EMERGENCY TRACKING: COVID19 PANDEMIC MIGRANT RECEIVING STATIONS (MRS)

SITUATION REPORT #5 24-30 APRIL 2020, PANAMA





HIGHLIGHTS



2.527
Migrants sheltered at the MRS



215%

Overcapacity in Migration Stations nationwide



91 Pregnant women



Children and adolescents

under 17



Unaccompanied children and adolescents under 17



31

Cases of COVID-19 have been identified by community transmission in Darién



2
Recovered cases of COVID-19



No reported arrivals of migrants in Bajo Chiquito since 29 March 2020



Transit population is not ruled out through the Darién National Park

METHODOLOGY

The information in this report is collected by IOM Panama staff in Darién and Chiriquí, through field monitoring, multi-sectoral assessments through key informants, as well as regular information exchange at the technical level, and at the central level of the United Nations Inter-Agency Group on Human Mobility.

CONTEXT OF THE SITUATION

The Darién region has been characterized as one of the most important points of transit for extra-regional migrants for the past eleven years. However, the Darién region is characterized as one of the most challenging for Panama's socio-economic development; a situation that increases the complexity of dealing with massive and irregular migration flows.

Since 2009, significant extra-regional migration flows have been identified, that is, migrants from other continents, such as Africa, Asia and the Caribbean region, specifically Haitians and Cubans.

In 2016, the first migration crisis from extra-regionals occurred in the Darién region, strongly impacted by the closing of borders in Costa Rica and Nicaragua. Faced with all this mobility, the governments of Panama and Costa Rica established a binational agreement that would guarantee the orderly, regular and safe transit of these migrants through the territory.

In addition to these facts, on 11 March 2020, the World Health Organization (WHO) declared a state of pandemic for the COVID-19 virus, which is why global sanitary measures were

established in order to mitigate the contagion. Central America, responded by shutting its borders or by modifying its border management policies, as well as launching massive hygiene campaigns. The application of these measures implied changes in the mobility of migrants transiting through Panama. Organizations, such as SICA and OCAM have made regional contingency work plans for the pandemic.

Since 12 March 2020, Panama has been under a state of emergency, with closed borders, as a result of the measures imposed to contain the virus. Due to the closing of the Costa Rican borders on 16 March, Operation Controlled Flow has been severely affected. Currently, there are 2,527 migrants stranded in the national territory, distributed as follows: 1,988 in the province of Darién (1,724 in MRS La Peñita, 133 in Bajo Chiquito, and 131 in MRS Lajas Blancas), and 539 migrants in the province of Chiriquí at MRS Los Planes. The opening of the airports was postponed until 22 May, and it is presumed that land borders will follow the same trend.

Since 24 March, the country has been under a mandatory quarantine. Movement continues to be restricted by day, and according to gender or the last number of the identity card (passport number for foreigners). The following are some important measures on migration issues that the national government has taken in the recent days:

- The Ministry of Public Security (MINSEG)/National Migration Service (NMS) has extended until 15 May 2020, the validity of residence permits for foreigners that expired on March 13th (Resolution No. 7051 of April 29th 2020).
- The Ministry of Labour and Labour Development extended the validity of expired work permits for migrant workers until 30 May 2020 while the national emergency measures remain in effect (Resolution No. DM-153-2020, April 30th 2020).
- •The Ministry of Health (MINSA, by its Spanish acronym) issued a Decree on the regularization of entry and exit of humanitarian flights during the state of national emergency (Executive Decree No. 605, April 30th 2020).

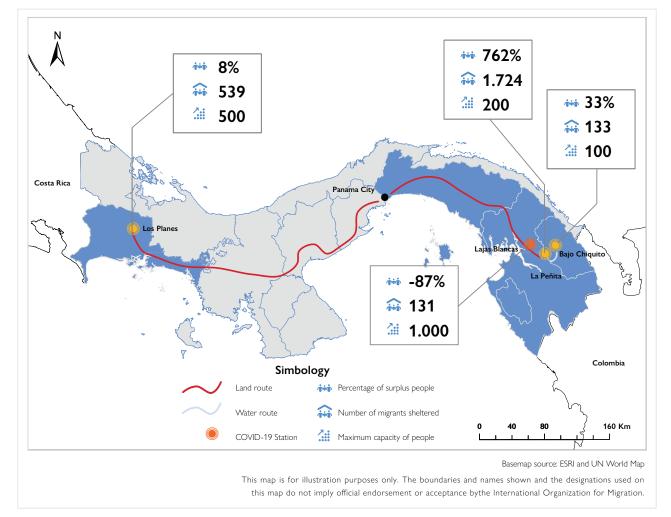
As of April 30th, Panama has had 6,532 confirmed cases and 188 deaths due to COVID-19. Regarding bordering provinces, Darién reports a total of 147 cases, and Chiriquí a total of 103 cases on the same date.

At the time of writing, COVID-19 was confirmed to be widespread community transmission at MRS La Peñita in Darién. 31 positive cases have been confirmed and 95 have been segregated by suspected cases. In managing migration at the border, the Government of Panama has decided to change its approach and gradually shutdown MRS La Peñita, and will set up a modular shelter at Nicanor with a capacity for approximately 500 migrants, under the responsibility of the NMS. In the coming days, the construction of such modules will begin.

Additionally, MINSA has decided to set up an isolation area at MRS Lajas Blancas for COVID-19 positive migrants and their contacts in Darién. MRS La Peñita is carrying out swabbing and testing of suspect cases. Once the positive cases and possible contacts have been properly identified, they are transferred to MRS Lajas Blancas, where three areas have been established for positive cases, suspect cases due to possible contact, and negative cases.

MRS Los Planes in Chiriquí reported zero COVID-19 positive cases on the closing day of this report. On Friday 24 April, the National Immigration Service Directorate provided the necessary inputs for the station, in which - among other institutions- IOM was present during the visit.

POPULATION SHELTERED AT MIGRANT RECEIVING STATIONS



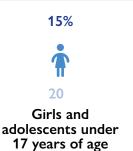
STATISTICS ON THE MIGRANT POPULATION SHELTERED IN THE COMMUNITY OF BAJO CHIQUITO

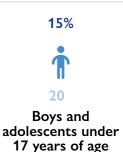
30 APRIL 2020

SOURCE: GOVERNMENT OF PANAMA

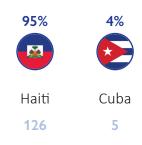






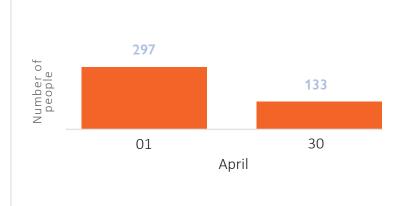


HIGHLIGHTED NATIONALITIES



The remaining 1% corresponds to different nationalities from various countries in South America.

NUMBER OF MIGRANTS SHELTERED AT BAJO CHIQUITO, APRIL 2020



COVID-19 CASE STATISTICS



No cases of COVID19 have been identified in the migration flow

humanitarian response in the community of bajo chiquito

WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)



- Development and printing of informational materials regarding COVID-19, including World Health Organization (WHO) recommendations, and MINSA national guidelines on hand washing, hygiene practices and symptomidentification campaigns.
- Support an adequate socialization of guidelines and routes of medical attention as set by MINSA before the COVID-19 outbreak, with the engagement of MRS staff, the host community, UN organizations and civil society.

FOOD SECURITY AND NUTRITION



Implemented actions

- •The National Border Service (SENAFRONT, by its Spanish acronym) provides food for migrant consumption.
- NMS supports the distribution of food and non-food items.

Identified needs

• Improve access to health care services in the community, primarily because migrants have been identified as moving from Bajo Chiquito to La Peñita looking for such services.

SHELTER AND SETTLEMENT



Identified needs

•There is no adequate shelter infrastructure for migrants.

Implemented actions

PROTECTION



- SENAFRONT maintains units that protects the community.
- NMS maintains field staff to help guide the migrant population.

HEALTH



Implemented actions

• MINSA is scheduling medical tours to monitor the pandemic, specifically to test COVID-19 cases. No positive cases have been identified.

Identified needs

• Lack of institutions responsible for channeling specific cases that require protection within the vulnerable population.

STATISTICS OF THE MIGRANT POPULATION SHELTERED AT MRS LA PEÑITA

30 APRIL 2020

SOURCE: GOVERNMENT OF PANAMA

流

1./24 Sheltered migrants



Men and Women over 18 years of age

14%

256

Girls and adolescents under 17 years of age 14%



248

Girls and adolescents under 17 years of age



Pregnant women¹

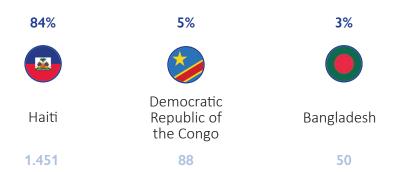


Unaccompanied girls, boys and adolescents under 17 years of age²

¹ Data included in women over 18 years of age.

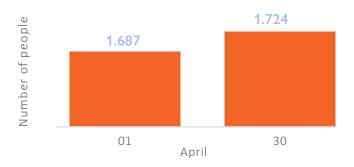
² Data included in girls, boys and adolescents under 17 years of age.

HIGHLIGHTED NATIONALITIES



The remaining 8% corresponds to 33 nationalities from various countries in Africa, South Asia, Central and South America.

NUMBER OF MIGRANTS SHELTERED AT MRS LA PEÑITA, APRIL 2020



SERVICES PROVIDED AND AVAILABLE AT THE MRS LA PEÑITA DURING THE PANDEMIC COMPARED TO MINIMUM HUMANITARIAN STANDARDS





Letrines



Showers



Water for human consumption 100%



Clothing

Less than two pieces per person

COVID- 19 CASE STATISTICS



These individuals have been transferred to MRS Lajas Blancas, which has been temporarily authorized to attend COVID-19 positive cases at Darién, as part of the health care protocol implemented in Panama.

HUMANITARIAN RESPONSE AT MRS LA PEÑITA

WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)



Implemented actions

- •Donation of portable toilets and hand washing facilities, including 100 hygiene kits for women and infants, through coordination between IOM and the Norwegian Refugee Council.
- IFRC and UNICEF donated 400 family hygiene kits.
- After the mandatory quarantine, UNICEF and IFRC maintain field presence and actions in the WASH sector.

Identified needs

- Lack of personal hygiene kits.
- Increase cleaning frequency of latrines; currently scheduled at two days per week.
- Support the adequate socialization of guidelines and routes of medical attention as set by MINSA before the COVID-19 outbreak, with the engagement of MRS staff, the host community, UN organizations and civil society.
- Increase mosquitoes-spraying frequencies.

FOOD SECURITY AND NUTRITION



Implemented actions

- IOM continues to manage food donations with the Apostolic Vicariate of Darién, specifically regarding the delivery of unprepared food and baby formula.
- NMS delivered baby formula and food kits for children.
- IOM and SENAFRONT updated their meal protocol, based on the COVID-19 emergency.

Identified needs

- Unprocessed food is distributed only once a day.
- Support is required to provide sufficient food to cover all migrants currently located at the MRS. Dietary needs must be

considered contemplating the minimum quantity of nutrients required per person, and meal frequency must be increased to 3 times a day.

• Cases of children suffering from dehydration have been identified. Baby formula is only provided every two weeks and is insufficient to cover all children at the shelter.

SHELTER AND SETTLEMENT



Implemented actions

- IOM and SENAFRONT updated food, non-food items and health protocols, based on the COVID-19 emergency.
- •IOM, UNICEF and IFRC donated tarpaulins. IOM supported the donation of 400 tarpaulins and 2 multipurpose tents.

- Support is required to retrofit the MRS infrastructure at La Peñita. There are no individual housing units.
- MRS La Peñita capacity limit has been exceeded. People do not have enough space to maintain social distancing measures, and there is no adequate isolation space for possible COVID-19 cases.
- Installation of solar-powered lights is required at distant points and near latrines, due to the fact that currently there is little or no lighting in these areas.
- Lack of facilities suitable for food handling and cooking.
- The migrant population sheltered near the port of La Peñita (Chucunaque River flood zone) needs to be relocated. The rainy season has begun, and SENAFRONT has already confirmed the disappearance of a migrant on the riverbanks.

HEALTH



Implemented actions

- Four pregnant women were transferred to the Mother and Child Medical Centre in Metetií to give birth.
- MINSA continues sampling all migrants.
- IOM developed informational materials in the predominant languages spoken by the migrant population regarding the COVID-19 outbreak, including WHO recommendations, and MINSA national guidelines on hand washing and hygiene practices and symptom identification campaigns. A United Nations System (UNS) inter-agency plan for communication in emergencies has been developed.
- •IOM and SENAFRONT updated the protocol on health.

Identified needs

- Proper cleaning items are required for an adequate waste management.
- There is no access to birth control methods, such as condoms.
- There are reports of migrants with conditions associated with diarrhea, vomiting, fever and dehydration, especially in children and pregnant women.
- There is a lack of information among migrants regarding access to health services, especially when there are cases of family members requiring hospitalization.
- Strengthen the provincial health network.

PROTECTION



Implemented actions

- SENAFRONT maintains units that provide security, order, logistical support and support to the MNS in the registration process upon the arrival of migrants from Bajo Chiquito.
- Follow-up meeting between IOM, SENAFRONT, NMS and the Ombudsman's Office to learn about the progress made on the agreements reached at the high-level meeting held on 16-17th April 2020 regarding shelter management.
- Follow-up regional level meetings with MINSA in Darién, to learn about the needs of pregnant migrant women in shelters.

Identified needs

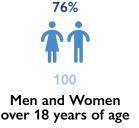
- •The National Secretariat for Children, Youth and Family will not be taking any action regarding unaccompanied migrant children.
- •Support is required for the registration of migrants at MRS La Peñita in order to identify vulnerable and high-risk profiles and facilitate monitoring health conditions to prevent the spread of COVID-19.
- •All specific actions that require protection and assistance have been suspended due to the COVID19 outbreak health measures at the station.

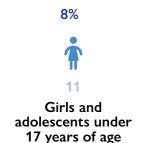
STATISTICS OF THE MIGRANT POPULATION SHELTERED AT MRS LAJAS BLANCAS MRS

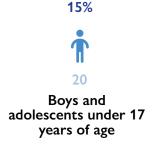
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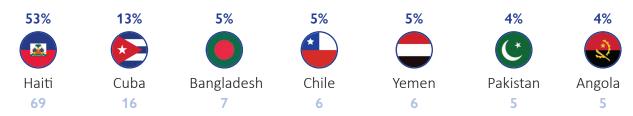




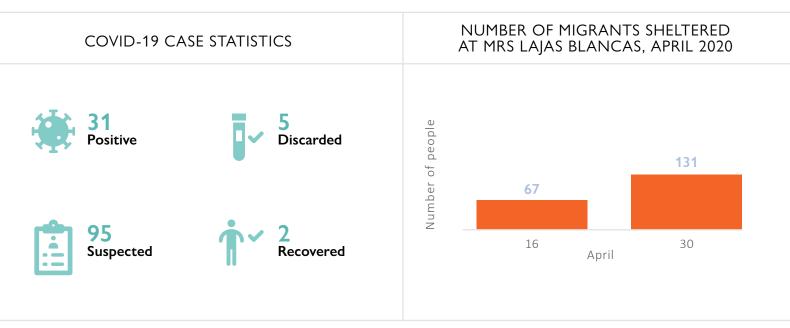




HIGHLIGHTED NATIONALITIES



The remaining 11% correspond to 3 nationalities from various countries in South America and South Asia, as well as 8 persons of unknown nationality



SERVICES PROVIDED AND AVAILABLE AT MRS LAJAS BLANCAS DURING THE PANDEMIC COMPARED TO MINIMUM HUMANITARIAN STANDARDS











HUMANITARIAN RESPONSE AT MRS LAJAS BLANCAS

WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)



Implemented actions

- SENAFRONT has received the donation of bottled water and personal hygiene supplies.
- NMS provided gallons of water for human consumption.

FOOD SECURITY AND NUTRITION



Implemented actions

- SENAFRONT provides meals three times a day: breakfast, lunch and dinner.
- The Ombudsman's Office delivered juices and bottled water.
- NMS delivered food kits for children.

SHELTER AND SETTLEMENT



Implemented actions

• The Ombudsman's Office delivered 146 cots.

Identified needs

- •Housing spaces are incomplete; 75 housing unit platforms are yet to be built.
- •Sanitary services lack signage and differentiated by gender; minor improvements on doors are required.

PROTECTION



Implemented actions

• Shelter is divided into three sectors: COVID-19 active cases, suspect cases or contacts, and negative cases.

HEALTH



Implemented actions

•MINSA provides daily epidemiological monitoring of COVID-19 positive migrants and their contacts.

STATISTICS OF THE MIGRANT POPULATION SHELTERED AT MRS LOS PLANES

30 APRIL 2020

SOURCE: GOVERNMENT OF PANAMA



Sheltered migrants



Women over 18 years of age



Men over 18 years of age



Girls and adolescents under 17 years of age



Boys and adolescents under 17 years of age



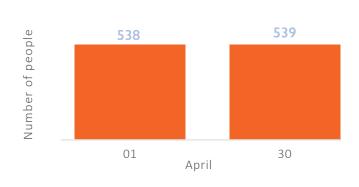
Pregnant women³

HIGHLIGHTED NATIONALITIES



The remaining 8% correspond to 17 nationalities from various countries in South America, Africa, South Asia; as well as minors born in Panama.

NUMBER OF MIGRANTS SHELTERED AT MRS LOS PLANES, APRIL 2020



³ Data included in the total number of women over 18.

SERVICES PROVIDED AND AVAILABLE AT THE MRS LOS PLANES DURING THE PANDEMIC COMPARED TO MINIMUM HUMANITARIAN STANDARDS



Food

85%



Letrines



Showers



Water for human consumption



Clothing

100%

COVID- 19 CASE STATISTICS



0

No cases of COVID19 have been identified in the migration flow

HUMANITARIAN RESPONSE IN MRS LOS PLANES

All actions are being taken by the Government of Panama at MRS Los Planes, based on the capacities of the responsible institutions and in collaboration with IOM, especially in the protection sector.

WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)



Identified needs

- •Technical inspection is required to assess the condition of the water tanks; they are in poor condition and there is evidence of water waste.
- There are groups of migrants who still do not use the sanitary services for their physiological needs.
- Cleaning frequency of latrines must be increased and damaged units must be repaired.
- Development and printing of informational materials in the predominant languages spoken in the shelters and handed out to the MRS migrant population and host communities regarding the COVID19 outbreak, WHO recommendations and MINSA national guidelines on hand washing and hygiene practices and symptomidentification campaigns.
- Install hand-washing stations; provided at minimum standard of 1 in 10 inhabitants per shelter, in accordance with Sphere Standard N 6.3 "WASH in health facilities" in order to increase prevention measures.
- Support an adequate socialization of guidelines and routes of medical attention as set by MINSA before the COVID-19 outbreak, with the engagement of MRS staff, the host community, UN organizations and civil society.
- Promotion of proper hygiene practices and personal hygiene kits.

FOOD SECURITY AND NUTRITION



Implemented actions

- •NMS maintains meal services three times a day: breakfast, lunch and dinner.
- •IOM arranged the donation of 1,164 pieces of bread, baby formula (over 6 bags and 10 cans), 120 bottles of baby compote, and 1,260 units of disposable baby diapers, with members of civil society from the community of David, Chiriquí.
- •IOM coordinated the donation of 50 pineapples from the packing plant located in the community of Veladero in Chiriquí.
- •IOM arranged the donation of groceries (juices, milk, cereals, carbonated beverages, hygiene supplies, among others) with the Muslim Community of Bocas del Toro in celebration of Ramadan.

- There are no specific dietary requirements established for children under 5 years old, chronically ill people or pregnant women.
- Migrants have expressed their dissatisfaction with the food they receive, citing reasons including health problems and cultural habits.
- It has been observed that migrants do not receive fruit as part of their daily diet.

SHELTER AND SETTLEMENT



Implemented actions

•NMS in conjunction with IOM delivered kitchen equipment and utensils, eating utensils, mattresses, cabins, cleaning kits and disposable baby diapers.

Identified needs

- About 40% of the station's facilities require repairs (electrical installation, rooms, common spaces, 150 bathrooms, among others) and 100% of the shelter units require roof repairs.
- There are no gender or age specific bathrooms.
- •There is a high risk of fire, because there are pine trees located next to the electrical wiring.
- There is no evacuation plan or emergency contingency measures.
- The solid waste landfill, authorized for the station, has collapsed and there is no waste disposal plan.
- Six fire extinguishers were found empty and requires replacement.

PROTECTION



Implemented actions

- SENAFRONT maintains 8 units that are responsible for maintaining order and protecting the MRS perimeter.
- IOM provides support in channelling routes for the protection and assistance of migrants who are vulnerable or at risk, and provides access-protection information to migrants.
- IOM, in coordination with NMS, is collecting clothing donations for all ages, disposable baby diapers, blankets and toys in the community of David, and the village of Chiriquí.

Identified needs

• Migrants usually decide not to formally report acts of violence, family separation or cases that merit legal protection and custody, because they fear it might eventually delay their migration journey. At the institutional level, mitigation measures have been established in the event of violence, such

as the immediate distancing of couples and the temporary protection of women and children who suffer from some kind of aggression by a perpetrator. This is done in coordination with the authorities from Costa Rica's General Directorate on Migration and Immigration.

- There are no permanent institutions that support processing applications for shelter, psychosocial support or that address specific protection needs with a differential approach.
- There is no access to information on the migration process or general related issues, and in different languages. Information is only disseminated for important communications and done through spokespersons from the migrant population or with a language translation phone app.

HEALTH



Implemented actions

- MINSA maintains a permanent medical station at the MRS, which is open: Monday to Friday from 8:00 am to 2:00 pm. it is staffed with a doctor; including a paramedic four days a week, from 04:00 pm to 08:00 pm intended for emergencies only.
- •MINSA and the NMS are the entities responsible for providing support and information to the families of individuals who require hospitalization.
- IOM collaborated with NMS regarding the development of informational materials for the migrant population at MRS Los Planes, such as bio-security protocol to prevent the spread of COVID-19 in the event of departure, and when visiting the city of David to obtain remittances, and to purchase medication and food.

- MRS Los Planes does not have an ambulance. NMS provides emergency transportation with the MRS patrol vehicle, but it is not outfitted with the minimum standards for emergency transfers, and is intended as a multiple use vehicle, mainly administrative staff procedures .
- There is no access to birth control methods, such as condoms.
- There are reports of viral illnesses, such as colds, diarrhea, vomiting and skin rashes. Medical attention and medication is provided, but when the MRS does not have the required medicine, on-site health staff provides the prescription to be taken to a commercial pharmacy. However, migrants must cover the expenses related the purchase of the medication.

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