spanish, French, Creole speaker)
3. **Communication with beneficiaries**
 - a. Hiring of a communications professional, specifically on the migration issue
 - i. Beneficiary stories
 - ii. Documentary video
 - iii. Development of a communication strategy on migration
 - iv. Press releases
 - v. Information bulletins
 - vi. Printed materials
4. **Volunteer training**
 - a. Shelter management (minimum standards, protection principles)
 - b. Migration

Shelter and protection

- The migrants (those that can) are staying in hotels or with local people who live near CAMI while they wait for their migratory permit appointment. However, many of them do not have the necessary resources, which means that they will have to sleep on sidewalks, the central park, or other places.
- The majority of those that can pay have access to shelter (they sleep in rooms on the floor and in groups), but they do not have access to basic services.
- One case uncovered a person that was sleeping in the Street because this individual had no money to pay for a room. The migrants that do not have money can negotiate with property owners to pay for their rooms when they receive money from their families. Some of them did not have money to buy food, and they were waiting for their families to send them money to cover their needs; however, some of the migrants did not have anybody to support them.
- All of the migrants that were interviewed in Honduras had not heard the self-care messages; nevertheless, migrants in the collective centres along the migratory route in Guatemala and Mexico can make free phone calls and they received the self-care messages, prompting Red Cross staff members to request that these migrants share these messages with their fellow migrants in Honduras.
- It is possible that another large wave of migrants could arrive in the future. An increased number of migrants could put additional pressure on the informal collective centres' capacities that are open at this moment. In that case, continuous dialogue with the authorities and local organizations in Choluteca will be required to activate more collective centres if needed.

Health

- The migrants in transit can remain in Choluteca for up to a week; many of them do not have resources to their basic needs of food, shelter, medicine, clothing, hygiene, among others.
- In the case of first aid, the Health Programme will have to consider the possibility of providing these services, as migrants are arriving in Honduras with minor injuries, dehydration, the flu, fractures, fatigue, among other medical issues after spending multiple days passing through the jungles of Nicaragua; these actions would be conducted in coordination with the authorities (primarily INM).

Contact information

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↘ [Click here](#)

1. Click [here](#) to return to the title page

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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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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.