

# EMERGENCY APPEAL

## Mexico & Central American Migration Crisis



Photo: Red Cross Society of Panama volunteers and staff providing humanitarian health services to migrants, such as maternal, childcare and basic first aid at the San Vicente Reception Station. Source: IFRC- July 2022.

Appeal No: <b>MDR43008</b>	IFRC Secretariat Funding requirements: <b>CHF 18 million</b> Federation-wide Funding requirements: <b>CHF 28 million</b>	
DREF allocation: <b>CHF 1 million</b>	People at risk: <b>500,000 people</b> <i>expected by 31 Dec. 2022</i>	People to be assisted: <b>210,000 people</b>
	Appeal launched: <b>29 July 2022</b>	Appeal ends: <b>31 July 2023</b>

# SITUATION OVERVIEW

Since the beginning of 2022, there has been a massive increase in the number of refugees, migrants, and returnees in transit by land northwards through Central America, compared to previous years.



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data source: government data sources, R4V, CA National Societies, OIM, IFRC. Produced by IFRC CA Country cluster IM team, July 2022.

Migrants, returnees, and refugees are moving mostly through irregular channels. Along the routes, many of them face bureaucratic barriers, suffer accidents and injuries, face extortion and sexual violence, or disappear and are separated from their families. Tragically, others are killed or die from disease or the harsh environmental conditions and weather.

The majority of migrants and refugees in transit through Central America come from Cuba, Venezuela and Haiti.<sup>1</sup> The situation is especially serious for the most vulnerable groups such as children and youth, women, indigenous populations, the elderly, disabled and LGBTIQ people.<sup>2</sup>

As expressed by migrants themselves in the information collected by National Societies, the main reasons for migrating include improving their income, escaping violence, reuniting with family members, and recovering from the impact of recurring disasters and extreme weather events. The devastating socioeconomic effects of the COVID-19 pandemic and continuing political crises are also factors and will continue to increase population movements and exacerbate existing vulnerabilities.



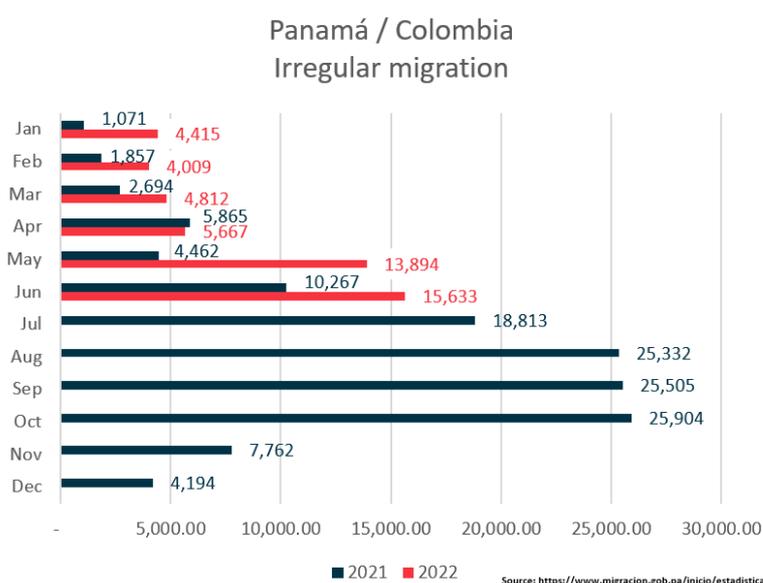
<sup>1</sup> SNM Panama Statistics of Migratory Flows in the Darien 2022, INM Honduras.

<sup>2</sup> UN Human Rights Office of the High Commissioner, Forcibly displaced LGBT persons face major challenges in search of safe haven.

People on the move are facing extreme conditions and require significant assistance, including those with health problems. This high demand for assistance can be hampered by the exhaustion of personnel or the limited availability of food, water, facilities, and first aid supplies. The impact of migration on children is of increasing concern as they face various threats such as drowning, violence, sexual violence, human trafficking, exploitation, and other health risks, including mental health. Out of every 100 migrants crossing the Darien Gap in 2022, 16 are minors.

After several years of working on migration flows, and through IFRC's network of Humanitarian Service Points (HSPs) and Community Engagement and Accountability (CEA) approach, Red Cross National Societies in the region have identified the needs expressed by migrants, ranging from protection and health care to accessing specific information that allows them to make informed decisions along the route and at their destination. The most vulnerable need access to medical care, mental health support, humanitarian assistance (food, water, shelter) connectivity, and legal information).

**Panama | “You meet people who hurt you, steal from you, and abuse the little you carry with you and your body.” Karen, a Colombian national crossing the Darien Gap.**



The Darien crossing (the border between Colombia and Panama) is one of the most dangerous migration routes in the world. People arrive in Panama after walking from seven to fourteen days in the Darién jungle, where they face violence, wild animals, lack of food and water and hostile weather conditions. Upon arrival, migrants require medical care, hydration, and psychosocial support. Many of them are victims of aggression and robbery, and require cash, clothing, shoes and mobile phones to continue their journey. Furthermore, the mobility limitations at the migratory reception centres, the processes set by Panama, and the obstacles for receiving cash through remittances from family members, pose real challenges.

According to the latest official data, from January to June 2022, 48,430 have people crossed the gap<sup>3</sup>, an increase of 85% in comparison to the same period in 2021<sup>4</sup>. People of many nationalities cross the Darien Jungle; around 58% are Venezuelan, 8% are Haitian, 5% are Cuban with the remainder hailing from countries as widespread as Angola, Mauritania, Nigeria, Pakistan, and Uzbekistan.

According to UNICEF, the number of minors has doubled to over 5,000 since the beginning of 2022. Nearly 170 children travelled unaccompanied or separated from their families.

In July 2022, 4,000 migrants staying at centres in the Darien could not continue on their journey due to demonstrations in the country. The occurrence of this kind of event collapses the capacity of the centres and adds pressure on facilities and services for migrants on the Panama-Costa Rica border.



Photo: Out of 100 people crossing the Darien jungle, 16 are minors. Red Cross Humanitarian Service Points provide them and their families with assistance. IFRC.

<sup>3</sup> [SNM Panama](#) Statistics of migratory flows in Darien 2022.

<sup>4</sup> [SNM Panama](#) Statistics of migratory flows in Darien 2021.

**Costa Rica | "I served a Venezuelan family coming from the Darien. The mother died in the jungle and the father was abused in front of his daughters, who were still in shock." A Costa Rican Red Cross Rescuer.**

In 2022,<sup>5</sup> a steady increase in the number of migrants was identified on the southern border of Costa Rica. As of April 2022, it has increased by 269% compared to December 2021 when the monitoring of flows began. According to data from the General Directorate of Migration and Foreigners, between May 2021 and May 2022, 5,509 rejections were reported in Paso Canoas. And according to the IOM,<sup>6</sup> in May 2022, most of the migrants entering Costa Rica came from Venezuela, Haiti, and Senegal, and are heading to the United States.

Within the framework of the COVID-19 emergency, since March 19, 2020, the Government of Costa Rica has kept its land border with Panama closed for the Binational Controlled Flow Operation, which sought the orderly and safe migration of migrants moving through the Americas. This has restricted free movement at the border and increased the number of those crossing irregularly. Authorities and community leaders on the southern border of Costa Rica, Paso Canoas, are now preparing for a massive arrival of migrants coming from the Darien.

**Nicaragua |** Since late 2021, thousands of Cubans have been migrating through Nicaragua to the United States. In November 2021, the Nicaraguan government announced that it was lifting visa requirements for Cubans - one of the few countries in the region to do so - which has since generated a massive outflow from the island to Nicaragua. The IOM reported that 23,773 Cubans arrived at the southern border of Honduras between January and May 2022 (63% of the migrants that entered in this period).<sup>7</sup> In addition, according to a report released by the Nicaraguan Ministry of Interior in February 2021, 101,741 Nicaraguans returned to the country during the COVID-19 pandemic due to the socioeconomic situation in the region.<sup>8</sup>

**Honduras | "I'm leaving because of homophobia and because I lost my job due to the pandemic and the hurricanes." Michael Felix, a Honduran migrant.**



Photo: Red Cross volunteers provide migrants with first aid during caravans heading to the Guatemalan border. IFRC.

Reports by the Honduran Red Cross show that at least 300 Hondurans migrate daily. This data does not include the flow of people belonging to the *caravans*.<sup>9</sup> In 2022, at least two caravans were convened in January and April.

The National Institute of Migration (INM) reports that 54,275<sup>10</sup> people entered irregularly in June 2022, primarily through the Honduras-Nicaragua border, in the Departments of Choluteca and El Paraíso. Cubans continue to represent the most significant number of irregular migrants entering the country, accounting for 60% of all entries. There has also been an increase in the number of

migrants from Venezuela, who in June 2022, accounted for 20% of all entries.

<sup>5</sup> [IOM DTM](#). Costa Rica - Panama: Flow monitoring of people in mobility situations through the Americas #6 (May 2022).

<sup>6</sup> [IOM](#). [Monitoring of flow of people on mobilization in Paso Canoas, Costa Rica. May 2022.](#)

<sup>7</sup> [IOM](#). [Tendencias migratorias en Centroamérica, Norteamérica y el Caribe. June 2022.](#)

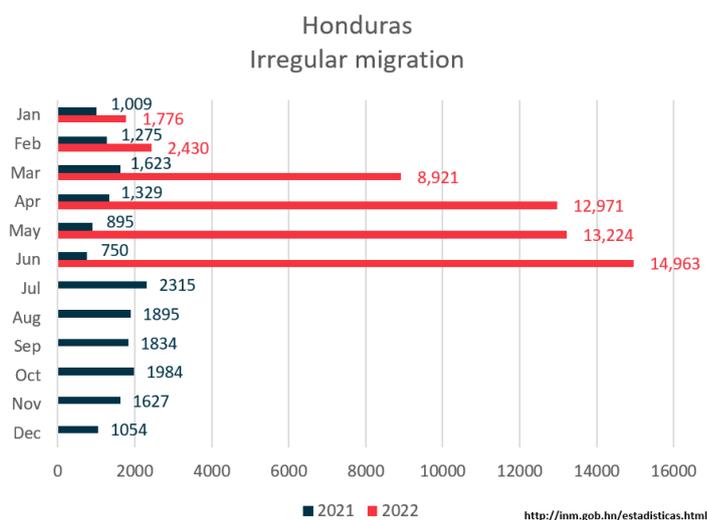
<sup>8</sup> [Agencia EFE](#). [Cerca de 102.000 nicaragüenses han retornado al país en medio de la pandemia. 21 February 2021.](#)

<sup>9</sup> Central American migrant caravans are migrant caravans that travel from Central America to the Mexico–United States border.

<sup>10</sup> [INM Honduras](#). Statistics of irregular migratory flows.

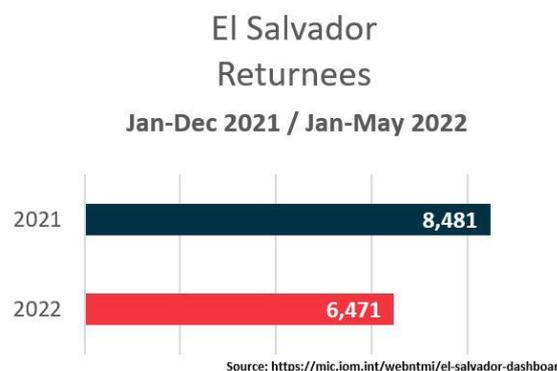
The National Congress approved a migratory amnesty that, to date, has not entered into force because it has not been sanctioned, and needs to be qualified by the UN Resident Coordinator in Honduras as a priority.

In addition, entry costs have increased from USD 40 to USD 200-240, increasing the risk and vulnerability of populations that do not have the resources to move regularly through Honduran territory. The IOM has already confirmed that these irregular charges are being made by illicit groups. Key informants report that migrants who enter in Trojes through irregular passages are being charged up to USD 50 to get to the village of Santa María through the Guayambre river, an unnecessary route given that there is direct transport available.<sup>11</sup>



The situation of returnees is also of concern in Honduras. From January to July 17, 2022,<sup>12</sup> a total of 56,392 Hondurans returned to the country (65% men, 19% women, 9% boys, and 7% girls). They continue to be received at the Returned Migrant Care Centres (CAMR, by its Spanish acronym). Those coming by land and sea arrive in Omoa to the CAMR administered by the Honduran Red Cross. Those arriving by land go to CAMR La Lima and the Care Centre for Migrant Children and Families - Belen.

**El Salvador** | In 2022, 6,471 Salvadoran migrant returnees from the United States and Mexico were reported, an increase of 254% compared to the previous year.<sup>13</sup> In addition, according to a report by the United States Customs and Border Protection Agency, 8,387 Salvadorans were prevented from entering the country irregularly in March 2022, an increase from the 7,146 in February 2021. According to official records, in 2022, there was a 209% increase in deportations from the United States and Mexico compared to the same period in 2021.<sup>14</sup>



**Guatemala** | The entry of 41,179<sup>15</sup> Guatemalan migrant returnees was registered from January to May 2022 coming mainly from the United States and Mexico. According to the Guatemalan Red Cross, during May 2022, an average of 160 people per day used the Humanitarian Service Points at the border points of El Corinto and Agua Caliente. According to information from Médicos del Mundo Guatemala, in the Migrant House of Esquipulas, on the migratory route from Agua Caliente, 450 migrants in transit were supported May 2022, and an average of 230 migrants were sheltered per day.

**México:**<sup>16</sup> According to the IOM's Missing Migrants Project,<sup>17</sup> the 4,000 deaths at the Mexico-United States border is nearly five times as many as the combined death tolls of all other routes recorded. The leading cause of death is drowning, at 1,750; suffering accidental deaths, vehicle accidents, sickness/lack of access to adequate healthcare, violence, and lack of shelter or food.

<sup>11</sup> [IOM Honduras. Eastern and southeastern border/Danli, Trojes. Situation Report No. 7. 6 June 2022.](#)

<sup>12</sup> [CONMIGHO Comparison of Hondurans returned from 2015 to 2022.](#)

<sup>13</sup> [IOM. El Salvador Dashboard.](#)

<sup>14</sup> [Voz de Americas. Anticipan gran aumento de migrantes salvadoreños tras eliminación de Título 42 en EEUU. 21 April 2022.](#)

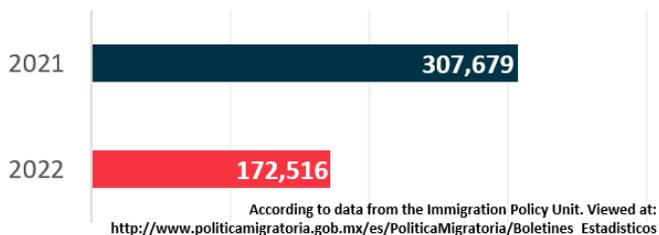
<sup>15</sup> [IOM NTMI. Migrant persons returned to Guatemala.](#)

<sup>16</sup> [IOM Mexico. Migratory profile of Mexico \(January-March 2022\).](#)

<sup>17</sup> [OCHA. Latin America & The Caribbean Weekly Situation Update \(11 - 17 July 2022\). 18 July 2022.](#)

As a result of the Pandemic and the subsequent border closures, migration flows stagnated. Since 2021, however, there has been a continuous increase in irregular migration according to United States and Mexican authorities surpassing figures from 2019 (see graphic).

### Mexico Irregular migration Jan-Dec 2021 / Jan-Jun 2022



During the first months of 2022, detention events registered by the Office of Customs and Border Control (CBP) increased. In January, 154,812 events were registered, with 165,894 in February and 221,303 in March. When comparing data from the first quarter of 2021 to the same period in the current year, there was a 53.6% increase (in 2021, there were 352,790 events, compared with 542,009 in 2022).

Despite a decrease in numbers of foreigners presented by the immigration authority in Mexico, during the first months of 2022 a year on year increase is observed of around 107.9%.

In June 2022, 53 migrants were found dead in an abandoned truck in the US state of Texas. This smuggling episode illustrates the need for safety, information, and protection for migrants along their journey, with most starting out in Central America. Among the dead were 27 Mexican nationals, 14 Hondurans, 8 Guatemalans and 2 Salvadorans.



Photo: Mexican Red Cross volunteers provide migrants with first aid, medical care, information, and connectivity services along the migratory routes all across the country. Mexican Red Cross.

**Regional Impact** | A rebound in mixed migratory flows is highly likely. The following are some reasons people have a greater incentive to travel:

- The United States discontinued Title 42 on May 23, which allowed for immediate deportation based on the COVID-19 pandemic since 23 May.
- The Summit of the Americas in Los Angeles resulted in the agreement of a road map. Twenty American countries, including the United States, Argentina, Barbados, Belize, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, and Uruguay, joined in a declaration with concrete commitments to contain the migration crisis in the region.<sup>18</sup>
- In declarations to the media, the United States promised to increase its quota of refugees from the Americas to 20,000<sup>19</sup> by 2023 and 2024, with a special priority for Haitians, in addition to continuing to accept temporary non-agricultural workers from Central America and prevent “abuses” in their hiring.
- In June, Mexican authorities issued thousands of temporary documents and transit permits for migrants who left the south of the country, although hundreds of people were still in various towns waiting to receive money from relatives or resting before continuing north.<sup>20</sup>
- More than 5,000 families demanded protection and precautionary measures given the impossibility of carrying out immigration procedures and being able to advance to the northern border with the United States.<sup>21</sup>
- Structural problems and COVID-19 have accentuated the socioeconomic effects including high levels of inequality, informal labour, lack of social protections, poverty, and vulnerability. Latin America and the Caribbean region are characterised by weak health and social protection systems with expanding marginalised urban settlements that lack access to essential services. In 2020, inequality contributed to the highest rise in hunger in Latin America and the Caribbean among different regions of the world, with more than 30% affected on average. The increase in severe food insecurity represented a setback of at least a decade, while it is estimated that in the first year of the pandemic, 60 million people suffered from hunger in the region, almost 14 million more than in 2019.<sup>22</sup>

## TARGETING

It is estimated that up to 500,000 people have been affected considering the inflows and reports of irregular crossings from July to December 2021, representing a 45% increase scenario (most countries are above a 100% increase).

**This Emergency Appeal aims to reach 210,000 people regionally** in all seven countries covered (**Panama, Costa Rica, Nicaragua, Honduras, El Salvador, Guatemala, and Mexico**) - 175,000 migrants in transit, 25,000 returnees and 10,000 people in host and origin communities.

The complementarity between this emergency appeal and the current actions already in place in each country will be directed to migrants in transit, returned migrants - in particular countries - and host or transit populations.



**Migrants in transit/refugees/displaced:** People who enter from Colombia crossing the Darien gap (regardless of their nationality) and undertake their transit from Panama, with specific needs in their transit through Panama, continuing to Mexico, migrants in transit, and those who leave Central America and undertake their migratory route already in Central American territory.

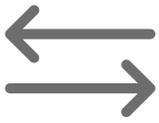
<sup>18</sup> Fact Sheet: The Los Angeles Declaration on Migration and Protection – U.S. Government and Foreign Partner Deliverables. The White House - June 2022.

<sup>19</sup> 20 countries of the Americas coordinate to reduce irregular migration. [Digital press La Prensa Latina](#). June 2022.

<sup>20</sup> Migrant caravan of nearly 7,000 people disbands in southern Mexico. [National Institute of Migration](#). June 2022.

<sup>21</sup> The shocking images of the caravan of 15,000 migrants going from Mexico to the US | [Público \(publico.es\)](#)

<sup>22</sup> IFRC. Readjusting the path towards equity: Challenges and actions to achieve a sustainable and equitable recovery from the socioeconomic effects of COVID-19 in Latin America and the Caribbean. 2022.



**Returned migrants:** The number of returnees has increased due to deportations from irregular transit to Mexico and the US. Many, upon their return, lack the capacity to support their basic needs, including food, water and housing, and dealing with long-term socioeconomic risks. They are even victims of violence along the route and face protection risks which have forced them to relocate. The National Societies have capacities to support them, which require specialised assistance and livelihoods. In some countries, we may address the needs of communities of origin/return.



**Host communities/temporary host populations** due to the transit of migrants through these areas. These are often communities that are already affected by climate change, socioeconomic impacts and even violence, and lack of access to services such as health care and education. When they receive such large influxes of foreign populations, their social cohesion is affected. National Societies have a permanent and flexible local presence, and can better access these communities and work together with them.

## PLANNED OPERATIONS

This **Emergency Appeal aims to increase the reach** of the **Red Cross Societies of Panama, Costa Rica, Nicaragua, Honduras, El Salvador, Guatemala, and Mexico** to scale up assistance and protection to **210,000 people** along migratory routes, including through more **effective preparedness and response, strengthened capacities, and risk reduction**. Due to the urgency of the situation, immediate assistance will start in Panama and Costa Rica.

The Emergency Appeal is being requested as a trigger to facilitate immediate actions to address the humanitarian needs of migrants, returnees and host communities, and complements the Americas pillar of the IFRC Global Route Based Migration Programme, which is a multi-year programme to address the ongoing assistance and protection needs of people on the move, irrespective of their status. This Emergency Appeal was also launched to support the large-scale increase in the number of people on the move, as well as the upsurge in critical assistance and protection needs. The Global Route Based Migration Programme aims to complement emergency operations tools, not replace them. This Emergency Appeal is, therefore, part of the three-year programme that will continue after the operation is over.

The National Societies of Central America (except Nicaragua) and Mexico have their programme and strategic plans which include responding to the migration situation through a medium and long-term approach and facing a prolonged crisis. The Red Cross Society of Panama and Honduran Red Cross are part of the Movement's global leadership group on migration (providing a long-term vision for humanitarian action in response to migration as outlined in the IFRC Strategy 2030). The Honduran Red Cross, Red Cross Society of Panama, Guatemalan Red Cross and Salvadoran Red Cross are part of the ECHO [Pilot Programmatic Partnership Programme \(PPP\)](#), which includes humanitarian assistance and protection to people on the Movement work pillar linked to this operation. The actions proposed within the medium and long-term programmes, such as the PPP, will be complemented by emergency funds.

The PPP in each of these countries is focused on different actions. Some are more focused on HSP response, while others prioritise assisting in camp and non-camp settings. There are actions in the PPP more focused on the host community in terms of social cohesion and inclusion. Each country's operational strategy will reflect the complementarity of activities for various populations under the Emergency Appeal.

This response is also aligned with the IFRC Migration Policy and Migration Action Plan of the Red Cross Movement of the Americas (2021-2022), and especially the priorities of the IFRC Global Strategy on Migration.<sup>23</sup>

<sup>23</sup> Priority 2 and 3 – [IFRC Global Strategy 2018-2022](#).

Moreover, this EA will focus on the following areas:



### **Integrated assistance**

*(Shelter, Livelihoods and Multi-purpose Cash)*



### **Health & Care including Water, Sanitation and Hygiene (WASH)**

*(Mental Health and Psychosocial Support/Community Health)*



### **Protection and Prevention**

*(Protection, Gender and Inclusion (PGI), Community Engagement and Accountability, Migration, Environmental Sustainability, Risk Reduction, and Climate Adaptation and Recovery)*

The **Humanitarian Service Points (HSP)** will be the cornerstone of this operation; through them, the National Societies will provide a wide range of assistance and protection services to migrants based on need. **A Humanitarian Service Point is a neutral space along migratory routes that provides a welcoming and safe environment for migrants to access essential services that might otherwise be inaccessible.** They are a safe and welcoming space for migrants to receive these services at key points on their migration routes. The services include psychological first aid, primary health care and first aid, food and non-food distribution, restoring family links, accurate information of service points along the route and, in some cases, legal advice. So far, with the support of different donors, the National Societies of Mexico, Guatemala, Honduras, and Panama are operating 20 HSPs. With this Appeal, the aim is to increase the regional response capacity with 30 more HSPs in different locations to a total of 50.

**Community Engagement and Accountability (CEA)** and **Protection, Gender, and Inclusion (PGI)** will be critical and transversal components of the operation to ensure that the operation recognises and values all community members as equal partners whose diverse needs, priorities, and preferences guide Red Cross actions. In this sense, this support will also strengthen coordination and information sharing between countries, create opportunities to adapt services to accommodate diverse and evolving migration routes and needs, and support efforts to improve the quality of services based on migrants' feedback on displaced persons and host communities.

## **Enabling approaches**

The sectors outlined above will be supported and enhanced by the following enabling approaches:



**Coordination and partnerships:** Enhanced technical and operational complementarity through cooperation among the IFRC's membership and with the ICRC according to the main purpose of the IFRC Agenda for Renewal. Coordination and knowledge management within the Movement and external actors will be ensured through the Migration Forums (i.e. Honduras), the Technical Forum on

Migration aligned with the DG [ECHO Pilot Programmatic Partnership Programme](#), the Migration Strategy Implementation Committee and the mobility table in Panama.



**Secretariat Services:** The IFRC is working as one organisation, delivering what it promises to National Societies and volunteers as effectively and efficiently as possible. The IFRC Secretariat will support the operation and each of the National Societies in a way that will ensure that all actions are carried out in accordance with Fundamental Principles and aligned with the IFRC Migration Policy and Migration Action Plan of the Red Cross Movement of the Americas (2021-2022), and especially the priorities of the IFRC Strategy 2030.

Responding to this crisis through a regional approach aims to coordinate actions among National Societies while providing them with a platform to strengthen their local capacities with IFRC support. This includes creating a comprehensive data management system that can be shared between National Societies and comprehensively monitoring people reached with different services.

**National Society Strengthening and Localisation:** Contribute to improving existing services and capacities of National Societies by making them more impactful, effective, widespread and better related to the National Society's mandate and mission. This includes HSPs and a route-based approach to harmonised training curricula through regional curricular development and ToT training ensuring quality standards among the seven National Societies and technical support for the implementation of HSP training.



This Appeal will strengthen and improve coordination among the seven National Societies involved in order to provide standardised assistance along the route. A regional network will be established to facilitate the exchange of information and knowledge, and will include a system for sharing experiences, conducting joint assessments and visits to build shared understanding, peer exchange and learning, and other opportunities for cooperation.

This will be the basis for developing a regional catalogue on HSPs from the second year of the Case for Support. Furthermore, this includes strengthening the capacity to have volunteers that are motivated, protected (insurance, well-being, mental health), involved in the decision-making process, recognised, and informed in all aspects of the operation to respond to the needs and feedback from the communities and achieve the objectives.

The planned response reflects the current situation and is based on the information available during this Emergency Appeal launch. Details of the operation will be updated through each of the National Societies Operational Strategies to be released in the upcoming days.

## RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

A Federation-wide monitoring and reporting system will ensure regular monitoring of the response. Federation-wide data will be collected to cover key indicators common across impacted National Societies, branch-level data to monitor who is doing what, in addition to key financial information. The monitoring system will collect domestic and international information on the activities of all National Societies engaged in the response.

## National Societies core areas of operation and current response

In addition to the different actions being carried out in response to the migration flows, National Societies are currently responding to COVID-19 vaccination efforts, and the Guatemalan Red Cross, Honduran Red Cross and Nicaraguan Red Cross are in the phase-out process of the Hurricanes Eta-Iota operation. Activities are being supported by the IFRC Americas Regional Office (ARO) and the Central America Country Cluster Delegation in close coordination with Red Cross Movement partners, authorities, community organisations, and other actors.

### National Societies<sup>24</sup>



Staff



Active  
Volunteers



Branches



**Red Cross Society of Panama**

102

1,346

23



**Costa Rican Red Cross**

1,092

4,645

135



**Nicaraguan Red Cross**

334

1,418

31



**Salvadoran Red Cross**

265

1,865

59



**Honduran Red Cross**

373

5,195

52



**Guatemalan Red Cross**

236

776

21



**Mexican Red Cross**

9,342

39,000

555

<sup>24</sup> [Data.ifrc.org](http://Data.ifrc.org) - 2020

	 SHELTER	 LIVELIHOODS	 MULTI-PURPOSE CASH	 HEALTH	 WaSH	 PGI	 EDUCATION	 MIGRATION	 RISK REDUCTION	 ENVIRONMENTAL SUSTAINABILITY
Red Cross Society of Panama	●	●		●	●	●		●	●	
Costa Rican Red Cross			●	●	●	●		●	●	●
Nicaraguan Red Cross	●	●	●	●	●	●	●		●	
Honduran Red Cross	●	●	●	●	●	●	●	●	●	
Salvadoran Red Cross	●	●	●	●	●	●		●	●	
Guatemalan Red Cross		●	●	●	●	●	●	●	●	
Mexican Red Cross				●	●	●		●	●	

## IFRC Membership coordination

The IFRC Americas Regional Office and the Regional Logistics Unit (RLU) are in Panama. The IFRC Central America Country Cluster Delegation (CCD) is in Tegucigalpa, Honduras and operates with an extended team of specialists in different areas in all Central American countries, which allows close support, coordination and constant communication with the National Societies of Central America and the Participating National Societies (PNSs) that support these countries. Moreover, all National Societies coordinate their actions with the IFRC Regional Office's Disaster and Crisis Prevention Department. The Mexican Red Cross also coordinates its actions with the American Red Cross and the Canadian Red Cross.

The table below shows the PNSs support for the Central American Country Cluster Delegation Strategic Priorities. Additionally, the Mexican Red Cross receives support from the Spanish Red Cross in Mental Health and Psychosocial Support (MHPSS) and Community Engagement and Accountability (CEA); from the American Red Cross in MHPSS, First Aid, CEA, Restoring Family Links (RFL) and Relief. In complementarity to the IFRC and its member National Societies mentioned above, the ICRC contributes with RFL, Health and First Aid.

## MEMBERSHIP COORDINATION

	SP1	SP2	SP3	SP4	SP5	E	PRIORITIZED COUNTRIES
American Red Cross	●	●		●		●	Honduras, Guatemala, El Salvador
Canadian Red Cross	●	●	●	●	●	●	Honduras
German Red Cross	●	●	●	●	●	●	Guatemala, Costa Rica, Nicaragua, Honduras
Italian Red Cross	●	●	●	●	●	●	Honduras, Guatemala, El Salvador, Nicaragua, Panama
Norwegian Red Cross			●			●	Honduras, El Salvador
Spanish Red Cross	●	●	●	●	●	●	Honduras, Guatemala, El Salvador, Nicaragua
Swedish Red Cross				●			Honduras, Guatemala, El Salvador
Swiss Red Cross	●	●	●	●	●	●	Honduras, El Salvador

SP1: Climate and environmental crises. SP2: Evolving crises and disasters. SP3: Growing gaps in health and well-being. SP4: Migration and identity. SP5: Values, power and inclusion. E: Enabling approach.

## Red Cross Red Crescent Movement coordination

In addition to the PNSs support as outlined in the Central America Country Cluster Delegation's operational strategy, the International Committee of the Red Cross (ICRC) supports the National Societies in their humanitarian diplomacy endeavours, the Protection angle of their work including minimum standards, RFL services and self-care messages in favour of migrants. The ICRC also supports the Nicaraguan Red Cross with Health; the Honduran Red Cross with Shelter (footnote #26), Multi-purpose Cash and WASH; the Salvadorean Red Cross with Shelter, Livelihoods, and Multi-purpose Cash; the Guatemalan Red Cross with Health, WASH and Education and the Mexican Red Cross with Health.

## External coordination

<b>Country</b>	<b>Organisations</b>
<b>Panama</b>	<p>There are weekly inter-agency coordination meetings with the different humanitarian actors in Darien and Chiriqui, such as Médecins Sans Frontières (MSF), International Organization for Migration (IOM), United Nations Children’s Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR) and the Panamanian State, including the National Civil Protection System – SINAPROC, National Border Service – (SENAFRONT, by its Spanish acronym), National Migration Service (SNM – by its Spanish acronym), National Secretariat for Children, Adolescents and Family Affairs (SENIAF – by its Spanish acronym) and the Ministry of Health – (MINSA by its Spanish). The Panamanian State leads a large part of the humanitarian response through the SENAFRONT.</p>
<b>Costa Rica</b>	<p>IOM Costa Rica is currently implementing human security projects for migrants, labour migration, linkages with the diaspora, migration and development, and protection and assistance to vulnerable migrants.</p> <p>UNHCR’s operations in Costa Rica focus on displacement caused by conditions in northern Central America, Nicaragua and Venezuela. The IOM, United Nations Children’s Fund (UNICEF), and UNHCR also helps to strengthen the government’s capacity to determine refugee status through technical cooperation and dedicated staff for the Refugee Unit, in addition to supporting government child protection and sexual and gender violence prevention and response initiatives.</p>
<b>Nicaragua</b>	<p>All response actions are coordinated with the National System for Disaster Prevention, Mitigation and Response (SINAPRED, by its Spanish acronym). SINAPRED coordinates with other actors, such as private sector companies, international donors, embassies, and United Nations organisations, strengthening the Nicaraguan Red Cross’s response to communities.</p> <p>International donors (such as ECHO, SDC, World Vision, the Embassies of Japan and Germany) and private companies that are familiar with the work of the NRC, are long-standing partners, and have a strong interest in providing support when a humanitarian response is planned, therefore, maintain communications with the NRC and activate their cooperation funds to support the humanitarian response actions provided by the National Society to the population affected by disasters.</p>
<b>El Salvador</b>	<p>The Salvadoran Red Cross (SRC) coordinates with the Management for the Attention to Migrants to provide timely humanitarian assistance to the returned migrant population. The SRC works closely with many agencies in the United Nations System: IOM (Shelter Cluster), PAHO (Health Cluster), UNICEF (Health and Protection Cluster) and UNHCR (Protection Cluster). In addition, the SRC participates in civil society coordination spaces with Doctors of the World, Médecins Sans Frontières, Save the Children, Plan International, Oxfam, and many Salvadoran civil society organisations linked to health and protection issues.</p> <p>In recent years, the Salvadoran Red Cross has positioned itself as a key stakeholder in the protection sector thanks to the support of the IFRC, assuming leadership roles in cluster coordination and reaching partnership agreements with UNICEF and UNHCR. The FAO and UNICEF maintain fluid coordination with all Red Cross actors through the Humanitarian Country Team coordination and partnership in actions related to livelihoods, food security, WASH and child protection.</p>
<b>Honduras</b>	<p>United Nations agencies, such as IOM and UNHCR, develop coordination actions with the Municipal Corporation of Trojes and Danlí. They coordinate support in advocacy issues and properly implement human rights that assist the migrant population.</p> <p>The National Society plays an essential role in the National Roundtable of Protection, led by the Ministry of Human Rights, where the ICRC, international NGOs such as the NRC and local CSOs, participate. In addition, regarding its auxiliary role, the Honduran Red Cross (HRC) and the Ministry of Foreign Affairs have signed an MoU to establish the HRC as the organisation in charge of managing the Centre for Assistance to Returned Migrants (CAMER) of Omoa. In the health sector, the HRC coordinates with the Ministry of Health to prioritise intervention zones and implement health guidelines and actions in communities, in addition to supporting community brigades and sensitisation campaigns for the protection of health personnel.</p>

<p><b>Guatemala</b></p>	<p>The Guatemalan Red Cross is part of the Humanitarian Country Team and implements a harmonised response. It participates in the different clusters activated in each emergency (health, WASH, nutrition, protection and food security, among others). It also participates in the CVA and CEA working groups (the latter linked to the protection group and focused on developing an accountability mechanism for migrants). The Guatemalan Red Cross works closely with agencies in the United Nations system: IOM (Accommodation Group), PAHO (Health Group), UNICEF (Health and Protection Group) and UNHCR (Protection Group). It also participates in civil society coordination spaces with non-governmental organisations such as Doctors of the World, Doctors Without Borders, Save the Children, Plan International, and Oxfam, among others related to health and protection issues, like New Land, Human Mobility Pastoral, LAMBDA Association, Child Shelter, FUNDAECO, and Migrants' House.</p>
<p><b>Mexico</b></p>	<p>The Mexican Red Cross maintains communication and coordination relations with the Presidency of the Republic, Ministries such as Interior, Health, National Defence, Navy, and Social Development, as well as government agencies such as the National Coordination of Civil Protection and the National Centre for Disaster Prevention. In the health area, the National Society maintains relations mainly with the Ministry of Health, as well as with its agencies such as the General Health Council, the Undersecretariat of Prevention and Health Promotion, the National Commission against Addictions, and the Federal Commission for Protection against Sanitary Risks, among others.</p> <p>The National Society also relates to the members of the National Health System, which are a group of public entities -federal and state, the social sector and the private sector which provide health services to the population throughout the country, including the Mexican Social Security Institute (IMSS), the Institute of Security and Social Services for State Workers (ISSSTE), the Social Security Institute for the Mexican Armed Forces, the Medical Services of Petróleos Mexicanos and the National System for the Integral Development of the Family (DIF). In specialised areas, it is linked to the National Council for the Prevention of Accidents (CONAPRA), the National Transplant and Blood Transfusion Centres, and other institutes.</p>

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#### Reference



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