OPERATION UPDATE

Mexico & Central America: Migration crisis

Emergency Appeal №: MDR43008 **Emergency appeal launched:** 29 July 2022 **Operation Strategy published:** 2 September 2022	**Glide №: N/A**
Operation Update № 4 **Date of issue:** 25/07/2023	**Timeframe covered by this update:** 29 July 2022 to 31 May 2023
Operation timeframe: 17 months (5 months no-cost extension) - 29 July 2022 to 31 December 2023	**Number of people to be assisted:** 210,000
Financial requirements (CHF): IFRC Secretariat funding requirement: 18 million CHF Federation-wide funding requirements: 28 million CHF	**DREF amount initially allocated:** CHF 1,000,000

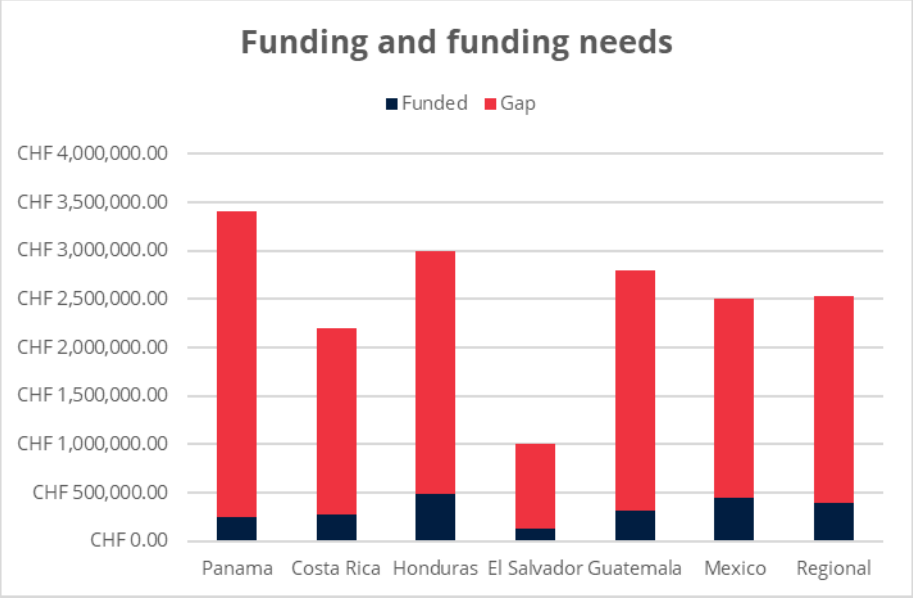
*To date, this Emergency Appeal, which seeks 18 million CHF, is **13 per cent funded**[1]. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people on the move. Click here for the donor response.*

Honduran Red Cross volunteers providing hydration, connectivity and charging services at the Humanitarian Service Point in El Paraíso. Source: HRC.

[1] Including CHF 1,000,000 DREF loan.

An Emergency Appeal (EA) for **18 million** CHF (MDR43008) was launched on 29 July 2022 and aims to increase the reach of the Red Cross Societies of Panama, Costa Rica, Honduras, El Salvador, Guatemala, and Mexico to scale up assistance to 210,000 people to provide humanitarian assistance and protection to people on the move along migratory routes, including through more effective preparedness and responses, strengthened capacities, and risk reduction.

The EA was launched as a trigger to facilitate immediate actions to address the humanitarian needs of migrants, returnees, and host communities, as well as to give more visibility to the year 1 of the IFRC Case for support "Humanitarian Assistance and Protection for People on the Move", due to a significant increase of people in transit and returnees throughout Central America and Mexico. As of 31 May 2023, the Appeal coverage is 13%, equivalent to 2,293,368 CHF. Taking into account 1,000,000 CHF corresponding to the DREF loan.

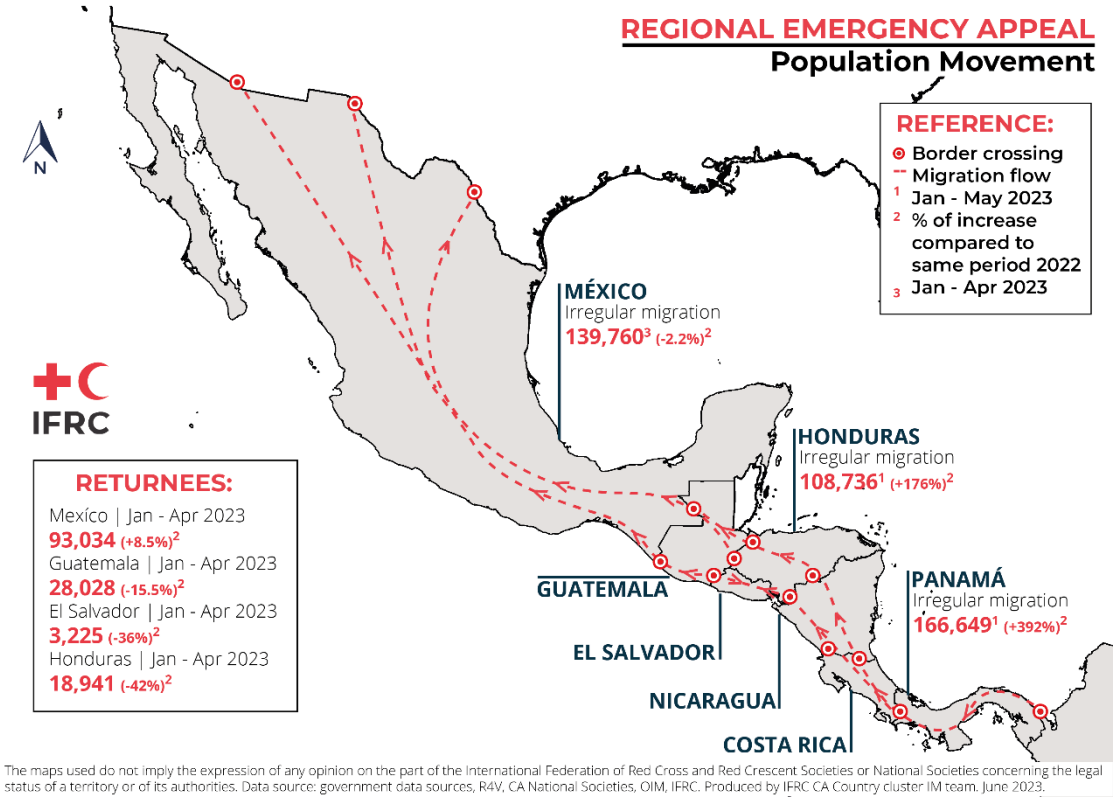


This operation update documents a **5 months** No-Cost Extension of the appeal operational timeframe **from 29 July 2022 to 31 December 2023** to accommodate the implementation of the newest donor contribution to the Guatemalan, Honduran and Mexican Red Crosses, who may be carrying actions in the field beyond July 2023. Additionally, this time extension will be useful for those National Societies that may receive additional support from donors through this appeal in view of the trend of the last few months of increased migratory flows throughout the region.

A. SITUATION ANALYSIS

Description of the crisis

The Americas region is home to complex and mixed migration, which takes place both within and beyond the region. Many migrants[2], refugees, and returnees move through irregular pathways driven by persecution, violence, disasters, or a desire for better opportunities. Central America has become, in recent years, one of the busiest transit routes to the United States.



Unlike in the 1990s, when most migrants were of Central American nationalities, and there was evidence of a growing south-north migration, today migrants come from multiple regions and continents. Many are from very different nationalities, and often use Panama as the first point of passage to continue to the United States and Mexico. The mixed flows trigger multiple groups and profiles of migrants travelling in Central America by different routes and at various stages of the journey in the same region. For example, migrants from Guatemala, Honduras, El Salvador, and Nicaragua, which are countries of both origin and return, are vulnerable since, among other things, they have often been displaced due to violence, poverty, lack of employment or other threats such as disasters.

Since the launch of the EA, migration flows through the Darien have increased significantly. By the end of 2022, more than 248,000 people had arrived in Panama through the Darien in order to continue their journey primarily to North American countries. **The Panamanian authorities have reported 166,649 arrivals by the end of May[3], representing 67% of the previous year's total**. Furthermore, there are indications of modifications in the flow patterns. The table below shows the main countries of origin of people crossing the Darien Gap.

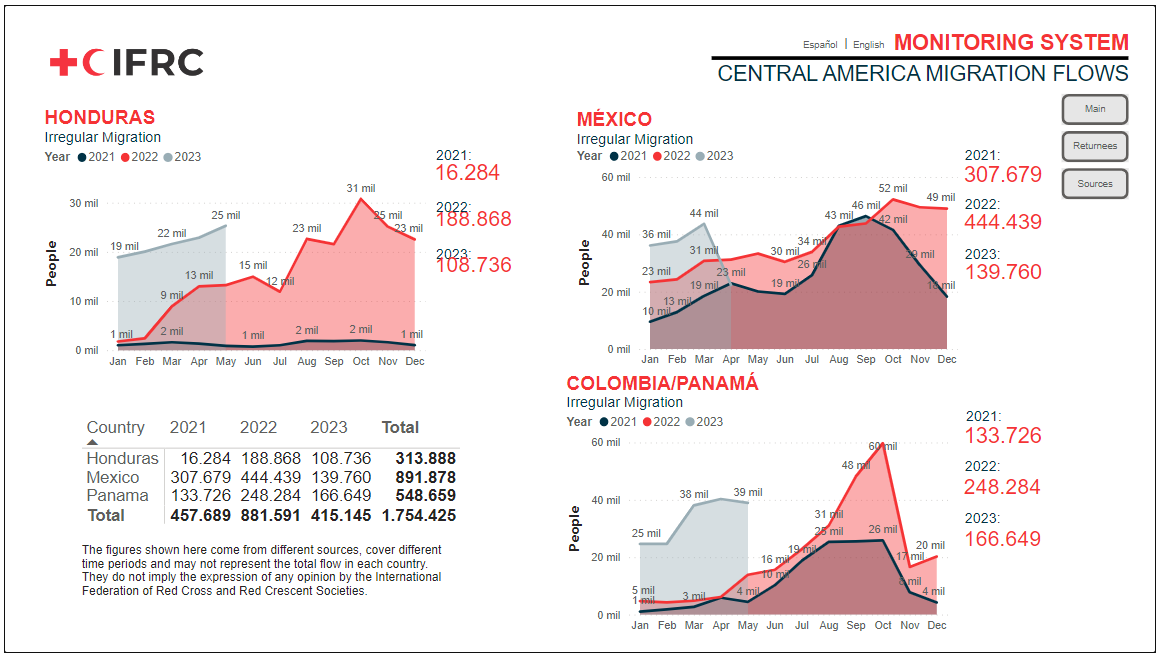
January-December 2021	January-December 2022	January-May 2023
Haiti	Venezuela	Venezuela
Cuba	Ecuador	Haiti
Chile*	Haiti	Ecuador
Brazil*	Cuba	Colombia
Venezuela	Colombia	Chile*[4]

[2] In accordance with the IFRC's 2009 Policy on Migration, 'migrants' are persons who leave or flee their habitual residence to go to new places – usually abroad – to seek opportunities or safer and better prospects. This includes migrant workers, stateless migrants, migrants deemed irregular by public authorities as well as asylum seekers and refugees.

[3] National Migration Service, Panama, Statistics.

[4] (*) Children of Haitians who were born in these countries.

The United States of America government has adopted new immigration policies that aim to reduce irregular migration, with the implementation of programs to obtain easier entry conditions through the program for Venezuelans in 2022 and the new program for people from Venezuela, Nicaragua, Cuba, and Haiti. The termination of Title 42 as of 11 May[5], the reinstatement of Title 8, the denial and expulsion of individuals who do not meet the asylum requirements, and the prohibition of subsequent entry for a specified duration. In addition, other measures have been taken through inter-governmental agreements to promote an orderly and safe migration (Colombia, Spain, Canada[6], Costa Rica[7]). However, currently those measures have not shown a reduction in the flows in the region.



Central America Migration Flows - IFRC Dashboard

The scenario exercises propose, as the most probable scenario, an influx of **up to 750,000 individuals into Central America**. The primary factors underlying the vulnerabilities in the countries of origin, such as Venezuela and Haiti, as well as other scenarios such as violence, with the influx of **Ecuadorians surpassing 20,000** individuals in five months, compared to 29,000 in all of 2023. Additionally, the escalating number of **secondary movements (mainly Venezuelans) from South American** countries is primarily attributable to the complexities of integration in host countries, resulting from economic disparities and an increase in protection risks such as xenophobia. Potentially, crises in progress in other regions may impact the flows in the coming months[8].

Implementation Challenges

It is proposed that the EA be extended for an additional five months, with an end date of 31 December 2023. The current situation requires host national societies to ensure the minimum infrastructures to tackle the migration crisis within an emergency framework, as well as to ensure the minimum capacities to absorb the main services along the routes and establish a strategy to perform for a medium-term and long-term framework in human mobility scenarios, based on a protracted crisis or chronic crisis approach.

Transition to chronic flows in Central America

Migration in the Darien region has been documented since 2016, particularly among individuals of the Caribbean, Asian, and African nationalities. This trend has been augmented by the influx of Venezuelans and emerging

[5] https://www.state.gov/u-s-government-announces-sweeping-new-actions-to-manage-regional-migration/
[6] https://www.dhs.gov/news/2023/05/03/trilateral-statement-joint-commitment-latin-america
[7] https://cr.usembassy.gov/united-states-and-costa-rica-sign-migration-arrangement/
[8] As May 2023, 199 Sudins arrived at Darien, however the last two months that shows an increasing of **550-628%** of March.

nationalities such as Ecuador and Colombia since the end of 2021, resulting in an escalating regional migration. There are also the regular situations of northern countries such as the so-called caravans and return flows.

Following the approach of the **Route-Based Global Program**, a transition is expected in the use of capacities and mobilization focused on localizing resources for response and strengthening regional coordination to provide regional coherence, improve the information management, and National Society cross-border collaboration focuses on increasing the impact and long-term sustainability. Furthermore, the synergies with other ongoing initiatives in the region, such as the **Pilot Programmatic Partnsership,** will be promoted within its Human Mobility pillar.

The focus of this transition will seek **scaling-up the response to people on the move in need**, undertaking the proper actions to provide humanitarian assistance and protection support along the migratory routes through **Humanitarian Services Points as our big bet**.

- Key actions implemented during the primary response focus on increasing transit population flows, which will be progressively transferred to the current long-term migration program. In addition, increasing the institutional capacities for preparedness and effective response to population movements following chronic or long-term crises.

- Improve information management for a better understanding of flows through a constant monitoring of context, needs assessment, and mechanism to promote secure information sharing between National Societies along the migratory routes in Central America and Mexico. It will also consider the linkage with other National Societies that are part of the route (Colombia and Andean countries).

- Promote social inclusion and social cohesion with host communities in order to reduce the xenophobia and protection risk of migrants as well as to promote the integration (if possible) and the reintegration of returnees.

- Leverage Humanitarian Diplomacy. Lead actions to influence first responders and policy changes to improve humanitarian access and protection for people in need regardless of their legal status.

Summary of response

Overview of the host National Societies and ongoing response

As of 31 May 2023, these[9] are the number of people reached in the main areas of intervention:

Area of intervention		People reached			
		Men	Women	Other	Total
Shelter		8,472	6,306	31	**14,809**
Health		31,198	19,969	8	**51,175**
Mental Health and Psychosocial Services (MHPSS)		18,238	10,883	7	**29,128**
Water, Sanitation, and Hygiene (WaSH)		50,652	29,228	0	**79,880**

[9] Taking into account double counting, to obtain the total for each sector, the indicator with the highest number of people reached has been used.

Protection, Gender, and Inclusion (PGI)		25,116	13,588	12	**38,716**

Since the beginning of this emergency appeal the National Societies have carried out the following activities:

Panama: The Red Cross Society of Panama (RCSP) continues to provide its usual services in the areas of Water, Sanitation and Hygiene (WASH); Protection, Gender and Inclusion (PGI); Restoring Family Links (RCF); and Health, both in the Temporary Migratory Reception Stations (ETRM by its Spanish acronym) of Darien and Chiriqui, as well as in transit communities in Darien.

RCSP volunteer conducts migrant service evaluation surveys as part of CEA actions, Temporary Migrant Reception Station, Planes de Gualaca (Panama - Costa Rica border), April 2023. Source: RCSP.

- Water, Sanitation and Hygiene (WaSH): cleaning and conditioning of common use spaces (including latrines) in the ETRMs, production of safe water, hygiene promotion workshops (hand washing) and menstrual hygiene, distribution of differentiated hygiene kits, collaboration with authorities with cleaning supplies, adaptation of the entrance route to the new space in the ETRM San Vicente.
- Protection, Gender and Inclusion (PGI): psychological first aid, safe referrals, psychosocial care, delivery of key messages and safe information and distribution of dignity kits.
- Restoring Family Links (RFL): mobile device charging services, calls and WiFi connection, search requests and missing persons requests (with ICRC support).
- Health: basic first aid and primary health care, healing and shoe delivery, maternal and child health, nutritional screening, workshop sessions (topics: sexual and reproductive health, breastfeeding, care and prevention of COVID-19) and referrals to health facilities.

Thanks to the financial and technical support of bilateral partners, the RCSP has managed to maintain and cover some of the main needs of the population on the move.

Costa Rica: the main activities being carried out by the CRRC include the following:

In the area of health, with the support of permanent staff and volunteers, first aid supplies are delivered and at the same time first aid assistance is provided to migrants, both on the northern and southern borders. The CRRC also provides information for migrants on health issues.

In the area of water and sanitation, hygiene kits are handed out to migrants at the different points of assistance, as well as posters with specific information on hygiene promotion.

RFL services are strengthened at the mobile posts with the purchase of some equipment that allows migrants to get closer to the HSPs to communicate with their families.

As part of the protection, gender and inclusion strategy and service, interpreters are hired to communicate more effectively with migrants when providing assistance or supplies at the HSPs.

An awareness-raising strategy was developed with host communities and awareness-raising talks were given to volunteers and staff on CEA issues. With the information acquired, "Pre-hospital care cards for migrants with chronic illnesses and pregnant women" were created, as well as information and key messages for the information map of Costa Rica for the migrant population.

Historically, a lot of waste is generated directly and indirectly at the borders, which is why, within the framework of the appeal, different campaigns are being developed both at the southern and northern borders for the collection of waste, achieving an involvement with the different branches and municipalities.

In the area of migration, informative materials are being developed for migrants, and assistance is being provided with the delivery of food kits.

Honduras: In the municipality of Trojes there are currently two temporary shelters: one in the Pastoral Social with a capacity for 70 people, open from Sunday to Wednesday only, and where priority is given to families with children, and the Temporary Rest Center for Migrant Families with the support of the migration board, with space for another 70 people. Between the humanitarian actors present in the municipality of Trojes and the municipal authorities, another space in the mayor's office is being prepared for temporary shelter, the "Carlos Roberto Reina" multipurpose room, which would accommodate another 70 migrants. Even so, given the growing and sustained demand, more spaces with more attention will be needed.

Currently, there is a local team in the south-eastern border and one in the western zone where the humanitarian response is coordinated among the different actors in these areas to improve the response and complement efforts among organizations and agencies. The HRC carries out the following actions in these temporary collective centres: provision of containers for solid waste, refurbishment of the water system, installation of a humanitarian service point, where RFL, pre-hospital care and MHPSS care is provided.

El Salvador: Currently, the Salvadoran Red Cross (SRC) has three Humanitarian Service Points (HSP) located in the western zone (department of Santa Ana), the central and paracentral zone (San Salvador) and the eastern zone (San Miguel). At the three points, protection services, psychosocial care, humanitarian aid and durable solutions are offered to migrants and/or displaced persons or victims of other situations of violence such as gender-based violence, domestic violence, sexual violence, and social violence.

SRC has attended to migrants in transit, returnees and people affected by gender-based violence with protection needs, providing psychosocial care and accompaniment, psychosocial support days, distribution of differentiated PSS kits and self-care days. Also, distribution of differentiated personal hygiene kits for children, women and men, hydration, and distribution of clothing kits for children. Arrangements and coordination have also been made with other institutions for access to medical services, the purchase of medicines, sexual and reproductive health services, legal advice on migration and durable solutions.

It has also attended to children and adolescents with specific needs such as rest, food, hydration, medical attention, differentiated personal hygiene supplies and play materials. It has also promoted adequate physical spaces for emotional relief among peers.

Individual and family care has also been provided to returned and displaced migrants in their place of relocation, with the aim of contributing to the strengthening of their mental health, facilitating positive coping strategies and livelihood management.

On the other hand, psychosocial support workshops have been developed to strengthen mental health, positive coping strategies, group cohesion, violence prevention to host communities at border points aimed at returnees and displaced persons; and at the same time, self-care workshops have been developed for people who are in the care of migrants.

Training process for community members on the use of first aid kits and first aid in the Jimeritos Community, Izabal, Guatemala. Source: GRC.

Guatemala: Guatemalan Red Cross (GRC) response has been oriented towards the attention and protection of the migrant population, taking into account that within the Humanitarian Service Points (La Técnica, Las Cruces and Santa Elena border, Petén; El Cinchado and Km. 243 in Puerto Barrios and Morales, Izabal; Agua Caliente border, Chiquimula; Quetzaltenango; Tecún Umán, San Marcos), there is currently a need for immediate attention, which is why priority has been given to vulnerable groups: children and adolescents, women, LGBTBIQ+ people, people with disabilities, people with chronic illnesses and low-income families.

The GRC has provided the following services: pre-hospital care, safe water, psychosocial support, snacks, protection, safe referrals, delivery of differentiated kits, orientation maps, Restoring Family Links (RFL), among others. The people who have required services are mainly Venezuelan, Honduran, Nicaraguan, Colombian, Salvadoran, Ecuadorian and Dominican nationals.

The GRC continues with the distribution of humanitarian aid through supplies and basic services as planned for the following months.

México: Due to the termination of Title 42, the Mexican Red Cross (MRC) mobilized personnel to the northern and southern borders of the country, supporting the distribution of supplies and personal hygiene kits in Nogales, Sonora and Huixtla and Chiapas. In addition, due to the presence of children, snacks were delivered in Nogales.

On the other hand, MRC is currently completing the final administrative processes to receive the mobile units, which are adapted to strengthen the humanitarian aid it provides, mainly, to the migrant population in transit to the United States.

At the same time, the MRC carried out a review of the planning and adapted it based on the new needs that have been identified, mainly due to the increase in the flow of migrants with the end of Title 42.

Following the review, an implementation strategy was established taking into consideration the needs identified and the approved budget. In this sense, material and expense projections have been prepared with the objective of advancing steps in the implementation of the funds. The strategy is summarized as follows:

- Health: analysis of supplies for hygiene kits and definition of items according to the needs; definition of self-care messages, diagnosis of the needs of the humanitarian assistance points and definition of the needs of each point.
- Mental Health: definition of kits for children and elaboration of didactic material and identification of strategy for Psychosocial Support training in the context of migration.
- RFL: Identification of RFL needs, analysis of equipment and identification of characteristics.

Needs analysis

National Societies, through various mechanisms for direct consultation with people, as well as meetings with partner organizations and key stakeholders, have identified the following common needs:

Shelter

Many people pass through and temporarily stay in reception/collective centres. These reception/collective sites are often insufficiently prepared, and there is a need to support the authorities to improve the conditions for people in communal settings, supporting short-term locations, and exploring medium-term solutions. Some migrants are staying with host families or have rented accommodation. Host family situations and collective centres may not always meet shelter adequacy standards and afford adequate risk management for dignity and protection, especially regarding SGBV and Prevention of Sexual Exploitation and Abuse (PSEA).

In some countries there are no authorised migrant stations or centres that can provide conditions for a significant number of migrants. In other countries, the capacity to receive migrants who require temporary shelter, is surpassed and the number of migrants in transit sleeping on the streets increased.

Livelihoods and basic needs

People on the move travel long distances and have few resources, therefore food is a major concern as they regularly require food support (meals) during their journey, including differentiated meals for infants, breastfeeding mothers, pregnant women, elderly people and people with disabilities.

Health care and Mental Health

There is a dire need to provide health and medical services to people on the move. Diarrhoea, dehydration, wounds, skin diseases, respiratory problems and chronic disease affect both children and adults on the move. In addition, there is a need to reinforce Infection Prevention and Control (IPC) measures and Public Health (PH) measures, especially in strengthening epidemiological surveillance at the community level.

Many people on the move have been exposed to extreme conditions and stress as well, and supportive interventions such as Mental Health Psychosocial Support (MHPSS) and counselling services are needed to provide follow-up or referral to specialised care.

In order to provide sufficient and adequate health services, National Societies need medicines, supplies, human talent (doctors, nurses, technician, volunteers).

Water, Sanitation and Hygiene (WaSH)

The needs in this area include the provision of safe water (including expanding existing safe water systems and/or creating new ones), increasing number of showers and toilets in temporary shelters o migratory stations, installation of hand washing stations, acquisition and distribution of hygiene kits, cleaning supplies, garbage bags, biosafety supplies and an increase in the frequency of waste collection.

Protection, Gender and Inclusion (PGI)

There is a need to promote awareness and information about people on the move regarding protection risk, vulnerable conditions, needs, language barriers and documentation along the route to avoid and mitigate situations that lead to violence, abuse, rights violations and xenophobia.

National Societies need to strengthen their capacity, including training for their volunteers and staff and developing and/or updating mapping of formal and informal referral pathways.

The needs of migrants range from identification and confirmation of family members accompanying children and adolescents. Many lose contact with their families along the journey; therefore, the National Societies need resources to provide Restoring Family Link (RFL) services, internet connection and telephone connection areas.

Migration

The most urgent needs concern access to essential and tailored services, including the need for information cohesively associated with protection from a migration perspective adapted to the risks and vulnerabilities of

people on the move in each stage of the journey. Provision of support at Red Cross Humanitarian Service Points (HSPs) and transit/reception centres or shelters is critical to ensure that they can make informed decisions.

Additionally, each National Society faces different needs, according to the specific context of each country:

Panama: The number of migrants crossing irregularly into Panama after embarking on the Darien Gap route reached a record high in 2022, doubling in 2021. According to the Government of Panama, nearly 250,000 people crossed into Panama in 2022, compared to nearly 133,000 in 2021. As of May 2023, the authorities registered 166,649 persons in the controlled flow through Panamanian territory, which represents an increase of 493% compared to the same period in 2022. Additionally, the percentage of children and adolescents present in the flows has increased from 15% in the period of January-May 2022 to 20% in the same period in 2023.

With the exponential increase in the migratory flow, needs will increase substantially in all the areas mentioned above, including some specific needs such as:

- PGI: improve signage in the Temporary Migration Reception Stations.
- CEA: increase in surveys targeting migrants and other stakeholders, equipment and resources for implementation.
- Administrative: storage space, emergency vehicle operators, reinforce security measures.
- Intervention in host communities, mobilization to the communities where the activities of the different areas mentioned above are also carried out.

Costa Rica: In Costa Rica there are still no authorised migrant stations or centres that can provide conditions for a significant number of migrants entering through the southern border. Costa Rica receives significant numbers of refugee claimants to the point where the system is over capacity.

Honduras: the capacity to receive migrants who require temporary shelter in the available Temporary Rest Centres in Danlí is very limited and the number of migrants sleeping on the streets has increased.

The need for portable toilets is being considered as there is no possibility of connection to the sanitary sewerage system. An increase in waste generation and open defecation has been detected in cities.

El Salvador: people affected by social violence under the "state of exception" have experienced an increase in their humanitarian needs because they have had to face the capture of fathers and mothers who were the family providers, a situation that mainly affects children and older women.

Returned migrants, also present the need for food, hydration, cash for other needs, livelihood strengthening, medical care, sexual and reproductive health services, psychological care, hygiene supplies, and training and certification processes.

Other groups assisted are people in the process of asylum, refuge, or international protection, who need durable solutions, focused on livelihoods while waiting for their process to be completed.

Guatemala: Although the GRC provides services to the migrant population through their Humanitarian Service Points (HSP), the teams on the field reports of various "unofficial" entry points that people have been using, so the needs are increasing. In this regard, GRC stresses that it is important to strengthen the coordination of inter-agency humanitarian response to continue providing support to different groups of people, especially those in vulnerable situations, who are in transit, to meet their different needs.

On the other hand, constant monitoring of changes in migratory flows is carried out, considering that there is a need for attention in route since a percentage of people in mobility cannot be assisted or supported with the different services because they do not reach the fixed HSPs.

México: During 2022 UNHCR received 35,000 asylum applications, of which 62% were for specific protection needs. The main reasons for seeking asylum with protection needs were specific legal or physical protection needs, children at risk, severe medical conditions, single parents, women at risk, among others.

During October to December 2022, UNHCR conducted interviews in Tapachula, Chiapas, where the main needs identified were cash, shelter, legal assistance, food, purified water.

The MRC is constantly adapting and developing processes to identify needs considering the changing context and increased flow of migrants. The latest survey conducted in the cities of Serdán, Celaya, Palenque and Huixtla, highlighted that the services most requested by migrants at the Humanitarian Service Points (HSP) were: Medical Assistance, First Aid, RFL Services, food and hydration.

On the other hand, a diagnosis was made at the CAFEMIN Shelter, located in Mexico City, where the following needs were identified: lack of water supply and some cleaning supplies, high levels of stress for both migrants and staff, overcrowding due to excessive occupation, precarious sleeping conditions in some cases, and limited diet.

Identification of the needs of the migrant population in transit. Source: MRC.

Operational risk assessment

The rapidly changing situation of migrants constantly on the move requires a continued dynamic process of planning that responds to the needs of the affected people and that can be adjusted when needed. Different scenarios are being considered for planning so that National Societies can adapt their services to accommodate the affected populations. This includes constant adaptation and prioritization of actions delimited in the National Societies' Operational Strategies. Currently, all National Societies are focusing their actions mainly to cover the most urgent needs, which leaves out many of the National Societies' strengthening actions that were initially set out in their operational strategies.

The change of season and the onset of the rains make it necessary to rearrange the areas of attention and implement on-site adjustments in order to provide care in dignified conditions to people arriving at the HSPs in several countries. The El Niño phenomenon will also bring new challenges for humanitarian assistance as it will directly affect the livelihoods of host communities and funds could be redirected to address the consequences of this phenomenon, leaving less budget available for the care of migrants.

Several countries in the region are in electoral processes in 2023, which could bring changes in immigration policies, cases of violence, strikes and protests that could cause migrants to be held up at border crossings.

Changes in regulations in transit and destination countries can lead to a backlog of migrants at borders and migration reception points, causing dissatisfaction, insecurity, and insufficient delivery of essential services. National Societies coordinate their efforts with other agencies on the ground and national authorities to monitor these regulations to cope with changes. In the IFRC, regional teams responsible for migration and communications monitor and communicate any changes to National Societies through the Central American Country Cluster Delegation.

B. OPERATIONAL STRATEGY

Update on the strategy

As part of the Mexico and Central American Migration Crisis Emergency Appeal, the Regional Operational Strategy aims to support the Red Cross Societies of Panama, Costa Rica, Honduras, El Salvador, Guatemala and Mexico to scale up assistance and protection to 210,000 people along migratory routes. The Secretariat is supporting the country's operations with a Regional Operation structure and with Information Management and CEA expertise and has set up a regional monitoring and evaluation framework to enable a coordinated and enhanced response.

This Operational Strategy is part of a Federation-wide approach, focusing on activities across the following priorities, with an overall focus on National Society Strengthening (NSS): a) Implementation and management of Humanitarian Service Points (HSPs), b) Cash and Voucher Assistance (CVA), c) Health and WASH assistance, d) Protection, Gender, and Inclusion (PGI), e) Community Engagement and Accountability (CEA), f) Information Management and Digital transformation, g) Humanitarian Diplomacy, h) Membership coordination, i) Communication, j) Surge capacity, k) Planning, Monitoring, Evaluation and Reporting (PMER), l) Finance and Administration, and m) Logistics.

Operations consider the long-term impact on National Societies with a holistic approach and look beyond the term of the long-term operational strategy to sustainability. They also link with current programmes based on existing strategic frameworks, such as Strategy 2030, the Global Migration Strategy and the Migration Action Plan in the Americas, reinforcing cross-border work to promote binational exchange of experiences.

To date, the initial Emergency Appeal strategy will have a no-cost extension of 5 months (new end date 31 December 2023) to ensure implementation of actions from a recent contribution to Guatemala, Honduras, and Mexico Red Cross. Also, this time extension will be useful for those National Societies that may receive additional donor support in the coming months through this Appeal, in view of the trend in recent months of increased migration flows throughout the region.

In light of this situation, National Societies have been working on revisions and updates to their operational strategies to ensure that they continue to provide relevant and quality humanitarian assistance to all migrant populations in need, as well as to comply with donor agreements.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

Shelter, Housing and Settlements

People reached: 14,992

Objective:	*Affected people strengthen their safety and well-being through shelter and settlement solutions*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	# of people reached with temporary collective accommodation	Costa Rica	-	300
		El Salvador	-	50
		Honduras	-	15,500

		Guatemala	4,460	2,000
	# of people reached with relief assistance for basic needs (hygiene, food and other essential items) in temporary collective accommodation	Costa Rica	-	300
		El Salvador	-	50
		Honduras	10,532	15,500
		Guatemala	2,321	10,000
	# of temporary collective accommodation supported directly by National Societies	Costa Rica	-	2
		Honduras	5	3
		Guatemala	20	2
		Mexico	-	1
	# of people trained on temporary collective accommodation issues	Honduras	11	25
		Guatemala	115	30

Progress towards outcomes

The total number of persons reached in this sector includes persons who received direct relief assistance for basic needs and/or temporary collective accommodation service.
To date, the **Mexican, Salvadorean** and **Costa Rican** Red Crosses are not implementing actions in this sector as they have made some prioritizations in its Operational Strategies due to the constant change in migratory flows and the prioritization of needs that this requires, as well as the limited availability of funds.

Honduras: Up until the month of May, the Honduran Red Cross worked on the delivery of hydration and menstrual hygiene kits to the CAMI-Danli shelter. In June, the second refurbishment of the water system in the Carlos Roberto Reina temporary housing located in the municipality of Trojes will be completed.

The temporary accommodation centres have been supported by the HRC through training, delivery of cleaning kits, installation of a protection point in CAMI Danli.

A total of 26,849 items have been distributed in these centers, as follows:

- 10,532 differentiated hygiene kits
- 10,532 biosafety kits
- 5,551 snacks
- 234 menstrual hygiene kits

Upgrading of the water system at the center for irregular migrants (CAMI-Danli), where temporary housing is provided and migratory procedures are carried out for migrants in transit. Source: HRC.

Guatemala: The Guatemalan Red Cross (GRC) has directly supported temporary shelters through organizations that provide this service. The support has been mainly through the supply of basic necessities for the people who require the service. It has also directly supported institutions that provide temporary collective housing to people in mobility, these vary by month, according to the needs that are presented. GRC continues to monitor other institutions that it may support directly in the coming months.

Likewise, training/updating processes have been carried out for personnel and volunteers who directly support the Humanitarian Service Points (HSP) in topics related to route orientation, psychosocial support, livelihoods, among other topics to strengthen the quality of the service provided.

Livelihoods and Basic Needs

People reached: -

Objective:	*Affected people restore and strengthen their livelihoods*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	# of people who received food to cover their immediate food needs	El Salvador	-	18,000
	# of people reached with actions related to entrepreneurships	Honduras	-	100
		Guatemala	-	50
	A feasibility study conducted for the provision of seed capital to entrepreneurs (Yes/No)	Guatemala	1	1
Progress towards outcomes				

To date, the **Salvadorean** and **Honduran** Red Crosses are not implementing actions in this sector as they have made some prioritizations in their Operational Strategies due to the constant change in migratory flows and the prioritization of needs that this requires, as well as the limited availability of funds.

Guatemala: In February, the Guatemalan Red Cross (GRC) gathered information to begin developing a feasibility study for the distribution of seed capital to entrepreneurs in a community in the department of Izabal. To date, the distribution of seed capital has not yet been made because the GRC has had to prioritize actions due to the extra needs that have arisen in the migrant population, as well as the lack of funds. However, with the extension of the Appeal it is expected to be able to complete the actions. The progress of this action will be reflected in the final report.

Multi-purpose Cash

People reached: -

Objective:	*The most vulnerable people have their needs met through the use of cash.*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	# of people reached with cash and voucher assistance	Panama	-	200
		Costa Rica	-	1,200
		El Salvador	-	625
		Honduras	-	4,500
	Amount of cash distributed (in CHF)	Panama	-	40,000
		Costa Rica	-	300,000
		El Salvador	0	TBD
		Honduras	-	150,000
	# of volunteers and National Societies staff trained in livelihoods tools and Cash and Voucher Assistance (CVA)	Panama	-	20
		Costa Rica	-	30
	A feasibility study of CVA conducted in the host community (Yes/No)	Panama	-	1
		Costa Rica	1	1
		El Salvador	1	1
		Honduras	-	1

	Created and implemented a CEA framework for cash transfers and livelihoods	Panama	-	1

Progress towards outcomes

To date, the **Panamanian** and **Honduran** Red Crosses are not implementing actions in this sector as they have made some prioritizations in their Operational Strategies due to the constant change in migratory flows and the prioritization of needs that this requires, as well as the limited availability of funds.

Costa Rica: The purchase of 150 humanitarian aid cards has been made for distribution to migrants in transit who meet the selection criteria established in the feasibility report and market analysis developed by the personnel in charge of the activities. This distribution will begin at the end of July or beginning of August. The amount has been defined as 250 CHF (this amount has been defined taking into account lodging, transportation and basic food basket costs) and for the identification of these families the CRRC works with staff in the field in addition to the collaboration of the Red Cross Society of Panama. Among the criteria to be used for the distribution are:

1. Families traveling with people who have some kind of disability- visual, motor, hearing, cognitive, sensory, psychological - Priority will be given to the degree of disability.

2. Families traveling with children and pregnant women - Priority will be given to age range (0-2 years old – 3-5 years old – 6-12 years old - 13-18 years old).

3. Families traveling with older adults.

With the staff trained in CVA, the CRRC is coordinating to generate talks on CVA to volunteer staff who will be supporting the activities and the distribution process.

El Salvador: The Salvadoran Red Cross (SRC) during the initial development of the feasibility study, identified that migrants in transit were experiencing difficulties because most people do not have a physical personal identification document, only a digital one, but the bank does not accept it in this form. In addition, due to the current state of exception in the country, there are many limitations to be able to make cash distributions. In this sense, the SRC is evaluating redirecting the assistance with another modality, such as, for example, the distribution of cards to be exchanged for food. The progress of this action will be reflected in the final report.

Health & Care

(*Mental Health and psychosocial support / Community Health / Medical Services)*
People reached: 54,818

Objective:	*The most vulnerable people receive high quality health and care services, including MHPSS.*			
Key indicators:	*Medical Services*			
	Indicator	**NS**	**Actual**	**Target**
	# of people reached with targeted health services	Panama	9,370	5,000
		Costa Rica	4,212	20,000
		Honduras	9,820	12,000

	Guatemala	21,885	27,700
	Mexico	-	750
# of family first aid kits distributed	Costa Rica	148	-
	Honduras	6,000	2,500
	Guatemala	-	30
# of personal protection equipment (EPP) kits distributed	Costa Rica	-	5,000
	Honduras	10,532	30,000
	Guatemala	5,839	10,000
	Mexico	-	22,000
# of volunteers and National Society staff trained in first aid	Panama	45	40
	Honduras	28	TBC
	Guatemala	36	100
# of people transported by National Societies ambulances / medical transport to health facilities.	Honduras	10	50
# of ambulances operated by the National Societies to provide medical transportation and pre-hospital care	Panama	-	2
	Honduras	4	1
% of migrants and people from host communities receive health sensitization.	Panama	-	30%
	Honduras	-	85%
	Guatemala	100 %	90%
	Mexico	-	85%
Community health			
Indicator	**NS**	**Actual**	**Target**
# of people reached with health promotion sensitization	Panama	-	1,000
	Honduras	-	12,000
	Guatemala	12,536	27,700
	Mexico	-	10,000
	Panama	-	16

# of Community based health and first aid (CBHFA) volunteers supporting the operation (includes first aid trained volunteers)	Honduras	-	50
	Guatemala	-	50
	Mexico	-	10
# of National Societies staff and volunteers trained in CBHFA	Honduras	-	25
# of mosquito nets distributed for vector control.	Panama	-	1,000
Mental health and psychosocial support (MHPSS)			
Indicator	**NS**	**Actual**	**Target**
# of people reached by National Society mental health and psychosocial support services	Panama	-	3,000
	Costa Rica	-	2,400
	El Salvador	1,759	400
	Honduras	17,592	12,000
	Guatemala	7,826	24,990
	Mexico	-	500
MHPSS network on caregiver care created and formed or reinforced	Honduras	1	1
# Number of PSS kits delivered to people affected (disaggregated by children, teenagers, and adults)	El Salvador	1,200	1,200
	Guatemala	421	9,000
# National Societies staff and volunteers trained in MHPSS	Honduras	35	60
	Guatemala	-	50
	Mexico	-	20
# of sessions of self-care for staff and volunteers.	Costa Rica	-	5
	El Salvador	6	10
	Honduras	5	6
	Mexico	-	3

Progress towards outcomes

The total number of persons reached in this sector includes persons who received direct relief assistance for basic needs and/or temporary collective accommodation service.

Panama: As the influx of migrants increases, efforts are focused on providing care to the health teams in Darien between the two Temporary Migration Reception Station (San Vicente and Lajas Blancas).

Health care is provided on an ongoing basis, the main ones being acute diarrheal disease, lower limb wounds, common cold, high blood pressure, diabetes mellitus, skin abscesses, acute tonsillitis. Cases of dehydration have been detected and, together with other partners, hydration kits have been delivered, with the male population over 18 years of age being the most attended.

In the ETRM of Lajas Blancas, it has been recorded that people from the local community have come to seek medical attention. In recent months, with the arrival of the rainy season, there has been an increase in cases of skin lesions and diarrhea.

One of the main challenges is to have the number of medicines and supplies to cover all the needs, it is important to mention that the costs of these are high and that the purchase processes through logistics are very extensive.

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Costa Rica: Two first aiders have been hired to provide first aid assistance at the mobile posts, both on the southern and northern borders of Costa Rica, to provide care to migrants arriving with injuries or any other type of health condition.

To date, a total of 4,212 people has been assisted at both borders, including women, men and children. The most frequent consultations are for wounds, irritation from rubbing and inflammation of their lower extremities, allergies, rashes, sunstroke, vomiting, diarrhoea and vital signs, among others.

The mental health and psychosocial support activities have not been able to be developed due to the lack of funds for their implementation.

Costa Rican Red Cross provides First Aid Assistance to migrants at the northern and southern border, 2023. Source: CRRC.

Self-care workshop with Salvadoran Red Cross staff and volunteers who work directly with the migrant and displaced population. Source SRC

El Salvador: Salvadoran Red Cross (SRC) has provided psychosocial care and accompaniment, psychosocial support days, self-care days and distribution of differentiated psychosocial support kits to children, adolescents, and adults (made up of play materials for children and adolescents, and in the case of adults, it includes a manual of mental activities, among other inputs).

Individual and family care has also been provided to returned and displaced migrants in their place of relocation, with the aim of contributing to the strengthening of their mental health, facilitating positive coping strategies and livelihood management.

At the same time, it has developed self-care workshops for the staff and volunteers of the SRC and staff of the Migrant Attention Management, Executive Technical Unit and Doctors of the World, who assist migrants and displaced persons.

Honduras: Currently, MHPSS care and pre-hospital services are being provided at two strategic points in Danli, Trojes, Las Manos and Ocotepeque. Although the funds of the appeal were not sufficient to include the purchase of medicines and pre-hospital care supplies, through coordination with other projects and the positioning of the HRC with first-hand supplies, it's been possible to provide quality and complete care to the population that has required it. In addition, messages have already been approved for campaigns in the different sectors for the promotion of information and the development of MHPSS/health and community health campaigns.

Two self-care sessions and one MHPss training with volunteers and key actors in Ocotepeque, who provide assistance in the western part of the country, have been scheduled.

Development of ludic activities in safe spaces and health care in the HSP in the municipality of Danli, El Paraíso.

Guatemala: The Guatemalan Red Cross (GRC) has provided pre-hospital care services, distribution of personal protective equipment (masks, alcohol gel, etc.), socialization of awareness-raising messages on health-related issues, mental health care and psychosocial support and distribution of psychosocial support kits.

Currently, training/updating processes have begun on various topics for the people and volunteers who work directly with the migrant population to continue guaranteeing the relevance and quality of the services provided.

In the following months it is expected to continue with the planned actions in this sector, which will be reflected in the final report.

Mexico: The Mexican Red Cross (MRC) in previous months has prioritized actions according to the latent needs that migrants have been externalizing through different communication channels, as well as the availability of funds. In this sense, it is planned to give continuity to the implementation of the actions planned for this sector in the following months, considering the extension of the Emergency Appeal. Progress will be reflected in the final report.

Water, Sanitation and Hygiene

People reached: 72,585

Objective:	*Comprehensive water, sanitation and hygiene support is provided to the most vulnerable people, resulting in an immediate reduction in the risk of water-related diseases and improving the dignity of the target population.*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	# of people reached with hygiene supplies	Costa Rica	6,905	15,000
		El Salvador	1,190[10]	3,300
		Honduras	11,007	30,000
		Guatemala	1,927	34,000
	# of people reached with safe water	Panama	-	5,000
		El Salvador	15,739	19,200
		Honduras	27,224	30,000
		Guatemala	22,717	2,500
	# of personal hygiene kits distributed	Panama	800	1,500
		Costa Rica	6,905	15,000
		El Salvador	1,190	4,000
		Honduras	11,007	30,000
		Guatemala	1,859	34,000
		Panama	6,869,000	1,500,000

[10] This note is to clarify that the amount in this indicator and that of the indicator *# of personal hygiene kits distributed* are correct, and are those corresponding to the closing of 31 May 2023, and not as reported in the Operations Update No. 3. After a comparison of information, it became evident that there was an error in the tabulation of the information.

	# of liters of drinking water distributed through safe water supply	Honduras	1,490,000	30,000
	# of people reached by WASH assistance (vector control, hygiene promotion, solid waste management)	Panama	-	1,500
		Honduras	6	8[11]

Progress towards outcomes

Comprehensive services have been provided, so the total number of people reached in this sector includes people who received direct assistance with individual hygiene supplies or differentiated hygiene kits and/or safe water, depending on the needs required.

Panama: Safe water production continues in the Lajas Blancas Temporary Migratory Reception Station (TMRS) and in the Bajo Chiquito host community, guaranteeing access to water, as well as the distribution of hygiene kits with support from other bilateral partner funds.

One of the main challenges that have been identified is in the TMRS of San Vicente, being a new facility, the local authorities have indicated that the modular space is under warranty so repairs should be made by the company contracted to execute the work, to date the duration of the warranty is unknown so the humanitarian actors related to sanitation and hygiene issues only make recommendations.

With the increase in irregular migratory flows and the elimination of community work, the increase in solid waste represents a great challenge, considering that the cleaning days are carried out daily, it is not enough to maintain the TMRSs in the best sanitary conditions.

Costa Rica: Through this operation, 6,905 hygiene kits have been supplied to cover the basic needs of migrants. For the distribution, the same strategy and logistics of setting up mobile Humanitarian Service Points was used, which are located for a few hours at strategic points and are mobilised according to the needs, increase, or decrease of the migratory flow.

As a delivery strategy, there is constant communication between the two aid posts, to be able to reach those people who for some reason or another were not attended to at the southern border post.

Distribution of hygiene kits in northern and southern borders. Source: CRRC.

[11] # of campaigns

El Salvador: The Salvadoran Red Cross (SRC) has distributed differentiated hygiene kits to women, pregnant women, children, and men (containing shampoo, bath soap, toothpaste, toothbrush, body lotion, toilet paper, among other supplies). Clothing kits for children from 0 to 2 years old and 3 to 8 years old have also been distributed. In addition, safe water has also been distributed in 600ml plastic bottles.

Distribution of differentiated hygiene kit for women. Source: SRC.

Honduras: Currently, differentiated hygiene kits are being distributed at the different HSPs. 30,000 litres of drinking water have been distributed and work in the conditioning of water systems in the collective centres has finished and currently work is being done in a second temporary centres which is expected to be done by the end of June.

Work is also being carried out to condition water in the temporary accommodation centres. Material with key messages on hygiene promotion and menstrual hygiene has been printed, as well as vector control campaigns and fumigation days in the different accommodation centres.

Guatemala: The Guatemalan Red Cross (GRC) within the Humanitarian Service Points (HSP) has distributed hygiene articles, hygiene kits and water bottles. To date, these actions have decreased in intensity due to the prioritization of other needs that have been externalizing the migrant population, as well as the lack of funds to cover all planned actions at the same time. However, with the extension of the Appeal timeframe, the GRC will continue to add efforts to complete the remaining actions as much as possible. This will be reflected in the final report.

Protection, Gender and Inclusion

People reached: 39,197

Objective:	*The different people affected are safe from harm, including violence, discrimination and exclusion, and their needs and rights are met.*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	# of sectoral or PGI assessments conducted using the PGI Minimum Standards	Panama	-	1
		El Salvador	1	1
		Honduras	1	1

		Guatemala	-	3
	# of people reached by protection, gender and inclusion services	Panama	6,150	500
		Costa Rica	-	3,200
		El Salvador	56	1,350
		Honduras	11,885	5,000
		Guatemala	21,106	2,570
		Mexico	-	10,000
	# of people accessing safe spaces	Honduras	11,885	4,000
	Established or updated referral pathways for response	Costa Rica	-	1
		Honduras	1	1
		Mexico	0	2
	# of National Societies staff and volunteers trained on implementing the PGI Minimum Standards	Costa Rica	51	45
		Honduras	60	25
		Guatemala	58	100
	# of volunteers and management staff trained in restoring family links (RFL)	Honduras	25	25
		Mexico	0	80
	# of people reached with RFL services	Panama	3,406	3,000
		Honduras	9,150	200
		Guatemala	1,090	1,050
		Mexico	-	500
	#of humanitarian diplomacy initiatives on prevention and response to SGBV and violence against children	Honduras	2	1

Progress towards outcomes

Comprehensive services have been provided, so the total number of people reached in this sector includes people who have received Protection, Gender, and Inclusion services, including people who have been supported with RFL services.

Panama: The main actions that have been carried out are the delivery of safe information, key messages, safe referrals and emotional support. As for RFL, it has been strengthened with the equipment of electric generators, since some points do not have easy access to electricity. In recent months, the battery charging, WIFI and paging

services have been maintained; however, the number of people seeking to make a free call has increased.

Costa Rica: The CRRC has a policy called "Policy for gender equality and equity", which aims to consolidate, promote, encourage, foster and train the construction of dialogues and interventions based on tolerance and respect for the differences of the population it serves, transforming gender inequalities in the development of capacities. The National Society addresses this issue with great interest, and this Policy is oriented to the planning of actions related to the mainstreaming of the gender and diversity approach; allowing to influence decision makers and all the Red Cross staff, the inclusion of equality and interaction between gender roles, encouraging participation in a process of reflection and awareness.

To date, three PGI talks have been organized and given to volunteers, one on the northern border, Los Chiles, which includes volunteer personnel from the Auxiliary Committees of Ciudad Quesada, Santa Rosa and Pital, and two on the southern border - Paso Canoas, with the participation of volunteers from the Auxiliary Committees of Golfito, Ciudad Neilly and San Vito.

PGI talks to volunteers in northern and southern borders. Source: CRRC.

El Salvador: The Salvadoran Red Cross (SRC) has directly assisted people who have approached the Humanitarian Service (HSP) through the socialization of key messages about access to rights, as well as durable solutions. In addition, they have conducted an analysis on the urgent actions of protection, gender and inclusion that must be considered when providing services and distribution of humanitarian aid, ensuring that these are relevant and reach all people who require it.

Honduras: There is currently active participation in the protection sub-clusters, and work is also being done on the strengthening of safe spaces and the development of PGI training with key actors, volunteers, and National Society staff. Two training sessions on PGI standards have been held with volunteers from region 1 and region 3 in March.

In addition, work is being done on planning for the development of the National Intervention Team (NIT) specialising in RFL, in conjunction with CENACAPT, CREPD and the HRC.

Provision of RFL and pre-hospital care services at the humanitarian service points in the community of Machuca, Ocotepeque. Source: HRC.

Guatemala: The Guatemalan Red Cross (GRC) within the Humanitarian Service Points (HSP) has carried out actions related to Protection, Gender, and Inclusion (PGI), through informative talks and distribution of key messages, as well as ensuring that all services are accessible to all people who require them. At the same time, it has also carried out training/updating processes for staff and volunteers on PGI-related issues. It has also carried out actions related to RFL. These actions will continue to be developed in the following months, which will be reflected in the final report.

Mexico: The Mexican Red Cross (MRC) has not carried out concrete actions in this sector due to the prioritization of actions and the lack of budget; however, due to the extension of the Emergency Appeal, they are reviewing the planning of the actions proposed here to follow up on them. The progress of these actions will be reflected in the final report.

Community Engagement and Accountability

People reached: 2,481

Objective:	*The diverse needs, priorities and preferences of affected people guide the response through a people-centered approach and meaningful community involvement.*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	# of National Societies with established feedback mechanisms	Panama	Yes	Yes
		Costa Rica	Yes	Yes
		Honduras	Yes	Yes
	# of community consultation meetings	Costa Rica	3	3
		Guatemala	2	8
	# of satisfaction surveys completed	Panama	1,032	300

		Costa Rica	-	4,000
		Honduras	125	4,000
		Guatemala	1,324	400
	% of surveyed people reporting that they receive useful and actionable information through different trusted channels (broken down into digital and non-digital channels).	Panama	61%	60%
		Honduras	-	75%
		Guatemala	91%	75 %
	% of affected people surveyed who report that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.	Panama	86.7%	60%
		Costa Rica	-	70%
		Honduras	-	75%
		Guatemala	91%	75 %
	# of staff, volunteers and leadership trained on CEA (disaggregated by staff / volunteers / sex)	Costa Rica	48	50
		Honduras	-	25

Progress towards outcomes

Panama: 86% of the surveyed population perceives that they have received the services of the Red Cross Society of Panama in a safe, accessible, accountable and participatory manner. Some of the highlighted areas of interest are how to contact family members, obtain food, and access health services. These surveys allow the RCSP to identify where to improve, expand services, reinforce key messages, and even the auxiliary role played by the Red Cross Society of Panama as a humanitarian actor.

Costa Rica: An awareness-raising strategy was developed with host communities and awareness-raising talks were given to volunteers and staff on CEA issues. With the information acquired, "Pre-hospital care cards for migrants with chronic illnesses and pregnant women" were created, as well as information and key messages for the information map of Costa Rica for the migrant population.

The migratory flow of the last months has created in the host population the generation of diverse expectations and development of attitudes that can be inconvenient for both populations, therefore it is of utmost importance to know the current context, opinions, stigmas, and rumours. The information received in these meetings forms part of the analysis that allows for the development of an awareness-raising strategy with host communities.

Red Cross personnel are trained in CEA. Northern Border Los Chiles and Southern Border - Paso Canoas. February 2023. Source: CRC.

Honduras: From a total of 400 menstrual hygiene kits that were distributed in the shelters, as mentioned in this area of intervention, 125 surveys were applied to migrant women who benefited from these kits, in order to monitor the acceptance of the kits (31.25% sample of the total of 400). Of the results, it is worth noting that 99.2% indicated that they were satisfied with the kit. Also, 80.8% indicated that the kit includes the necessary supplies to manage their menstruation; however, 13.6% indicated that it is necessary to include other supplies, including pain medication (cramps) and creams for chafing. Another issue to highlight was that in open consultation, they were asked what difficulties they currently have in managing their menstruation and the answers were: management of premenstrual cramps, personal hygiene issues (access to decent showers), as well as issues related to abundant flow.

Guatemala: The Guatemalan Red Cross (GRC) continues to consult with the communities, as well as with the people to whom services are provided at the Humanitarian Service Points (HSP) to know their perceptions and suggestions to continue strengthening and ensuring the quality of care provided. These actions will continue to be developed in the following months to continue guaranteeing the relevance and quality of the services provided. Progress will be reflected in the final report.

Migration

People reached: 101,175 directly and 63,714 indirectly.

Objective:	*The specific vulnerabilities of migrants, refugees and returnees are analyzed and their needs and rights are met through targeted humanitarian assistance, protection and humanitarian diplomacy interventions, in coordination with relevant stakeholders and sectors.*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	# of HSPs created or reinforced	Panama	1	1
		Costa Rica	4	4
		El Salvador	0	4

		Honduras	3	2
		Guatemala	6[12]	8
		Mexico	0	6
	# of people reached through humanitarian service points (migrants and displaced people)	Panama	576	2,500
		Costa Rica	24,689	20,000
		El Salvador	17,498	18,000
		Honduras	36,800	30,000
		Guatemala	21,612	12,855
		Mexico	-	22,000
	# of people reached with relief kits	Costa Rica	148	20,000
		Honduras	-	6,000
		Mexico	-	22,000
	# of people reached with connectivity services at HSPs	Honduras	4,420	200
		Guatemala	221	5,000
	# of people reached indirectly through the dissemination of key services and protection messages.	El Salvador	2,190	4,000
		Honduras	10,000	8,000
		Guatemala	51,524	5,000
	# of staff and volunteers trained in migration and displacement	Costa Rica	50	100
		El Salvador	-	50
		Honduras	-	25
		Guatemala	61	50
		Mexico	-	20

Progress towards outcomes

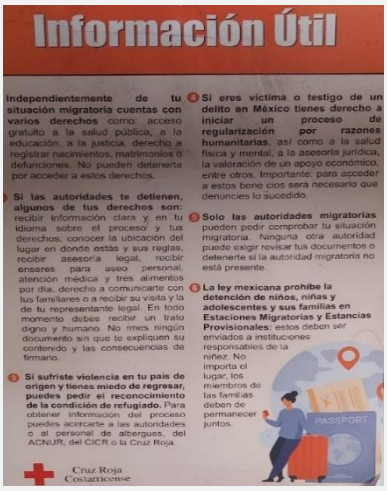
Panama: The fixed humanitarian service points in the San Vicente TMRS were adapted to improve the RCSP's intervention spaces.

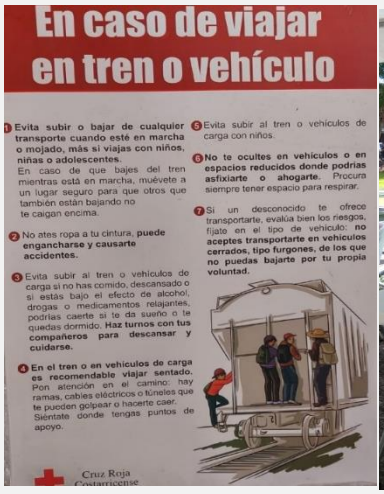
[12] The previous Operation Update incorrectly reported that 12 HSPs had been reinforced with EA funds. However, the number as of 31 May 2023 is 6 for the Guatemalan Red Cross.

One of the limitations has been that the mobile HSP that was in the field suffered mechanical problems and is therefore temporarily out of service; however, as of May, a second mobile HSP was obtained through funds from the ECHO Pilot Programmatic Partnership, which is providing services in the Lajas Blancas ETRM.

Costa Rica: Assistance has been provided to 24,689 migrants with information support and two interpreters, one at each border, allowing better communication when providing assistance and confidence for them to approach and express their needs.

They are also given information material on health issues and useful information during their journey.





Example of information brochure handed out to migrants by the Costa Rican Red Cross. Source: CRRC.

Costa Rican Red Cross North zone assistance post, 2023. Source: CRRC.

Delivery of differentiated hygiene kits and water bottles to a partner organization. Source: SRC.

El Salvador: The Salvadoran Red Cross (SRC) has directly assisted people at the Humanitarian Service Points (HSP) through psychosocial care, safe referrals, legal and migratory attention. The rest of the attention has been provided indirectly through inputs provided (mainly through kits and safe water) to governmental entities and partner organizations, who also provide direct attention and distribution of humanitarian aid to the migrant population. Among the governmental entities and organizations are the Migrant Attention Management, part of the Migration and Alien Affairs Directorate; the Ministry of Foreign Affairs, which has offices that work with the migrant population; and other civil society institutions, including the Missionaries of St. Charles Scalabrinians.

At the moment, the SRC has not carried out any actions related to the reinforcement of the HSP in force, due to the prioritization of actions according to the immediate needs that migrants are externalizing, as well as to the lack of budget.

Honduras: Attention and services are provided through the Humanitarian Service Points in the municipalities of Danli, Trojes and Ocotepeque, these are attended by the technical team and trained volunteers of the Honduran Red Cross in the different thematic areas, CCCM (Camp Coordination and Camp Management), RFL, MHPSS, Health and Wash. Relief kits are scheduled to be purchased in June.

Attention to migrants in transit, at the humanitarian services point in Las Manos, El Paraiso. Source: HRC.

Guatemala: The Guatemalan Red Cross (GRC) has strengthened the Humanitarian Service Points (PSH) to ensure that they are dignified and safe spaces to receive attention to people who require the services provided. At the same time, safe connectivity services have been provided, as well as the distribution of protection messages so that they can be considered during their mobility. GRC are also constantly training staff and volunteers to continue guaranteeing the quality of the services provided. These actions will continue to be developed in the following months and will be reflected in the final report.

Mexico: The Mexican Red Cross (MRC) is continuing with the last administrative processes to be able to receive the two mobile units that will serve to reinforce the Humanitarian Service Point (HSP) service to the migrant population. It is planned to receive them at the end of June. Parallel to receiving these two units, other specific actions will be implemented for this sector, as well as for the previous sectors, always depending on the prioritization of needs to be carried out according to what is externalized by the migrant population, as well as the availability of budget.

Risk Reduction, climate adaptation and Recovery

People reached: -

Objective:	*Host communities in high-risk areas are prepared and able to respond to disasters*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	# of host communities with early warning systems established in collaboration with RCRC	Guatemala	-	1
	# of host communities trained in the development of early warning systems	Guatemala	-	5
	Awareness campaigns on risk reduction issues including translation of first aid guide in migrants' languages and host communities languages (Yes/No)	Guatemala	-	1

	# of people trained in disaster risk reduction-related areas (VCA)	Costa Rica	-	30

Progress towards outcomes

Costa Rica: To date, the Costa Rican Red Cross is not implementing actions in this sector as they have made some prioritizations in its Operational Strategy due to the constant change in migratory flows and the prioritization of needs that this requires, as well as the limited availability of funds. However, coordination meetings are held with risk reduction personnel to carry out community diagnoses of host communities.

Guatemala: The Guatemalan Red Cross (GRC) has initiated the collection of information to identify community needs related to risk reduction, climate adaptation and recovery. The actions have been paralyzed due to the prioritization of needs, as well as the lack of budget availability. With the extension of the timeframe GRC will continue to seek strategic alliances to continue developing the planned actions. Progress will be reflected in the final report.

Education

People reached: -

Objective:	*Mitigate child protection risks through the provision of essential child-centered services.*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	# of affected children, adolescents and young adults receiving any form of education support provided by RCRC in affected areas	Costa Rica	-	5,000
		El Salvador	-	600

Progress towards outcomes

To date, the **Salvadorian** Red Cross is not implementing actions in this sector as they have made some prioritizations in its Operational Strategy due to the constant change in migratory flows and the prioritization of needs that this requires, as well as the limited availability of funds.

Costa Rica: in coordination with the work team, the CRRC is working on the preparation of a children's kit to be distributed to migrant children in transit at the southern border with Paso Canoas.

Environmental sustainability

People reached: -

Objective:	*The environmental impact of the operation is reduced by focusing on greener practices in the supply chain and procurement of locally produced items, effective waste management and recycling, and environmental review of long-term sectoral interventions.*			
	Indicator	**NS**	**Actual**	**Target**

Key indicators:	*# of green activities developed of environmental sustainability*	Costa Rica	8	10

Progress towards outcomes

Costa Rica: As part of the development of projects for the migrant population along the migratory route on both borders, a lot of waste is produced every day directly or indirectly, which presents a problem in the localities with the exponential accumulation of waste at the bus terminals, which has led to the organization of various waste collection and environmental sustainability campaigns, with the participation of volunteers from the various auxiliary committees.

To carry out these activities at the border post in Paso Canoas, the CRRC coordinated with different branches in the region (Golfito, Ciudad Neily, Coto Brus) and with the Municipality of Corredores, where they provided them with a space to deposit all the waste, and in the area and the Municipality of Golfito provided personnel and a small truck to collect the waste and transport it to the collection centre.

The same activities are also being carried out at the northern border post with the collaboration of volunteers from the branches of San Miguel, Rio Cuarto, Santa Rosa, Los Chiles, Guatuso, Risk Management and the support of the Regional Board of the northern zone.

Between the campaigns in the two borders, more than 260 bags of waste were collected.

Enabling approaches

National Society Strengthening

Objective:	*National Societies respond effectively to the broad spectrum of evolving crises and their auxiliary role in disaster risk management is well defined and recognized.*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
		Panama	-	75
		Costa Rica	50	4,500

	# of volunteers involved in the response operation that have increased their skills in response and management of operations	El Salvador	0	75
		Honduras	70	100
		Guatemala	42	25
		Mexico	0	100
	National Society has identified learning mechanisms to assess the impact of the operation (Yes/No)	Panama	Yes	Yes
		Costa Rica	Yes	Yes
		El Salvador	Yes	Yes
		Honduras	Yes	Yes
		Guatemala	Yes	Yes
		Mexico	Yes	Yes
	# of volunteers provided with equipment for protection, safety and support (e.g. PPE) appropriate to the emergency	Costa Rica	-	4,500
		El Salvador	-	75
		Honduras	-	100
		Guatemala	40	25
		Mexico	-	100
	NS capacities strengthened to provide services to the affected population (Yes/No)	Panama	Yes	Yes
		Costa Rica	Yes	Yes
		El Salvador	Yes	Yes
		Honduras	Yes	Yes
		Guatemala	Yes	Yes
		Mexico	Yes	Yes

Progress towards outcomes

Panama: The RCSP has maintained the continuity of some positions necessary to carry out the actions of the migration programme, such as field coordination, communications officer and Emergency Vehicle Operator-logistics. Based on the needs, it was necessary to adapt the office located in Darien. In addition, vehicles have been rented and a vehicle has been maintained to optimize the operation in Darien and Chiriquí.

Costa Rica: During the operation, volunteer staff at both border crossing points have increased their knowledge and skills in dealing with migrants.

At the moment, talks on migration awareness are being planned for the National Society's volunteer staff at both borders.

The purchase of personal protection equipment and National Society visibility implements for the personnel who support the HSPs and carry out activities in the border areas is in process.

Talks on migration given to volunteers and staff at northern and southern borders, April 2023. Source: CRRC.

El Salvador: Now, the Salvadoran Red Cross (SRC) has not made specific advances for this sector due to the lack of budget and has prioritized other actions in other sectors to meet the most immediate needs of the migrant population.

Honduras: Training courses on CCCM (Camp Coordination and Camp Management), PHAST (Participatory Hygiene and Sanitation Transformation) methodology, FAA (First Aid Assistant), PGI, WaSH, MHPSS has been completed to a large extent, strengthening the capabilities of all the volunteer personnel supporting the response.

Capacity building, development of National Intervention Team with RFL specialty, in collaboration with CREPD and ICRC. Source: HRC.

Guatemala: The Guatemalan Red Cross (GRC) has been carrying out trainings/refresher trainings for staff and volunteers who work directly with people at the Humanitarian Service Points (PSH). They have also been provided with personal protective equipment to ensure the quality of the services provided, as well as the safety of staff, volunteers and people attending the HSP.

Mexico: So far, the Mexican Red Cross (MRC) has not made specific advances for this sector due to the lack of budget and has prioritized other actions in other sectors to meet the most immediate needs of the migrant population.

At the end of the Appeal, the **Guatemalan**, **Salvadorian**, **Honduran** and **Mexican** Red Cross plan to hold a lesson learned workshop as a mechanism for accountability and quality assessment so that the results can be considered in future operations.

Coordination and Partnerships

Objective:	*Expand the programmatic reach of National Societies and the International Federation to ensure a coordinated humanitarian response with other governmental and non-governmental agencies.*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	Membership coordination meetings organized, and updates are provided to the Membership partners (Yes/No)	Panama	Yes	Yes
		Costa Rica	Yes	Yes
		El Salvador	Yes	Yes
		Honduras	Yes	Yes
		Guatemala	Yes	Yes
		Mexico	Yes	Yes
	Movement coordination meetings organized, and updates are provided to the Movement partners (Yes/No)	Panama	Yes	Yes
		Costa Rica	Yes	Yes
		El Salvador	Yes	Yes
		Honduras	Yes	Yes
		Guatemala	Yes	Yes
		Mexico	Yes	Yes
	Key partners meetings organized, and updates provided to all partners (Yes/No)	Panama	Yes	Yes
		Costa Rica	Yes	Yes

		El Salvador	Yes	Yes
		Honduras	Yes	Yes
		Guatemala	Yes	Yes
		Mexico	Yes	Yes

Progress towards outcomes

All the National Societies that are part of this Appeal, together with the IFRC, developed during the months of October - December 2022 an assessment of the needs of the migrant population in the borders with Mexico and Central America, with the general objective of evaluating the humanitarian needs, information and access to basic services of the migrant population in the key borders of Central America, with special attention to shelter, health (including mental health), water, hygiene and sanitation, food security and protection; and thus have information that will help National Societies to strengthen their intervention strategies.

Panama: Coordination has been carried out at the inter-agency level through the protection subgroups, WASH, health group, human mobility group and case desk, all of which have been carried out in Darién. Work is underway to develop a mirror strategy for the Chiriquí area. This coordination has been carried out with funds from other partners of the RCSP migration program. After carrying out a scenario planning exercise in the provinces of Darien, Chiriqui and Panama, a high-level meeting was held with Panamanian authorities and humanitarian agencies, the results of which will be presented in the final report.

Costa Rica: Various meetings were held with institutions and organisations working on the issue of migrants in the country, to discuss the possibilities of working on the project.

Meetings are periodically held with UNICEF to present the work of both institutions, since, through funds from another donor, they are working with the Costa Rican Red Cross on a bilateral basis on both borders, this project is focused on children.

El Salvador: Has held periodic context analysis meetings as well as inter-institutional coordination meetings with civil society organizations, government entities and academia. At the same time, it has held meetings with the ICRC and the IFRC to coordinate specific actions. These meetings will continue to be held according to the needs that arise in the following months.

Honduras: On a weekly basis, the HRC participates in different meetings with key actors in the field, where updates are provided on the current situation and they discuss challenges and solutions in order to reach mutual agreements.

Guatemala: Has held meetings with representatives of the ICRC and the IFRC to analyse the constant changes in migratory flows, as well as to learn about the work being done as a Movement, and thus seek actions to strengthen it. At the same time, it has also held periodic context analysis meetings as well as inter-institutional coordination meetings with Civil Society organizations and State entities, mainly. More of these meetings will be held as needs arise in the following months.

Mexico: has held periodic context analysis meetings as well as inter-institutional coordination meetings with civil society organizations and State entities. At the same time, it has held meetings with the ICRC and the IFRC to coordinate specific actions. These meetings will continue to be held according to the needs that arise in the following months, with the aim of promoting coordinated work and joining efforts to provide comprehensive and quality care.

Secretariat Services

Objective:	*IFRC supports capacity building of National Societies and leverages the strength of the communities they work with in the most effective and efficient way possible.*			
Key indicators:	**Indicator**	**NS**	**Actual**	**Target**
	Joint coordination tools and mechanisms are in use within the Membership response (Yes/No)	Panama	Yes	Yes
		Costa Rica	Yes	Yes
		El Salvador	Yes	Yes
		Honduras	Yes	Yes
		Guatemala	Yes	Yes
		Mexico	Yes	Yes
	# of surge missions or deployments	Panama	1	1
		Honduras	1	2
		Guatemala	2	3
		Mexico	0	2

Progress towards outcomes

Communications

425 media articles have been published on the migratory crisis in Central America and Mexico between August 1, 2022, and 3 April 2023. This is equivalent to investing USD 26.2 million in media advertising. The coverage is mainly in Spanish and English and focuses on the route-based approach, the needs of migrants and the network of humanitarian service points. More information on the media coverage is available here. 34 posts have been published on the @MKeaysIFRC and @IFRC_ES Twitter accounts, and @IFRC_ES on Instagram. On Twitter, where the IFRC focused its content, and had an average of 2,015 impressions and an average of 94 engagements per post. Videos from the field, and testimonials have the highest views, engagement, and impression rates. More information on the social media activity is available here.

Currently there are no communications surge personnel deployed in the countries where the Appeal is being implemented. Coordination and follow-up with National Societies is being done through the staff of the Central America Cluster.

Costa Rica: IFRC delegates visited the operation to follow up on the activities in January 2023, with field visits and a meeting with the staff of the Ciudad Neily branch, projects and volunteer staff who have supported the different activities. This visit identified some priority needs for care services in both border areas.

IFRC delegates field visit, January 2023. Source: CRRC.

D. FUNDING

As of 31 May 2023, 13 per cent of the Appeal's funding requirements has been covered. The IFRC kindly encourages increased donor support for this Emergency Appeal to enable host National Societies to continue to provide support to the migrants and host communities, primarily in the process of attending their immediate needs for food, shelter, water, and livelihoods.

Click here for the donor response.

Federation-wide funding requirement*

Federation Wide Funding Requirement including the National Society domestic target, IFRC Secretariat and the Partner National Society funding requirement	IFRC Secretarian Funding Requirement in support of the Federation Wide funding ask
28 million CHF	18 million CHF

**For more information on Federation-Wide funding requirement, refer to section: Federation-wide Approach in the Regional Operational Strategy*

Breakdown of the IFRC secretariat funding requirement

OPERATING STRATEGY

MDR43008 – Mexico & Central America: Migration crisis

FUNDING REQUIREMENTS

Planned Operations	**12,119,346**
Shelter and Basic Household Items	321,308
Livelihoods	611,031
Multi-purpose Cash	845,013
Health	2,096,713
Water, Sanitation & Hygiene	2,228,172
Protection, Gender and Inclusion	859,824
Community Engagement and Accountability	181,710
Education	116,856
Migration	4,643,033
Risk Reduction, Climate Adaptation and Recovery	191,586
Environmental Sustainability	24,100
Enabling Approaches	**4,782,061**
Coordination and Partnerships	2,381,340
Secretariat Services	29,829
National Society Strengthening	2,370,892
TOTAL FUNDING REQUIREMENTS	**18,000,000**

all amounts in Swiss Francs (CHF)

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- **Operations Coordination Focal Point**: Karla Morizzo (acting); email: karla.morizzo@ifrc.org

Reference documents
↘
Click here for:
- Link to the Emergency Appeal and updates

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Selected Parameters			
Reporting Timeframe	2022/7-2023/5	Operation	MDR43008
Budget Timeframe	2022-2023	Budget	APPROVED

Emergency Appeal
INTERIM FINANCIAL REPORT

Prepared on 20 Jul 2023

All figures are in Swiss Francs (CHF)

MDR43008 - Central America & Mexico - Migration Crisis

Operating Timeframe: 29 Jul 2022 to 31 Jul 2023; appeal launch date: 29 Jul 2022

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	188,000
AOF2 - Shelter	343,000
AOF3 - Livelihoods and basic needs	1,381,000
AOF4 - Health	2,375,000
AOF5 - Water, sanitation and hygiene	2,373,000
AOF6 - Protection, Gender & Inclusion	1,204,000
AOF7 - Migration	5,407,000
SFI1 - Strenghten National Societies	3,290,000
SFI2 - Effective international disaster management	1,000
SFI3 - Influence others as leading strategic partners	190,000
SFI4 - Ensure a strong IFRC	1,248,000
Total Funding Requirements	**18,000,000**
Donor Response* as per 20 Jul 2023	**1,341,767**
Appeal Coverage	**7.45%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	11,680	5,307	6,373
AOF2 - Shelter	44,093	38,712	5,381
AOF3 - Livelihoods and basic needs	58,506	2,761	55,745
AOF4 - Health	296,061	271,594	24,467
AOF5 - Water, sanitation and hygiene	380,936	325,244	55,692
AOF6 - Protection, Gender & Inclusion	245,856	179,281	66,575
AOF7 - Migration	565,547	389,617	175,930
SFI1 - Strenghten National Societies	307,986	185,150	122,835
SFI2 - Effective international disaster management	105,062	7,329	97,734
SFI3 - Influence others as leading strategic partners	2,560	0	2,560
SFI4 - Ensure a strong IFRC	166,380	176,757	-10,377
Grand Total	**2,184,667**	**1,581,751**	**602,916**

III. Operating Movement & Closing Balance per 2023/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,035,240
Expenditure	-1,581,751
Closing Balance	**453,489**
Deferred Income	258,427
Funds Available	711,916

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	50,000	**Outstanding :**	**950,000**

Selected Parameters			
Reporting Timeframe	2022/7-2023/5	Operation	MDR43008
Budget Timeframe	2022-2023	Budget	APPROVED

Emergency Appeal
INTERIM FINANCIAL REPORT

Prepared on 20 Jul 2023

All figures are in Swiss Francs (CHF)

MDR43008 - Central America & Mexico - Migration Crisis

Operating Timeframe: 29 Jul 2022 to 31 Jul 2023; appeal launch date: 29 Jul 2022

V. Contributions by Donor and Other Income

Opening Balance	**0**

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
British Red Cross	198,435				**198,435**	
DREF Response Pillar				950,000	**950,000**	
Japanese Red Cross Society	33,642				**33,642**	
On Line donations	21				**21**	
Red Cross of Monaco	19,770				**19,770**	
Simón Bolívar Foundation/CITGO	66,780				**66,780**	*162,420*
Swedish Red Cross	263,137				**263,137**	
Swiss Red Cross	100,000				**100,000**	
The Canadian Red Cross Society	143,595				**143,595**	
The Netherlands Red Cross (from Netherlands Govern	258,067				**258,067**	
UNICEF - United Nations Children's Fund	1,793				**1,793**	*96,007*
Total Contributions and Other Income	**1,085,240**	**0**	**0**	**950,000**	**2,035,240**	***258,427***
Total Income and Deferred Income					**2,035,240**	*258,427*