EMERGENCY TRACKING: COVID19 PANDEMIC MIGRANT RECEIVING STATIONS (MRS)

SITUATION REPORT #7 08-14 MAY 2020, PANAMA





HIGHLIGHTS



2.528
Migrants sheltered at the MRS



215%

Overcapacity in Migration Stations nationwide



53
Pregnant women



27% Children and adolescents under 17



Unaccompanied children and adolescents



34

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



22

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 contained 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. This group is co-led by IOM and UNHCR, where agencies, funds and programmes of the United Nations system in Panama are currently actively participating, such as: United Nations Office for the Coordination of Humanitarian

Affairs (OCHA), Office of the High Commissioner for Human Rights (OHCHR), Pan American Health Organization (PAHO), Joint United Nations Programme on HIV/AIDS (UN AIDS), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF). The Inter-Agency Group on Human Mobility coordinates actions at the national level to complement the efforts of the Government of Panama to address the challenges of managing human mobility from a dignified, humane, safe, orderly and regular manner.

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 significant extra-regional migration crisis occurred, that is, migrants from other continents such as Africa, Asia and the Caribbean region, specifically Haitians and Cubans.

In 2016, the first migration crisis by extra-regionals occurred in the

province of Darién, influenced by the closing of borders in Costa Rica and Nicaragua. Faced with this situation, the governments of Panama and Costa Rica established an agreement known as 'Operation Controlled Flow', that would guarantee the orderly, regular and safe transit of these migrants through the territory.

The World Health Organization (WHO) declared a state of pandemic for the COVID-19 virus on 11 March 2020, 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. In addition, organizations such as SICA have drawn up regional work plans for the contingency of the pandemic.

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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 2,528 migrants stranded in the national territory, distributed as follows: 1,982 in the province of Darién (1,697 in MRS La Peñita, 130 in Bajo Chiquito, and 165 in MRS Lajas Blancas), and 540 migrants in the province of Chiriquí at MRS Los Planes. Borders continue to be closed until 22 May according to provisions from the Government of Panama.

On 11 May, the Government of Panama announced the plan for the gradual reopening of the country through 6 blocks. The first block, which began on Wednesday 13 May, comprises the reopening of retail businesses through online sales, mechanical workshops, technical services (plumbing, electricity, masonry, among others), and artisan fishing. The start dates for the other phases have not been announced, and the government has stated that they will depend on compliance with the rules and the behaviour of the virus in the coming weeks.

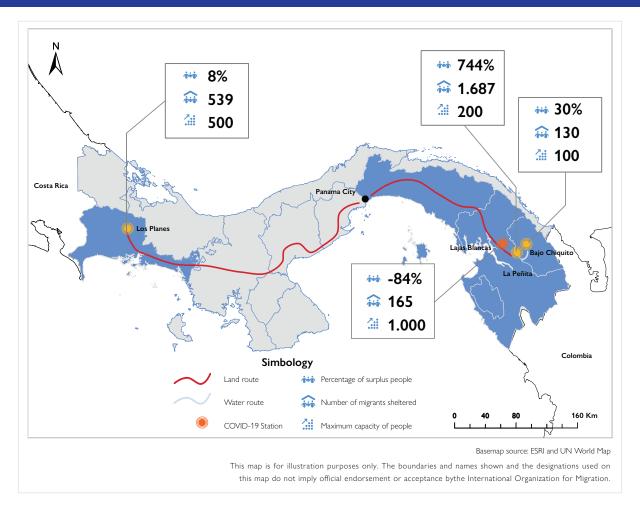
As of 14 May, Panama has 9,118 confirmed cases and a total of 260 deaths from COVID-19. In terms of border provinces, Darién reports a total of 195 cases, and Chiriquí a total of 176 positive. Since the

beginning of community transmission of COVID-19 in Darién at MRS La Peñita, no serious cases have been reported; those patients with moderate disease due to the virus have been treated with a protocol of staying in a hotel-hospital in Panama City. At the time of writing this report, 34 positive COVID-19 cases have been reported (6 currently in Panama for being moderate), 22 have been recovered, and 116 remain in MRS Lajas Blancas because of possible contacts. So far, 322 swab tests have been performed in the MRS. The birth of a child was also reported, where the mother and child were treated at the Mother and Child Center in Metetí.

In the ERM of Los Planes in Chiriquí, one birth was reported, and the mother and daughter have been transferred and have received appropriate treatment. Two cases of leishmaniasis were also reported in adults and one child, who are receiving appropriate treatment. So far, zero cases of COVID-19 have been reported in MRS Los Planes.

On the other hand, last Friday, 8 May, the Inter-American Court of Human Rights (IACHR) requested the Government of Panama to provide information about migrants in the Migrant Receiving Stations in Darién, specifically for MRS La Peñita. This request is made in the context of the Court's ruling in the case of Jesús Vélez Loor, in order to prevent irreparable damage to the rights of migrants.

POPULATION SHELTERED AT MIGRANT RECEIVING STATIONS

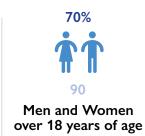


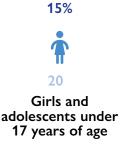
STATISTICS ON THE MIGRANT POPULATION SHELTERED IN THE COMMUNITY OF BAJO CHIQUITO

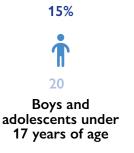
14 MAY, 2020

SOURCE: GOVERNMENT OF PANAMA









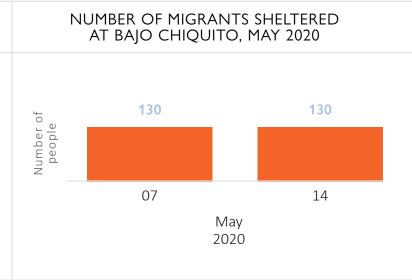


HIGHLIGHTED NATIONALITIES

95% 4%
123 5

Haiti Cuba

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



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)



Implemented actions

• Staff from El Bajo Chiquito Water Board and the National Border Service (SENAFRONT, by its Spanish acronym) were trained -within the framework of the UNICEF-IFRC partnership-in handling filters and chemical use for water purification.

FOOD SECURITY AND NUTRITION



Implemented actions

•The Apostolic Vicariate of Darién, in logistical support with SENAFRONT, donated rice, sugar, cooking oil, canned tuna, pasta, cream of corn, milk, canned sardines, flour, sausages, beans and coffee.

HEALTH



Implemented actions

- The Ministry of Health (MINSA by its Spanish acronym) continues monitoring potential COVID-19 cases.
- As part of the UNICEF-IFRC partnership, 60 mosquito nets with repellent were delivered.
- SENAFRONT and the National Migration Service (NMS) provided masks and gloves to migrants.

SHELTER, SETTLEMENT AND NON-FOOD ITEMS



Implemented actions

•The Apostolic Vicariate of Darién, in logistical support with SENAFRON,T delivered one-liter bottles of chlorine and soap.

PROTECTION



Implemented actions

• SENAFRONT maintains units that protect the community.

STATISTICS OF THE MIGRANT POPULATION SHELTERED AT MRS LA PEÑITA

14 MAY, 2020

SOURCE: GOVERNMENT OF PANAMA





Men and Women over 18 years of age

14%



Girls and adolescents under 17 years of age 14%



246

Boys and adolescents under 17 years of age



Pregnant women¹



Unaccompanied girls, boys and adolescents under 17 years of age ²

¹Data included women over 18 years of age. The updated registration is currently being carried out under the UNICEF-IFRC partnership. Two pregnant women are at the Mother and Child Centre in Metetí.

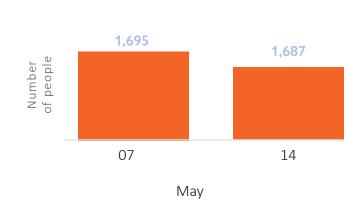
HIGHLIGHTED NATIONALITIES

85% 5% 3% 1,426 82 47 Democratic Republic of Bangladesh

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

the Congo

NUMBER OF MIGRANTS SHELTERED AT MRS LA PEÑITA, MAY 2020



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





Letrines

22%



Showers



Water for human consumption 100%



COVID- 19 CASE STATISTICS



These individuals and their contacts 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. These statistics are accounted for within MRS Lajas Blancas data.

humanitarian response at MRS la Peñita

WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)



Implemented actions

- •Under the UNICEF-IFRC partnership, 40,000 litres of water is being supplied for the migrant population and public servants.
- •Also, under the UNICEF-IFRC partnership, 450 mosquito nets and repellent were delivered.

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.

FOOD SECURITY AND NUTRITION



Implemented actions

• The Apostolic Vicariate of Darién, in logistic support with SENAFRONT, has donated 7,000 lb. of rice, 1,400 lb. of sugar, 700 x 1.5L bottles of cooking oil, 2,800 cans of tuna, 1,400 packages of pasta, 2,100 packages of cream of corn, 3,500 units of milk, 2,800 cans of sardines, 1,400 lb. of flour, sausages, beans and coffee (amount not specified). The items will be distributed at the MRs in Darién.

Identified needs

• Cases of children suffering from dehydration have been identified.

SHELTER, SETTLEMENT AND NON-FOOD ITEMS



Implemented actions

- •The Apostolic Vicariate of Darién in coordination with IOM delivered 700 one-liter bottles of chlorine and 1,400 units of soap to be distributed in the MRS in Darién.
- •IOM, MINSA, UNICEF and IFRC held a meeting to seek solutions to the overcrowding at MRS La Peñita.
- •IOM is coordinating with NMS and SENAFRONT to enable the MRS in Nicanor (relocation of migrants from MRS La Peñita).
- •IOM submitted protocol "Standard Operating Procedure for Frontline Officers at Points of Entry in Response to the Outbreak of COVID-19" to SENAFRONT.

Identified needs

- Support is required to retrofit the MRS infrastructure at La Peñita. There are no individual housing units.
- •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.

HEALTH



Implemented actions

- MINSA maintains the systematic collection of samples (swabs) from migrants to identify COVID-19 cases.
- The UNICEF-IFRC partnership is taking complementary action to provide health services.
- SENAFRONT and NMS provided masks and gloves to migrants.

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. .
- The provincial health network needs strengthen

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.
- IOM continues to advocate for the protection of postpartum women.
- UNICEF requested SENNIAF to open a protection process for the three unaccompanied children.
- UNICEF initiated a process to deal with five children that are at risk of statelessness with NMS and the Electoral Tribunal.

STATISTICS OF THE MIGRANT POPULATION SHELTERED AT MRS LAJAS BLANCAS

14 MAY, 2020

SOURCE: GOVERNMENT OF PANAMA













HIGHLIGHTED NATIONALITIES

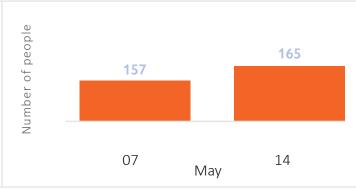


The remaining 11% are nationals from various countries in South America, South Asia and Africa.

COVID- 19 CASE STATISTICS

NUMBER OF MIGRANTS SHELTERED AT MRS LAJAS BLANCAS, MAY 2020





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





Letrines

—

Showers

Water for human vconsumption

100%



- ³ Data included in children under 17
- ⁴ Data included in women over 18 years of age.
- One patient has been transferred to Panama City for treatment, for a total of 6 low-risk hospitalizations
- ⁶ This data is cumulative. As part of the care protocol, three tests (two swabs and one serological) are applied to detect COVID-19 in those who have tested positive.

HUMANITARIAN RESPONSE AT MRS LAJAS BLANCAS

WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)



Implemented actions

- As part of the UNICEF-IFRC partnership, 80 mosquito nets with repellent were delivered.
- MINSA, in coordination with SENAFRONT, fumigated the premises.
- SENAFRONT and NMS delivered hygiene kits for COVID-19 positive people.

- IOM delivered kitchen utensils: pots, ladles, 2,000 aluminum spoons, 2,000 bowls and 200 5-gallon buckets.
- IOM delivered 6 protective tents with a capacity for 45 people.

Identified needs

• Living spaces are incomplete, there are 75 living unit platforms that need to be built.

FOOD SECURITY AND NUTRITION



Implemented actions

- NMS delivered baby formula and food.
- The Office of the First Lady in conjunction with MINSA and SENAFRONT delivered baby formula.
- The Apostolic Vicariate of Darién, in logistical support with SENAFRONT, donated rice, sugar, cooking oil, canned tuna, pasta, cream of corn, milk, canned sardines, flour, sausages, beans and coffee.

PROTECTION



Implemented actions

- SENAFRONT and NMS remain at the MRS providing security and orientation to migrants.
- UNICEF continues to monitor the situation of COVID-19 positive children and suspected cases.

SHELTER, SETTLEMENT AND NON-FOOD ITEMS



Implemented actions

- The Office of the First Lady, together with MINSA and SENAFRONT, delivered clothing, disposable diapers and blankets.
- •The Apostolic Vicariate of Darién in logistic support with SENAFRONT delivered one-liter bottles of chlorine and soap.

HEALTH



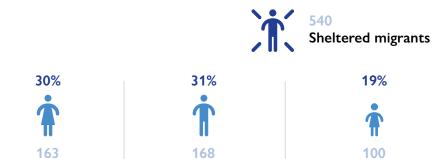
Implemented actions

- MINSA provides daily epidemiological monitoring of COVID-19 positive migrants and their contacts.
- NMS provided masks to migrants.

STATISTICS OF THE MIGRANT POPULATION SHELTERED AT MRS LOS PLANES

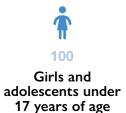
14 MAY, 2020

SOURCE: GOVERNMENT OF PANAMA

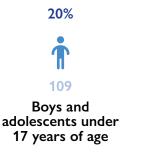


Men over 18

years of age



19%



NUMBER OF MIGRANTS SHELTERED AT

MRS LOS PLANES, MAY 2020



HIGHLIGHTED NATIONALITIES 69% 19% 4% Haiti Chile Brazil 371 101 23 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 people 539 539 07 14 May

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



Women over

18 years of age

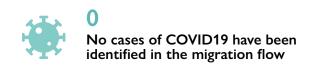








COVID- 19 CASE STATISTICS



HUMANITARIAN RESPONSE IN MRS LOS PLANES

All actions are being undertaken 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 wastewater.
- There are groups of migrants who still do not use the sanitary services for their own physiological needs.
- Cleaning frequency of latrines must be increased and damaged units must be repaired.
- 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.
- The MNS has taken into consideration the recommendations provided by migrants for food preparation.
- Approximately 195 cans of milk were distributed to families with children between 0 and 10 years old.

Identified needs

- There is no specific meals for children under 5 years of age, chronically ill people or pregnant women.
- It has been observed that migrants do not receive fruit as part of their daily dietary intake.

SHELTER AND SETTLEMENT



Implemented actions

- Maintenance visits have been scheduled twice a week.
- NMS has arranged to have a backhoe clean the landfill.

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.
- Six fire extinguishers were found empty and require 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 working on the development of information materials translated into the main languages of the host population.

Identified needs

- LMigrants 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 regarding 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

•Three cases of leishmaniasis have been identified and are currently receiving medical treatment from MINSA; recommendations on infectious disease will be issued to follow up on the situation.

Identified needs

- •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 exchanged in commercial pharmacies.

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