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# Children on the move and COVID-19 in Mexico and Central America

## Consolidated Emergency Report 2021

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## Expression of thanks

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

On behalf of children and families in Latin America and the Caribbean, UNICEF expresses sincere gratitude to all public, private and individual donors for the sustained support to UNICEF's response to the needs of children on the move across Mexico and Central America, and the most vulnerable communities affected by the health and socio-economic impacts of COVID-19. With this crucial support, UNICEF has been able to ensure immediate provision of humanitarian services to children and communities while contributing to strengthening the capacities of governments and other partners to provide life-saving assistance as well as be better prepared for future shocks.

UNICEF would also like to acknowledge the value and importance of thematic funding support whose flexibility has allowed the organization to timely breach the most pressing gaps in the fulfilment of UNICEF's commitments to children's rights.



In Chiantla, Huehuetenango, Guatemala, a UNICEF staff carries a migrant girl in her arms, who was recently returned to the country.

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## Abbreviations and acronyms

AAP	Accountability to affected population
C4D	Communications for development
CANAF	Centres for Returned Children, Adolescents and Migrant Families
CMAM	Community management of acute malnutrition
COVAX	COVID-19 vaccines global access
CP AoR	Child protection area of responsibility
CPIMS	Child protection information management system
CSO	Civil society organization
ECD	Early childhood development
EiE	Education in emergency
GBV	Gender-based violence
HAC	Humanitarian action for children
HTF	Humanitarian thematic funds
HRP	Humanitarian response plans
IOM	International Organization for Migration
IYCF	Infant and young child feeding
IYCF-E	Infant and young child feeding in emergency
KAP	Knowledge, attitude and practices
MHPSS	Mental health and psychosocial support
MoE	Ministry of Education
MoH	Ministry of Health
MoHD	Ministry of Human Development
NGO	Non-governmental organization
PAHO	Pan American Health Organization
PLW	Pregnant and lactating women
PPE	Personal protection equipment
PSEA	Prevention of sexual exploitation and abuse
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
VAC	Violence against children
WASH	Water, sanitation and hygiene
WHO	World Health Organization

## Executive summary

In recent years, children living and going through Mexico and Central America have faced multiple protracted crises due to recurrent climate shocks, complex political situations, intensified violence - including violence against women and children, displacement and cross-border migration, food insecurity, malnutrition, social and economic inequity and limited access to quality essential services – all compounded by the recent health and socioeconomic impacts of COVID-19.

In 2021, the sub-region witnessed the dramatic increase of migration flows, which became mixed and multi-directional, partly due to increased returns related to migration policies. The profile of migrants has changed over the last few years from solo-young male migrants looking for economic opportunities to families in search of safer and better life for children. Over 146,000 unaccompanied children were apprehended at the southwestern border of the United States between October 2020 and September 2021,<sup>i</sup> which is the highest number on record.<sup>ii</sup> In addition, violence has displaced more than 846,000 Mexicans and Central Americans within their countries.<sup>iii</sup> For many children and adolescents, fleeing is often the only viable option to survive. Fear for their life due to death threats and recruitment by gangs are among the main reasons given for displacement among unaccompanied children.<sup>iv</sup>

In 2021, despite the United States' entry restrictions,<sup>v</sup> the flow of migrants towards North America, from and through Central and South America has increased. In Panama, the number of migrants crossing through the Colombian border continues to increase, with more than 29,000 migrant children arriving through the dangerous Darien jungle in 2021,<sup>vi</sup> fleeing Haiti, Cuba and other countries in Latin America, Africa and Asia, with the hope of reaching North America. Authorities in destination and transit countries are overwhelmed by the humanitarian needs of vulnerable women and children, especially during surges or mixed mass movements, including “migrant caravans”.

COVID-19 has created a complex scenario that is deepening pre-existing structural inequalities for migrants in Mexico and Central America. The detrimental impacts of COVID-19 on migrants and the lack of inclusive health policies and systems have revealed the vulnerability of migrants when policies are designed without a specific focus on migration.<sup>vii</sup> The pandemic resulted in both temporarily slowing down cross-border movements and exacerbating the root causes for migration, including poverty, gender-based violence (GBV) and lack of opportunities. As of December 2021, Mexico and Central America countries had reported 6.1 million COVID-19 cases and 343,000 deaths.<sup>viii</sup> By the end of the year, approximately 50 per cent of the population in the sub-region was fully vaccinated against COVID-19, but vaccination rates vary across countries, ranging from 25 per cent in Guatemala to 67 per cent in Costa Rica.<sup>ix</sup> With the emergence of new variants of the virus, it is critical to expand prevention, containment and effective treatment measures to avoid outbreaks and save lives amongst vulnerable communities, including children and families on the move, and host communities.

Against this backdrop, UNICEF estimates that in 2022, at least 12.2 million people, including 4.8 million children, will need humanitarian assistance in Mexico and Central America,<sup>x</sup> due to cross-border migration or internal displacement, violence, food insecurity and climate shocks, compounded by the health and socioeconomic impacts of COVID-19.

Despite the challenging context, in 2021, UNICEF's response in Mexico and Central America countries reached over 4.6 million people on the move, host communities, as well as other vulnerable families affected by the health and socio-economic impacts of COVID-19, who received assistance through multiple services, and supplies in key areas such as in nutrition, health, water, sanitation and hygiene (WASH), education, child protection and psychosocial support services. In addition, more than 28 million people received critical information on access to services.

# 1 Humanitarian context

Children in Mexico and Central America continue facing multiple and complex risks which hinder their well-being and enjoyment of human rights. In 2021, the complex socio-economic situation in Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico and Panama has been intensifying, compounded by the health and socio-economic impact of COVID-19 and fuelled by migration and internal displacement. Violence – including violence against children (VAC) and gender-based violence (GBV) – food insecurity, malnutrition, social and economic inequities and limited access to quality essential services continue to leave millions of children in need of humanitarian assistance. For example, in 2021 intensified violence displaced more than 846,000 Mexicans and Central Americans within their countries,<sup>xi</sup> with one in every three being a child.<sup>xii</sup> In addition due to climate shocks alone, over 8 million people including 3 million children, were affected by mid- to large-scale disasters between 2020 and 2021 in the countries covered by this report. Among them, 7 million were impacted by hurricanes Eta and Iota in 2020.<sup>xiii</sup>

In 2021, there was a dramatic increase of migration flows which became mixed in nature including migration flows across Central America towards North America, forced and voluntary returns of migrants to countries of origin or neighbouring countries, and extra-continental migration from Haiti, Cuba and countries in Asia and Africa. The situation is further complicated considering the assortment of nationalities and origin of migrants, and the diversity of policies that can be applied to each case. The flows are also multi-directional partly due to increased forced/voluntary returns with high risk of becoming cyclical. In this unprecedented context, the profile of migrants has also been changing, drifting from young solo male travellers who represented the majority in previous years to families with children as well as unaccompanied children. Over 132,000 unaccompanied children were apprehended at the south-western border of the United States between October 2020 and August 2021,<sup>xiv</sup> representing a fourfold increase compared with the same period in 2020. For many unaccompanied adolescents, fleeing is too often the only viable option to survive as they fear for their life due to death threats and forced recruitment by gangs.<sup>xv</sup> And so they leave everything behind and walk – nearly 19,000 migrant children walked through the dangerous Darien jungle in Panama from South America, despite COVID-19 border closures. This is a children's crisis. Humanitarian needs of vulnerable children and families add pressure to existing services often already scarce and overstretched in remote communities, and overwhelm authorities in transit and destination countries especially during peaks or mixed mass movements. In fact, migrant flows can experience abrupt variations and peaks driven by factors such as changes in national/regional regulatory frameworks. Changes in work visa requirements could impact groups of migrants (previously in regular migration status) who could then start to move in search of new locations for their subsistence. A border closure would affect the migration flow in neighbouring countries, which would then suffer denser population concentration and/or longer stationary periods. From 2018 in Northern Central America this has created "migrant caravans" – group of thousands of migrants fleeing violence and poverty often mobilized through social media.

Children and families have been hit hardest by the humanitarian, health and socio-economic impacts of the pandemic. As of the end of 2021, schools were partially closed in Belize, El Salvador, Guatemala, Honduras, Mexico and Panama affecting approximately 24.7 million students who are falling behind in their education and missing out on social and developmental opportunities. Disruption of other essential services and increased instances of violence against children and women are also posing continuous threats. In 2021, the countries included in this report recorded 5.6 million COVID-19 cases and more than 340,000 deaths.<sup>xvi</sup> The vaccination rate is approximately 57 per cent of the population in these countries (fully or partially vaccinated against COVID-19) where the pandemic resulted in both temporarily slowing down cross-border movements and exacerbating the structural and root causes for migration, namely poverty and lack of opportunities. With the emergence of new variants of the virus expanding prevention, containment and effective treatment measures are critical to mitigate further negative secondary impact of the COVID-19 pandemic and prevent severe health implications.

## 2 Humanitarian results

In 2021, UNICEF prioritized actions in Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico and Panama targeting nearly 2.8 million children and their families including children on the move and host communities, and those in other vulnerable communities affected by the impacts of COVID-19, natural hazards and other crises.

UNICEF responded to the needs of people affected by human mobility in line with its Agenda for Action for Refugee and Migrant Children. Actions have been implemented to achieve the following strategic objectives in coordination with humanitarian partners and governments: 1) promote and advocate for the rights of children and families; 2) ensure access to gender sensitive services and protection for migrants, refugees and unaccompanied children (i.e., protection, GBV, education, health, nutrition, safe water, sanitation and hygiene – WASH); and 3) promote social inclusion and integration through access to social services and humanitarian cash transfers, the regularization of children's and their families' legal status, strengthened social policies and national and local capacities, and strong linkages between humanitarian action and development programmes. Actions have been delivered at strategic locations including border areas/routes/transit points, communities of origin, and return and final destinations. The needs of host communities have been taken into consideration in all interventions. UNICEF's COVID-19 response is guided by the Core Commitments for Children in Humanitarian Action and global guidance on COVID-19. The response focused on ensuring that vulnerable children – including children affected by human mobility – and their families are protected from exposure to and the impacts of COVID-19. This included: supporting a people-centred public health response for prevention, care and treatment (including supplies); strengthening and complementing government and partner efforts to maintain/restore/scale up essential services including for health, nutrition, WASH, child protection, GBV, early childhood development, education and social protection; establishing effective coordination and collaboration with United Nations agencies, governments and humanitarian partners; disseminating key information to reduce disease transmission and its impact; and making materials and services equally accessible for people with disabilities and available in local languages.

### 2.1 Results table

Sector Indicator   Country	UNICEF Target 2021	Total Result 2021 <sup>1</sup>						Results
		Boys	Girls	Men	Women	Migrants	% Migrant	
<b>Nutrition</b>								
# primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	1,004,219					759	0.1%	1,074,215
El Salvador	3,000							
Honduras	1,219					759	50.0%	1,517
Mexico	1,000,000							1,072,698
# children aged 6 to 59 months screened for acute malnutrition	276,819	36,755	35,678			3,501	5%	72,433
Guatemala	275,000	29,772	29,345					59,117
Honduras	1,219	4,918	4,887					9,805
Panama	600	2,065	1,446			3,501	99.7%	3,511
<b>Health</b>								
# children receiving the minimum set of vaccines	505,116	8,411	8,413					16,824
El Salvador	100,000							
Guatemala	400,000							
Honduras	5,116	8,411	8,413					16,824
# of health workers reached with personal protective equipment	33,000							300,000
El Salvador	30,000							
Guatemala	3,000							300,000
<b>Water, sanitation and hygiene</b>								
# people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	86,978	12,443	9,419	35,192	40,899	76,501	77%	99,222
El Salvador	10,000	579	596	914	1,151	3,240	100.0%	3,240
Guatemala	30,000			2,698	806	3,504	100.0%	3,504
Honduras	27,200	2,536	2,579	9,654	6,050			20,819
Mexico	6,000							1,269
Panama	13,778	9,328	6,244	21,926	32,892	69,757	99.1%	70,390
# children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces	111,800					32,669	2%	1,399,231
El Salvador	10,000					5,287	88.4%	5,980
Honduras	3,400							10,054
Mexico	98,400					27,382	2.0%	1,383,197
# people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services	61,700	4,084	3,729	20,368	9,995	26,114	33%	78,559

<sup>1</sup> Data disaggregation is only partially available.

Sector Indicator   Country	UNICEF Target 2021	Total Result 2021 <sup>1</sup>						
		Boys	Girls	Men	Women	Migrants	% Migrant	Results
Costa Rica	3,700							
El Salvador	10,000	457	447	659	745	2,308	100.0%	2,308
Honduras	28,000	2,536	2,579	9,654	6,050			20,819
Mexico	18,000							40,383
Panama	2,000	1,091	703	10,055	3,200	15,049	100.0%	15,049
<b>Child protection, GBVIE and PSEA</b>								
# children and caregivers accessing mental health and psychosocial support	49,103			21,009	23,431	14,274	18%	78,465
Belize	2,400			680	920			1,600
Costa Rica	1,600							4,578
El Salvador	25,000			9,077	6,445			18,522
Honduras	8,750			5,319	7,725			13,044
Mexico	10,000							26,447
Panama	1,353			5,933	8,341	14,274	100.0%	14,274
# women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	44,158					39,802	54%	73,954
Belize	200							127
Costa Rica	1,000							4,088
El Salvador	400					6,905	100.0%	6,905
Guatemala	10,000							5,000
Honduras	31,558					32,075	56.8%	56,442
Mexico	200							570
Panama	800					822	100.0%	822
# unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	5,920	5,325	2,705			6,477	45%	14,334
Belize	1,000							
Guatemala	4,000	5,227	2,613					7,840
Honduras	400	51	19			70	100.0%	70
Mexico	500					6,304	100.0%	6,304
Panama	20	47	73			103	85.8%	120
# children identified as in need of specialized services who are referred to health, social welfare and justice services	52,300	22,056	13,710			25,278	46%	54,490
Belize	5,200	1,850	2,350			2,200	52.4%	4,200
Costa Rica	2,700							12,531
El Salvador	400	832	662			1,494	100.0%	1,494
Guatemala	10,500	8,508	5,672					14,180
Honduras	32,500	10,866	5,026			15,391	96.8%	15,892
Mexico	1,000					6,193	100.0%	6,193
<b>Education</b>								
# children accessing formal or non-formal education, including early learning	1,871,550	169,338	175,950			3,336	0.2%	2,049,848
Costa Rica	10,000							4,102
El Salvador	1,300	362	395			1,215	100.0%	1,215
Honduras	11,000	8,639	8,673					17,312
Mexico	1,800,000					1,652	0.1%	1,700,000
Panama	49,250	160,337	166,882			469	0.1%	327,219
# children receiving individual learning materials	345,300	99,194	83,000			100,742	49%	207,058
Belize	6,300					3,460	64.9%	5,328
Costa Rica	4,000							14,543
El Salvador	120,000	10,304	10,372			20,676	100.0%	20,676
Honduras	170,000	88,890	72,628			76,075	47.1%	161,518
Mexico	45,000					531	10.6%	4,993
# schools implementing safe school protocols (infection prevention and control)	4,035							4,075
Guatemala	3,585							3,585
Mexico	450							490
<b>C4D, community engagement and AAP</b>								
# people reached with messages on access to services	13,888,000	98,969	98,995	277,816	456,520	756		28,386,167
Costa Rica	74,000							
El Salvador	205,000	218	244	177	292	756	81.2%	931
Guatemala	1,500,000	98,751	98,751	172,815	172,815			543,132
Honduras	109,000			104,824	283,413			388,237
Mexico	12,000,000							27,453,867



## 2.2 Nutrition

### Guatemala

#### *COVID-19*

Under UNICEF's leadership, 22 nutrition brigades (composed of a nutritionist, three assistants and a driver) screened 13,912 children under 5 years of age, of whom 2 per cent have been diagnosed with acute malnutrition and received adequate treatment. The brigades provided micronutrient supplementation (multiple powders, vitamin A and zinc) as well as deworming treatment. In addition, counselling on the first 1,000 days of life – between the mother's pregnancy and her child's second birthday – provided on the nutrition and care during this period was found paramount for the child's survival and growth. Special emphasis has been on breastfeeding during the COVID-19 pandemic as well as complementary feeding, and culturally appropriate material has been developed in the local languages. Actions have been carried out in Chiquimula, Huehuetenango, Quiché and Alta Verapaz.

### Honduras

#### *Children on the move*

UNICEF's nutrition interventions benefitted 2,065 children under 5 years old and 1,517 caretakers from 10 municipalities. Of them, 1,859 children under 5 years old (977 girls) were screened for acute malnutrition of whom 23 children have been diagnosed. They received specific counselling and were referred to the nearest health centre for adequate support. Additionally, 2,065 migrant children under five years old (1,055 girls) received micronutrient supplementation and Lipid Based Nutrient supplements to prevent malnutrition. A total of 1,482 pregnant and lactating women (PLW) received micronutrients to treat and prevent micronutrient deficiencies. Some 1,517 caretakers (1,404 women) of children under 2 years old received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling. Upon their arrival in Honduras, 1,316 children (627 girls) between 6 and 18 years old and 316 adults (202 women) on the move received a healthy snack. Each snack was composed of a fresh sandwich with vegetables, fruit and a bottle of water distributed together with face masks and hand sanitizer.

#### *COVID-19*

Nutrition screenings to detect acute malnutrition among children under 5 years old have been implemented in nine municipalities in Western Honduras. A total of 7,946 children (3,910 girls) have been screened of whom 136 have been identified with acute malnutrition. At the end of 2021, complementary COVID-19 funds allowed the purchase of Ready to Use Therapeutic Food and the training of 48 medical staff from eight municipalities on the community management of acute malnutrition (CMAM) including simplified approaches. This was key to start the care of children identified with acute malnutrition at the community level.

### Mexico

#### *Children on the move*

In December 2021, UNICEF intensified its response to provide health and nutrition care to otherwise neglected pregnant women, children and adolescents on the move in Tapachula (Chiapas), Tijuana (Baja California) and Ciudad Juárez (Chihuahua). Through its implementing partners CADENA and the Adventist Development and Relief Agency in collaboration with the Ministry of Health (MoH), an assessment of the health and nutrition status was conducted among 200 migrant and displaced pregnant women, children and adolescents. Provision of nutrition and health services were started through mobile health units and over 700 pregnant women, children and adolescents were reached. These services will be scaled-up in 2022.

#### *COVID-19*

UNICEF implemented the following key programmes: 1) to rebuild health and nutrition services for vulnerable populations – UNICEF supported MoH to develop a National Strategy on Prevention of all Forms of Malnutrition during the First 1,000 Days; 2) to improve regulation of marketing of unhealthy foods and beverages – UNICEF supported MoH to strengthen national laws, regulations and norms; and 3) to improve nutrition behaviour among children, adolescents and their caregivers – UNICEF disseminated messages through media reaching 5 million caregivers and supported implementation of the school curriculum *Vida Saludable* (Healthy Life) reaching over 6 million students.

### Panama

#### *Children on the move*

UNICEF conducted nutrition screening in all Migratory Reception Stations. A total of 3,511 children under 5 years old (1,446 girls) were screened for acute malnutrition. In addition, 796 women with children under 2 years old received breastfeeding counselling. UNICEF nutrition response was adapted throughout the year because migrant children and women were transferred to the border with Costa Rica in less than 24 hours with no opportunity for referrals, follow-ups and counselling sessions. UNICEF

advocated with the National Migration Service to ensure provision of adequate meals for children during their stay in Migratory Reception Stations and throughout their transit in Panama.

## 2.3 Health

### Costa Rica

#### *COVID-19 response*

In partnership with Pan American Health Organization (PAHO)/World Health Organization (WHO), MoH and the Costa Rican Social Security Fund, UNICEF advocated for and supported the acquisition of vaccines through the COVID-19 Vaccines Global Access (COVAX) mechanisms and the COVID-19 prevention and response plan including the uptake of vaccines. 648,150 vaccines arrived in the country through COVAX in 2021.

### Guatemala

#### *Children on the move*

UNICEF provided medical care to 3,796 unaccompanied children in government shelters. This medical care included the follow-up of 321 children with COVID-19 in shelters where they had to undergo quarantine prior to family reunification. UNICEF provided Personal Protective Equipment (PPE) both to frontline workers providing services to unaccompanied children and also to the children receiving said services.

#### *COVID-19*

UNICEF provided assistance to MoH to strengthen COVID-19 vaccination in Guatemala through the purchase of 1,000 3.4 litre thermos flasks, 1,000 1.7 litre thermos flasks, 2,000 cold packs, 400 cold boxes and 100 solar refrigerators. These supplies, of vital importance for the rollout of the vaccination campaign, were distributed to the most remote areas of the country where there is no adequate access to electricity. UNICEF also supported the preparation of a Community Participation Guide for COVID-19 vaccination training 109 representatives from 18 departments and supporting a dialogue with 411 leaders on their perception of the vaccine.

### Honduras

#### *COVID-19*

Thanks to the provision of PPE to 430 health providers in indigenous communities, 16,824 children (8,413 girls) received immunization services to catch up with the vaccination schedule defined by MoH. This programme generated confidence in the population to seek vaccination services and prenatal care services allowing 2,748 pregnant women to access prenatal check-ups. Through the COVAX mechanism, UNICEF has delivered 16 refrigerators and 8 freezers covering 8 health regions. Additionally, UNICEF purchased a new cold room module to be installed in Tegucigalpa. UNICEF also purchased 1,425 vaccine flasks, 5,760 cold packs, 200 cold boxes and 9 ultra-low temperature freezers to be used for the vaccination of children between 5 and 11 years old. This support will contribute to the vaccination of 1,143,084 people over 12 years old and 574,143 children aged 5 to 11 from the health regions of Colon, Francisco Morazan, Intibuca, La Paz, Lempira, Santa Barbara, Yoro, Metropolitan Central District and Metropolitan District of San Pedro Sula. Despite all these efforts, Honduras ended 2021 with one of the lowest coverage rates of COVID-19 vaccination in Latin America and the Caribbean (48 per cent).

### Panama

#### *Children on the move*

[Maternal and child health services and the supply of medicines and supplements were delivered](#) to more than 9,000 people on the move. Of them, 3,532 were children under 5 years old and 434 were between 6–17 years old. They were mainly treated for diarrhoea, dehydration and skin conditions. The sudden increase of the migrant population, with 77 per cent of such children being under 5 years of age, required an adjustment in the response to increase the number of health personnel.

## 2.4 Water, sanitation and hygiene

### Costa Rica

#### *Children on the move*

As part of national efforts to prevent the spread of COVID-19, supplies for family hygiene have been made available for migrants in vulnerable conditions. UNICEF procured 2,919 hygiene kits (each kit providing six-months' worth of supplies for children and adults) and coordinated with the Ministry of Education (MoE) to distribute them to 15 prioritized schools in host communities. This programme helped ensure good health of students and continuity of education and reached 8,757 people.

#### *COVID-19*

Rapid coordination between the National Child Welfare Institute, the National Emergency Commission, and MoE enabled UNICEF to deliver 2,920 hygiene kits to the areas most affected by COVID-19 and floods caused by hurricanes Eta and Iota and other tropical storms. Also, as part of the UNICEF COVID-19 prevention strategy, 700 hygiene and child development kits were delivered to highly vulnerable children and adolescents living in *cuarterías* (overcrowded tenements) of the metropolitan area.

### El Salvador

#### *Children on the move*

Basic hygiene supplies and kits for preventing vector-borne diseases were distributed to 3,240 migrants and displaced children and their families. In the last quarter of 2021, 2,249 migrant and displaced children (301 girls and women) from San Ignacio, La Palma, Nueva Concepcion, Metapan, Suchitoto, and San Salvador received basic and gender-sensitive hygiene supplies and vector-borne disease prevention kits. A total of 5,980 migrant and displaced children and their families have been provided with access to drinking, cooking and personal hygiene water and received water treatment supplies. Some 5,458 people have been reached in the last quarter of 2021 in the municipalities of Arcatao, Nueva Concepcion and San Salvador. A total of 134 of them, displaced due to the violence of an urban settlement in Suchitoto, benefitted from the installation of 2 water safety points to ensure water supply and safe water storage. Suchitoto municipality will provide water with tank trucks to these families.

### Guatemala

#### *Children on the move*

UNICEF provided technical assistance for the implementation of WASH actions to assist migrants in Guatemala in transit to Mexico and the United States of America. In collaboration with partners, UNICEF delivered 3,504 hygiene kits for children, including 392 kits specifically designed for girls. UNICEF helped set up sanitation facilities at *Casa del Migrante de la Pastoral de Movilidad Humana* to provide WASH services to people on the move.

#### *COVID-19*

UNICEF continued to implement the communication actions on handwashing and hygiene practices which had been initiated in 2020. These actions were integrated into the hurricane Eta and Iota emergency response through which UNICEF reached 143,000 people with hygiene promotion messages.

### Honduras

#### *Children on the move*

Some 18,776 people (5,065 girls, 5,439 boys and 4,136 women) were reached with appropriate sanitation facilities in 41 strategic migrant points. Among them, 16,545 people were provided with access to safe water and critical hygiene supplies. Support from UNICEF was key given the precarious/non-existent WASH services, especially at informal migrant centres. UNICEF WASH services included: provision or improvement of mobile and fixed WASH facilities (which are age and gender disaggregated); provision of fixed and portable water filters; water quality monitoring; distribution of safe water, hygiene and cleaning kits and supplies; and risk communication messages. Sustaining outcomes by local stakeholders with limited humanitarian response capacities was identified as a challenge in 2022. To address this, UNICEF contributed to the elaboration of a contingency plan at local level.

#### *COVID-19*

UNICEF supported safe access to WASH services and facilities in schools to effectively prevent COVID-19 reaching 4,273 students in 5 schools with 49 water points in 7 handwashing facilities. UNICEF also disseminated best WASH habits risk communication messages, distributed soap and implemented minor reparation works and improvements to WASH infrastructure and facilities. UNICEF continued to streamline COVID-19 prevention into its humanitarian Eta and Iota WASH response and its

Climate Resilient WASH in Schools component. For the latter, 1,800 members of the educational community in 120 schools benefitted from training on COVID-19 prevention.

## Mexico

### *Children on the move*

UNICEF provided children and their families on the move with hygiene kits, access to mobile sanitation infrastructure, handwashing stations and water at the three border points in Tapachula, Tijuana and Ciudad Juarez. UNICEF reached 66,256 people (8,084 boys, 6,471 girls, 12,927 women and 38,774 men) with strengthening of sanitation services. Also, 67,315 people (8,467 boys, 6,813 girls, 13,062 women and 38,973 men) benefitted from handwashing stations with soap and hand sanitizer gel, and 37,629 people (13,515 boys, 12,773 girls, 3,390 women and 7,951 men) received family or child-appropriate hygiene kits. 9,448 people participated in hygiene practice capacity building sessions and 2,622 women and 1,656 adolescent girls participated in menstrual hygiene sessions.

### *COVID-19*

UNICEF continued responding to the COVID-19 emergency by strengthening WASH services in schools to support school reopening through the programme *Salud en Tus Manos* (Health in Your Hands). This programme included provision of handwashing stations in schools, hygiene and cleaning supplies, and a pedagogical guide to promote best hygiene practices. Between the end of 2020 and December 2021, 490 schools benefitted from the installation of 729 handwashing stations providing this service to 110,937 students in 5 states and Mexico City.

## Panama

### *Children on the move*

[WASH services were delivered regularly](#) by UNICEF contributing to reducing COVID-19 transmission and guaranteeing conditions of basic dignity. Over 3.1 million litres of clean water were distributed to 69,757 migrants and 633 members of host communities (including 118 boys and 104 girls) in 4 migratory stations. A total of 15,049 migrants received WASH supplies. Non-food items were also distributed including mats, buckets, jerrycans and mosquito nets. UNICEF strengthened its field presence with a full-time WASH specialist in Darien who permanently monitored and led maintenance of services in Migratory Reception Stations and host communities. Sphere standards were regularly monitored through a real time information system (available [here](#)).

## 2.5 Child protection, gender-based violence in emergencies, and prevention of sexual exploitation and abuse

## Belize

### *Children on the move*

UNICEF provided capacity building services to 73 child protection actors working within the migration system including police officers, judicial officers, social workers, immigration officers, teachers and civil society organization (CSO) representatives. They were trained on the risks and vulnerabilities that migrant children face and how to protect them from exploitation and violence through strong local, national and regional child protection systems. In the last quarter of 2021, UNICEF also supported the establishment of Belize's first migrant shelter for children in collaboration with the Ministry of Human Development (MoHD). This shelter is expected to house up to 200 unaccompanied children in transit each year. To avoid the risk of detention, vulnerable children will be swiftly identified, referred to the national child protection authorities and provided with comprehensive services based on their needs including case management. To collect data on the child protection and education needs of migrant children and their families, UNICEF implemented a pilot data collection exercise in six migrant communities. Administrative data was collected from over 800 migrant families showing key gaps within the provision of and access to services related to birth registration, psychosocial and legal support.

### *COVID-19*

UNICEF, in partnership with the government and CSOs, expanded and scaled-up service delivery reaching 1,200 families including 7,478 children (4,591 girls) with birth registration, legal, migration and psychosocial support services. Mobile clinics were directly implemented in 11 migrant communities with indirect access provided to an additional 15 communities. This ensured safe, non-discriminatory, free from stigma access to services for both host and non-host communities. As a result, 362 children of migrant families were registered and received birth certificates.

## Costa Rica

### *Children on the move*

In coordination with MoE, the National Child Welfare Institute, the National Emergency Commission and Jesuit Service for Migrants, an interinstitutional model was developed and implemented to support regularization of migrant students from public schools. As of December 2021, professional legal guidance and advice has been provided to 12,256 migrant families including 2,440 children and adolescent students who are now regularized and 5,763 who are waiting for the regularization of their status after duly presenting their formal requests. In collaboration with partners, UNICEF supported the opening and running of 15 Safe Spaces throughout the country for children and adolescents, both migrants and nationals, in prioritized destination communities. These spaces provide a variety of support services such as referral to specialized services and information on different topics including on the prevention of VAC, learning and school enrolment, psychosocial support and legal aid for migrant and refugee children. Close to 2,000 children and adolescents have attended Safe Spaces. Progress was also made in strengthening community associations which will continue to support the Safe Spaces with their own human and financial resources, making this a more sustainable community-based child protection initiative.

UNICEF partnered with the local government of Upala and the non-governmental organization Centro de Derechos Sociales de la Persona Migrante (Centre for the Social Rights of Migrant Persons) to support both prevention of GBV and migratory regularization of highly vulnerable migrant women. This partnership has allowed identification, provision of psychosocial support and referral of GBV cases to specialized services reaching 80 women and adolescent girls. A capacity-building programme benefitted 729 women and girls over 12 years old covering the following topics: positive masculinities; reporting practices and prevention of violence including GBV; employment skills; reproductive health; and life projects. Specialized legal aid and financial subsidies have also been provided to 175 migrant women to support their migratory regularization process, 75 of whom have been formally regularized. Approximately 50 cases are still being processed.

## El Salvador

### *Children on the move*

UNICEF and partners provided psychosocial support to 18,522 returned and displaced children and their families (4,544 girls, 5,009 boys, 4,901 women and 4,068 men). Services include psychological first aid, individual and family psychological care, and the development of alternative life plans. UNICEF continues to strengthen reintegration programmes in five Centres for Returned Children, Adolescents and Migrant Families (CANAF) located in the departments of San Salvador, San Miguel, Usulután, Santa Ana and San Vicente. CANAFs are part of the Salvadoran Comprehensive Protection System. 1,494 returned and displaced children (662 girls) with protection needs have been referred to specialized services to receive health and legal assistance. During 2021, 6,905 children, adolescents and women have been trained on the risks of GBV associated with migration and forced internal displacement. They also received psychosocial support services and additional training to foster entrepreneurship and income generating activities including financial management and leadership, community savings, web design, community tourism, electrical training, health first aid and sewing, amongst others.

## Guatemala

### *Children on the move*

With UNICEF support, psychosocial and medical care has been provided to 7,840 unaccompanied returnee and in-transit children and adolescents in government shelters. In civil society shelters, psychosocial care has been provided to 7,431 children and adolescents in transit. In addition, a Child Protection Information Management System – CPIMS+/Primero – has been developed and implemented for the management of cases of children and adolescents on the move (non-institutionalized) and their families attended by the reception shelters of the Social Welfare Secretariat. Play kits to support psychosocial care and hygiene kits were provided to massive flows of migrants (caravans).

### *COVID-19*

With UNICEF support, medical care was provided to unaccompanied returnee children in government shelters prior to family reunification. In addition, transportation was provided for the children to return to their communities of origin for family reunification and PPE was provided to frontline workers. Hygiene kits, which are age and gender sensitive, were delivered to children and adolescents.

## Honduras

### *Children on the move*

A total of 56,440 people (14,954 girls, 14,958 boys and 17,126 women) were involved in GBV mitigation, prevention and response activities. Through its community interventions, UNICEF provided mental health services to 6,809 children (3,364 girls)

and 6,235 adults (4,359 women). Some 15,892 children and adolescents (5,026 girls) were identified and referred to specialized health, social welfare and justice services. In addition, UNICEF supported the safe return of 12,194 children and adolescents (4,146 girls) from the migrant reception centre, Centro Belen, of whom 70 (19 girls) were provided with alternative care services. Rapid response teams were activated to provide essential protection services to 2,742 children (932 girls) and their families arriving on migration buses that arrived late at nights/early mornings. More than 800,000 people were reached through a campaign to raise awareness on the rights of migrants, returnees and displaced persons, including prevention of GBV.

## Mexico

### *Children on the move*

As a direct result of UNICEF's support to the Mexican government's capacities to implement new regulations, 5,971 migrant children benefited from case management and improved best interest determination procedures. For this purpose, UNICEF seconded 12 multidisciplinary teams in 6 states and 8 municipalities and trained 6,079 people on the new regulations. UNICEF supported the inauguration of foster care pioneering programmes targeting both migrant and Mexican children as an alternative to institutionalization. As a result, 152 children have been fostered in families. 6,299 children on the move were provided with appropriate alternative care arrangements.

### *COVID-19*

UNICEF has been able to swiftly respond to the heightened psychosocial needs of children and families on the move hosted in shelters by adapting its mental health and psychosocial support (MHPSS) strategy to virtual modalities first, and then back to in-person modalities with strict COVID-19 prevention protocols within each shelter. UNICEF geographically expanded its shelters' coverage. Psychosocial support activities have reached 16,203 children on the move and 7,149 caregivers in 58 shelters in 6 states. In addition, 750 frontline professionals working with the people on the move received mental health counselling and more than 5,000 were reached through MHPSS training.

## Panama

### *Children on the move*

A total of 14,274 children on the move (5,281 girls, 5,281 boys and 3,712 caregivers) received [psychosocial support and early stimulation through Child-Friendly Spaces](#) managed by UNICEF. Of those who received support, [93 per cent rated the service as excellent](#). In addition, over 34 child survivors of sexual violence and their families benefited from specialized support and 822 participated in workshops for GBV prevention. For the first time through the support of UNICEF, unaccompanied and separated children as well as local children with protection needs in Darien, were no longer placed in detention centres. UNICEF established alternative care measures in a temporary home in Darien province that provides a safe space for children needing special protection measures. To support the 200 unaccompanied and separated children who were registered crossing the Panama-Colombia border areas of Darien jungle, UNICEF worked with the Provincial Child Protection Authorities in Darien to strengthen inter-institutional coordination.

## 2.6 Education

### Belize

#### *Children on the move*

Although migrant children are not restricted from enrolling in school in Belize, there are limitations and gaps that impact children's active participation. UNICEF response focused on advocacy with district education authorities, provision of psychosocial support for teachers and students, Early Childhood Development (ECD) response for families with children under 5 years old and provision of supplies for schools in migrant communities with a focus on remedial education. Some 583 families in 11 migrant communities received ECD services through Care for Child Development, receiving ECD kits with play items for children under 8 years old. A total of 5,328 children have received learning materials through the mobile centres. UNICEF partners RESTORE Belize and Hope Haven focused on remedial interventions, literacy skills and psychosocial support. A total of 165 teachers from schools in migrant communities were trained on psychosocial support. Over 3,300 children benefitted from reading resources, which included online assessments, ad hoc education and remedial intervention through the Early Identification Intervention System.

#### *COVID-19*

A pilot integrated intervention between education and child protection programmes was initiated through the provision of digital technology for migrant children to actively participate in school and catch up with their education in safe virtual spaces. The pilot

project includes procurement and provision of 100 tablets to child friendly hubs in migrant communities where children can access educational and child protection resources in Spanish and other indigenous languages.

## Costa Rica

### *Children on the move*

In close coordination with MoE, UNICEF supported mental health and academic recovery activities through “Listening Classrooms” in 148 primary schools in highly vulnerable communities hosting migrant populations, benefiting 2,859 students. The programme included activation of the “Here I Am” telephone support hotline which has already provided professional personal counselling services to 504 students, 81 per cent of whom were girls. UNICEF also supported access to education for migrant children and adolescents by procuring and distributing 450 ECD kits, 450 school kits, 2,962 art kits and 97 computers for highly vulnerable students from migrant and host communities. According to MoE’s *Saber* – a digital information platform established with UNICEF support – of the 66,115 enrolled migrant students 21,438 are not currently registered with their respective legal identification documents. This severely affects MoE’s capacity to trace and formally recognize their ongoing academic achievements and provide them with support services through social programmes. To respond to this, UNICEF supported the development of a special module within the *Saber* platform to allow administrative registration of migrants in the educational system based on their biometric records using face-recognition technology. In 2021, through its newly established Inspira volunteering programme, UNICEF successfully launched a project for training volunteers as mentors to contribute to the assessment and improvement of reading and writing skills of children lagging behind in primary school. As of December 2021, 23 volunteers have mentored 54 children from vulnerable migrant communities.

### *COVID-19*

UNICEF teamed with MoE to develop its “Infection Prevention and Control protocol” Manual for the safe and responsible return to schools in 2021” and design and launch the highly successful national communications and advocacy strategy “I take care of myself, I take care of you, the community takes care of itself” which was comprised of television, radio, press and printed media. Development of the strategy was based on consultations carried out by MoE with teachers and students around their perceptions and concerns, the analysis of comments in social media and identification of the most frequent questions on MoE’s social media, all related to the return to in-person classes. The campaign reached more than 8 million people with direct messaging interaction of almost 600,000 persons on social media. Supporting inclusiveness was paradigm throughout the entire programme. All the campaign video materials included sign language of Braille, translation into seven indigenous languages and were produced in formats that were more accessible to persons with disabilities.

## El Salvador

### *Children on the move*

Some 1,215 migrant and displaced children have accessed formal and non-formal education services and 20,676 (10,372 girls) received learning materials. 342 students (159 girls) accessed flexible education modalities including psycho-pedagogical care in 18 accelerated modalities classrooms. 404 secondary students (258 female) benefitted from Academic Levelling programmes. UNICEF supported MoE to develop and implement these flexible modalities of education. In addition, 152 children (89 girls) accessed the educational system and 317 received academic reinforcement (147 girls) in collaboration with Plan International, Oxfam, educos and Save the Children. Some 676 additional students received educational materials.

A total of 521 students (285 girls) received psychological first aid and psychosocial care. 119 educators and families (109 women) have been trained on child protection and child-rearing parenting, and 32 mothers received psychological care. Twenty-eight staff (23 women) from CANAF received training on psychosocial support. UNICEF supported the Ministry of Education, Science and Technology in training 313 teachers on self-care (262 women) and 4,204 on socio-emotional education (3,351 women). UNICEF supported MoE to develop a digital version of Accelerated Education modalities for the first and second cycles of basic education, also to be used by displaced and migrant children to level their learning.

## Guatemala

### *Children on the move*

UNICEF supported MoE in the implementation of the certification and accreditation system for studies undertaken outside the country and promoted the educational reinsertion of children and adolescents into the school system or into flexible and alternative modalities to complete their education. In addition, UNICEF supported the dissemination of information on the modalities and requirements for educational reinsertion to promote enrolment in distance or semi-personalized MoE programmes.

## COVID-19

UNICEF supported the preparation of the COVID-19 emergency prevention, response and recovery plan. It also supported the preparation of biosecurity protocols for schools and provided adequate supplies. In addition, UNICEF worked with MoE on the modality for the delivery of school meals and provided technical assistance in the development of the emergency curriculum including learning modules in reading, writing and mathematics. UNICEF designed the MHPSS virtual training course for teachers, parents and students, the virtual platform of the "Mineduc Digital" sector, developed materials in Mayan languages and supported design of the portfolio and diagnostic evaluation for learning in reading and mathematics. Also, assistance was provided for the COVID-19 prevention, vaccination and back-to-school campaigns.

## Honduras

### *Children on the move*

UNICEF activities benefitted 10,000 children (5,200 girls) in vulnerable situations such as returned migrants and children displaced due to violence and in danger of dropping out of school. Thanks to UNICEF activities, children had access to learning activities (formal and non-formal) including levelling activities, and received school supplies, biosecurity kits and psychosocial support. Some 1,026 teachers were trained (688 women). The training included improving psychosocial support, and preparedness and response in emergency education skills.

### *COVID-19*

UNICEF worked in 13 vulnerable neighbourhoods in Tegucigalpa and 4 communities in the Department of El Paraiso providing biosecurity kits, telephone charges, textbooks and school supplies as well as psychosocial support to students. This response benefitted 7,312 children and adolescents (3,472 girls) including children with special educational needs and from vulnerable families, allowing them to complete their studies. UNICEF delivered learning materials to 161,518 children and adolescents nationwide. One of the main challenges remains the identification of out of school children, their reintegration into the learning system and the monitoring of their educational outcomes.

## Mexico

### *Children on the move*

Education in emergencies (EIE) activities focused on ECD as well as on improving literacy and numeracy skills of children in shelters reaching 1,652 children under 5 years old and 1,568 children aged 6–17 years in Baja California, Chiapas and Chihuahua. UNICEF also developed a diploma course for teachers on inclusive education for children on the move which reached 54 teachers in the pilot phase and will be scaled up nationally in partnership with MoE in 2022. A pilot on inclusive early child education has reached 80 children in Chihuahua and Baja California. A pilot to assist transition to formal school and psychosocial support for migrant children is also being developed in the states of Baja California, Chihuahua and Puebla.

### *COVID-19 response*

UNICEF provided technical support to MoE to ensure educational continuity through distance learning, advocated for the re-opening of schools and strengthened teachers' capacity on psychosocial support. As almost no information was available on the reach and impact of MoE's *Aprende en Casa* (Learn at Home) programme and anecdotal evidence pointed at the limitations of the programme over time (based on National Institute of Statistics and Geography surveys, UNICEF calculated a potential reach of 1.7 million students), UNICEF decided to discontinue its support in May 2021 and focused on advocacy, safe school operations and learning recovery instead.

## Panama

### *Children on the move*

Panama had one of the longest school closures due to the COVID-19 pandemic. UNICEF prioritized interventions to ensure that all children could continue their education and return to school through the reopening of 2,360 schools (51 per cent of the total) with partial classes. In December, the government announced compulsory face-to-face learning in all schools nationwide starting in March 2022 ([National Decree 2077](#)). UNICEF was one of the most [outspoken advocates of school reopening and led a multisectoral national alliance](#) with other international organizations, civil society partners, associations of health professionals, the private sector, students and parents to ensure that all children could return to school and that teachers were prioritized in the vaccination roll-out. The advocacy strategy was strengthened with rigorous evidence [from a representative telephone household survey](#) about the access and quality of distance learning which brought to light increased inequalities between those in public and private schools. UNICEF also provided technical assistance to MoE to implement hybrid modalities and support strategies such as one-on-one/home tutoring.



## 2.7 Social protection

### Honduras

#### *Children on the move*

A total of 1,219 families of returned migrants with children and in conditions of extreme poverty (around 4,900 people, 67 per cent women) benefited from monthly multipurpose humanitarian cash transfers of USD 472. The age breakdown of children who participated in the programme was: 14 per cent under 6 years old; 37 per cent between 6 and 13 years old; and 49 per cent between 14-17. The families, mostly single parent households headed by a woman (53 per cent) used the funds to buy food, educational materials, pay debts and medical expenses. Preliminary results on the impact of this programme show that 78.4 per cent of the beneficiaries managed to meet their nutritional needs on a weekly basis and that 52.7 per cent improved the variety of their diet by substituting the consumption of low-nutrition products with fresh and nutritious foods such as dairy products and meat, etc. The feedback collection was developed under a mixed modality with the participation of the government and an implementing partner to build a replicable experience for the Honduran social protection system.

### Panama

#### *Children on the move*

To compensate for families' economical losses due to COVID-19, UNICEF provided multipurpose cash transfers to 64 men and 132 women heads of households reaching 133 boys and 138 girls from low-income peri-urban areas in Panama City. Among them, 14 beneficiaries reported having a disability (8 boys, 4 girls and 2 women) and 69 were migrants (18 boys, 19 girls, 12 men and 20 women). This programme was implemented alongside psychosocial support provision for caregivers and educational follow-up for children. Although the programme highly satisfied the beneficiaries who reported using cash for urgent health and educational needs, after March 2021 no additional funding was secured for its scale-up.

## 2.8 Communications for development (C4D), community engagement and accountability to affected population (AAP)

### Belize

#### *COVID-19*

An additional 35,807 children have been indirectly reached through communication and awareness campaign strategies sharing information on Prevention of Sexual Exploitation and Abuse (PSEA), violence prevention and reporting, COVID-19 safety measures, infant and young child feeding (IYCF), nutrition and child rights. As a direct response to the growing protection concerns affecting migrant children and their families, work is ongoing to increase the number of safe spaces in migrant communities.

### Costa Rica

#### *Children on the move*

UNICEF is supporting prevention of xenophobia and fighting against stigma and discrimination, as well as promotion of social inclusion of migrant children and adolescents through development of social and behaviour change strategies in five host communities that represent distinct rural, border, urban and indigenous migrant contexts. Qualitative and quantitative research and consultation processes have been implemented to determine the knowledge, attitudes and practices (KAP) of children, adolescents and community leaders regarding their social relations and realities with or in their condition as migrants.

To strengthen efforts towards the regularization of migrant students, a robust communication campaign was released in October calling for civic and institutional support for the identification of migrant children and adolescents who can benefit from this normative opportunity. The campaign identified that many migrant children and adolescents and their families were not aware of this window of opportunity to regularize their migration status.

UNICEF and the National Children's Board will hold the "2021 Annual Child Rights Press Award" to recognize thorough and constructive press coverage concerning child rights and its main challenges. In 2021, migration was the central theme as an incentive to promote national and local media coverage of the issue.

#### *COVID-19*

UNICEF, in coordination with PAHO/WHO, developed a KAP study centred on COVID-19 vaccination. The study, presented in September 2021, showed that 89 per cent of parents/caregivers would vaccinate their children. Based on the study's results,

more than 250 messages were produced and published on social media to reduce spread of COVID-19, encourage maintaining preventive measures and promoting vaccination for migrant children between 12 and 17 years old. A panel-type telephone survey with 1,028 people distributed throughout the national territory was implemented for analysing the effects of the COVID-19 pandemic on children and adolescents. The survey was implemented in two rounds (May and August 2021). Results showed the need to multiply efforts to provide children and adolescents with better information for them to recognize, promote and defend their rights during the COVID-19 pandemic. Areas identified as requiring the most attention were: 1) more frequent access to health services including mental health; 2) quality of food; 3) zero tolerance to the different forms of violence; 4) positive use of time; 5) frequency and quality of relationships with peers; and 6) access to information technologies.

## El Salvador

### *Children on the move*

A total of 931 returnees and displaced families received information in 20 shelters on hygiene practices including handwashing.

## Guatemala

### *Children on the move*

Under UNICEF's leadership, educational and informational material was produced to support the El Ceibo border shelter (Guatemala–Mexico) to inform parents of returning children. Actions were carried out for the analysis of social networks in the municipalities of eight Mayan linguistic communities with the highest rate of migrants, and messages and pieces were produced in eight Mayan languages. A communication campaign on migration was also developed.

### *COVID-19*

UNICEF supported the Ministry of Public Health and Social Assistance in the definition of the strategy for social mobilization and community participation for COVID-19 vaccination, as well as in the production of a community participation guide for COVID-19 vaccination and its printing and dissemination in the 29 health areas of the country. Online training was provided to health districts and municipalities in community participation for vaccination (in coordination with the Presidential Secretariat for Women, Ministry of Public Health and Social Assistance and the Peace Corps).

## Honduras

### *COVID-19*

In collaboration with MoH, UNICEF co-led the national communication strategy on the introduction of the COVID-19 vaccine under the COVAX mechanism. About 2 million people received, interacted with or listened to messages related to the national communication campaign to support COVID-19 vaccination. UNICEF remains a reference for social media at the national level serving as a platform to provide information related to COVID-19 through the COVID-19 Information Centre. More than 500,000 people were reached with COVID-19 prevention messages. Some 23,045 adolescents and young people are currently registered as U-Reporters and helped strengthen communication strategies with an emphasis on the perception of COVID-19 vaccination and programmatic implementation, ensuring that children and adolescents have spaces for participation and advocacy.

## Mexico

### *Children on the move*

UNICEF's communications for development (C4D) response reached an estimated 15,000 people on the move with messages regarding the provision of mental health services, protection and the processes to follow during the COVID-19 pandemic. This effort was done jointly with the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR). An estimated 20,000 people at the northern border were reached to improve their decision-making processes regarding the situation when they returned through the US' Title 42 response. This was reinforced with a Theatre for Development intervention in shelters for children and families to acknowledge their situation and take protection measures.

## 2.9 Regional support

With dramatic increased number of people on the move and increased complexity of the situations, increased amount funds were received by multiple donors. UNICEF Latin America and the Caribbean Regional Office (LACRO) provided direct support to Country Offices to respond to the humanitarian needs of children on the move and children affected by multiple and protracted crisis in the region. This support included technical assistance, quality assurance and oversight to ensure timely and effective humanitarian response as outlined in the Core Commitments for Children (CCC), including cross-cutting programming (i.e. gender, early childhood development, adolescents and disabilities).

The use of Humanitarian Performance Monitoring was strongly encouraged and closely monitored throughout the year in close coordination with country offices.

From the regional level, UNICEF led high-level advocacy to increase the visibility and importance of nutrition interventions for young children in El Salvador, Guatemala, and Honduras, which were often confused with food security among the humanitarian actors.

Through different platforms, UNICEF actively communicated on the changing narrative of the migration crisis in the Central America and Mexico, in terms of their profiles and flows, as well as the reasons to migrate: the root causes are increasingly linked to structural preconditions in their countries of origins. More than ever, there is an urgent need and compelling reasons to strengthen the links between humanitarian and development interventions and build the shock responsive systems of countries in the region.

The regional support also included ensuring solid capacities and resources for emergency preparedness – in compliance with UNICEF’s Minimum Preparedness Standards – to provide effective humanitarian coordination and collaboration with governments and other partners, mobilize surge capacity, supplies and implement cash-based interventions at the onset of emergencies.

## 2.10 Innovations and lessons learned

### Belize

UNICEF adapted its 2021 programming to the evolving COVID-19 pandemic context. The extended emergency procedures have been instrumental in fostering adaptive processes in responding to emerging needs especially around mental health, GBV, teacher training and migration. Innovative approaches to better tackle new challenges were required. As a result, UNICEF strengthened its digital transformation agenda through developing and scaling-up apps, tools and platforms for virtual engagement with partners at national, subnational and community levels. These initiatives ensured that children, adolescents, parents, teachers, social workers and CSOs, amongst others, were reached and engaged via SMS, social media, phone, webinars and U-Report. A lesson learned in sector programming is the importance of the United Nations agencies in Belize working together to maximize limited resources. In 2021, efforts to provide comprehensive and wrap-around services to migrant families were maximized through the coordinated efforts between IOM, UNHCR, the United Nations Population Fund (UNFPA), and UNICEF. Given each agencies’ mandate and specific expertise, a comprehensive package of services to migrant families including health, child protection, immigration, ECD and education were delivered to vulnerable children, women and families. The collaboration also allowed for each agency to advocate with relevant government counterparts. UNICEF was able to advance efforts towards birth registration, IOM on an Amnesty Programme and UNHCR on providing capacity development for refugee and asylum-seeking actors.

### Costa Rica

Digitalization and the safe use of new technologies were paramount for UNICEF in 2021, supporting partners on delivery of programmes and services for children and adolescents through digital platforms, ensuring more robust continuity of education services and digital inclusion. The Learning Passport or “Aprendo Pura Vida” platform, as named by the Ministry of Public Education, became available for all 1.2 million students, enabling them to continue and strengthen their education and capacity building processes. Also, addressing the digital divide, the availability of internet connectivity of 4,381 schools (of which 4,097 are connected to the internet) was mapped out and uploaded to the global GIGA platform to monitor and promote good internet connection for all schools.

According to the MoE “Saber” digital information platform, of the 66,115 enrolled migrant students, 21,438 are not currently registered with their respective legal identification documents, severely affecting the ministry’s capacity to trace and formally recognize their ongoing academic achievements and provide them with support services through social programs (scholarships, food, etc.). As another important innovation, UNICEF supported the development of a special module within the “Saber” platform to allow the administrative registration of undocumented migrants in the educational system based on their biometric records and face-recognition technology.

To address the need to be more efficient and faster with procurement of supplies and services to better respond to the emerging challenges, UNICEF Costa Rica carried out a market survey in 2021, identifying and screening 440 services providers to accelerate the contracting process and the delivery of supplies for children and adolescents. Other UN agencies and the Resident Coordinator Office are already using the database compiled by UNICEF.

## Guatemala

An innovation implemented in 2021 has been drastically improving the handling and follow-up of child protection cases mainly for children who have been victims of violence. CPIMS was implemented in governmental shelters for unaccompanied children on the move which allows swifter case management and follow-up. In addition, Mobile Field Units were activated in the departments of Quiché and Huehuetenango facilitating the follow-up of returned children in their communities of origin. Also, the joint work with government officials in the operational area and their alliance with civil society has made it possible to reach a greater number of children in psychosocial care in accordance with child protection standards, as well as to start the new programmes.

Lessons learned include capacity building and engagement with local authorities and actors. The capacities of MoE planners were also strengthened to provide timely and accurate information on the sector's requirements and on the children in need. Engagement with community leaders and School Management Committees increased to unprecedented levels. Teachers were also significantly engaged in response to the humanitarian situation.

## Honduras

Main innovations include: 1) rapid response teams were set up within UNICEF and partners to quickly respond to a continuous changing context. This has led to better showcase low-profile crises such as the late night/early morning arrivals of migration buses at the northern border of Corinto; 2) the new child protection rapid needs assessment tool, which was shared with partners and clusters, allowed for a needs-based and coordinated response to provide critical services to children and families on the move; 3) the novel technical solutions developed to attend specific WASH needs of migrants such as mobile hydration points, mobile WASH modules, portable collapsible filters, hygiene kits for babies and multilingual WASH risk communication messages (English, Spanish and French); 4) to increase the coverage of the nutrition response as well as to maximize resources, nutrition activities were integrated within child protection interventions to provide a more holistic support to beneficiaries. Also, a simplified emergency protocol to treat acute malnutrition cases in children under 5 years old was elaborated and validated by MoH. This is the first CMAM protocol elaborated in the country and is currently implemented in nine affected municipalities; 5) UNICEF supported the implementation of innovative education strategies to increase the access to learning opportunities in the context of COVID-19 and migration such as the learning passport (which enables online and offline digital quality learning). In addition, the EDUCATRACHOS learning platform was promoted to allow the effective registration to formal distant learning courses; 6) UNICEF supported the set-up of outreach teams of doctors and nurses to provide maternal and child health care (including vaccination) at community and household level; and 7) UNICEF developed the first comprehensive social protection initiative *Integra Honduras* with a multisectoral approach including a multipurpose humanitarian cash transfer.

One of the main lessons learned is the need to work with different stakeholders from the humanitarian, private, state and community networks. It is important to strengthen the capacity (including coordination) of state institutions, community networks and humanitarian actors involved in migration, as well as strengthening information sharing and coordination with neighbouring countries in Central America. UNICEF will support the process of identification of returnee children and families to ensure they receive the needed critical services upon return. It is also a priority to identify strategies at the local level to quickly address the needs of the population in transit through the country as they are more vulnerable due to the invisibility with which they circulate. UNICEF field presence is also key to ensure close monitoring of the humanitarian response and to strengthening the early warning system. Also, advocacy with government and municipal authorities (at centralized and decentralized levels) to guarantee the sustainability of the response is necessary. Another lesson learned is that the social protection sector needs to review and update its policy framework which does not have programmes to cover new emerging vulnerable groups, nor is it prepared for emergency situations.

## Mexico

The arrival of emergency funds required a shift in programming and reprioritization of activities. Cross-cutting themes (adolescents, C4D, etc) needed to be adapted accordingly to the shift in focus to better contribute to programme results. As a lesson learned, integrating emergency response into regular programming, for example, the skills for life and work emergency response to migration, provided an opportunity to leverage funds and human resources to support migrants while including vulnerable adolescents from host communities. For innovations, UNICEF continued spearheading technology-based solutions to promote education continuity, close learning gaps and providing mental health support. For example, Rapid-pro continued to be a great tool for adolescent-focused support especially in the context of COVID-19 and the migration emergency (e.g. Contacto Joven and U-Report on the move). UNICEF also implemented a role-modelling and mentoring component in the skills for life and work emergency response as well as other methodologies to enhance socio-emotional skills. In this sense, and regarding the implementation of a MHPSS strategy, the COVID-19 pandemic opened new opportunities to provide specialized

training to governmental and non-governmental actors using communication technologies like platforms, online courses, conferences and fora on social networks.

## Panama

UNICEF established an innovative solid waste management strategy in Migratory Reception Stations managed by national authorities which will be maintained and strengthened through a partnership with RET International during the first quarter of 2022.

UNICEF has developed an information management system to rigorously collect, analyse and report the reach of its response in WASH and child protection sectors. This dashboard allows for the visualization of UNICEF response in Darien and is now live allowing real-time monitoring of progress, efficient communication between partners, transparent accountability to affected populations and a decrease in reporting burden which results in more time for quality service-delivery.

Another innovation is the coordination with the Colombia and Costa Rica United Nations agencies which has been strengthened to align and promote coherent humanitarian response interventions for migrants in transit. Sharing and exchanging information was key especially because the response to the extracontinental migratory flow demands multilingual and multicultural attention. UNICEF has increased communication and visibility efforts to raise awareness about the situation of migrant children.

## 2.11 Grand Bargain commitments

In line with Grand Bargain commitments to donors, UNICEF invests efforts to mainstream humanitarian cash-based transfers; community engagement, two-way communications and/or feedback and complaint mechanisms; localization and working with first responders; and strengthening the humanitarian-development nexus programming. This section describes some of the efforts of country offices to contribute to these commitments throughout 2021.

### Belize

As part of the continued response to the COVID-19 pandemic, UNICEF supported the government in the implementation of the COVID-19 Cash Transfer Programme prioritizing poor families with children, pregnant women and people living with a physical disability. The programme reached almost 21,400 households. In line with the Grand Bargain commitments, a draft cabinet paper was jointly developed with MoHD and Ministry of Economic Development for the establishment of a social protection floor in Belize which has informed the development of the joint United Nations (UNICEF/International Labour Organization/World Food Programme) SDG programme, “Building a resilient Belize through universal, adaptive and sustainable social protection”, as well as human security programmes contributing to longer term resilience. In strengthening the humanitarian-development nexus, UNICEF, in partnership with key United Nations agencies (UNHCR, IOM, UNFPA), government and CSOs continued advocacy for inclusion of crucial wrap-around services to expand and scale-up service delivery. UNICEF reached 1,200 families including 7,478 children (4,272 girls) with birth registration, legal, sexual and reproductive health, migration and psychosocial support. UNICEF also made important investments in strengthening the national capacities and systems in child protection and education for long-term national resilience.

Over 500 frontline workers including law enforcement officers, court officials, social workers and immigration officers were trained on basic child rights and gender, best interest principles, child friendly justice delivery, child protection in migration and child friendly interviewing. In education, UNICEF supported the delivery of courses from the Teacher Learning Institute focused on transitioning back to school, psychosocial support and mental health, WASH and remedial interventions. One successful course offered was Positive Behaviour Intervention and Support Systems through which UNICEF trained 790 teachers serving 45,000 children. UNICEF’s communication efforts were integral to the national advocacy on the vulnerabilities affecting children within the COVID-19 context. This included continued advocacy on: reopening schools; raising awareness on the long-term impact of learning loss; heightened vulnerabilities in nutrition; and exposure to violence, abuse and safety. Additional communication efforts focused on reducing the stigma and discrimination of mental health among adolescents and youth, increasing parenting support to tackle the challenges of the COVID-19 pandemic, dispelling myths and misinformation on the COVID-19 virus and promoting vaccine equity, efficacy and trust.

### Costa Rica

Regarding community engagement, UNICEF supported the prevention of xenophobia and fighting against stigma and discrimination, and promotion of social inclusion of migrant children and adolescents through the development of social and behaviour change strategies in five host communities that represent distinct rural, border, urban and indigenous migrant contexts. Qualitative and quantitative research and consultation processes have been implemented to determine the knowledge, attitudes and practices of children, adolescents and community leaders regarding their social relations and realities with, or in their condition as migrants.

On localization, UNICEF partnered with the local government of Upala to support prevention of GBV and migratory regularization of highly vulnerable migrant women. This partnership has allowed identification, psychosocial support and referral of GBV cases to specialized services, reaching 80 women and adolescent girls. A capacity-building programme started for women and girls over 12 years, covering the areas of positive masculinities, reporting and prevention of violence, employment skills, reproductive health and life projects, with participation of 729 women.

Regarding the humanitarian-development nexus, in coordination with protection authorities and the NGO Jesuit Service for Migrants, an interinstitutional model was developed and implemented to support regularization of migrant students from public education centres. As of December 2021, professional legal guidance and advice had been provided to 12,256 migrant families – of which 2,440 children and adolescent students are now fully regularized and more than 5,763 are waiting for the regularization of their status, after duly presenting their formal requests. Regularization is a game changer for migrant children and adolescents as it enables the formalization of their education process and strengthens their access to basic and social services.

In collaboration with authorities, Youth Action Foundation and participating community development associations, UNICEF supported the opening and running of 15 Safe Spaces throughout the country, for children and adolescent migrants and nationals in prioritized destination communities. These spaces provide support services, referral and information for the prevention of violence, learning and education, psychosocial support and legal aid for migrant and refugee children. Close to 2,000 children and adolescents have attended Safe Spaces. During this period, progress was also made in organization and institutional strengthening of community associations, which will continue to support the Safe Spaces with their own human and financial resources, making this a more sustainable community-based child protection initiative.

## Guatemala

Received funds facilitated the creation of new humanitarian-development nexus programming and the strengthening of activities already established within the legal framework for migration, mainly those related to the care of children on the move. Resources allowed UNICEF to support MoE with the preparation plan for the safe and long-term return to school. Actions were institutionalized through protocols and routes that the government is approving and implementing. Localization efforts have resulted in new partnerships with civil society allowing reach of essential services to a greater number of children and to follow up on them in their communities of origin. Parents played key roles in education sector as they helped prepare temporary classrooms. Their commitment created a powerful message about the importance of education and how the community, UNICEF, MoE and staff of the municipalities could unite to deliver better services to children. MoE's Planning Unit also used the opportunity to strengthen data collection and analysis.

## Honduras

UNICEF placed special emphasis on developing Accountability to Affected Population (AAP) mechanisms and monitoring results to adjust programming. In WASH, local stakeholders were trained to participate in UNICEF's rapid damages assessments as per [AAP guidelines](#), jointly defining customized humanitarian assistance. The AAP mechanisms implemented have been [assessed](#) every month through focus groups. Within the project *Integra Honduras*, UNICEF together with Action Against Hunger developed a [feedback mechanism](#) for participants. Among the 1,219 families, 380 used this mechanism to ask about practical information regarding cash withdrawing, document requirements and to get broader information regarding the project. No complaints were registered and there were no requests to reorientate the activities, but direct support was given to some beneficiaries. A female beneficiary stated: *"I wish to inform you that I could finally withdraw the cash. The bank was not willing to help me because I do not have a new ID card. Thanks to your support by calling the bank, they agreed to give me the money. I am really grateful as this is the first time I've receive such support. Thanks so much!"*

A sustainable approach was developed and implemented to avoid collapse of essential services on the onset of emergencies. UNICEF supported schools and health centres at migration hotspots with durable WASH solutions such as fixed water tanks with an option for rainwater harvesting, fixed hand washing stations and retrofitting of sanitation infrastructure. UNICEF is supporting environmentally sustainable solutions for the mobile WASH modules placed at two border points by adding solar panels as an alternate source of energy. Through *Integra Honduras*, UNICEF supported expansion of social protection system coverage for returned migrant children and a multipurpose humanitarian transfer was implemented. Child protection workers and social workers were hired and trained to carry out protection activities at borders and in communities of return. These technical teams can respond to short term humanitarian needs of children on the move and will be part of a longer-term child protection system through community case management with a link to existing protection and social services. Local authorities and two *mancomunidades* (local health providers) received training and nutrition supplies for the implementation of the CMAM simplified protocol in the dry corridor (39 health centres in 9 municipalities). The education sector ensured that learning modalities and strategies can be replicated when needs arise by training and coaching teachers. Teachers, implementing

partners and field facilitators received certification in key courses on PSEA for children and adolescents, transparency and management of funds and accountability to the community.

## Mexico

UNICEF has strengthened community engagement through social and behaviour change communication. From February to April 2021, UNICEF delivered a communication and information strategy distributing printed and digital materials on mental health with a landline service that provided personalized psychosocial support to people on the move and their families. UNICEF also supported the health sector by providing mobile health units to attend to maternal, neonatal and child health care to detect and treat malnutrition, mental health needs and identify and refer GBV. This also serves to strengthen the health systems at the state level to be able to respond to the specific needs of children and families on the move.

## Panama

It was not possible to advance in the establishment of the humanitarian nexus as the focus was shifted for the dramatic increase of migrants. Government increased its reception capacity and speed of the migratory flow from 14 days to 1 day which benefits the migrant population, but limits the identification of risk cases (nutrition and protection) due to the short contact time with the migrants.

## 2.12 Cluster/sector leadership

### Belize

UNICEF plays a key role in the United Nations Emergency Technical Team where it leads the education, nutrition, WASH and child protection sectors with cross-sectoral programming in ECD, gender equity and C4D. Coordination meetings include planning for close monitoring and organization of the response in coordination and communication with national authorities and CSOs. In 2021, UNICEF, UNHCR and IOM implemented actions from a joint migration action plan working with the government in various areas to strengthen the system to support migrant children and their families, including provision of humanitarian assistance and child friendly spaces for children and families in transit. UNICEF also built new partnerships as its advocacy role scaled up. A key lesson learned during 2021 is the supportive role of a wide range of CSOs in responding at community level to VAC cases, particularly in supporting a wrap-around intervention approach for the Migrant Mobile Centres to include critical support services to women and families. UNICEF also coordinated with UNHCR and IOM at a high-level meeting with the Attorney General of Belize, MoH and Chief Executive Officer of Immigration to discuss possible areas for collaboration on migrant families and children, including to improve the birth registration processes, and potential for digitalization and re-inauguration of the birth registration steering committee – these commitments to have not yet come to fruition.

### Costa Rica

The COVID-19 pandemic and an ongoing humanitarian emergency, as a result of the increased mixed migratory flows, reinforced UNICEF's commitment to working within the UN framework. UNICEF participated in development of two interagency contingency plans, one centred in mixed migration flows and the other under the scenario of a tropical storm or hurricane occurrence. The government and the UN System have established a working group to jointly provide humanitarian assistance.

UNICEF has also centred its humanitarian assistance on strengthening of multisectoral alliances in close partnerships with the local protection systems. In coordination with the Binational Permanent Commission for the Assistance and Protection of Migrants in a Condition of Vulnerability, an agile and interinstitutional mechanism was established to respond locally to rapidly changing humanitarian needs on the ground. As part of these efforts, UNICEF also signed an agreement with the Costa Rican Red Cross to provide humanitarian assistance services to highly vulnerable migrant children, adolescents and their families.

### Guatemala

Attention to children on the move is carried out within the framework of the protection cluster and in coordination with the United Nations specialized migration group. UNICEF actively participates in both fora, leading the child protection subgroup and co-leading the specialized migration group. UNICEF also leads the EiE cluster of more than 60 institutions and organizations promoting outreach with education authorities to support the development of the humanitarian response plan. Substantial progress have been made by the cluster and MoE to have a more coordinated response at sectoral level. Strengthening of the cluster has allowed the implementation of preparedness and humanitarian response mechanisms in close coordination with protection actors, mainly through actions for the continuity of learning. Under UNICEF's leadership, EiE cluster increased the emergency response capacity of institutional actors, and the emergency response education plan strengthened the education information management system.

## Honduras

The global cluster structure is active in Honduras, with UNICEF leading WASH and education clusters, nutrition sector, as well as child protection area of responsibility (CP AoR) with fully dedicated staff. Its strategic participation in the inter-cluster, humanitarian network and Humanitarian Country Team contributed to raising awareness, advocating and taking immediate humanitarian actions. A relevant and timely WASH intervention in response to migration and COVID-19 was possible partly due to the following factors: a joint monitoring process of migration flows with CP AoR; constant interaction with WASH cluster members located in key areas of the country (and previously identified through the WASH Cluster mapping of stakeholders and capacities); and the addition of a specific migration WASH humanitarian response in the WASH cluster contingency plan. CP AoR provided a coordinated response to the different migrant crises. In addition, information exchange channels were opened between Guatemala and Honduras through the member organizations of CP AoR with presence in both countries. CP AoR played a leading role in identifying and raising awareness about humanitarian situations related to migration.

The activation in May 2021 of the nutrition sector led by UNICEF and MoH and co-led by Action Against Hunger, made the problem of malnutrition in Honduras visible. The sector has a Strategic Advisory Group and 19 organizations participate regularly in activities. A Task Force on Nutrition and Disabilities has been established to assess the nutrition status of people on the move with disabilities. During the Humanitarian Needs Overview process, the sector conducted an in-depth analysis of the nutrition situation based on data from the 2019 national demographic and health survey/multiple indicator cluster survey. This analysis demonstrated that Honduras is facing a silent nutrition crisis with prevalence of acute malnutrition among children under 5 years old, and anaemia among children of the same age group and PLW, an increase in several areas compared to 2012. The analysis also showed deterioration in IYCF practices.

UNICEF counts on an international cluster coordinator to oversee training of the coordination and information management team from Save the Children who lead the education cluster with UNICEF and MoE. This cluster, together with the Round Table of External Cooperants in Education, was key to support school reopening; recovery of learning; psychosocial support; school feeding; prevention and reduction of GBV; connectivity; Learning Passport; and alternative and flexible learning modalities. MoE authorized the reopening of 131 urban schools serving 17,388 students.

UNICEF has been actively participating in the regular sessions of the Cash Working Group and is also part of the committee that prepared the Minimum Expenditure Basket as a reference for programmes that involve cash transfers for both food and non-food items.

## Mexico

UNICEF participates in several humanitarian coordination mechanisms focusing on migrant children and adolescents such as the Protection Working Group, the Health and Migration Working Group, the GBV and Migration Sub-Working Group and the PSEA Sub-Working Group. UNICEF leads the WASH Working Group and the Child Protection in Migration Discussion Group to advance the protection of accompanied and unaccompanied children on the move. Regular coordination is ongoing with representatives of IOM, UNHCR and the Resident Coordinator.

## 3 Results achieved from humanitarian thematic funding

Thematic funding remains a critical source of resources to ensure timely and flexible humanitarian action. This section highlights some of the achievements reached by Country Offices with humanitarian thematic funding during 2021. These results may be attributed to: new global thematic funding allocated in 2021; thematic funds carried over from 2020; or allocations received by Country Offices in 2021 from thematic funds available from previous year at regional level.

### Belize

The flexibility of HTF allows UNICEF to respond to emergencies in a timely and effective manner. Women and children in rural villages and other underserved areas with less access to services, safe houses and other resources, and who face fear of being ostracized in their communities if they speak out, are particularly at risk. A comprehensive mapping exercise in 21 communities affected by the impact of hurricanes Eta/Iota in 2021 revealed devastating gaps in the provision and accessibility of services for victims of GBV during disasters. UNICEF supported MoHD in establishing a team of community advocates in rural communities who can provide immediate assistance and make the necessary referrals to the relevant entities where more in depth professional services and support can be offered. The advocates in the selected communities affected by Eta/Iota assisted with five functions creating awareness about GBV: providing basic information about legal rights and options; providing immediate assistance (including accompaniment through the legal process); making referrals to relevant entities, professional services and psychosocial support; improving reporting on GBV; and monitoring low risk survivor/victims of GBV.



During the COVID-19 pandemic, the recruitment of 25 women community mobilizers, representing 15 communities across Belize was a pivotal and innovative way to ensure the effective mobilization of community members. To meet this result, HTF support was vital to train 13 gender advocates who provide support to women and children across all 6 targeted districts as well as strengthening 3 GBV shelters with capacity building to support at least 5 families each in the emergency/short term. Under the European Union-United Nations Spotlight Initiative,<sup>xvii</sup> UNICEF's community engagement identified and trained 25 women in an in-depth session on family violence, legislation and protective services recognizing, responding and reporting on domestic violence and psychosocial support. In some communities in northern Belize the absence of essential services – including health and protection – created increased vulnerability for women and children. With their increased capacities, these 25 women were able to identify and respond to 162 women and girls in domestic violence situations effectively referring them to essential services such as protection, legal and mental health. A total of 15 rural communities now have access to referral and support structures for 84,000 women and 33,400 children. The community advocates programme is a part of the wider work being done to improve response to family violence. UNICEF has strengthened its response to violence against women and children in direct response to gaps – the COVID-19 pandemic continues to exacerbate these gaps.

### Costa Rica

HTF contributed to UNICEF's efforts for effective communications on the COVID-19 crisis, focused on children safety, including: A KAP study on COVID-19 vaccination, jointly developed with PAHO and United Nations System. This document was delivered in September 2021 to press for advocacy and to government authorities as a tool for decision making; one important result from study was that 89 per cent of parents/caregivers would vaccinate their children against the virus - on January 2022 vaccination to children already started. Building on the study's results, UNICEF produced more than 250 messages published on social media to reduce spread of COVID-19, motivate keeping preventive measures and promoting vaccination for migrants between 12 and 17 years old.

As part of UNICEF COVID-19 prevention strategies, 2,920 hygiene kits were delivered to the areas most affected by floods and other 700 hygiene and child development kits were delivered to highly vulnerable children and adolescents living in "cuarterías" (overcrowded tenements) of the metropolitan area. Cuarterías are places that do not meet the basic conditions for children and adolescents to satisfy their basic needs; and overcrowding and little privacy are factors that could lead to violence.

UNICEF also supported women heads of households who had significant losses due to flooding, including their tools for work, which had served as the primary livelihood for their families. Twenty-two agricultural supply kits were delivered to these women.

### Guatemala

UNICEF was able to reach the most vulnerable children with life-saving humanitarian services in child protection, WASH and education. Some 16,995 children and adolescents in the context of mobility were assisted. Of them, 7,840 unaccompanied children who returned to Guatemala accessed UNICEF-supported services and psychosocial care, and 267 unaccompanied children in transit were attended by government agencies. From May to December 2021, humanitarian care including psychosocial support was provided by civil society to 7,431 children in transit, 62 per cent of the total population served (11,986 children). From August to December, 1,457 children who returned through the border between Guatemala and Mexico received humanitarian attention that included psychosocial support.

A total of 10,467 humanitarian kits differentiated by gender and age for children were delivered to government and civil society institutions. Spaces for dignified care were readapted including water and sanitation services in three civil society shelters and one government shelter. UNICEF also supported the safe return to school of 11,263 children (5,519 girls) in the Alta Verapaz and Izabal areas. Temporary classrooms were established in communities with severe damage to school infrastructure. UNICEF worked with school management committees to ensure the maintenance of infrastructure and the correct use of handwashing stations and hygiene routines at home and in schools.

### Mexico

UNICEF received HTF that complemented other humanitarian resources allocated to child protection programming. These funds contributed to reaching 5,971 migrant children who benefited from case management and improved best interest determination procedures through UNICEF's support to the Mexican government to implement new regulations. UNICEF seconded 12 interdisciplinary teams within the national, state and local child protection units in 6 states and 8 municipalities at both southern and northern borders and trained 6,079 people from different public and social entities on the new regulations. UNICEF managed to unblock barriers for the effective family reunification of migrant children facilitating the reunification of 17 children from Ciudad Juarez and 57 from Tijuana into the United States of America. HTF contributed in providing MHPSS activities through UNICEF partners, reaching 19,098 children and 7,349 caregivers on the move in 58 shelters. UNICEF's partners also reached 5,000 professionals with MHPSS and child protection training. As an alternative to institutionalization, UNICEF supported the inauguration of foster care pioneering programmes benefitting 152 children – both foreign migrants and Mexican children in

Chihuahua and Mexico City. Ongoing efforts ensured intensive technical support to improve the care model implemented in 10 shelters benefiting 6,299 for children on the move.

The education and WASH sectors utilized USD 77,943 from HTF which has been allocated to both COVID-19 and migration response. UNICEF, in partnership with the organization Shottama A.C., developed a psychosocial support course for teachers of basic and upper secondary education for safe return to school. Its objective was to meet the psychosocial needs of teachers through self-care practices and provide them with tools to respond to the needs of students during distance learning and back to school preparations. Between October 2020 and June 2021, 37,017 teachers completed the course and 94 per cent of them were satisfied. The course has been shared for further dissemination to strengthen local authorities' capacities. In WASH, HTF has been allocated to provide migrant children and their families with hygiene kits and a session on hygiene practices and COVID-19 prevention measures at migrant shelters in Tijuana and Tapachula. Through this intervention 1,149 women, 2,083 men, 3,144 girls and 3,239 boys were reached. To improve the capacity of WASH partners who are part of the national WASH working group, UNICEF organized a session on Sphere Standards with HTF to support the logistics of the session and to print manuals for participants.

## Panama

HTF enabled UNICEF and its partners to deliver WASH, nutrition, health, child protection and psychosocial services to all Migratory Reception Stations in Darien. The sudden increase in migration flow (over 15 times higher than previous years), changes in migratory routes and an increase in violent events in the jungle (including VAC, GBV and sexual violence) has demanded constant refinement and scaling-up of UNICEF response. Services for children were coordinated thanks to the ongoing assistance and advocacy of UNICEF at national and local levels, as well as strong partnerships with the government and NGOs.

For the first time, unaccompanied and separated children, as well as local children with protection needs in Darien, were no longer placed in detention centres. In July 2021 in partnership with Aldeas SOS, UNICEF established alternative care in Darien that provides a safe space for children needing special protection measures. Of the 202 unaccompanied/separated children who were registered as crossing the Darien jungle of the Panama-Colombia border, 103 were housed and received care in *La Casita*, a family-type home. *La Casita* serves as a temporary solution while UNICEF continues advocating and providing technical assistance for the establishment of a family-based care national system for children without parental care. UNICEF also worked with the Provincial Child Protection Authorities in Darien to strengthen inter-institutional coordination. More than 15,000 children and adults on the move received psychosocial support and early stimulation through Child-Friendly Spaces managed by UNICEF in partnership with RET International. Of those who received support, 93 per cent rated the service as excellent. This psychosocial service is lifesaving as crossing the Darien jungle is one of the most traumatic and life-threatening parts of the migration journey, according to the people on the move who crossed the Darien gap.

Over 38 child survivors of sexual violence and their families benefited from specialized support thanks to UNICEF's partnership with the Hebrew Immigrant Aid Society. In addition, WASH services were delivered regularly by UNICEF in partnership with the International Federation of the Red Cross and Panamanian Red Cross in all four Migratory Reception Stations in Darien and in host communities, contributing to reducing COVID-19 transmission and guaranteeing conditions of basic dignity. Over 60,000 people benefited from clean water in 2021. Non-food items and 15,049 personal hygiene kits were distributed. Because of HTF, maternal and child health services including the supply of medicines and nutrition supplements were delivered to more than 9,000 people. Additionally, through close monitoring activities by UNICEF and UNHCR, children who were born in transit through Panama received identity documents.

## 4 Assessment, monitoring and evaluation

### Belize

UNICEF performed field monitoring activities during programmatic visits to complement and verify quarterly reports submitted by partners on their achieved results. Direct feedback from beneficiaries gained through focus group discussions was also considered to inform programme decisions and adapt the accelerated plan for implementation. To collect data on migrant families in relation to their child protection and education needs, UNICEF implemented a pilot data collection exercise in six migrant communities. Basic demographic information of households and the services accessed was collected from over 800 migrant families revealing key gaps within the provision of and access to birth registration services, and psychosocial and legal support. Household information was collected during the scheduling exercise two weeks beforehand in the mobile centres which allowed for computer-aided personal interviews for a pre-registration process for access to services for continued implementation in line with COVID-19 restriction measures. A study is ongoing on parenting in the COVID-19 context aiming to assess the implementation and evaluation of national parenting interventions through better understanding of key parenting

practices, drivers and family dynamics. The information will be used to enhance better programme reach. Sectoral, mid-year and end-year reviews were conducted to analyse progress and regular internal meetings were held to assess the progress of Humanitarian Action for Children (HAC) indicators while addressing bottlenecks and constraints for alternative solutions.

## Costa Rica

UNICEF has a strong commitment for working within the UN framework, drawing on our comparative advantage and collective ability to attain more and better results for children. UNICEF commissioned a study on Knowledge, Attitudes and Practices of the Costa Rican population on vaccination against COVID-19, jointly developed with PAHO and United Nations System. This document was delivered on September 2021 to press for advocacy and to government authorities as a tool for decision making.

UNICEF partnered with OIM, UNHCR, PAHO and UNFPA in the development of two interagency contingency plans, one centred in mixed migration flows and the other under the scenario of a tropical storm or hurricane occurrence. In alliance with PAHO/WHO, Ministry of Health and the Costa Rican Social Security Fund, UNICEF advocated for and supported the acquisition of vaccines through the COVAX mechanisms and the COVID-19 prevention and response, including the uptake of vaccines. In 2021, 648.150 vaccines arrived in the country through COVAX. By February 2022, additional 1.3 million have been delivered. The government and the UN System have established a working group to jointly provide humanitarian assistance.

UNICEF has also centred its humanitarian assistance on strengthening of multisectoral alliances in close partnerships with the local protection systems and the UN System. In coordination with the Binational Permanent Commission for the Assistance and Protection of Migrants in a Condition of Vulnerability, an agile and interinstitutional mechanism was established to assess and respond locally to rapidly changing humanitarian needs on the ground.

A panel-type telephone survey with a sample of 1028 people distributed throughout the national territory was implemented for analysing the effects of the COVID-19 pandemic on children and adolescents. The survey was comprised of two rounds (May and August 2021). Results showed the need to multiply efforts to provide children and adolescents with better information for them to recognize, promote and defend their rights during this pandemic. The areas that were identified as to require the most attention are: a) More frequent access to health services (including mental health), b) Quality of food, c) Zero tolerance to the different forms of violence, d) Positive use of time, e) Frequency and quality of relationships with peers, f) Access to information technologies.

UNICEF, together with the Red Cross, established a humanitarian aid system where migrant children, adolescents and their families in transit to the United States can obtain supplies and hygiene and protection items in support of their immediate needs and in where guidance and psychosocial support is provided. A central element of this alliance is the implementation of a real-time system which allows daily monitoring of the provided humanitarian assistance, by using open-sourced software that fully operates in both mobile phones and PCs- offline or online.

Concerning internal monitoring and assessment, a standalone Annual Plan with all emergency and humanitarian actions was developed to closely follow the implementation and achievement of planned results. This Plan was monitored by the CO's Emergency Management and Resilience Team throughout the year. Complementary, an independent consultancy was commissioned to assess the attainment of results, systematize the strategies and interventions, identify lessons learned and provide strategic and objective recommendations to strengthen our emergency and humanitarian response efforts.

## Guatemala

Implementation of the Information Management System for Child Protection provides information on unaccompanied children served by government institutions and eases case follow-up. This also facilitates strategic decision making in the area of child protection. Other data was provided by CSOs who collected information and generated analysis on children in transit. The data has been systematized resulting in an initial profile of the child population and in the identification of protection needs and root causes of migration, among others. UNICEF also provided support to MoE for strengthening its institutional monitoring system. This activity involved local and regional staff who provided accurate information on the emergency response for better-informed decision making by education authorities. Monitoring was carried out by each cluster member and progress information was reported during the emergency education cluster meetings.

## Honduras

HAC and Humanitarian Response Plan served as the basis for programme monitoring and included more selected standardized indicators to focus tracking and consolidation of progress data. UNICEF designed and implemented an integrated mechanism to monitor and report on the performance of all humanitarian implementing partners. KoBo Toolbox<sup>xviii</sup> was used to design an online form to capture disaggregated information from UNICEF partners with bi-weekly or monthly reporting. As a complementary tool, PowerBi was used to develop a [centralized dashboard](#) to monitor the performance of each partner as well as the overall performance by sector, tracking progress against HAC targets. Field visits, including donor visits and quarterly

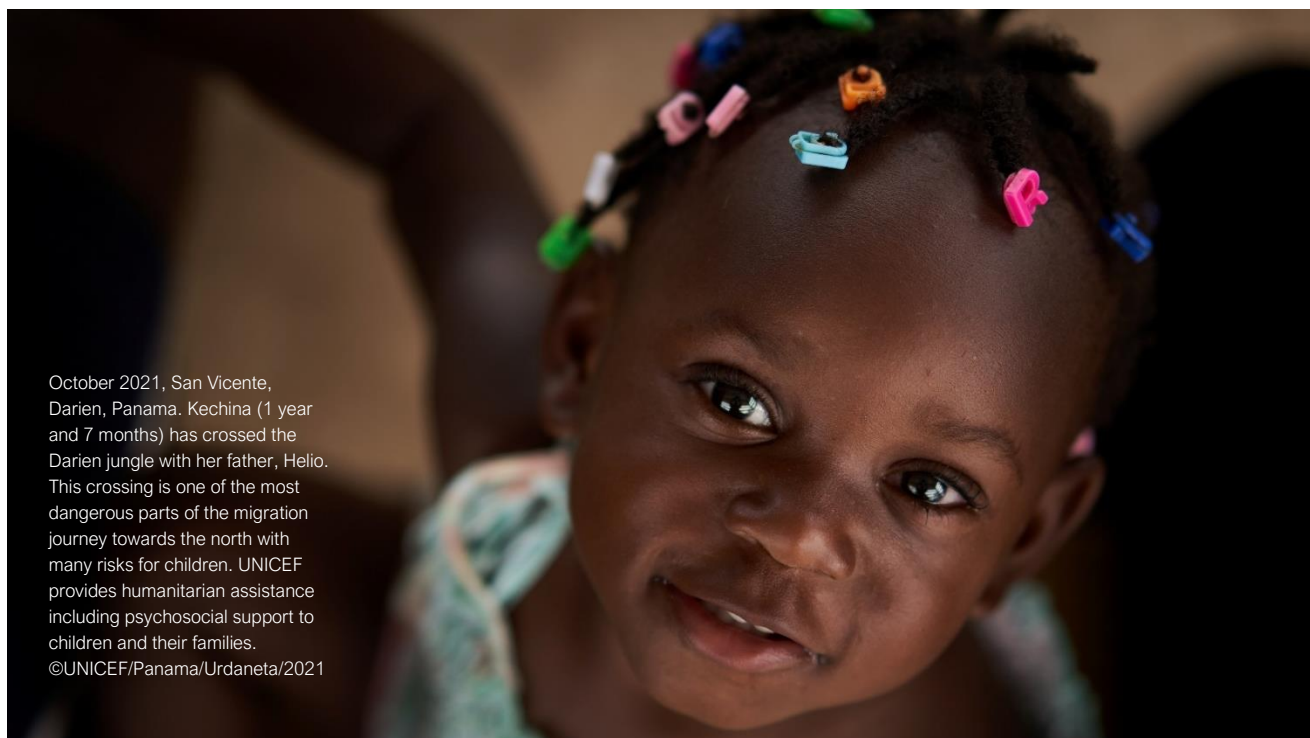
programmatic checks, were undertaken by UNICEF to monitor programme progress, verify implementing partners' reports, providing technical assistance and accompanying key processes for the various sectorial and integrated programmes. UNICEF participated and led needs analysis in multiple migration emergency contexts including a first joint assessment on the south-eastern border in April when at least 1,000 to 1,500 immigrants were reported to be stranded in the city of Trojes. UNICEF also participates in a working group led by UNHCR to constantly monitor the needs of the south-eastern border. The [first needs analysis](#) was developed on late night returns (through unofficial pathways) on the northern border. UNICEF under the CP AoR developed an [early warning system](#) to monitor needs during emergencies. UNICEF also conducted a survey on [perceptions about the COVID-19 vaccine](#) through the U-Report platform with the participation of 6,700 people aged 18–65 from across the country. Survey results were presented to the country's COVID-19 response coordination team led by MoH, the Expanded Programme on Immunizations and PAHO/WHO, and were used to adjust the key messages for dissemination.

## Mexico

UNICEF contributed to the monthly inter-agency situation report on COVID-19. Child protection activities were monitored through monthly results reports delivered by implementing partners. The monitoring and evaluation team developed a platform to report progress of interventions. This platform has facilitated the visualization and processing of information from WASH, education and adolescent development interventions. Child protection implementing partners began to report on this platform in January 2022 and have developed a monthly migratory statistics bulletin shared with all UNICEF personnel in order to inform staff about the progress of UNICEF's humanitarian interventions. UNICEF is also providing technical assistance to the National Welfare Agency in order to strengthen its information system *Por tus derechos* (For your rights) which includes three separate registries: 1) Adoptions and Foster Care; 2) Social Assistance Centres (Shelters); and 3) Children in Migration. This system will improve data collection processes. UNICEF will the design a new registry of child protection measures taken after best interest determination.

## Panama

The coordination with Colombia and Costa Rica United Nations agencies has been strengthened in order to align and promote coherent humanitarian response interventions for migrants in transit. Sharing and exchanging information was key, especially because the response to the extracontinental migratory flow demands multilingual and multicultural attention. UNICEF carried out close coordination with UNHCR to rehabilitate two water systems in host communities based on technical guidance from UNICEF as leader of the WASH sector. UNICEF has developed an information management system to rigorously collect, analyse and report the reach of its response in WASH and child protection. This dashboard visualizes UNICEF response in Darien allowing real-time monitoring of progress, efficient communication between partners, transparent AAP and a decrease in reporting burden.



October 2021, San Vicente, Darien, Panama. Kechina (1 year and 7 months) has crossed the Darien jungle with her father, Helio. This crossing is one of the most dangerous parts of the migration journey towards the north with many risks for children. UNICEF provides humanitarian assistance including psychosocial support to children and their families.  
©UNICEF/Panama/Urdaneta/2021

## 5 Financial analysis

By the end of 2021, UNICEF had USD 29 million available against the USD 59.7 million appeal – including USD 2.2 million carried forward from the previous year. In 2021, non-thematic humanitarian funds were the main sources of funding for the emergency response (see Figure 1). Among the main public donors contributing to UNICEF’s efforts in response to the needs of children on the move are the United States Department of State’s Bureau of Population, Refugees and Migration (PRM) and the European Commission’s Civil Protection and Humanitarian Aid Operations (ECHO).

Approximately 93 per cent of the funds received in 2021 were dedicated to actions aiming at the migration-related response, including COVID-19 response targeting people on the move and host communities. The remaining 7 per cent, corresponded to contributions to the overall COVID-19 response in countries part of this appeal.

UNICEF acknowledges the sustained support from donors to the humanitarian response for children and families on the move across Mexico and Central America, a crisis that continues to expand across the region, with emerging needs demanding additional support from UNICEF and partners. In addition, COVID-19 continues to affect the daily lives of thousands of children and families, increasingly exposed to poverty, lack of access to essential services and sources of income. In 2022, UNICEF will continue advocating for flexible and sustained funding, critical to be able to adapt its response strategy to the ever more complex humanitarian context.

Figure 1: Emergency funds by funding modality HAC 20201

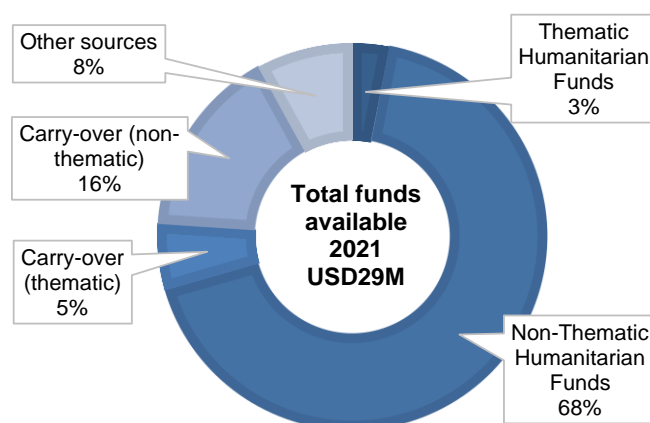


Table 1: 2021 Funding status against the appeal by sector (Revenue in USD)

Sector	Requirements	Funds available against appeal as of 31 December 2021*		Funding gap	
		Humanitarian resources received in 2021	Humanitarian resources available from 2020 (Carry-over)	USD	%
Health	2,626,778		-	2,626,778	100%
Nutrition	14,144,979	1,263,623	-	12,881,356	91%
WASH	11,284,095	1,789,022	115,095	9,379,978	83%
Education	11,388,482	6,708,405	828,954	3,851,124	34%
Child Protection, GBViE,	13,239,793	13,332,015	648,062		
Social protection and cash transfers	2,730,460	659,671	136,681	1,934,109	71%
C4D, community engagement and AAP	1,592,863	50,000	-	1,542,863	97%
Regional office technical capacity	2,680,000	565,190	-	2,114,810	79%
Multi-sector		4,159,302	463,381		
<b>Total</b>	<b>59,687,450</b>	<b>28,527,228</b>	<b>2,192,172</b>	<b>28,968,050</b>	<b>49%</b>

\*Funds available include funds received against current appeal and carry-forward from previous year.

Table 2: Funding received and available by 31 December 2021, by donor and funding type (in USD)

Donor name/Type of funding	Programme budget allotment reference	Overall amount*
<b>I. Humanitarian funds received in 2021</b>		
<b>a) Thematic humanitarian funds</b>		
See details in Table 3	SM189910	567,153
See details in Table 3	SM209910	76,619
<b>b) Non-thematic humanitarian funds</b>		
USA (State) BPRM	SM210084	9,490,741
USA (State) BPRM	SM210092	4,069,445
USA (State) BPRM	SM210094	3,366,667
USA (State) BPRM	SM210093	3,305,556

Donor name/Type of funding	Programme budget allotment reference	Overall amount*
USA (State) BPRM	SM210096	1,338,889
European Commission / ECHO	SM210207	1,100,854
USA (State) BPRM	SM210095	1,037,037
USA (State) BPRM	SM210091	636,111
USA (State) BPRM	SM210097	500,000
European Commission / ECHO	SM210676	303,231
United States Fund for UNICEF	SM210928	300,000
WFP - Italy	SM200886	150,000
<b>Total non-thematic humanitarian funds</b>		<b>25,598,531</b>
<b>c) Pooled Funding</b>		
NA		
<b>d) Other types of humanitarian funds</b>		
United States Fund for UNICEF	KM210060	160,704
United States Fund for UNICEF	KM210061	4,107
UNICEF Mexico	KM210052	18,489
UNICEF Mexico	KM210057	19,373
UNICEF Mexico	KM210058	9,929
UNICEF Mexico	KM210059	24,285
<b>Total other types of humanitarian funds</b>		<b>236,887</b>
<b>Total humanitarian funds received in 2021</b>		<b>26,479,190</b>
<b>II. Carry-over of humanitarian funds available in 2021</b>		
<b>e) Carry over thematic humanitarian funds</b>		
Thematic Humanitarian Funds	SM189910	220,690
Thematic Humanitarian Funds	SM209910	565,523
<b>f) Carry-over of non-thematic humanitarian funds</b>		
USA (State) BPRM	SM200655	27,778
USA (State) BPRM	SM200655	203,704
USA (State) BPRM	SM200655	15,179
United States Fund for UNICEF	SM200204	15,456
UNDP - MDTF	SM200731	117,300
USA (State) BPRM	SM200655	87,654
USA (State) BPRM	SM200655	53,778
European Commission / ECHO	SM200646	778,840
USA (State) BPRM	SM200655	94,163
USA (State) BPRM	SM200655	12,108
<b>Total carry-over non-thematic humanitarian funds</b>		<b>1,405,959</b>
<b>Total carry-over humanitarian funds</b>		<b>2,192,172</b>

\* Programmable amounts of donor contributions, excluding recovery cost.

**Table 3: Thematic humanitarian contributions received in 2021 (in USD)**

Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
United States Fund for UNICEF	SM2099100009	22,619	23,750
United States Fund for UNICEF	SM1899100317	17,153	18,011
Allocation from global thematic humanitarian*	SM189910	550,000	550,000
Allocation from global thematic humanitarian*	SM209910	54,000	54,000
<b>Total</b>		<b>643,772</b>	<b>645,761</b>

\* Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2021 Humanitarian Action Global Annual Results Report.

## 6 Future work plan

With multiple protracted crises in the region, an increased number of families with children migrate and undertake long journeys in pursuit of a better and safer life. UNICEF's 2022 Humanitarian Strategy comprises reinforced coordination among countries and focuses on providing humanitarian assistance and protection to the most vulnerable children, adolescents and women. As the increased flow of migrants overwhelms existing services, UNICEF invests in building local capacities and shock-responsive systems and ensures that cross-cutting issues (including protection from sexual exploitation and abuse, and accountability to affected populations) contribute to building the humanitarian-development nexus.

UNICEF plans to triple its investments in service delivery through multi-sectoral efforts to reach 738,000 people on the move including 341,000 children (migrants, returnees and displaced) and host communities by providing humanitarian assistance and support to build shock-responsive systems through key authorities and stakeholders. The deceleration of the COVID-19 pandemic will imply a gradual shift from urgent humanitarian relief to a longer-term approach focused on local system strengthening.

Guided by the Core Commitments for Children in Humanitarian Action, UNICEF will ensure that 1.5 million vulnerable people including 741,000 children are protected from exposure to and the impacts of COVID-19 and other situations such as violence and the effects of climate shocks. Although on a smaller scale than 2021, UNICEF's COVID-19 response will: provide support to public health responses for prevention; complement and strengthen the efforts of governments and partners to maintain/restore/scale-up essential services in health, nutrition, WASH, child protection, GBV, early childhood development, education and social protection; disseminate key information to reduce disease transmission and its impact; and make services equally accessible for people with disabilities and available in local languages.

UNICEF's humanitarian response is led by country offices in affected countries building local knowledge, existing partnerships and extensive networks. They are closely supported by the Regional Office through technical assistance, quality assurance and oversight. UNICEF mobilizes its regional and global network to ensure that adequate staff capacity is made available including as the Global Cluster Lead Agency in WASH and nutrition, and co-lead for education and child protection. In El Salvador, Guatemala and Honduras, UNICEF's humanitarian action is also aligned with these countries' inter-agency multi-crisis/multi-sectoral Humanitarian Response Plans (HRPs).

UNICEF's evidence-based advocacy during emergencies is guided by needs-assessment, Humanitarian Performance Monitoring indicators and evaluations. Grand Bargain commitments are mainstreamed including for localization, strengthening government and local actors' capacities, accountability to affected population mechanisms and ensuring the quality of humanitarian cash transfers.

Due to the increased scale and complexity of migration and the multiple crises affecting the region, the funding needs have increased to allow opportune strategic shift of the humanitarian response from technical assistance and system strengthening for COVID-19 response to a stronger focus on direct service delivery and supply distribution in response to increased migration which has more than doubled in most of the countries. The emphasis of COVID-19 response to populations on the move and host communities resulted in the reduction of overall targets compared to 2021 mainly in Mexico and Panama. Funding requirements for El Salvador, Honduras and Guatemala will allow implementation of comprehensive multi-sector HRPs.

UNICEF's humanitarian strategy is strongly linked with its regular development programming and UNICEF will address the urgent needs of the most vulnerable while contributing to building more resilient and shock-responsive systems.

### Belize

With the continued response to migration and the COVID-19 emergency, future plans include: 1) provision of individual and group structured psychosocial support and counselling services for migrants and refugees through establishing/increasing Child friendly Spaces; 2) continuation and strengthening of child protection actors, immigration, military and security staff on migration situations and child protection in emergency, alternative care arrangements, PSEA and strengthening the implementation of procedures for not detaining migrant children; 3) operationalization of protocols to support migrant, refugee and the host community children with comprehensive package of services; 4) strengthening GBV services by ensuring safe referral of cases to service providers ensuring quality, sustainability and timely responsiveness in humanitarian situations; 5) access to education/alternative learning in emergencies and after-school support for literacy and numeracy including development of materials for remote learning during emergencies and provision of material to support continuity of learning at home and in other safe spaces in the community; 6) capacity building for administrators/teachers in psychosocial support; 7) provision of gender- and age-appropriate WASH supplies for schools/communities of migrant populations; 8) nutrition counselling and capacity building for health educators including communication for development interventions for complementary feeding and exclusive breastfeeding; and 9) cash transfers through an existing government system where UNICEF provides technical assistance and funding, and UNICEF funded multipurpose humanitarian cash transfers.

## Costa Rica

Concerning the migration-related response, the following are the 2022 response priorities:

- Enable the education rights of migrant children through the implementation of the “Listening Classrooms” model for the provision of at-school and remote mental health, academic and PSS services for adolescents in prioritized high schools, in host communities and border areas, and alternative education support to accelerate the reintegration and/or academic levelling of migrant children. Distribution of education material kits (locally customized and acquired) and early childhood development (ECD) kits, for migrant children in the most vulnerable communities.
- Expand protection and humanitarian aid programs for migrant children and adolescents stranded in the northern and southern borders, and in prioritized destination communities, including violence prevention, learning and psychosocial support in Child Friendly Spaces, and alternative care support for unaccompanied migrant children.
- Strengthen implementation of human rights standards and protection protocols guaranteeing the rights of migrant children, with emphasis on unaccompanied and separated children, as well as those seeking asylum.
- Implementation of an interinstitutional system for identification of highly vulnerable migrant women, children and adolescents, and the support program for the regularization of their migration status through information, counselling and legal services, including support with regularization fees.
- Implementation of a C4D strategy to promote the prevention of COVID-19, healthy habits and prevention of violence and xenophobia, in prioritized host communities.
- Virtual and on-site community-based interventions on GBV, conflict prevention and positive masculinities in vulnerable communities with high levels of migrant population.
- Provision of humanitarian assistance for migrant children, women and their families that are in transit through Costa Rica northbound.

Concerning the COVID-19 pandemic, the following are the 2022 response priorities:

- Based on the Knowledges, Attitudes and Practices 2021 study on COVID-19 vaccination and IPC norms, UNICEF plans to support the development and implementation of social and behaviour change interventions in five “sentinel” communities that represent distinct, and highly vulnerable, rural, border, urban and indigenous migrant contexts. These local RCCE programmes will aim to increase the adoption of COVID-19 IPC protocols, vaccination and prevention practices in key institutional settings (educational centers, childcare alternatives) and at the family level .

## Guatemala

In child protection the 2022 priority actions cover: psychosocial care and humanitarian assistance including WASH to children returning and in transit through Guatemalan territory, particularly during mass migration; prevention and response to GBV; and strengthened care in reception centres and shelters for migrant children and their families as well as access to alternative care modalities. In addition, access to information and legal assistance to migrants and returnees will be facilitated as well as accompaniment to community reintegration of children and families.

In education, UNICEF's prioritized strategies and actions to support rapid reopening of schools include the recovery of basic school infrastructure, the adaptation of alternative school spaces, the rehabilitation of schools that were occupied as shelters and WASH in schools. UNICEF is planning to support the recovery of learning by supporting the adaptation of curricula to prioritize reading, writing and mathematics adjusting protocols to resume classes by reopening schools, supporting the design of educational materials and distance learning materials. UNICEF will continue to support the training of teachers on learning in emergency contexts and MHPSS, among others. The school feeding programme will also be supported and the Educational Information Management System will continue to be a priority.

## Honduras

UNICEF will continue advocating for and responding to the needs of children on the move at community level, in migrant centres, at borders and during migration movements. Focus will be on ensuring cross-cutting issues in its migration emergency response (i.e. gender approach, inclusion, accountability towards affected populations and child sensitive services).

UNICEF will promote a multisectoral and coordinated emergency response and will strengthen its own capacity to respond to sudden migrant crises by increasing its level of preparedness including context, and risk monitoring and analysis. In WASH, UNICEF will focus on sustained migration response at informal migrant reception centres with interventions that go beyond an immediate humanitarian response approach, will continue its advocacy and promotion on safe hygiene practices as well as on safe water management, and will work with service providers and institutions to ensure the management of water quality and quantity. In child protection, UNICEF will invest in the increasing the capacity of key actors to respond to humanitarian needs of children on the move by creating pathways for the referral of children with special protection needs and to reinforce the implementation of family and community reintegration methodology for returned migrants, especially unaccompanied children.



UNICEF will work with UNHCR in the framework of the blueprint initiative to identify cases of protection needs and to advocate for the application of best interest determination process. In nutrition, future work plans encompass the provision of nutrition supplementation and detection of acute malnutrition among children under 5 years old and referrals, provision of IYCF-E to people on the move, and capacity building and materials to frontline workers and medical/nutrition MoH staff. In health, UNICEF will continue supporting MoH with the COVID-19 vaccine and with improving child and maternal health services. In education, UNICEF will support the safe reopening of schools and the recovery of learning. Teachers will be trained on violence prevention including GBV and psychosocial support. In social protection, UNICEF will work to expand the coverage of social protection programmes, focusing on the most vulnerable families with children, including the migrant population. UNICEF will support to expand the capacity of the registration centres that receive children on the move and improve linkage to social protection programmes. UNICEF will also implement a second phase of the COVID-19 vaccination mass communication strategy.

## Mexico

The current response to migration requires a systematic and holistic approach. While there are urgent humanitarian needs due to the surge of migrant population, migration is a development issue that needs medium- and long-term interventions particularly in addressing its root causes. In the future, UNICEF requires multi-year predictable funding to continue strengthening government capacities to address migration issues given that Mexico is not only a country of transit but also a country of destination and origin. At the policy level, UNICEF will be undertaking the development of new migration protocols that will strengthen the protection component of children on the move as well as other policy instruments related to alternative care and best interest determination. At the programme implementation level, capacity strengthening of social workers will continue. Efforts will be made in strengthening the child protection system and the function of child protection authorities. Standardization of care in shelters receiving children will also be a priority including integration of measures to prevent GBV. Access to services for families and children on the move, particularly in terms of health and education, will be further increased in partnership with state authorities in the border areas.

## Panama

UNICEF will implement a holistic service delivery plan including the following activities: 1) WASH services for migrants and host communities including distributing water, hygiene kits, buckets, tanks and mosquito nets; 2) health check-ups for pregnant women, children and adolescents for identification and referral to MoH for health and nutrition problems including acute malnutrition. Ensure clinical management of sexual violence and safe referrals to GBV services. Complement authorities' efforts to procure and distribute medicines, nutrition supplies and vaccines; 3) field monitoring and support for the management of cases of migrant children and those with international protection needs. Strengthen institutional capacity for planning, programming and responding to the migrants; 4) support the operation of Child Friendly Spaces for provision of psychosocial support and ECD services reaching migrant and local children. Strengthen community youth leaders to generate spaces for integration; 5) increase capacity of staff, partners and civil servants on GBV risks mitigation and response, and on the special needs of children on the move in both borders; 6) provide technical support to the National Secretariat for Children, Adolescents and Family for the design, implementation and sustainability of alternative care measures for unaccompanied and separated children; 7) support national and local authorities to design and implement procedures to determine children's best interests and regularize migrant children when needed; and 8) maintain an information management system and dashboard of UNICEF's response with real-time access to partners' data to measure the impact and promote continuous improvements, including AAP mechanisms.



# Annexes

## Human interest stories and communication

### Media Coverage and press releases

- [Migration Mobile Clinic Coverage in Belize](#)
- [Bella Vista Migration Centre in Belize](#)
- [Safe Spaces in Costa Rica](#)
- [Using Primero in Guatemala](#)
- [CPIMS+](#) (case management supported services for unaccompanied and separated and other vulnerable children in Guatemala)
- The [press release](#) generated solid coverage in [foreign publications](#) and 84 [media pieces](#) in Mexico

### Social Media

- [Valley of Peace Migration Clinic in Belize](#)
- [Benque Migration Clinic in Belize](#)
- [Answers That Matter – Registration in Belize](#)
- [Answers That Matter – Migration in Belize](#)
- [Coverage of Use of HAC Fund](#) with national partner RESTORE Belize
- Launch of [#ChildisAChild](#) Social Media Campaign in Belize
- [United States Embassy visit to safe spaces in Costa Rica](#)
- Safe spaces in Costa Rica social media coverage:
  - <https://www.facebook.com/UNICEFCostaRica/posts/10157938992487517>
  - <https://www.facebook.com/UNICEFCostaRica/posts/10157944495722517>
  - <https://www.facebook.com/UNICEFCostaRica/posts/10157940675372517>
  - <https://www.facebook.com/UNICEFCostaRica/posts/10157935133337517>
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  - <https://www.facebook.com/UNICEFCostaRica/posts/10158161567612517>
  - <https://www.facebook.com/UNICEFCostaRica/posts/10158026259932517>
- [2021 Annual Child Rights Press Award in Costa Rica](#)
- [Identity Documents for migrants in Costa Rica](#)
- COVID-19 related malnutrition in Guatemala in [Spanish](#)
- Migrating during a pandemic, Guatemala in [Spanish](#)
- In collaboration with UNICEF Honduras, [We have to talk about Honduras](#)
- UNICEF and the Honduran Red Cross works to guarantee the [continuity of child protection services](#)
- [Reducing violence and preventing femicides in Honduran communities](#)
- UNICEF Panama Humanitarian Response in 2021 in Darien in [Spanish](#)

### Human Interest Stories:

- Costa Rica: an ID document that opens doors for migrant children in [English](#) and in [Spanish](#)
- Right to identity in Costa Rica in [Spanish](#)
- Migrants in Costa Rica in [Spanish](#)
- Safe Spaces in Costa Rica in [Spanish](#)
- Migrant children in Guatemala in [Spanish](#)
- Migrating together, Guatemala in [Spanish](#)
- A migration Story, Guatemala in [Spanish](#)
- [Reducing violence and preventing femicides in Honduran communities](#)
- During 2021, UNICEF Mexico's communication efforts covered activities in [Tijuana](#), [Mexicali](#), [Ciudad Juárez](#) (northern border) and [Chiapas](#) (southern border) aimed at protecting the rights of migrant children in those areas including through psychosocial attention and measures to prevent COVID-19 contagion. In April, Jean Gough, UNICEF's Director for Latin America and the Caribbean, visited [Tijuana](#) and [Ciudad Juárez](#) and helped distribute health kits to prevent COVID-19

- [Delrin, a migrant in charge of producing clean water in Darien in Panama](#)
- Kerven, a boy that migrated from Haiti to Chile and four years later stayed at a Migratory Reception Station in Darien on his way to the United States of America in [Spanish](#)
- More human interest stories from UNICEF Panama and other multimedia can be found [here](#)

## Donor feedback form

UNICEF is striving to improve the quality of our reports and would appreciate your feedback. Kindly answer the survey at the following link:

[English version](#)

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<sup>i</sup> Corresponds to 'encounters' statistics, including Title 8 Apprehensions, Title 8 Inadmissible, and Title 42 Expulsions. U.S. Customs and Border Protection Department of Homeland Security, Southwest Border Migration FY 2021, <<https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters>>, accessed December 2021.

<sup>ii</sup> A total of 33,239 unaccompanied children reported between October 2019 and September 2020.

<sup>iii</sup> Including total number of IDPs due to conflict/violence in Mexico, Guatemala and Honduras, as of 31 December 2020. IDMC, Country profiles,

<sup>iv</sup> UNICEF, UNHCR, 'Families on the run', December 2020.

<sup>v</sup> Due to COVID-19, Title 42 of the Public Health Service Act restricts access to United States territory for all unauthorized individuals, including asylum seekers, at the northern and southern borders.

<sup>vi</sup> SENAFRONT December 2021 Report.

<sup>vii</sup> Bojorquez, cabieses, et al., The Lancet, 'Migration and health in Latin America during the COVID-19 pandemic and beyond', April 2021.

<sup>viii</sup> PAHO, 'COVID-19 Region of the Americas Update, 22 December 2021'.

<sup>ix</sup> Our world in data, 'Share of the population fully vaccinated against COVID-19', as of December 2021, [www.ourworldindata.org](http://www.ourworldindata.org), accessed 27 December 2021.

<sup>x</sup> Including Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico and Panama. UNICEF estimates based on country-level analysis and 2021 Humanitarian Needs Overview for El Salvador, Guatemala, Honduras; and preliminary UNICEF estimates for other countries in this appeal.

<sup>xi</sup> Including total number of IDPs due to conflict/violence in Mexico, Guatemala and Honduras, as of 31 December 2020. IDMC, Country profiles, <https://www.internal-displacement.org/countries> accessed September 2021.

<sup>xii</sup> Migration and Displacement Country Profiles (MDCP) – UNICEF DATA.

<sup>xiii</sup> Data from UNICEF, OCHA, and Centre for Research on the Epidemiology of Disasters Database, EM-DAT: The International Disaster Database, CRED, September 2021.

<sup>xiv</sup> Corresponds to 'encounters' statistics, including Title 8 Apprehensions, Title 8 Inadmissible, and Title 42 Expulsions. U.S. Customs and Border Protection Department of Homeland Security, South-western Border Migration FY 2021, <https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters>, accessed September 2021.

<sup>xv</sup> UNICEF, UNHCR, Families on the run, December 2020.

<sup>xvi</sup> WHO Health Emergency Dashboard, WHO (COVID-19) Homepage, accessed March 2022.

<sup>xvii</sup> <https://www.unicef.org/eu/spotlight-initiative>

<sup>xviii</sup> KoBoToolbox is a suite of tools for field data collection for use in challenging environments.