



# ADDRESSING SEXUAL VIOLENCE ALONG THE MIGRATORY ROUTE THROUGH THE DARIÉN GAP AND BEYOND

APRIL 2022

## SUMMARY

In 2021, nearly 140,000 refugees and migrants from around the world traveled through the Darién Gap at the Colombian/Panamanian border with the objective of reaching North America. This exceeded the total number of people who attempted the same journey throughout the previous ten years, combined.<sup>1</sup> In the first three months of 2022, numbers of those entering through Darién surpassed those registered for the same months in 2021.<sup>2</sup> Pursuant to this unprecedented migratory movement through what is arguably the most dangerous jungle in the Americas, the Center for Democracy in the Americas (CDA) traveled to Panama to examine humanitarian conditions and need among the arrivals.<sup>3</sup> Among the most pressing issues CDA found is the scale of sexual violence experienced by refugees and migrants along the journey. It is critical to recognize and tackle violence in the Darién Gap and provide differentiated services for those that have been subjected to acts of sexual violence, as well as their family members that have borne witness. Not addressing some needs at this stage will only make urgent health and humanitarian needs, and the impact of other human rights violations, even more acute further along the route where additional risks lie. This issue warrants immediate attention, with appropriate investments in a comprehensive health, security, legal, and protection response in Panama and all along the migratory route. This brief's focus on sexual violence does not obviate the need to assess and address gender-based violence (GBV) that is occurring between and among refugees and migrants along the route, as well as the very specific needs of Black migrant women and adolescent girls, and those of the LGBTQI+ population, who have reported several cases of sexual abuse, discrimination, and stigma from fellow migrants or who have been abandoned along the route.<sup>4</sup>

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(1) According to Panamanian National Migration Service records, 117,887 individuals traveled through the Darién Gap at the Colombian/Panamanian border from 2010-2020. Panamanian National Migration Service, "Irregular Border Transit in Panama - Colombia (2010-2019)," Migration Statistics, 2019, <https://www.migracion.gob.pa/images/img2021/pdf/IRREGULARES%202010-2019%20actualizado.pdf>. and Panamanian National Migration Service, "Irregular Border Transit in Panama - Colombia (2020)," Migration Statistics, 2020, <https://www.migracion.gob.pa/images/img2021/pdf/IRREGULARES%202020%20actualizado.pdf>.

(2) 13,425 migrants traversed the Darién Gap in January through March 2022, while 5,622 migrants traveled through the Darién Gap during the same months in 2021.

(3) To learn more about CDA's mission and other findings, please see Panama's Role in Regional Migration Management: <https://static1.squarespace.com/static/5e3d7cf054f8264efecdf2ef/t/622770fd6ffa1b1b002b316d/1646752056047/Panama+Issue+Brief+%28w%3A+Preamble%29.pdf>

(4) IFRC, "DREF Plan of Action - Panama: Population Movement," Relief Web, August 19, 2021, <https://reliefweb.int/sites/reliefweb.int/files/resources/MDRPA015do%20%281%29.pdf>.



# INTRODUCTION

Violence has featured prominently in the flight of those in search of protection or economic opportunity throughout the Americas. Refugees and migrants on the move are subject to robbery, kidnappings, extortion, assault, trafficking, torture, disappearances, and death. For women and girls, and increasingly other profiles such as LGBTQI+ people, the added threat of GBV – and in particular, sexual violence – has been a constant.

For example, since the mass emigration of Venezuelans began in 2014, humanitarian responders have sounded the alarm on the rape and abuse of Venezuelans as they cross the border into Colombia and beyond.<sup>5</sup> When the pandemic hit and official borders closed in 2020, responders reported a sharp increase in GBV as women and girls<sup>6</sup> took to smuggling routes, with some estimating a 60 percent increase in the incidence of rape of migrant women and girls. Research conducted by the United Nations Refugee Agency (UNHCR) in 2015 revealed that many Honduran, Salvadoran, and Guatemalan refugee women traveling to the United States took contraceptives prior to traveling in order to avoid pregnancy.<sup>7</sup>

The seven to ten-day trajectory that refugees and migrants hike to traverse the 100-mile-long by 30-mile-wide stretch of land known as the Darién Gap is no exception. The levels of brutality in the jungle led Médecins Sans Frontières (MSF), or Doctors Without Borders, to publicly call for safe routes between the two countries and for regional governments to provide protection from violence for refugees and migrants along the entire route.



Aerial view of the Darién Jungle

(5) Sandra Coburn, “Finding a Safe Space: Venezuelan Women Face Harassment and Gender-based Violence as They Seek a New Place to Call Home,” *Juntos es Mejor*, <https://juntosesmejorve.org/en/finding-a-safe-space-venezuelan-women-face-harassment-and-gender-based-violence-as-they-seek-a-new-place-to-call-home/>. and Anushka Kalyanpur, “CARE Rapid Gender Analysis Latin America & Caribbean: Venezuelan Migrants & Refugees in Colombia,” p. 12, 2019, [https://reliefweb.int/sites/reliefweb.int/files/resources/CARERapidGenderAnalysis\\_Colombia\\_May2019.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/CARERapidGenderAnalysis_Colombia_May2019.pdf)

(6) John Otis, “Women Fleeing Venezuela Are Targeted With Sexual Assault As They Cross Into Colombia,” NPR, January 29, 2021, <https://www.npr.org/2021/01/29/957309093/women-fleeing-venezuela-are-targeted-with-sexual-assault-as-they-cross-into-colo>

(7) UNHCR, “Women on the Run: First-hand Accounts of Refugees Fleeing El Salvador, Guatemala, Honduras, and Mexico,” United Nations, 2015, <https://www.acnur.org/fileadmin/Documentos/Publicaciones/2015/10228.pdf>

(8) Doctors Without Borders, “Safe routes urgently needed for thousands of migrants crossing the Darién Gap,” November 21, 2021, <https://www.doctorswithoutborders.org/what-we-do/news-stories/story/safe-routes-urgently-needed-thousands-migrants-crossing-Darién-gap>



## SCOPE AND NATURE OF SEXUAL VIOLENCE IN THE DARIÉN GAP<sup>9</sup>

Already in 2019, concern around the scale of violence affecting the increasing numbers of refugees and migrants in the Darién Gap was mounting. In June 2019, the United Nations Migration Agency (IOM) surveyed over 300 refugees and migrants in Panama who had traveled through multiple countries before reaching Panama. Eighty percent of all reported episodes of violence they had experienced thus far – assault, robbery, and sexual abuse – had occurred in the Darién Gap.<sup>10</sup>

Over the next year, United Nations (UN) agencies and non-governmental organizations (NGOs) repeatedly warned of an alarming number of reported cases of sexual violence affecting women. And as of November 2020, an increase in cases committed against adolescents became clear.<sup>11</sup>

Panama’s legislators also sought to bring attention to the violations; the National Assembly of Panama’s Commission for Women, Children, Youth, and the Family created a sub-commission to examine the situation and traveled to migrant reception centers to interview survivors. By October 2021, the sub-commission said to have collected around 1,000 allegations of sexual abuse.<sup>12</sup>

“Our teams, who have years of experience on the Mexican migration route, had never seen such a large number of cases in a single day.”

– MSF Project Coordinator, Darién Province, June 2021

MSF also issued repeated public warnings of the violence refugees and migrants encountered in the Darién Gap, highlighting the number of cases of sexual violence the organization was treating. After MSF established a health post in Bajo Chiquito, a small indigenous community with a population of 450 inhabitants where many refugees and migrants emerge from the jungle, its staff treated 12 women who had been assaulted in its first 15 days of operations in May 2021. MSF’s Project Coordinator shared that its team members with many years of experience on the Mexican migration route had never seen such a large number of cases in a single day.<sup>13</sup> By November 2021, MSF publicly shared

(9) For the safety and wellbeing of survivors, CDA did not elicit information related to incidents of sexual violence in the Darién Gap directly from survivors. Instead, CDA interviewed local and national authorities, and humanitarian actors with knowledge of all violations occurring in the Darién Gap. Nevertheless, survivors spontaneously shared information on sexual violence during interviews and small focus groups in which the journey was discussed.

10) IOM, “Panama – Analysis of flow monitoring surveys to extrarregional migrants,” p. 12, June 2019, <https://migration.iom.int/reports/panama-%E2%80%93-analysis-flow-monitoring-surveys-extrarregional-migrants-june-2019>.

(11) IFRC and Cruz Roja Panameña, “Informe de Evaluación Actual Región Darién,” p. 6, February 2021, [https://prdds.gofilestorage.blob.core.windows.net/api/sitreps/3122/Informe\\_Evaluacion\\_Dari%C3%A9n\\_Feb\\_2021.pdf](https://prdds.gofilestorage.blob.core.windows.net/api/sitreps/3122/Informe_Evaluacion_Dari%C3%A9n_Feb_2021.pdf)

(12) Kathia Martínez, “More migrants report sex abuse crossing Panama’s Darien Gap,” AP News, October 24, 2021, <https://apnews.com/article/colombia-haiti-sexual-abuse-sexual-assault-panama-296a1c9de2e06eadffb74f378fddad60>

(13) Doctors Without Borders, “Robbed, Raped, Beaten: Safe Migration routes urgently needed between Colombia and Panama,” June 9, 2021, <https://www.msf.org/msf-calls-safe-migration-routes-between-colombia-and-panama>



that they had treated 288 reported cases of sexual violence, which they estimated to be just about 25 percent of the real number.<sup>14</sup> In December 2021, MSF shared with CDA that at one point, anywhere between 80 to 100 percent of women in any given group arriving at their health facility in Bajo Chiquito may have suffered sexual violence; in some cases, repeatedly throughout the journey.

Reports recount the rape of women, adolescents, and increasingly younger girls, and collective rape at the hands of gangs of armed men while family members are assaulted and robbed. In some cases, children are sexually abused when parents are unable to pay extortion money to prevent the attacks.<sup>15</sup> Little is known of the perpetrators. Some survivors have given descriptions that would indicate that perpetrators come from the local communities in the Darién, including the very communities that host refugees and migrants once they emerge from the jungle. There have also been allegations that would suggest some uniformed personnel have been involved.<sup>16</sup>

Finally, there is little research on GBV among the migrant population as it transits through Panama, but it surely exists.

## MIGRANT TRANSIT IN PANAMA

Upon emerging from the Darién Gap jungle, refugees and migrants typically arrive at Bajo Chiquito or Canaán Membrillo, small indigenous communities with a few hundred inhabitants each, and very limited services. From there they make their way by foot or community pirogues to reach one of the two government-run “migrant reception stations” in Darién Province: San Vicente and Lajas Blancas, which are administered by the National Border Service (SENAFRONT) and the National Migration Service (SNM). These authorities register migrants and run biometric security checks, provide meals, and oversee temporary shelter facilities, while humanitarian agencies provide some basic services, including first aid, some psychosocial services, legal counsel, and limited non-food items. The availability and reach of these services are very limited, particularly given the objective to transfer refugees and migrants as soon as possible (typically within 24 hours) to the next stage of their journey: another migrant reception center at Los Planes de Gualaca, in Chiriquí Province, where refugees and migrants prepare to enter Costa Rica. At Los Planes, food and other provisions are also provided, such as blankets and basic first aid. Subject to availability, other goods and services are offered, such as vaccinations or donated clothing. In contrast to the reception stations in the Darién, some refugees and migrants spend several weeks here resting and/or awaiting a transfer of funds from family abroad to finance the next portions of the journey.

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(14) Doctors Without Borders, “Safe routes urgently needed for thousands of migrants crossing the Darién Gap,” <https://www.doctorswithoutborders.org/what-we-do/news-stories/story/safe-routes-urgently-needed-thousands-migrants-crossing-darién-gap>

(15) Kejal Vyas, “Rapes of U.S.-Bound Migrants Make a Treacherous Route Even More Dangerous,” Wall Street Journal, September 6, 2021, <https://www.wsj.com/articles/rapes-of-u-s-bound-migrants-make-a-treacherous-route-even-more-dangerous-11630956539>

(16) Haitian Bridge Alliance, “Review of Panama’s Report under the Convention on the Elimination of All Forms of Discrimination against Women,” p. 10, Submission for the 81st Session of the United Nations Committee on the Elimination of All Forms of Discrimination against Women, January 12, 2022, [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCEDAW%2fCSS%2fPAN%2f47481&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCEDAW%2fCSS%2fPAN%2f47481&Lang=en).



# CHALLENGES FOR GBV PREVENTION AND RESPONSE

## CONTINUED INSECURITY IN THE DARIÉN

Addressing insecurity and violence in the Darién Gap is critical to mitigating the risks of sexual violence. This small stretch of land has notoriously served as a haven to armed groups, criminal gangs, and smugglers over the years, and remains the case today. Interestingly, per clinical reports in Bajo Chiquito and the migrant reception stations, refugees and migrants traversing the Darién Gap in September and October 2021 experienced some respite from the violence; the number of reported cases of sexual violence declined to nearly nil. This coincided with a reported SENAFRONT-led offensive against perpetrators of violence within the jungle, indicating that securitization efforts can have an impact on criminal activity.

Moving into 2022, a significant change in migratory patterns occurred. New routes through “Canaán Membrillo,” in the Darién Province, and “Jaqué,” along the Pacific Coast, became the preferred routes. This shift seemed due to a variety of factors including the attempt to avoid criminal behavior and acts of violence along the route that led to Bajo Chiquito; these new routes were perceived to be safer. However, while migrants and refugees have experienced a reduction in crime overall, perpetrators have since shifted their activity to these new migratory routes. Notwithstanding the shift in criminal activities to the Canaán Membrillo route, Canaán Membrillo continues to be a safer route than that of Bajo Chiquito, according to information provided by Panamanian authorities.

## BARRIERS TO REPORTING

Survivors around the world face challenges to reporting that include, but are not limited to, lack of information on accessing help, safely reaching service points, stigma and ostracization by partners and fellow community members, retaliation by perpetrators, re-traumatization, and disregard at the hand of authorities, and impunity within the legal system. In the case of refugees and migrants transiting through Panama, however, a series of context-specific factors have rendered reporting – and accessing – services all but elusive.

To begin, there are few opportunities to disclose an incident. In the case of Bajo Chiquito, for example, until recently, there was only a small joint MSF and Ministry of Health (MINSAs) post where first aid treatment was available. SENAFRONT is a border police service that holds administrative authority over the migrant reception centers in the Darién province, but it has neither the mandate nor the capacity to proactively identify survivors or differentiate protection needs.

In September 2021, the Office of the Public Prosecutor established a presence to receive and manage complaints. However, while the arrival of the Office of the Public Prosecutor was much welcomed, many survivors interviewed saw little point in placing a complaint since they cannot identify the perpetrator. Further, the Office of the Public Prosecutor lacks the capacity and resources to promptly investigate allegations and prosecute offenders. In fact, the Committee on the Elimination of Discrimination against Women, in its concluding observations on the eighth periodic report of



Panama in March 2022, noted the limited number of prosecutions and convictions of perpetrators of GBV against women in transit in the Darién Gap and information about instances of revictimization of women who have filed complaints.<sup>17</sup>

The complaint process in itself proved to be a deterrent. Per policy of the Office of the Public Prosecutor, after collecting survivor and witness statements, the complainant had to remain in Panama throughout the course of the investigation. This process could take weeks if not months, which effectively placed the complainant under de facto detention in the migrant reception stations. This is untenable for refugees and migrants, and their families, who are steadfast in their objective of reaching North America. Reporting an incident of sexual violence could hold back not only the survivor, but the entire family unit, from continuing the route. CDA bore witness to survivors requesting to withdraw complaints in order to secure an exit permit and continue the journey northward, as remaining in Panama delays planned timelines and also incurs additional expenses for those that have already lost so much to theft in the Darién Gap. The Office of the Public Prosecutor has reportedly established new protocols to allow for survivors to lodge complaints and continue their journey, but it is unclear to which degree this policy is operational.

Finally, for some populations, reporting – and accessing services – is even more of a challenge, if not altogether impossible due to barriers such as race, language, and gender identity. Official reporting documents and services are tailored to the Spanish-speaking populations of Latin America. But the mixed flows of 2021 alone have a significant representation of Haitian Kreyol speakers (not all of whom speak Spanish); francophone Cameroonians, Congolese, Senegalese; and many more languages of those migrating from Uzbekistan, Bangladesh, China, Nepal, Somalia, and beyond. The language barrier is significant, and this not only true of services in Panama, but all throughout the migratory route.

## RESPONSE SERVICES

All humanitarian services across the board are overwhelmed. There was little to no humanitarian infrastructure in Panama’s Darién province prior to this new migratory pattern from South to Central America. Both Panamanian authorities and humanitarian organizations have scrambled to remote areas with no infrastructure whatsoever to provide a modicum of assistance with limited supplies in spite of daunting and costly logistical difficulties.

GBV response services are few and far between. They mainly consist of some basic medical assistance and psychosocial counseling. For the government’s part, services are provided by the Office of the Public Prosecutor, MINSA, and Panama’s child protection agency, the National Secretariat for Children, Adolescents, and Family (SENNIAF).

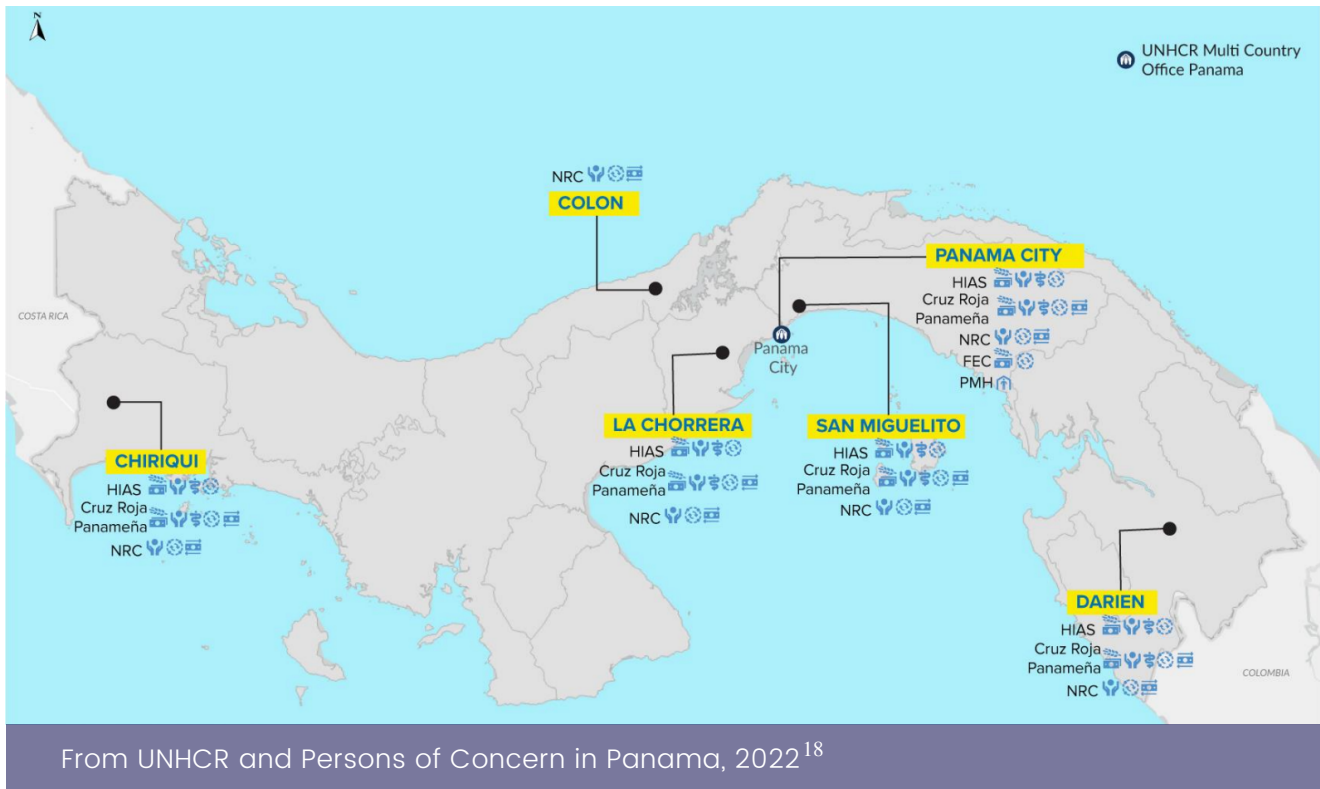
On the humanitarian side, there are only a handful of organizations operating in the Darién, and of those, only a few that directly or indirectly provide GBV response services. These include MSF and the Red Cross Society of Panama, which both provide health services and psychosocial assistance;

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(17) Convention on the Elimination of All Forms of Discrimination against Women, “Concluding observations on the eighth periodic report of Panama,” United Nations Treaty Body Database, March 1, 2022, [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fPAN%2fCO%2f8&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fPAN%2fCO%2f8&Lang=en).



The International Federation of the Red Cross (IFRC) and the Pan American Development Foundation (PADF) are both providing support via the Red Cross; and the Hebrew Immigrant Aid Society (HIAS) and RET International are providing psychosocial assistance to child survivors. UNHCR, UNICEF, and IOM provide some level of protection funding or technical support. Some of these services are not present in all points of arrivals and, where they do operate, they do so with limited resources and barebones staff that also have other responsibilities. In fact, according to one aid worker interviewed, the psychosocial care provided is tantamount to a short psychological first aid session.



From the Darién, refugees and migrants are shuttled to Los Planes de Gualaca, another government-run migrant center in Chiriquí province, at the Costa Rican border. At the time of writing, there are no GBV response services there whatsoever; only shelter and WASH facilities, food, limited non-food items, and intermittent basic first aid.

Simply put, there is an absence of specialized organizations and/or staff to provide the continuous and laborious effort that is case management, protection and care for the very unique needs that arise from sexual violence. Furthermore, referrals among the limited services that do exist have not functioned smoothly. In August 2021, the IFRC noted that there is a “*lack of compliance in referrals [of protection cases] to the corresponding authorities, in specific cases such as health care, prosecutor's office, ombudsman's office, migration, etc...*”<sup>19</sup>

(18) UNHCR, “UNHCR and Persons of Concern in Panama,” Panama Fact-Sheet: January-February 2022, p. 3, March 2022, <https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20Panama%20Fact%20Sheet%2C%20January%20-%20February%202022.pdf>

(19) IFRC, “DREF Plan of Action - Panama: Population Movement,” p. 10, Relief Web, August 19, 2021, <https://reliefweb.int/sites/reliefweb.int/files/resources/MDRPA015do%20%281%29.pdf>.



IOM is leading an effort in the Darién to create a formal protection referral pathway for organizations, which includes a pathway for channeling GBV cases between the border police and migration authorities, and MSF, MINSA, and/or The Red Cross, and the Office of the Public Prosecutor. It is still under development. It will be important to ensure that it has responsibilities clearly delineated, and is funded to be rolled out, alongside capacity building in identification, intake, and referrals.

To be fair, the standard model of GBV case management and specialized multi-sectoral response services may not be suitable for the Darién. First, Panamanian authorities have a clear objective: to transfer refugees and migrants as soon as possible (typically within 24 hours) to the next stage of their journey, which is the migrant center in Chiriquí Province, from which refugees and migrants will depart to Costa Rica. Refugees and migrants, for the most part, have the same objective: to continue their journey to their intended destination further north. There is little time to provide continued care, let alone comprehensive services. This scenario changes slightly at the migrant center at the Costa Rican border; some refugees and migrants spend several weeks resting and/or awaiting a transfer of funds from family abroad to finance the next portions of the journey.

Yet the contextual challenges do not invalidate grounds for investing in and ramping up GBV services. They are lifesaving, not optional, services. There are a multitude of activities which current and future GBV service providers could strengthen and expand to address existing gaps. Gaps that are feasible to address in the Darién and would make an impact include but are not limited to: training of health actors on the clinical management of rape and caring for child survivors; capacity building of border authorities on protection-sensitive border management practices; training for all stakeholders in protection identification, referral protocols, and GBV Guiding Principles; and development of GBV communication materials in a multiple languages. Further, noting that the humanitarian community is trying to provide services to people on the move, the introduction of a cross-border case management system to refer survivors to other providers further along the route, and the introduction of safety planning activities, also merit consideration. (*See recommendations below for more detail.*)

“Yet the contextual challenges do not invalidate grounds for investing in and ramping up GBV services. **They are lifesaving, not optional, services.**”

To realize this, more resources and more specialized actors must lend their expertise to the response, and work closely with government actors and hand-in-hand with civil society whose response will outlive that of international humanitarian agencies. Panama is the regional hub for UN agencies working in Latin America and the Caribbean, which presents a unique opportunity to harness their technical expertise for coordinated, professional, and efficient GBV response services that are adapted to the context. The requisite financial resources need to be provided to advance this agenda, and the opportunity to support and empower Panamanian civil society should not be squandered.





## BEYOND PANAMA: ENSURING A CONTINUUM OF CARE

Survivors have not been able to seek or access the services they sorely need in Panama and beyond. It is a real challenge to provide GBV services to people on the move, yet the need for care all along the route is critical, especially considering that this is often not the first encounter with sexual violence along the route. According to the Interagency Group on Mixed Migratory Flows (GIFMM) GBV working group in Colombia, there has been an increase in the sexual exploitation of refugees and migrants in areas from which refugees and migrants depart to start their journey into the Darién.<sup>20</sup>

One option to provide continued personalized care is a transnational GBV case management system and/or cross-border protocols in which refugees and migrants in need can be referred along the route to the next service point where they can, for example, continue their post-rape care. Such a system can be established and overseen by one international humanitarian agency with a presence in each country along the route, or services can be provided via a consortium of the already-existing service providers that have years of experience providing care in the north of Central America and Mexico. Multiple organizations and networks exist in the region that have the capacity for undertaking this transnational challenge.<sup>21</sup> These include MSF, cooperation across the Red Cross Network, and HIAS services throughout the region, in partnership with civil society. At present, for example, HIAS is developing a cross-border protocol to refer survivors between Colombia, Peru, and Ecuador.

In any case, there is a great need for the expansion and professionalization of safe spaces for refugees and migrants on the move across Central and North America, to serve as key entry points to provide protection, access services, and make the journey onward safer.

No matter the type or format of the intervention, it is important for humanitarian organizations, with donor support, to consider out-of-the-box alternatives to standard models of static GBV services. These include mobile clinics, remote services such as hotlines and virtual platforms, and safe spaces.

## RECOMMENDATIONS

The particular nature of the journey leading up to and through the Darién Gap demands that stakeholders involved in migration management in Panama have the capacity to differentiate protection needs and provide specialized levels of care, and have a particular level of ingenuity necessary for working with people on the move. It requires significant effort from an under-resourced community of Panamanian authorities and humanitarian workers, as well as a continuum of care along the route, beyond Panama. Following are some key recommendations to this effect:

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(20) Recommendations from the GBV Sub-group on prevention, attention and mitigation of risks of Gender Based Violence (GBV) before and during the migratory route through the Darién Gap. Colombia GIFMM Gender Based Violence sub-group. August 2021.

(21) The Center for Democracy in the Americas, “Panama’s Role in Regional Migration Management,” March 2022, <https://static1.squarespace.com/static/5e3d7cf054f8264efecdf2ef/t/622770fd6ffa1b1b002b316d/1646752056047/Panama+Issue+Brief+%28w%3A+Preamble%29.pdf>



# RECOMMENDATIONS CONTINUED

## TO THE GOVERNMENT OF PANAMA

- Work with international and national human rights and humanitarian agencies to adopt and operationalize a rights-based and gender-responsive approach to migration management. This should emphasize a protection lens to border management activities, with increased capacity building of SENAFRONT and National Migration Service (SNM) personnel on identifying protection cases and making safe referrals to the Prosecutor's Office and service providers.
- Safeguard the civilian and humanitarian character of migrant reception stations in the country, designating the National Migration Service as the lead camp management agency with oversight and administration responsibilities.
- Provide the necessary resources to deploy a strengthened and permanent presence of the Ministry of Health (MINSa) and National Women's Institute (INAMU) in border areas, and deliver clinical care and GBV response services to refugees and migrants in transit.
- Empower the Office of the Public Prosecutor with the requisite training, resources, and tools to promptly investigate migrant and refugees' complaints of sexual violence and all other forms of violence, and prosecute alleged perpetrators, while protecting the safety of victims and witnesses.
- Direct the Office of the Public Prosecutor to strengthen the mechanism within the criminal justice system to address complaints related to sexual violence and all other forms of violence against refugee and migrant persons in transit, with clearly documented procedures for in-person and remote complaint intake and witness testimony in Panama and beyond. The Office of the Public Prosecutor and the Ministry of Foreign Relations (MIRE) should establish an information sharing protocol such that survivors can report and access relevant case information at Panamanian consulates along the migratory route and/or in the country of final destination.

## TO THE U.S. GOVERNMENT

- Work with governments and sub-national authorities along the migratory route to take steps to support border entry systems throughout the region that are able to identify new arrivals with international protection needs and channel them to different legal pathways. The UNHCR 10-Point Plan of Action provides a roadmap for such action.
- Continue to devise and negotiate with partners across the region for safe, regular and orderly human mobility pathways to reduce the risk of loss of life, GBV and other human rights abuses.
- Consider deploying additional resources to support the Government of Panama in its efforts to rout out criminality in the Darién Gap and hold perpetrators accountable. Such foreign assistance should be directed to the Office of the Attorney General of the Nation, SENAFRONT, and the National Office of the Ombudsman.
- Work with the Governments of Colombia and Panama to secure a binational security cooperation agreement to enhance security operations in the Darién Gap.



## RECOMMENDATIONS CONTINUED

### TO INTERNATIONAL DONORS<sup>22</sup>

- Scale up humanitarian assistance, earmarking funds for GBV prevention and response programs to benefit refugees and migrants in host communities and reception centers across the country – the Darién and Chiriquí provinces, as well as Panama City. Funding should be directed to ensure technical and operations support for adequate clinical management of sexual violence; mental health and psychosocial support (MHPSS) activities, in particular for children; and capacity building for aligning GBV interventions with international standards, and in conformity with GBV guiding principles.
- Ensure that all GBV-related programs, particularly those focused on providing MHPSS have staff care activities budgeted and financed.
- USAID, in particular, should consider including Panama in its Mexico and Central America Regional Program’s democracy, human rights, and governance interventions, with a view to supporting rights-based border governance, rule of law and access to justice that is made accessible to refugees and migrants across Panama, including those in transit.
- Closely strategize with the humanitarian community and provide funding for innovations to adapt GBV programs to people on the move. Options include safety planning, mobile and remote services, and cross-border case management. (See recommendations to Humanitarian Aid Providers for more detail)
- Mobilize funding and technical support to construct and equip safe spaces, or modify existing ones (for example, migrant shelters, U.S.-funded migrant resource centers) all along the migratory route in Central America, and staff them appropriately to provide information on rights and services. This includes the capacity to provide – or refer to the appropriate service provider – legal counsel, GBV response services (psychosocial, legal, medical), and make referrals to child protection authorities and service providers as needed. They should also be able to connect to local initiatives led by women, indigenous, AfroCaribbean, and LGBTQI+ groups, among others.

### TO THE INTERNATIONAL HUMANITARIAN LEADERSHIP IN PANAMA

- Leverage the power of the development and humanitarian community’s presence in Panama, which serves as the regional hub for UN agencies working in Latin America and the Caribbean, to harness some of their convening power and technical expertise for GBV and emergencies. Possibilities to consider include:

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(22) These include but are not limited to the U.S. Department of State’s Bureau of Population, Refugees and Migration, the Bureau of Democracy, Human Rights and Labor; the United States Agency for International Development; the European Commission’s Directorate-General for International Partnerships, Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO); the Spanish Agency for International Development Cooperation; and Global Affairs Canada.



## RECOMMENDATIONS CONTINUED

### TO THE INTERNATIONAL HUMANITARIAN LEADERSHIP IN PANAMA *CONTINUED*

- Deployment of United Nations Population Fund (UNFPA) expertise and funding to support GBV prevention and response interventions across all host communities and migrant reception stations across the country. This is particularly urgent for a GBV referral pathway and case management, as well as building capacity around clinical management of rape and MHPSS, alongside national and international health partners. UNFPA can also play a leading role in supporting the integration of sexual and reproductive health (SRH) interventions and GBV.
- Deployment of UNICEF expertise in caring for child survivors,<sup>23</sup> and working with adolescent girls on the move in Latin America and the Caribbean<sup>24</sup> to train service providers working with refugee and migrant girls in Panama.
- Secondment of the Gender-Based Violence Area of Responsibility's (GBV AoR) Regional Emergency GBV Advisor (REGA) team lead or team member to provide short-term support in Panama proper.
- Continue working with Panamanian authorities to ensure their cooperation with the Human Mobility Group's leadership for coordinating the refugee and migrant response, from the humanitarian side. Such coordination should aim to streamline services, avoid duplications, and orient resources to where there are disproportionate needs.
- Ensure that the Human Mobility Group's 2022-2025 work plan includes an interagency needs assessment (inclusive of INGOs and civil society) to provide a common framework of needs and financial requirements to donors interested in supporting the response.

### TO HUMANITARIAN AID PROVIDERS (WITH DONOR SUPPORT)

- Finalize draft standard operations procedures for a strengthened GBV referral pathway system that clearly delineate roles and responsibilities of government and non-government providers for safe referrals of refugees and migrants. Such a system should include onward referrals from points of entry in Panama to points of departure (Chiriquí) for continued GBV care.
- Undertake a formal rollout of the referral pathway for its implementation, complemented by capacity building with the relevant governmental institutions and humanitarian organizations for case identification, intake, referral, and management.

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(23) UNICEF, "Caring for Child Survivors of Sexual Abuse," 2022, <https://www.unicef.org/documents/caring-child-survivors-sexual-abuse>

(24) UNICEF LACRO, "Working With Adolescent Girl GBV Survivors On The Move: A Guide For Service Providers," 2020, <https://www.unicef.org/lac/media/30266/file/Working%20With%20Adolescent%20Girl%20GBV%20Survivors%20On%20The%20Move.pdf>



## RECOMMENDATIONS CONTINUED

### TO HUMANITARIAN AID PROVIDERS (WITH DONOR SUPPORT) *CONTINUED*

- Design and regionalize innovative GBV prevention and response interventions that adapt to people on the move in Panama and along the migratory route to ensure a continuum of services. Options for which there is an evolving body of evidence include:
  - Safety planning for and with refugees and migrants. This comprises continuous updating of bypass routes and mappings of actors on the ground; formalizing the sharing of information on risks they may face during transit and on arrival, relevant laws, procedures, and age- and gender-appropriate services for survivors in transit and destination countries; and co-creating safety plans before onward travel.
  - Mobile services, such as GBV teams that routinely travel to particular sites through which refugees and migrant transit to provide short-term rapid crisis case management services, deliver supplies to help reduce risks, and deliver information about services further along the route.
  - Remote services, including free hotlines, and digital and virtual safe space options that provide both services, and information and guidance on protection options along the migratory route;
  - Cross-border case management systems. This can include ‘warm’ and ‘cold’ referrals to services in transit and destination countries, cross-border protocols with service providers along the route, and/or a more resource-intensive formal case management system that can communicate with other systems further up the migratory chain.
- Invest in a multilingual communications strategy that includes information, education, and communications materials on health promotion, first aid, psychosocial care, safeguarding, and referrals to services. These should be culturally-adapted materials, available at least in Spanish, Creole, French, Portuguese, and English.

### TO THE OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS (OHCHR) (WITH DONOR SUPPORT)

- Expand technical support to the National Office of the Ombudsperson of Panama to strengthen its monitoring activities, and legal accompaniment and access to justice services in border areas – in both the Darién and Chiriquí provinces.
- Provide technical support to the Office of the Public Prosecutor to align its investigation protocols with international standards.
- Undertake a rigorous capacity building program across Central America employing the OHCHR – UN Office of Counter-Terrorism Human Rights at International Borders: A Trainer’s Guide on border governance and the OHCHR Recommended Principles and Guidelines on Human Rights at International Borders. Such a program should target institutions and academies that train all stakeholders involved in migration management, including but not limited to migration services, border police, and national guards.



## KEY RESOURCES

### FOR DONORS AND AGENCIES TO CONSIDER IN GBV PROGRAMMING FOR PEOPLE ON THE MOVE

GBV Area of Responsibility Help Desk. “Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Frontline Services and Workers.” 2020. <https://gbvaor.net/sites/default/files/2020-05/Practical%20Guidance%20for%20Cross%20Border%20Continuity%20of%20Care%20and%20Safety%20for%20Child%20Survivors.pdf>

International Rescue Committee. “Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery.” 2018. <https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines-final.pdf>

OHCHR and UNOCT. “Human Rights at International Borders: A Trainer’s Guide.” 2021. <https://www.ohchr.org/en/human-rights-international-borders>

The Regional Safe Spaces Network. “The Regional Safe Spaces Network in the Americas lessons learned and toolkit.” 2019. [https://rssn-americas.org/fileadmin/rssnamericas/documentos/RSSN\\_Toolkit\\_Updated\\_October\\_2019/RSSN\\_toolkit-online\\_version.pdf](https://rssn-americas.org/fileadmin/rssnamericas/documentos/RSSN_Toolkit_Updated_October_2019/RSSN_toolkit-online_version.pdf)

UNFPA Latin America and Caribbean. “Guidelines for the provision of remote psychosocial support services for GBV survivors.” 2021. [https://lac.unfpa.org/sites/default/files/pub-pdf/unfpa\\_guiavbg\\_web.pdf](https://lac.unfpa.org/sites/default/files/pub-pdf/unfpa_guiavbg_web.pdf)

UNICEF. “Operationalizing the IASC GBV Guidelines in Latin America and the Caribbean.” 2015. <https://gbvguidelines.org/wp/wp-content/uploads/2021/01/UNICEF-GBV-Guidelines-implementation-in-Latin-America.pdf>

UNICEF and VOICE. “Working With Adolescent Girl GBV Survivors On The Move.” 2020. <https://www.unicef.org/lac/media/30266/file/Working%20With%20Adolescent%20Girl%20GBV%20Survivors%20On%20The%20Move.pdf>

United Nations Population Fund. “Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings.” 2017. <https://www.humanitarianresponse.info/en/operations/cameroon/document/interagency-gender-base-violence-case-management-guidelines>

