Information Bulletin no. 1
Central America:
Population Movements associated with COVID-19

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National Societies currently involved: Guatemalan Red Cross (GRC), Honduran Red Cross Society (HRC), Mexican Red Cross (MRC), Salvadorean Red Cross (SRCS).

No of other partner organizations involved: International Organization for Migration (IOM), United Nations Agency for Refugees (UNHCR), NGOs and local governments.

ARO is publishing this special report on population movement in Central America due to the high impact, flows and pre-existing dynamics in the region and the importance of reflecting the joint coordination between NSs and IFRC to meet the needs of populations affected by COVID-19 and Migration.

The situation

From October 2018 to January 2020, "caravans" have become a new modality of migration, on the basis of the hypothesis that mobilization attracts people due to the offers security to migrants and visibility on the route where many Central American migrants have disappeared or been kidnapped, and a way to evade the high price of hiring a smuggler to aid passage to the United States border. The massive population movements continued until between January and February 2020, registering a massive movement of more than 4000 people from Honduras and El Salvador, also some Guatemalans who get together in transit, according to Guatemalan migration authorities, humanitarian needs became a growing concern and a response was sought through DREF: Population Movement activated by the Guatemalan Red Cross.

Traditionally, the mobilizations in Central America are characterized by a flow from south to north, being the main expellers of migrants Honduras, Guatemala and El Salvador, this based on the rates of return, by January to March 2020, 44,228 migrants were returned to the NTCA, of which 13% were Salvadorans, 48% were Guatemalans and of 39% were Hondurans¹ these last two with the highest percentage. Probably because of the undergone processes of voluntary returns, deportations and detentions on the southern border of Mexico with Guatemala on February as result of caravans.

Given the arrival of the COVID-19 outbreak in the Americas, the context, migration flows, needs and vulnerabilities of migrants have changed dramatically. The first days of March, when the borders of the NTCA countries were closed, as a preventive measure against the spread of COVID19, migrants in transit began to take up new blind spots to pass into Guatemala and Mexico, some migrants were stranded at the borders,

¹ Información de Returnos a Nivel Regional, marzo 2020. Iniciativa de gestión de información de Movilidad Humana en el Triángulo Norte
including migrants from outside the region, there was also a cessation of deportation proceedings, from the United States and Mexico.

The scenarios began to change faster at the end of March, where the governments of Mexico and the United States, opened again the processes of deportation to Guatemala, Honduras and El Salvador, the average return was increased and countries such as Guatemala reported a high number of migrants returned by air and land as of March 23, an average of 10,408 migrants were returned from these countries in the month of March².

NTCA countries were not properly prepared with epidemiological and biosecurity protocols for the return migration context during the COVID-19 pandemic.

Although NTCA countries have established authorities and return processes, receiving return migrants during the pandemic has been a major challenge to States. Besides return by deportation process assisted by the States, it’s happening the new phenomenon of “voluntary return in an irregular way. In spite of the return to origin countries cannot be considered irregular, the countries have adopted preventive measures to avoid propagation of COVID-19 and closed borders, the migrants have been considered an epidemiological focus, therefore requiring specialized health monitoring even for their own citizens. In addition, it is currently known that there are more than 10,000 people expelled from the United States to Mexico, during the last weeks of March and the month of April, under Title 42 of the United States Code³.

In Countries such as Guatemala and Honduras, flights of deportees from the United States have decreased, and migrants are tested for COVID-19 before being deported. However, the first return flights included returnees’ migrants without testing⁴. Now the pandemic real issue is about the “voluntary return” as it is difficult to quantify the migrants come back without any kind of testing or epidemiological care, and this continue to enter Guatemala from Mexico⁵.

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² Country profile: Guatemala, March 2020. Iniciativa de gestión de información de Movilidad Humana en el Triángulo Norte
³ Expel of 10,000 migrants in 3 weeks, April 2020. Los Angeles Times
⁴ Returned U.S. migrants to Guatemala have coronavirus, April 2020. CNN
⁵ Entry of migrants in border blind spots, April 2020. Radios Sonora Guatemala
In addition to those adults and family units that are returning voluntarily or being deported, there are also deportations of unaccompanied or separated children, according to government records, 5,302 migrant children have returned to NTCA between January and March 2020. States are trying to provide differentiated attention with necessary epidemiological guidelines, thus unaccompanied children who are deported to NTCA countries are not immediately handed over to their family resources, and the children remain in isolation centers or in hotels used for isolation.

NTCA states have now set up isolation centres for migrants. Guatemala, for example, performs COVID-19's tests to all returning migrants by land, nevertheless the humanitarian needs are evidently increasing. We could refer it as "massive population movements of returnees", and with these movements the specific needs and vulnerabilities increase. But as migrants rebound, they are again faced with the factors that forced them to take the migration route, violence, lack of livelihoods, poverty remain the humanitarian gaps of NTCA countries. The psychosocial care needs of migrants are evident, the consequence of the return that has always been an important factor, but now we must add the fears of contagion of COVID-19 and the confrontation with the processes of isolation.

Likewise, other Central Americas countries has experienced changes in migratory flows as consequences of sanitary and governments measures during COVID-19, mainly regard to extra-continental migrants in Colombia, Costa Rica and Panama, increasing their vulnerabilities and risk keeping stuck during migratory journey, especially in Darien region in Panama The response to the situation in Panama can be seen in the following link, which contains an assessment of needs within the framework of the Panamanian Red Cross response.

Regional Impact

- The governments of the United States and Mexico have stopped requests for asylum and refuge since March 20 due to COVID-19, which has increased the numbers of migrants deportation from the NTCA. Following the recent Migrant Protection Protocols (MPPs), states cannot refuse to receive returned migrants, which has caused difficulties in reception countries due to the lack of epidemiological protocols to attend migrants returnees.

- Unlike the caravans, these large groups of voluntaries returnees throughout an irregular way, try to elude the authorities to arrive to their origin countries, moreover many of them seeks to hide from the general population for fear of being discriminated for coming from Mexico and the United States. The government of Mexico announced on June 2019 that will deploy 6,000 National Guard troops on the southern border of the country with Guatemala, reaching an agreement with the United States to avoid imposing tariffs on the products made in Mexico.

- The humanitarian gap regarding to protection, inclusion and rights has increased for the migrant population returning to NTCA. The countries keep the traditional push factors as poverty, violence, lack of livelihood, malnutrition, natural disasters and climate change, now are exacerbating due to COVID-19, including the discrimination of the communities of origin towards people coming from outside, while increases the needs of returnees. Unaccompanied migrant children are the focus of attention regard to their vulnerabilities and urgent needs, for example psychosocial support to understand the situation of separation and the pandemic is essential.

- The reception countries are evidencing basic needs in their biosecurity processes and epidemiological protocols for the returning population, health care equipment is necessary, as well as the conditions of the isolation centers, the protection of returnees is a topic that is being left aside.

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6 Perfil Triángulo Norte, Marzo 2020. Iniciativa de gestión de información de Movilidad Humana en el Triángulo Norte
**Red Cross and Red Crescent action**

**National Societies Response**

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| • In the first quarter of 2020 a total of 17,195 people were returned from the United States and Mexico.7  
• In the last caravan around 2,000 people, including men, women, pregnant women, children, and members of the LGTBIQ community left San Pedro Sula on 14 January 2020. Increasing to 4,000 in the following days.  
• The National Institute of Migration from the Centro de Atención al Migrante Retornado, has registered voluntary returned migrants. The country has set up a 14-day quarantine for returned migrants and has two isolation centres for migrants, one in San Pedro Sula and one in Tegucigalpa.  
• Honduras have 4 isolation centres for returned migrants8. | • In coordination with the National Institute for Migration and Foreign Affairs (INM), the Honduran Red Cross (HRC) provides assistance to returning migrants in: Centro de Atención al Migrante Retornado (CMR) de Omoa, at the Centro de Atención al Migrante Irregular (CAMI) in Tegucigalpa and provides support to the isolation centres in both San Pedro Sula and Tegucigalpa. In April, the HRC has received a total of 979 returned migrants, 87% of them men and 13% women, at the CMR Attention Centre in Omoa. The services offered by HRC to returned migrants: orientation and information, hygiene kit, primary health care, RFL, clothing, masks, water, transportation to accommodation/hostel, identification of protection cases, and the INM develops the complete biometric process for registration and entry into the country, for the month of April the HRC provided more than 4146 services.  
• The HRC has been able to identify Unaccompanied migrant children, returning alone on a voluntary basis, approximately 10 to 40 are received per week in Omoa. The HRC maintains constant inter-institutional coordination with the INM and the Ministry of Foreign Affairs through the agreements that already exist with both institutions. |

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7 [Información de Returnos a Nivel Regional](#), marzo 2020. Iniciativa de gestión de información de Movilidad Humana en el Triángulo Norte  
8 [Equipamiento Centro de Aislamiento Temporal para migrantes retornados](#), may 2020. Despacho de comunicaciones.
## Guatemala

### Context
- During the first three months of 2020, 21,836 people were expelled to Guatemala, compared to 16,432 for the same period in 2019.
- From March 15 to April 24, ICE Air appears to have made 21 deportation flights to Guatemala.\(^9\)
- To May 5th, Guatemala has 798 COVID-19 positive cases, by April 20th, 50 cases of COVID-19 had been confirmed in migrants returning from the United States.\(^10\)
- Guatemala has 4 assailment centers, 3 in Quetzaltenango and 1 in Guatemala City, one of three in Quetzaltenango is exclusive for unaccompanied migrant children.
- Migrants were then moved to an athletes’ dorm at a large sport center known as the Domo Polideportivo. As of 22 April, this ad hoc reception centre held 226 returnees, with the rest quarantining at home.

### Guatemalan Red Cross (GRC)
- The GRC provided on April 2019, various services to people on transit: first aid and pre-hospital care, telephone calls, self-care messages, snack, leisure kits for children, safe water, telephone charging station, guidance on the migratory route to prevent risks.
- The GRC in coordination with the National Institute of Migration, from the last week of March to the first of May has provided information on the prevention of COVID-19 to 1,110 immigrants, mainly returnees.
- The GRC with the support of the IFRC launched a DREF Operation MDRGT016 Guatemala - Population Movement on January 28th, specifically to attend the caravans at the beginning of the year, but given the change of context, the action plan has been adapted to meet the needs and vulnerabilities of migrants on return.
- With support of the Monarch Butterfly Program and the active DREF of population movement, the GRC has provided support to the Ministry of Public Health and the INM in the reception of returned migrants, basic health care, food and delivery of hygiene kits. Support has been provided at the Atanasio Tzul isolation center, with hygiene kits, hygiene promotion, information on the prevention of COVID-19 and primary health care in assistance to the Ministry of Health.
- GRC has developed virtual trainings of more secure access for staff and volunteers who continue to serve migrants. Through the Monarch Butterfly Program, GRC works in coordination with the Secretary of Social Welfare, as responsible for the return of unaccompanied migrant children, providing hygiene kits, play kits for children, psychosocial support, information on COVID19 and accompanying them in the accommodation of the facilities of the isolation centre called CAI.

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### El Salvador

#### Context
- According to information from the IOM, until March 2020, 5,962 people have returned to El Salvador from Mexico and the United States.
- Following agreements between El Salvador and the United States, air returns had been halted until March 24, when the first return flight arrived with 200 people during the pandemic.
- In El Salvador, there are two types of vulnerable people on the move, internally displaced persons and returning migrants, with unaccompanied children in quarantine among the returnees.
- El Salvador has 10 provisional quarantine centers for returned migrants, which do not have all the necessary conditions and do not carry out COVID-19 tests; they are 14-day preventive quarantine centers.
- By April, the Salvadoran protection cluster had a record of 850 adult returned migrants in quarantine centers, under the responsibility of the Migration General Direction (DGME).
- Unaccompanied migrant children who return remain in quarantine in hotels under the care of the DGME and the Salvadoran Institute for the Integral Development of Children and Adolescents.

#### Salvadorean Red Cross Society (SRCS)
- SRCS donated 150 blankets, mats, family hygiene kits and water tanks for one of the quarantine centers for returned migrants in Chalatenango.
- SRCS has provided 90 personal and family hygiene kits in the centres to Nicaraguan migrants stranded on the border between Honduras and El Salvador.
- SRCS has included the returned migrants in its action plans on COVID-19.
- Coordination is maintained with the ICRC to provide RFL services in the quarantine centres for returned migrants.
- SRCS is developing psychosocial material for children in quarantine.
### Context
- In February, more than 30,000 irregular migrants were detained on Mexico's northern border with the United States\(^{11}\).
- According to Mexico’s National Institute of Migration (INM), by the end of March, nearly 2,600 of the 4,000 people in migrant detention centres in Mexico were citizens of Honduras and El Salvador.
- As of the last week of March 2020 and due to requests from Human Rights Defenders, as well as protests presented by migrants detained in detention centers in Tenosique and Tapachula, the National Institute of Migration reactivates the deportation processes to the Northern Triangle of Central America in the midst of the COVID-19 pandemic\(^{12}\)

### Mexican Red Cross
- Mexican Red Cross provided basic medical care.
- Restoring family contact through calls and connectivity.
- Delivery of self-care messages on the migration route.
- Delivery of water for consumption and drinking water.
- Distribution of information on means of contagion and prevention of COVID-19, material developed by the Mexican Red Cross with the support of the Spanish Red Cross and the IFRC.
- Basic psychological support at migrant assistance points.
- Technical support on biosecurity protocols in shelters for migrants in the city of Celaya and to inter-institutional commissions in Ciudad Juárez, Chihuahua

### IFRC

### Actions
- The first actions taken by National Societies Guatemala and El Salvador to response to the emergency has been supported with support the Monarch Butterfly Program. The Guatemalan Red Cross provided services such as food for migrants, psychosocial support kits, water for consumption and containers for maintaining water, as well as energy batteries have been provided with funds of DREF population movement for the caravan emergency currently active.
- Conversations have been initiated for the creation of a sub-regional network of National Societies of the North Central American Triangle to manage information better and address this type of crisis.
- Coordination between the IFRC’s Disaster and Crisis Department and country clusters.
- Continuous monitoring by the regional disaster management (DM) coordinator for Central America, the regional coordinator of migration projects, based in Guatemala and the IFRC’s Country Cluster Support Team (CCST) in Honduras.
- The Federation has launched a sensibilization campaign focusing on PGI and Migration, where it has joined National Societies in creating key messages to help reach the population, with the aim of mitigating stigma and discrimination towards migrants

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Close monitoring of the situation between the DM and coordinator for Central America, the regional coordinator of migration projects, providing follow-up also to the COVID-19 action plans that include attention to the migrant population.

- Coordination with the movement's partners is maintained a regional and national level.
- Direct contact is maintained with the migration focal points of the National Societies involved.
- ARO is maintaining close communication and coordinating actions jointly with the ICRC’s office in Panama.

Contact information

For further information, specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO’s) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. 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.