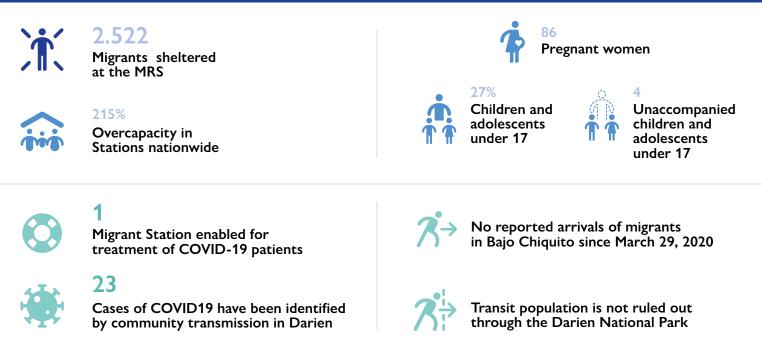
#### EMERGENCY TRACKING: COVID19 PANDEMIC MIGRANT RECEIVING STATIONS (MRS)

SITUATION REPORT #4 17-23 APRIL 2020, PANAMA





HIGHLIGHTS



## 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 Darien region has been characterized as one of the most important points of transit for extra-regional migrants for the past eleven years. However, the Darien 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 Darien 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 March 11th 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.

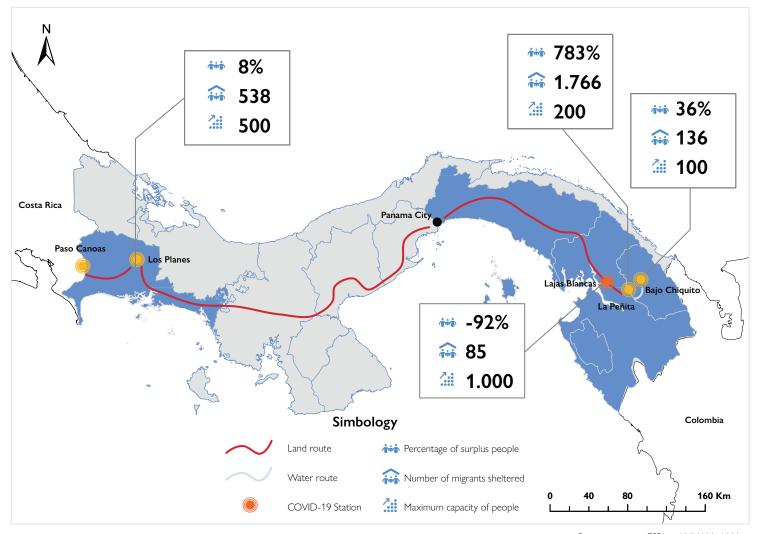
The application of these measures implied changes in the mobility of migrants transiting through Panama.

The Government of Panama declared a state of emergency on 12 March 2020. As a result of this declaration and other crisis management measures, many operations have been affected, particularly the Controlled Flow Operation. The Government of Costa Rica declared a state of national emergency throughout its territory on 16 March 2020. As a result, the border between Panama and Costa Rica was closed. So far there are 1,900 migrants stranded in the province of Darien, mostly in La Peñita Migrant Receiving Station (MRS), the community of Bajo Chiquito, and over 500 in Los Planes MRS in the province of Chiriqui. On April 20, the national government announced that it would extend the cessation of air operations to and from Panama for 30 days, beginning on April 22. Moreover, it is not clear the reopening of land borders will also be taken into account.

### EMERGENCY TRACKING: COVID-19 PANDEMIC MIGRANT RECEIVING STATION (MRS)

Since March 24 the country has been under mandatory quarantine. Basic service provision and main government systems are overall operational. Circulation has been restricted during the day, according to gender, work hours and the last number of the identity card (foreigners use their passport number). Since 17 April 2020, it has been announced that on Saturdays and Sundays mobility is reduced to essential personnel only. Therefore, citizens without permits will not be able to move on those days of total quarantine. As of 23 April, Panama has 5,166 confirmed cases and a total of 146 deaths. In terms of border provinces, Darien reported a total of 131 cases, and Chiriqui reported a total of 98 cases as of April 23, 2020. At the time of this report, the transmission of COVID-19 was confirmed in La Peñita MRS in Darién. There were 23 confirmed positive cases and about 62 were isolated because they were related or had been in contact with people who tested positive for COVID-19. Authorities made the decision to transfer all positive cases of COVID-19 to Lajas Blancas MRS. In addition, it was agreed to transfer the migrants who are in La Peñita MRS to Lajas Blancas MRS. It was reported that 161 migrants who were located in the community of Bajo Chiquito decided to move to La Peñita MRS, leaving a total of 1766 migrants in the locality. As of April 23, no positive cases of COVID-19 were reported in the Los Planes MRS, located in the province of Chiriqui.

## POPULATION SHELTERED AT MIGRANT RECEIVING STATIONS



Basemap source: ESRI and UN World Map

This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

## CAMP COORDINATION AND CAMP MANAGEMENT



As the leader of Camp Coordination and Camp Management (CCCM), IOM coordinates with government institutions, agencies of the United Nations System and other international organizations to support the Government of Panama in the management of the MRS located in Darien, specifically in La Peñita. IOM has managed various donations and projects in conjunction with other organizations, in addition to acting as a mediator between the migrant population and the Government of Panama.

#### **Actions implemented**

• Coordination meetings with SENAFRONT, specifically with the heads of La Peñita and Lajas Blancas MRS, on needs related to supplies, security and protection of the migrant population, and management of the COVID-19 pandemic in the MRS.

•Participation in high-level meeting with the directors of the following institutions: National Migration Service (NMS), SENAFRONT, Ombudsman's Office, regional SINAPROC of Darien and with representatives of the migrant community at La Peñita MRS. IOM was a mediator between the migrant population and the Government of Panama, and the discussion resulted in the following proposed actions:

• NMS will cover transportation costs for migrants from Darien to Los Planes MRS in Chiriqui.

• The National Brewery will lend 3 tents, the United Nations High Commissioner for Refugees (UNHCR) 48 modular tents and IOM 4 multipurpose tents to fit out the shelter.

• A distribution of the migrant population among the MRS in Darien will be carried out according to epidemiological response to COVID-19.

• An inventory of medical supplies will be drawn up to support MINSA.

• An inventory of medical supplies will be drawn up to support the Ministry of Health.

• 1,200 hygiene kits, 250 baby kits, 100 4x6-metre tarpaulins for shelters in an emergency context, and 10 shelter construction kits will be donated in coordination with UNICEF and the International Federation of Red Cross (IFRC). • UNICEF and IFRC will supply between 40 and 70 thousand liters of water for human consumption, depending on the needs of La Peñita MRS and Bajo Chiquito.

• Coordination meetings with the Ombudsman's Office to manage donations and advocate for the strengthening the Protection sector. The Ombudsman's Office managed the donation of water, hydrating drinks, soft drinks and cots for Lajas Blancas MRS.

• Coordination with MINSA of Darien region, in order to open Nicanor MRS and to relocate the migrants transferred because of their COVID-19 positive tests.

• Delivered forty-nine cleaning kits donated by IOM and UNHCR to the local population in La Peñita community, with logistical coordination by SENAFRONT and the community leader.

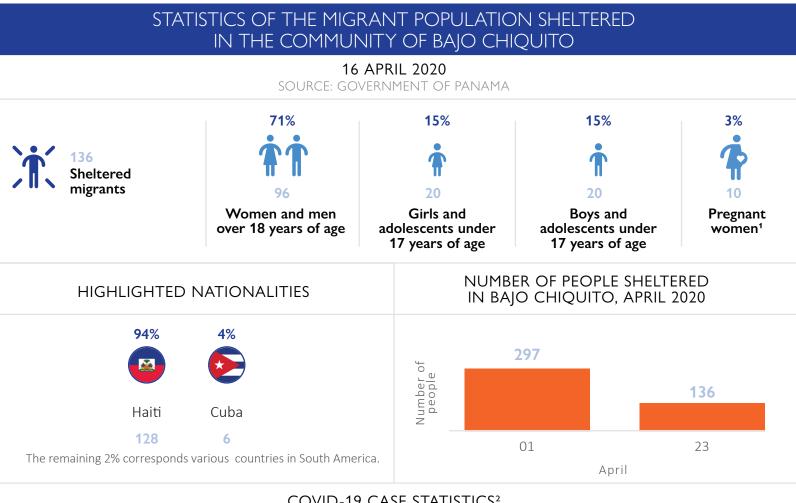
• Continued management of food donations with the Apostolic Vicariate of Darien, specifically in the delivery of unprepared food, baby formula and cleaning supplies.

• Advocacy with the MINSA, specifically on epidemiological guidance in Darien, to guarantee that the migrant population has access to government healthcare services for COVID-19. Coordination with the MINSA to define the criteria for transferring migrants to the MRS authorized for COVID-19 treatment and addressing the implications of the protection fence installed in the community of La Peñita.

• Negotiations with the Red Cross Committee and El Real de Santa María in order to work together to implement partnerships in Nicanor MRS, specifically in the accompaniment and follow-up of migrants.

• Approach meetings to integrate and work together with the Afro-Panamanian National Secretariat during the emergency.

• Agreements with the Norwegian Refugee Council to provide support related to the emergency in the Darien.



COVID-19 CASE STATISTICS<sup>2</sup>



No cases of COVID19 have been identified in Bajo Chiquito



## HUMANITARIAN RESPONSE IN BAJO CHIQUITO

## WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)



## **Actions implemented**

- The National Border Service (SENAFRONT the acronym for its name in Spanish) delivered 5,000 gallons of water.
- UNICEF and IFCR have installed the supply of 24,000 litres of water for human consumption for migrants and the local population per day, through the Community Water Committee.
- UNICEF and IFRC delivered 80 baby hygiene kits.

### **Identified** needs

• Development and printing of informational materials in the predominant languages spoken in the accommodations and handed out to the MRS migrant population and host communities regarding the COVID19 outbreak, World Health Organization (WHO) recommendations and the Ministry of Health (MINSA, the acronym for its name in Spanish) national guidelines on hand washing and hygiene practices and symptom-identification 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.

<sup>&</sup>lt;sup>1</sup> Data included in the total number of women over 18 years of age

<sup>&</sup>lt;sup>2</sup> Data from 16 April 2020

## FOOD SECURITY AND NUTRITION



#### **Actions implemented**

• SENAFRONT is providing food for migrant consumption.

#### Identified needs

• It is not known if the required standards are followed.



## HEALTH



#### Actions implemented

• MINSA is scheduling medical tours to monitor the pandemic response, specifically the application of tests to detect cases of COVID-19.

#### Identified needs

•Strengthen access to healthcare services in the communities, because movement of migrants from Bajo Chiquito to La Peñita seeking healthcare services have been identified.

## ACCOMMODATION AND SETTLEMENT

### **Identified needs**

• There is no adequate shelter infrastructure for migrants.



## PROTECTION



#### **Actions implemented**

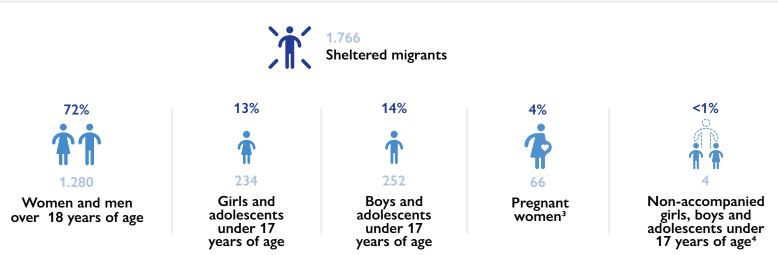
• SENAFRONT maintains 5 units that protect the migrant community.

#### Identified needs

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

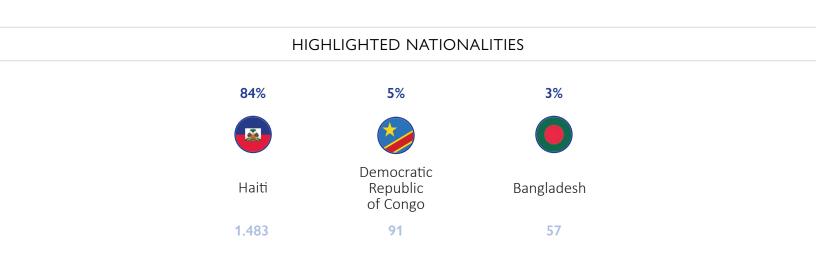
## STATISTICS OF THE MIGRANT POPULATION SHELTERED AT LA PEÑITA MRS





<sup>3</sup> Data included in the total number of women over 18 years of age.

<sup>4</sup> Data included in the total number of girls, boys and adolescents under 17 years of ages.



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

## NUMBER OF MIGRANTS SHELTERED AT LA PEÑITA MRS, APRIL 2020



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



## COVID-19 CASE STATISTICS



20

Cases spread by community transmission in Darién



Tests applied to migrants with negative results

The people who have tested positive and the people who came into close contact with them have been transferred to the Lajas Blancas MRS, which has been temporarily authorized to care for COVID-19 positive migrants in Darién as part of the health care protocol that is active in Panama.

## HUMANITARIAN RESPONSE AT LA PEÑITA MRS

## WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)



### **Actions implemented**

• The Government of Panama provides a water tank for human consumption for the migrant population.

• UNICEF and IFRC donated 170 kits with baby cleaning supplies (bath soap, disposable diapers, wet towels and baby wipes) and 170 infant cleaning kits (wet towels, baby wipes, bath soap, toothpaste and toothbrush).

• UNICEF and IFRC are working to expand the supply of up to 40,000 litres of water for human consumption.

#### **Identified needs**

- Lack of personal hygiene kits.
- Increased cleaning frequency of latrines; currently scheduled at two days per week.

• Development and printing of informational materials in the predominant languages spoken in the accommodations 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 symptom-identification campaigns.

• Install hand-washing stations; provided at minimum standard of 1 in 10 inhabitants per accommodation, 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.

• Increase mosquitoes-spraying frequencies.

# FOOD SECURITY AND NUTRITION



### Actions implemented

• The NMS and the Apostolic Vicariate of Darien sent food for the supply of the sheltered migrant population, with a provision for one week.

#### Identified needs

• Unprocessed food is distributed only once per day.

• Support to provide food for all migrants in the station, with the consideration that an appropriate diet reaches the minimum requirements for nutrients per day, with three meals per day.

- There is no specific diet for children under 5 years old, people who are chronically ill or pregnant women.
- Cases of children suffering from dehydration have been identified. Baby formula is only provided every two weeks, and supplies are not sufficient for all children in the shelter.

## ACCOMMODATION AND SETTLEMENT



### **Identified needs**

- A total of 136 migrants from Bajo Chiquito were admitted. Despite receiving information about the prevention of COVID-19, migrants voluntarily moved to La Peñita MRS.
- Support for the adaptation of the infrastructure of La Peñita MRS. There are no individual housing units.
- The capacity of MRS La Peñita has been exceeded. There is not enough space between people for individuals to maintain social distance or to isolate those suspected of having contracted COVID-19.
- Provision of improvised emergency shelters for immediate and short-term COVID-19 response in La Peñita MRS.
- Installation of solar panels in distant locations and near the latrines, since currently there is little or no lighting in these sectors
- Lack of facilities suitable for food handling and cooking
- Solid waste management service is suspended due to the outbreak of COVID-19 and the measures taken to prevent spread.

## HEALTH



#### **Actions implemented**

•The MINSA has begun to systematically collect samples for all migrants in La Peñita MRS, especially those who are crowded into private tents.

• MINSA and the Pan American Health Organization (PAHO), with the support of a translator, informed the migrant population about the symptoms of the disease, the importance of social distancing, health measures regarding quarantine and the process of moving the population to another location in Darién.

• MINSA, WHO and SENAFRONT initiated a partnership in order to transfer asymptomatic families to Lajas Blancas MRS and initiate a 28-day quarantine period.

#### **Identified needs**

• Cleaning supplies for waste management.

• There is no access to birth control methods, such as condoms.

• There are reports of migrants, specially children and pregnant women, with illnesses 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.

• MINSA does not have the capacity to deal with the pandemic in Darién, mainly because the current infrastructure is focused on primary care.

## PROTECTION



#### **Actions implemented**

•SENAFRONT currently maintains 14 units for a migrant population of over a thousand people. These units provide security, order, logistical support and support to the NMS during the registration of migrants from Bajo Chiquito.

#### **Identified** needs

• The local population of La Peñita has shown xenophobia and has demanded the withdrawal of the migrant population from the area. Attempts by migrants to escape from the station have been recorded.

• The National Secretariat for Children, Adolescents and the Family will not be taking any action regarding unaccompanied migrant children.

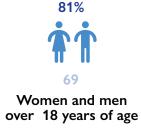
• Support the development of protocols and the registration of the migrant population in La Peñita MRS for the identification of vulnerable and high-risk individuals, in order to facilitate a monitoring of health conditions for the prevention of COVID-19.

• All actions related to protection and assistance have been suspended due to the challenges connected to the outbreak of COVID-19 at the station.

## STATISTICS OF THE MIGRANT POPULATION SHELTERED IN LAJAS BLANCAS MRS

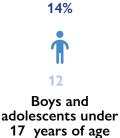
23 APRIL, 2020 SOURCE: GOVERNMENT OF PANAMA

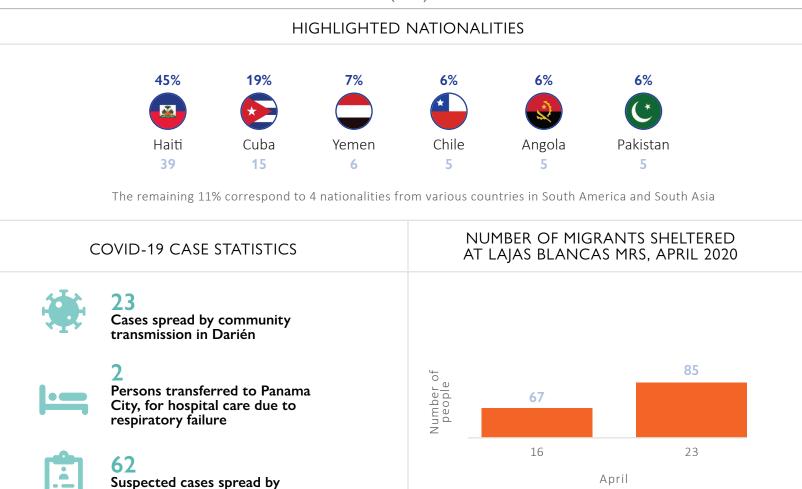






Girls and adolescents under 17 years of age





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



## HUMANITARIAN RESPONSE IN LAJAS BLANCAS MRS

## WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)

community transmission

in Darien



### **Actions implemented**

•UNICEF and IFRC provide technical assistance for the production of water for human consumption.

## FOOD SECURITY AND NUTRITION



### Actions implemented

•SENAFRONT provides food three times per day: breakfast, lunch and dinner.

## ACCOMMODATION AND SETTLEMENT



### **Identified needs**

• The housing spaces are not complete, and 75 platforms of housing units are yet to be built.

• Sanitary services lack labels and differentiations by sex, and minor improvements in the doors are needed.

## PROTECTION



• Migrants are covered by MINSA's active protocol for treating COVID-19 positive cases.

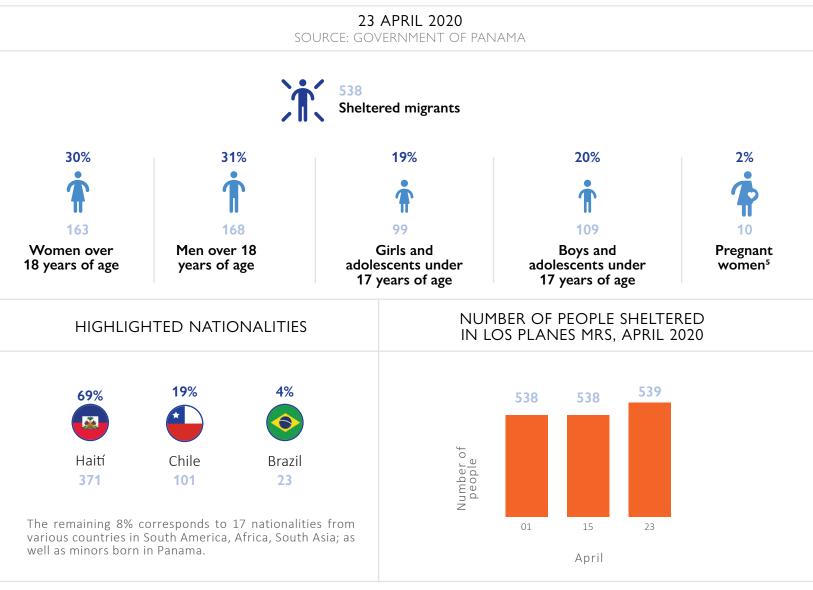
## HEALTH



### Actions implemented

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

## STATISTICS OF THE MIGRANT POPULATION SHELTERED IN LOS PLANES MRS



 $^{\scriptscriptstyle 5}$  Data included in the total number of women over 18 years of age.

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



Identified cases of COVID-19 in the migratory flow

## HUMANITARIAN RESPONSE IN LOS PLANES MRS

In Los Planes MRS all actions are being taken by the Government of Panama, according to the capacities of the institutions in charge and in collaboration with IOM, especially in the protection sector.

## WATER SUPPLY, SANITATION AND HYGIENE PROMOTION (WASH)



## Actions implemented

•There are two 15,000 gallon water tanks capable of supplying the station every day. Tanks are chlorinated with 3 tablets daily based on recommendation from the health personnel.

• The migrants voluntarily collaborate with the collection of solid waste, the cleaning of the facilities and the monitoring of hygiene measures.

### **Identified needs**

• A technical inspection is required to assess the condition of the water tanks, since they are in poor condition and there is evidence of water waste.

• There are still groups of migrants who do not use the sanitary services to carry out their physiological needs.

• More frequent cleaning of latrines and repair of damaged units.

•Development and printing of informational materials in the predominant languages spoken in the accommodations 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 accommodation, 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



### Actions implemented

• The NMS provides meals three times a day: breakfast, lunch and dinner, an equitable distribution of food and has increased the size of food portions.

• IOM arranged for the donation of food (milk, compotes) and disposable baby diapers with representatives of the local population in Guacala.

• An anonymous donation of different types of bread was received from civil society in David.

• Vendors selling prepared food have been authorized to enter the MRS facilities.

#### **Identified needs**

• There is no specific food for children under 5 years old, people who are chronically ill 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.

## ACCOMMODATION AND SETTLEMENT



#### **Identified needs**

• Repair and lighting are required throughout the station, mainly in areas where latrines and sanitary batteries are located.

• There are spaces which could be used as rooms, however they are unfit because they are deteriorated and require 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.

## PROTECTION



### Actions implemented

• SENAFRONT maintains 8 units that are responsible for maintaining order and protecting the MRS perimeter.

• IOM provides support in channeling routes for the protection and assistance of migrants who are vulnerable or at risk, and provides access-protection information to migrants.

#### **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.

• The NMS has requested sports equipment for the migrants to use.

## HEALTH



#### **Actions implemented**

• 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.

### **Identified** needs

• The MRS Los Planes does not have an ambulance. SENAFRONT 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.

•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 medicines are provided and, in the case that the MRS does not have the required medicine, health personnel provide a prescription to be taken to a commercial pharmacy. However, migrants must cover the expenses related to the medicine purchase.

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