EMERGENCY APPEAL
COUNTRY OPERATIONAL STRATEGY
Nicaragua | Central America & Mexico
Migration Crisis

Seniors in Somoto, Nicaragua, receiving medical and psychological care. (Source: Nicaraguan Red Cross.)

<table>
<thead>
<tr>
<th>Appeal №: MDR43008</th>
<th>To be assisted: 4,000 people</th>
<th>Appeal launched: 29/07/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation start date: 29 July 2022</td>
<td>DREF allocated: 50,000 CHF</td>
<td>Disaster Categorisation: Orange</td>
</tr>
<tr>
<td>Operation end date: 31 July 2023</td>
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<td>Date of issue: 26 August 2022</td>
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</tbody>
</table>

Nicaraguan Red Cross requirement: 575,000 CHF
IFRC Secretariat funding requirement: 18 million CHF
Federation-wide funding requirement: 28 million CHF
MHPSS session with Bilwaskarma community leaders, as part of the Eta-Iota operation on the northern Caribbean coast of Nicaragua, November 2021. (Source: Nicaraguan Red Cross.)

**March 2022:** Number of Nicaraguans intercepted at the U.S. border reaches 16,088, the highest to date for a single month.

**July 13 to 17, 2022:** During the fourth Meeting of Presidents of the Red Cross National Societies for Central America, Nicaraguan Red Cross decides to be part of the Regional Appeal on the Migration Crisis.

**29 July 2022:** Seven National Societies decide to scale up their response and together with IFRC launch an Emergency Appeal to support the National Societies of Central America and Mexico for CHF 18 million to assist 210,000 people for 12 months, with CHF 1 million allocated from the IFRC’s Disaster Response Emergency Fund (DREF) to kick off the operation.
DESCRIPTION OF THE EVENT

According to the Office of the United Nations High Commissioner for Human Rights The number of Nicaraguans intercepted at the U.S. border increased from 3,164 in September 2020 to an unprecedented 92,037 by April 2022. For March 2022, the figure reached 16,088, the highest recorded to date for a single month. Which is an indicator of migration behaviour in the country.

Nicaragua has been contending with events that have altered its social, family and individual dynamics. Since 2018, the country has suffered drops in economic activity due to the internal crisis, the COVID-19 pandemic, the impact of hurricanes Eta and Iota and migration that has been exacerbated by the lack of employment and low wages.

A decline in employment and wages caused a reduction in household income for 44 per cent of households nationwide in mid-2021.

These events had multiple impacts on the Nicaraguan population. From interviews with patients of the Nicaraguan Red Cross National Psychosocial Support and Health Centre (CAPS by its Spanish acronym), it became clear that the abandonment of property, family separation and loss of income had major emotional and psychological effects on the population and families had greater difficulty meeting their basic needs. Mental health is a priority need in times of crisis and according to the Pan-American Health Organisation (PAHO) and WHO, in 2018 in the Latin America region mental disorders were a major cause of disability and mortality.

Severity of humanitarian conditions

High unemployment, inflation of 7.2 per cent in 2021, and wages standing at about USD 182 per month all translate into low purchasing power for Nicaraguans now, and there is scant access to the basic food basket, for example, estimated by the Nicaraguan National Institute of Development Information (INIDE) to be about USD 467 for March 2022. The UNICEF State of the World's Children Report 2021, dedicated to mental health, also highlights the link between mental and physical health and the welfare of children, adolescents and young people, and calls for the promotion and protection of mental health, as recognised in the Sustainable Development Goals (SDGs).

Family separation is impacting children, who suffer feelings of abandonment, anxiety and depression. COVID-19 also continues to affect families, which have had to face the loss of a loved one in the case of death, in some cases the breadwinner of the family. Gender-based violence (GBV) is another factor adding to these crises, affecting the most vulnerable groups, children, adolescents and women victims of violence. In Nicaragua in 2021 there were 15 victims of femicide and so far in 2022 there have been 22.

CAPACITIES AND RESPONSE

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1 ohchr.org
2 BancoMundial.org, Nicaragua overview
3 PAHO, The burden of mental disorders in the Region of the of the Americas, 2018
4 UNICEF, State of the World's Children 2021
5 Policia.gob.ni, statistical yearbook 2021
1. National Society response capacity

1.1 National Society capacity and ongoing response

In 2019 the Nicaraguan Red Cross created the Centre for Psychosocial Care and Mental Health (CAPS by its Spanish acronym) to assist those affected by unemployment and violence during the political and social crisis of 2018. This centre offers face-to-face care and tele-assistance and is now offering care to people affected by the economic crisis. It currently has four psychologists who provide clinical care to patients, two general practitioners to meet health needs, a psychiatrist and a paediatrician for the care of children and adolescents. In the municipality of San Carlos, there is also currently an administrative office of the Nicaraguan Red Cross and facilities to expand the institutional presence.

In total the Nicaraguan Red Cross currently has 32 branches, 17 of which are municipal and 15 departmental, with 2,000 volunteers nationwide and on call. It has 63 ambulances, 31 base radios, 60 radios installed in units and vehicles, 42 portable radios (walkie-talkies) and 4 repeaters, in Crucero, Horno, Quiabu and Gateada.

1.2 Capacity and response at the national level

The Nicaraguan Ministry of Health (MINSA by its Spanish acronym) is the country’s health care authority and the main service provider, with coverage of 65 per cent. The Social Security Institute (INSS) has 18 per cent coverage of the population, and the Government and the Army cover 6 per cent, with the remaining 11 per cent provided by private institutions and non-governmental organizations (NGOs). Between 2005 and 2015, MINSA increased its network of services from 1,092 health units to 1,401, with a total of 5,143 beds in the public sector, for a total 8.1 beds per 10,000 inhabitants, in addition to 171 maternity homes with 2,064 beds, and 6,619 base homes for work carried out in communities.6

NRC is part of the sectoral health commission of the National System for The Prevention of, Mitigation of and Attention to Disasters (SINAPRED by its Spanish acronym) and helps coordinate the Institutional Health Plan. As part of its National Plan for the Fight against Poverty and for Human Development 2022-20267, the Government of Nicaragua is also strengthening psychosocial care centres under CAPS, in the 19 local systems for integrated healthcare in the country (SILAIS by their Spanish acronym). For example, the department of Río San Juan has an estimated population of 137,189 for a population density of 18 inhabitants per km². The Ministry of Health here has 1 departmental hospital, 2 primary hospitals, 1 Provisional Medical Clinic, 6 health centres, 48 health posts, 7 maternity homes with 94 available beds and 6 homes for people with special needs. The SILAIS has 19 land ambulances and 4 water ambulances (pango) to transport patients.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

IFRC is present in Nicaragua through the Programme and Operations Coordinator (liaison for strategic and operational matters) and technical team of the Central America Country Cluster Delegation (CA CCD). They receive support from the regional office in Panama, which coordinates and supports the different actions carried out by the IFRC to support the National Society in emergency response, such as activation of DREF funds, appeals and technical support, among others. The German Red Cross carries out studies of climatological risks for early

6 PHAO, Health in the Americas+, 2017 Edition, Nicaragua
7 PNDH.gob.ni, National Plan for the Fight against Poverty and for Human Development 2022-2026
8 MapaSaludMinsa.gob.ni, Health conditions in SILAIS Río San Juan
action plans, the Italian Red Cross carries out Disaster Risk Reduction (DRR), and the Spanish Red Cross carries out risk management projects on the northern Caribbean coast as well as psychosocial support through the Nicaraguan Red Cross psychosocial support centre. The Iranian Red Crescent has also signed an agreement with Nicaragua on knowledge exchange for disaster management and organisational development.

ICRC

Through its country office, ICRC carries out joint actions on issues of operational security, safer access, operational communication, restoring family links (RFL) and protection of health services. It supports implementation of the RFL Strategy through the expansion of the RFL Network, as well as greater dissemination and promotion of RFL in its institutional work.

Movement coordination meetings are held regularly through the leadership of the National Society to coordinate on the progress of operations/programmes supported by the Movement.

2.2 International Humanitarian Stakeholder Capacity and Response

NRC has been able to expand the network of partners who have supported its humanitarian response, including external humanitarian partners such as the Pan-American Health Organisation (PAHO), the Swiss Agency for Development and Cooperation in Central America (SIDA), World Vision, the European Union Humanitarian Aid Office, the Embassy of Japan, the Embassy of Germany and external corporate partners Nestlé, Walmart, Compañía Licorera de Nicaragua and BANPRO. All are key partners that financially support the NRC for the implementation of its humanitarian work in times of crisis.

3. Gaps in the response

Based on surveys by the health personnel in the CAPS programme and based on the health issues that personnel encounter in their clinical experience, there is a need to expand psychosocial and mental health care where human mobility occurs more frequently. The most vulnerable currently are: women victims of gender-based violence; adolescents; children at risk of (or already victims of) violence; young people exposed to drugs; families affected by natural or disasters; LGBTQI+; and indigenous populations. Addressing mental health for all of these populations is a priority.

According to the IOM report, Health Profile of Migrants in Nicaragua⁹, migrants disproportionately suffer: respiratory problems possibly from poor environmental and hygiene conditions, changes in climate or stressful situations under inclement weather; muscle pain, which may be caused by the type of work performed, especially in agriculture and construction; and viral diseases that may have their origin in the process of adapting to a new environment. Depression also mainly affects family members of migrants, and migrants themselves, when they are away from their home country. Nervous diseases also affect more migrants after their return, due to the process of re-insertion into a new life or when their return was forced.

OPERATIONAL CONSTRAINTS

- The rainy season makes access difficult in rural and isolated areas of the north Caribbean, south Caribbean and southern part of the country (San Juan River).
- Persistence of epidemics and pandemics (dengue, malaria, COVID-19) and new health emergencies (monkey pox).

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⁹ SaludyMigracion.org, Health profile of migrants in Nicaragua
NRC has an Emergency Operations Centre (COE by its Spanish acronym) that constantly monitors hydro-meteorological phenomena and health emergencies, among others, and develops contingency plans for emergencies. There is also a COVID-19 response plan, and through the different programmes and operations, personal protective equipment (PPE) is guaranteed for staff and volunteers.

**FEDERATION-WIDE APPROACH**

This Emergency Appeal is part of a Federation-wide approach based on the response priorities of the NRC and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist to leverage the capacities of all members of the IFRC network in the country, to maximise the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to NRC in the response to the emergency event. This includes NRCs domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies and the funding ask of the IFRC secretariat.

NRC has a Strategic Plan 2021-2025 aligned with Strategy 2030 and provides information annually on its achievements through the International Federation’s internal database and general information system (FDRS). Likewise, NRC has a Communications department and a network of volunteers who collaborate at the national level.

The main mechanism for Movement coordination and cooperation is the Movement Partner meetings, convened by the leadership of the National Society quarterly to discuss the progress of the different interventions supported by Movement partners (PNS, ICRC, IFRC), including strategic planning, among others.

**OPERATIONAL STRATEGY**

**Vision**

One aim of this emergency appeal is to address the primary health, mental health and protection needs of 4,000 people affected by migration, violence and economic crisis by strengthening the operational response capacity of the Red Cross San Carlos branch. This will help to address the primary health, mental health and protection needs of individuals and families affected as a result of stressful experiences due to situations of violence, migration, unemployment and economic crisis through the creation of a Psychosocial Care Unit and the establishment of a primary health care unit. This would then become a full-time office.

The strategy would be aimed at supporting the restoration of the emotional and psychological well-being of people through psychological care and health care with a team of professionals, as well as strengthening capacity on Community and Psychological First Aid for the network of volunteers for Psychosocial Support, providing them with inputs for crisis intervention for families and vulnerable people. This process will increase the capacities of the MHPSS network in (1) identification of vulnerable cases and identification of their needs, (2) psychological first aid, (3) child protection, (4) reestablishment of family links; and (5) pre-hospital care.

The implementation of the Country Plan will be under the Regional Operational Strategy framework, in parallel with the ongoing activities at the local level following the localisation agenda. IFRC will ensure a coordinated approach of all Membership components to National Societies’ development initiatives aiming for sustainable development and growth of each organisation. Operations will consider the long-term impact on National Societies with a holistic approach and will look beyond the term of the operational strategy to long-term sustainability. They will also link with current programmes based on existing strategic frameworks, such as the
Strategy 2030, the Global Migration Strategy and the Migration Action Plan in the Americas, reinforcing cross-border work to promote bi-national exchanges of experience.

**Anticipated climate-related risks and adjustments in operation**

*Natural disasters*

During the lifetime of this action plan there may also be natural disasters and it is possible that the priorities of the NRC and other partners may change.

*COVID-19*

Increases in COVID cases, with new waves and variants in different parts of the country, may also cause difficulties in mobilisation, shortages and price increases on personal protection supplies, isolation of intervention zones, and infection of NRC frontline personnel, possibly delaying the project.

**Targeting**

1. **People to be assisted**

<table>
<thead>
<tr>
<th>Target population</th>
<th>Intervention area</th>
<th>Men</th>
<th>Women</th>
<th>Subtotal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community</td>
<td>MHPSS</td>
<td>275</td>
<td>225</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CBHFA w/comm. leaders</td>
<td>900</td>
<td>800</td>
<td>1,700</td>
<td>1,700</td>
</tr>
<tr>
<td></td>
<td>MHPSS first aid</td>
<td>900</td>
<td>600</td>
<td>1,500</td>
<td></td>
</tr>
<tr>
<td>Transit population</td>
<td>Pre-hospital care</td>
<td>600</td>
<td>400</td>
<td>1,000</td>
<td>2,300</td>
</tr>
<tr>
<td></td>
<td>Primary medical care</td>
<td>1,250</td>
<td>1,050</td>
<td>2,300</td>
<td>4,000</td>
</tr>
</tbody>
</table>

2. **Considerations for Protection, Gender and Inclusion (PGI) and community engagement and accountability**

This action plan aims to address the needs of the most vulnerable populations under intense stress including physical, sexual or psychological abuse, through health assistance and psychosocial support. The socioeconomic situation of the country has caused multiple humanitarian impacts, making it difficult for families to meet their basic needs. Women, children, people with disabilities, LGBTQI+ and indigenous populations all suffer a disproportionate impact that requires a specific response. Thus, the operation will be based on an approach tailored by gender, age, disability and diversity. It will focus mainly on protection and self-care actions, as well as support for recipients to establish contact with their families if the case requires it, for which basic information will be available on the protection measures in the displacement route if the case is a migrant.

There will also be informative bulletins on the actions developed by the Nicaraguan Red Cross, which will be disseminated through social networks and shared with different partners and donors, as part of the accountability mechanisms. There will be coverage by the media with national reach to publicise response actions being carried out. In addition, the National Society will implement feedback mechanisms, participatory approaches and identification of information gaps that will improve the intervention and ensure that humanitarian assistance and protection are provided in accordance with the needs of the target population.
PLANNED OPERATIONS

HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)

<table>
<thead>
<tr>
<th>Health &amp; Care (Mental Health and Psychosocial Support/Community Health/Medical Services)</th>
<th>Female &gt; 18: <strong>1,250</strong></th>
<th>Female &lt; 18: <strong>600</strong></th>
<th><strong>228,000 CHF</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male &gt; 18: <strong>1,400</strong></td>
<td>Male &lt; 18: <strong>750</strong></td>
<td><strong>Total target: 4,000</strong></td>
</tr>
</tbody>
</table>

**Objective:**

Vulnerable displaced people are provided with high-quality health and care services including MHPSS.

**Priority actions:**

1. Mental Health and Psychosocial Support
   a. Psychological care sessions will be provided to those who require crisis intervention by a mental health professional.
   b. Referral pathway to specialised centres after psychiatric assessments.
   c. Provision of MHPSS kits to the population assisted.
   d. Group sessions on psychosocial self-care support will be conducted to provide protection and support in the management of stress, anxiety and fear.
   e. Conducting individual psychological first aid sessions for emotionally affected people who need help.

1. Community Health
   a. Volunteer training in Community-based Health and First Aid (CBHFA).
   b. Health promotion activities in host communities.

2. Medical Services
   a. Providing medical consultations.
   b. Transfer of patients to health care facilities or pre-hospital care at the site by specialised relief personnel.

PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION [PGI], COMMUNITY ENGAGEMENT AND ACCOUNTABILITY [CEA], MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

<table>
<thead>
<tr>
<th>Protection, Gender and Inclusion (PGI)</th>
<th>Female &gt; 18: <strong>1,250</strong></th>
<th>Female &lt; 18: <strong>600</strong></th>
<th><strong>150,000 CHF</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male &gt; 18: <strong>1,400</strong></td>
<td>Male &lt; 18: <strong>750</strong></td>
<td><strong>Total target: 4,000</strong></td>
</tr>
</tbody>
</table>
**Objective:**
Refugees and those fleeing crisis are safe from harm including violence, discrimination and exclusion, and their needs and rights are met.

**Priority actions:**
1. Conduct self-care actions for people at risk and emotionally affected.
2. Training of personnel and volunteers in PGI and CEA.
3. Educational materials with key messages to be delivered to the population.
4. Basic menstrual hygiene kits for women.
5. Establish an office for RFL in the San Carlos Branch (equipment).
6. Phone services for families of people passing through or returning.

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### Enabling approaches

<table>
<thead>
<tr>
<th>National Society Strengthening (NSS)</th>
<th>Female &gt; 18: 112</th>
<th>Female &lt; 18: 0</th>
<th>Male &gt; 18: 113</th>
<th>Male &lt; 18: 0</th>
<th>197,000 CHF</th>
<th>Total target: 225</th>
</tr>
</thead>
</table>

**Objective:**
National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in disaster risk management is well defined and recognised.

**Priority actions:**
1. Training of volunteers in pre-hospital care
2. Equipment for the branch office
3. Refurbishment of the office in San Carlos
4. Purchase of communication equipment
5. Purchase of PPE for volunteers
6. Administrative costs
7. Volunteer and monitoring visits
8. Volunteer training and self-care sessions

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### Risk management

<table>
<thead>
<tr>
<th>Risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigating actions</th>
</tr>
</thead>
</table>
| 1. Hurricanes, storms and floods make it difficult to access the intervention zone. | Medium | High | • National Society develops contingency plan during hurricane season including measures to continue the assistance.  
• National Society Disaster Response Unit provides constant monitoring through the national emergency operations center. |
2. COVID-19 among staff and volunteers.

3. Security incidents prevent access to impacted populations.

Quality and accountability

Federation-wide monitoring and reporting are planned and will ensure that a harmonised list of indicators is regularly collected and reported to represent a complete picture of the IFRC response. National Societies will collect disaggregated data as much as possible to reflect the needs of different groups.

Please refer to the regional operational strategy for more details.
FUNDING REQUIREMENT

MDR43008 – Nicaragua Red Cross
Mexico and Central American Migration
Crisis Emergency Appeal

<table>
<thead>
<tr>
<th>FUNDING REQUIREMENTS (CHF)</th>
<th></th>
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<tr>
<td>Planned Operations</td>
<td>354,750</td>
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<tr>
<td>Health</td>
<td>228,000</td>
</tr>
<tr>
<td>Protection, Gender and Inclusion (PGI)</td>
<td>150,000</td>
</tr>
<tr>
<td><strong>Enabling Approaches</strong></td>
<td><strong>197,000</strong></td>
</tr>
<tr>
<td>National Society Strengthening (NSS)</td>
<td>197,000</td>
</tr>
</tbody>
</table>

**TOTAL FUNDING REQUIREMENTS**

575,000

All amounts in Swiss francs (CHF).
Contact information

For further information specifically related to this operation please contact:

At the Nicaraguan Red Cross
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At the IFRC Geneva Headquarters:
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For IFRC Resource Mobilization and Pledges support:
• Head of Partnerships and Resource Development: Mei Lin León (acting), meilin.leon@ifrc.org

For In-Kind donations and Mobilisation table support:
• Logistics Coordinator: Mauricio Bustamante, mauricio.bustamente@ifrc.org

Reference

Click here for:
• Link to the Emergency Appeal and updates