

THEORY OF CHANGE AND STRATEGIC FRAMEWORK FOR UNICEF'S WORK ON CHILDREN IN CONTEXTS OF HUMAN MOBILITY IN LATIN AMERICA AND THE CARIBBEAN



Theory of Change and Strategic Framework for UNICEF's Work on Children in Contexts of Human Mobility in Latin America and the Caribbean

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An aerial photograph of a refugee camp situated in a vast, arid desert landscape. In the background, large, rolling sand dunes stretch across the horizon under a clear blue sky. The camp itself is located in a flat, sandy area. It features a large, rectangular building with a dark blue roof, several smaller orange tents, and a cluster of small, light-colored wooden huts with blue roofs. A dirt road runs through the camp, and there are some playground structures and other smaller buildings. The overall scene depicts a temporary settlement in a harsh, remote environment.

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Abbreviations

AAP	Accountability for Affected Populations
ALP	Accelerated Learning Programme
CiHM	Children in Contexts of Human Mobility
CCC	Core Commitments to Children
CO	Country Office
CPD	Country Programme Document
CRM	Conferencia Regional Sobre Migración
CRVS	Civil Registration and Vital Statistics
DRR	Disaster risk reduction
ECD	Early childhood development
ECCE	Early childhood care and education
ETPV	Estatuto Temporal de Protección para Migrantes Venezolanos (Colombia)
FY	Fiscal year
GBV	Gender-based violence
GFP	Gender Focal Point
LAC	Latin America and the Caribbean
IBC	Issue Based Coalition
IDP	Internally displaced person
IOM	International Organization for Migration
M&E	Monitoring and evaluation

MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
PSEA	prevention of sexual exploitation and abuse
R4V	Inter-Agency Coordination and Response Platform for Refugees and Migrants from Venezuela
RCT	Randomised Control Trial
RLO	Refugee-led Organization
RO	Regional Office
RMRP	Regional Migrant and Refugee Response Plan (Venezuela)
SBC	social and behaviour change
SEGIB	Secretaría General Iberoamericana
SF	Strategic framework
TOC	Theory of Change
TVET	technical and vocational education and training
UNV	United Nations Volunteers
WASH	water, sanitation and hygiene
UASC	unaccompanied and separated children
UNHCR	UN Refugee Agency

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INTRODUCTION

“The TOC is grounded in international human rights standards and guidance related to children and migration and international protection.”

This document outlines a theory of change (TOC) and Strategic Framework (SF) for UNICEF's work on children in contexts of human mobility (CiHM)

in Latin America and the Caribbean (LAC) for 2022-2025. It is intended as an overarching framework: the needs of different groups of children affected by human mobility vary substantially by geography, movement corridor, nature of journey and reason for travel, and factors related to children's identity, among other reasons. The precise activities to be undertaken in any given context will need to be identified by country offices (COs).

[Figure 1](#) summarises the TOC.

The TOC is grounded in international human rights standards and guidance related to children and migration and international protection: the UN Convention on the Right of the Child, the UN Conventions on the Status of Refugees and on Statelessness, and international agreements on migration and refugee issues (such as the Global Compact for Safe, Orderly and Regular Migration, the Global Compact on Refugees and the Core Commitments for Children in Humanitarian Action (UNICEF, 2020).

Framed around the objectives of UNICEF's 2022-2025 Strategic Plan, it aims to:

- help COs respond to evidence of the challenges facing CiHM and their families in LAC;

- articulate principles and approaches that can be further refined and contextualised to respond to CiHM in all their diversity in very varied situations across the region;
- identify actions that will enable UNICEF to shape agendas, as well as respond effectively to migration and refugee movements in the region;
- provide a basis for COs to strengthen the coherence of their work through Country Programme Documents (CPDs) aligned with this TOC;
- highlight approaches with some evidence of effectiveness in LAC or in other world regions;

The document aims to be as concise as possible. Beyond outlining an overview of the key trends in human mobility in the region and children's needs resulting from these trends, supporting material, including evidence of the effectiveness of different approaches can be found in the Annexes.

1.1 Approach to development of the theory of change and strategic framework

The TOC and SF have been developed through the following process:

- **SIXTEEN CONSULTATIONS WITH UNICEF LAC COUNTRY OFFICES AND REGIONAL OFFICE THEMATIC AND SPECIALIST STAFF** (see *annex 4 for details*) to capture UNICEF's current work on children in contexts of human mobility, and to understand how it can be more strategic and better focused.
- **TWELVE KEY INFORMANT INTERVIEWS** with representatives of organizations that collaborate or partner with UNICEF in its work with children in the context of human mobility, as well as three key informant interviews with UNICEF officials working at the global level (see *Annex 4*).

- **MAPPING OF UNICEF ACTIVITY IN LAC**, based on 102 country annual reports and documents shared with the TOC and SF team for this initiative, and previous work done by UNICEF mapping work and priorities on migration in the region.
- **REVIEW OF EVIDENCE ON CHILDREN ON THE MOVE AND RESPONSES TO THAT MOVEMENT IN THE REGION** (Marcus et al, 2023a, b, c) including two multi-country evaluations of UNICEF's responses to the Venezuelan outflow (DARA, 2022) and to movement in Mexico and Central America (Nexus Interamerican Consulting Services, 2021d).
- **REVIEW OF GLOBAL EVIDENCE ON EFFECTIVE APPROACHES TO SUPPORTING CHILDREN IN CONTEXTS OF HUMAN MOBILITY**, including a focused review on child protection (Marcus et al., 2020).
- **VALIDATION WORKSHOP IN PANAMA IN SEPTEMBER 2022**, and written comments on the draft discussed at that meeting.

Box 1: Key terms

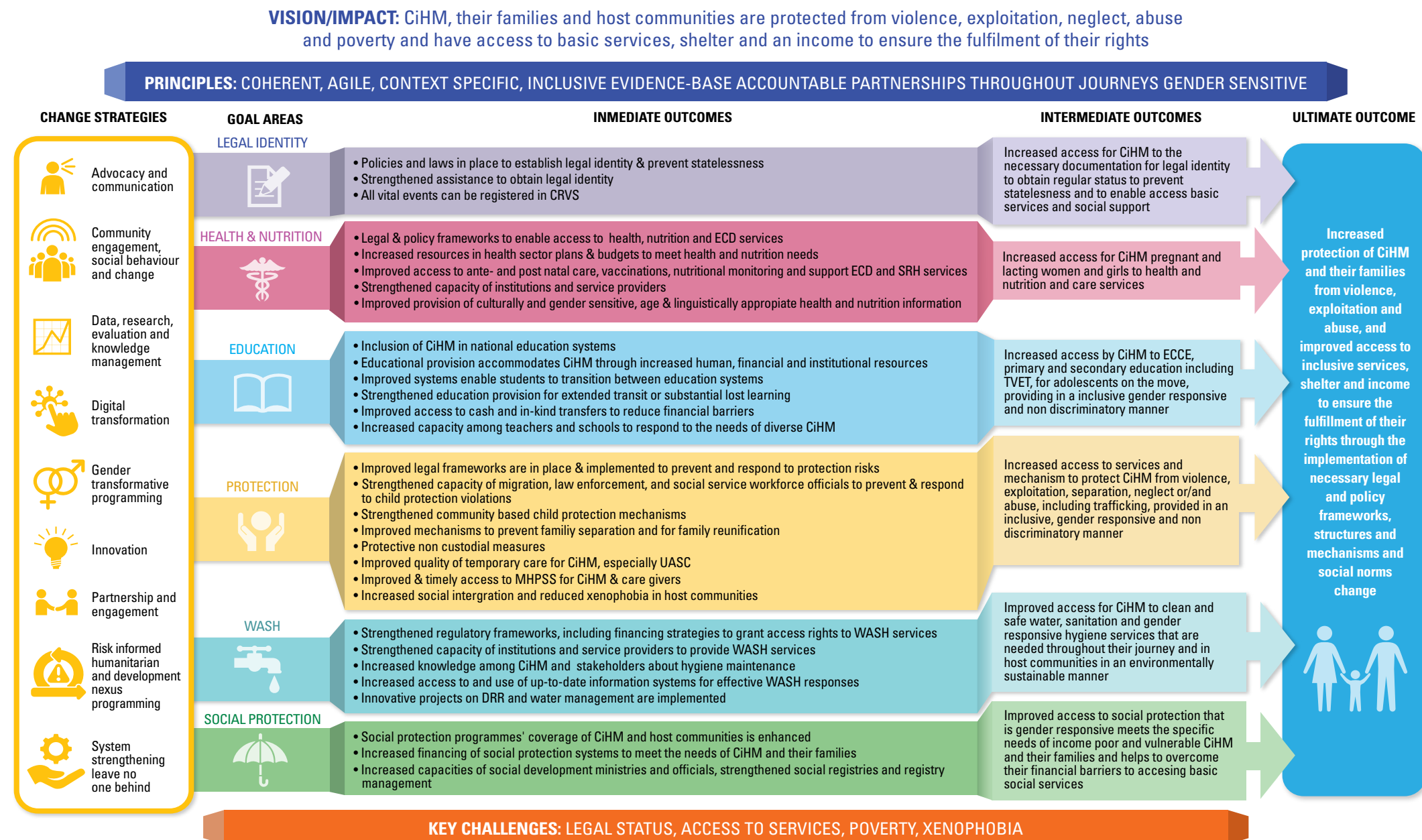
CHILDREN AND ADOLESCENTS. For reasons of economy, the TOC and strategic framework. (SF) use 'children' to refer to people below the age of 18, differentiating by age group, gender or other characteristics as appropriate. It uses the term adolescents when specifically referring to the 10–19 age group.

CHILDREN IN CONTEXTS OF HUMAN MOBILITY. This refers to all children affected by migration, both international or internal, including those seeking international protection, whether moving themselves, in host communities or communities of origin experiencing outmigration.

CHILDREN ON THE MOVE. The TOC and SF use 'children on the move' to refer specifically to children who are currently in transit or who have moved in recent years.

MIXED MOVEMENTS. Movements of people who travel together along the same routes and using the same means of transport, but in different circumstances, and may include, for example, asylum seekers, refugees, victims of trafficking, unaccompanied or separated children and irregular migrants (UNHCR, n.d.).

Figure 1: Summary TOC



KEY ISSUES FACING CHILDREN IN CONTEXTS OF HUMAN MOBILITY IN LAC

“All countries in mainland Latin America are signatories to the 1951 Convention on the Status of Refugees and to the 1967 Protocol and most to the Brazil Declaration.”

2.1 Key movement patterns

Over recent decades, LAC has been – and continues to be – a region with considerable migration to North America and Europe (IOM, 2021a).

It has also experienced considerable internal and intercountry movement. In addition to these long-standing movement patterns, over the past decade, three other sets of mixed movements have grown in prominence: the movement of over 7 million refugees and migrants from Venezuela, over 5.99 million of whom have migrated to other LAC countries; movements from, within and through Central America and Mexico, with Mexico increasingly becoming a destination for refugees and migrants from elsewhere in the region, and movement patterns within Central America becoming increasingly complex and movement from Haiti, and of Haitians (including many who had previously resided in South America), within the northern Caribbean, and through Colombia into Central America and Mexico. [Figure 2](#) outlines some of the key international movement patterns. As well as these intra-regional movements, LAC is also host to migrants and refugees from other regions – particularly Africa and Asia, and since February 2022 also Ukrainian refugees.

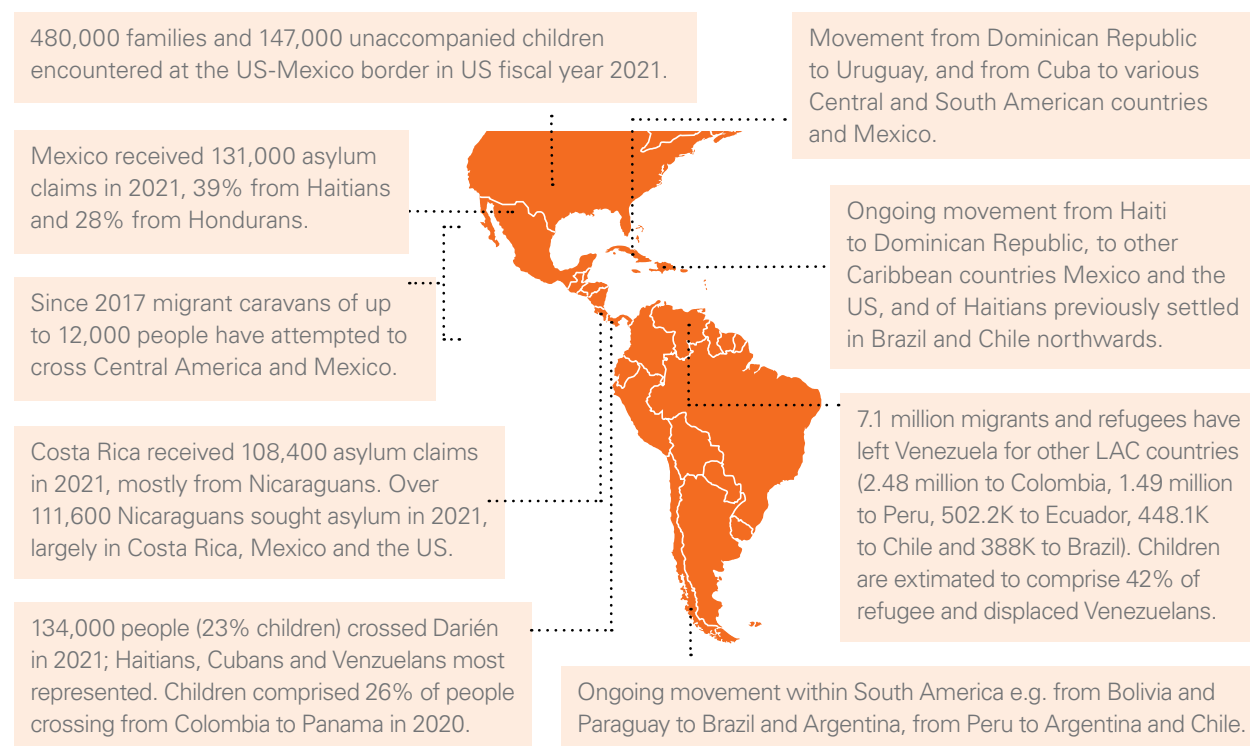
Though international movement commands the greatest level of attention from the international community, the

numbers of people moving internally are substantially higher in much of the region. For example, in Mexico, between 2015 and 2020, 874,967 foreign migrants and refugees were identified by migration authorities,¹ while 3.8 million nationals migrated internally during the same period (INEGI, 2021). Colombia, host to 2.48 million Venezuelan refugees and migrants as of August 2022 (R4V, 2022c) was home to almost 5 million people registered as displaced, of whom 1.3 million were children (UNICEF, 2021g). Up to date publicly available data on internal movement patterns, especially age-disaggregated data, is of variable availability, in part because of covid-related delays to censuses planned during 2020-2021. [Figure 3](#) summarises key data found on internal migration and displacement in the region.

International and internal movement in the region are underpinned by similar forces - in different contexts: economic inequalities and stresses (IOM and WFP, 2022; Alcubierre, 2017; R4V, 2022c), violence (CONAPO, 2021; Clemens, 2021; MMC, 2022a) and climate-related shocks and stresses (OCHA, 2020; World Bank, 2018, Bergmann et al. 2021), often intersecting with each other. In parts of the region, a social norm that adolescents should, where necessary, migrate to seek work and contribute to their natal households, or – among adolescent parents – support their children, also contributes to movement (Bucardo Chavez, 2015; CHD-UCAB, 2021; Save the Children, 2022; ILO, 2016).

For children, seeking better educational opportunities and family reunification are other key motivations, contributing to both independent movement (among adolescents) and accompanied movement (among younger children) (Heckert, 2015; Vera, Gonzalez and Alejo, 2011; Steel, Winters and Sosa, 2012). Movement patterns vary in response to local conditions, and to events such as the covid-19 pandemic (World Vision, 2020; Wooding and Petrozziello, 2021). However, the overall trend is of ongoing large-scale movement (MMC, 2022b), indicating the vital importance of UNICEF developing a strategic and evidence-based response to human mobility in the region.

Figure 2: Key international movement patterns in LAC



Note: Numbers are rounded from the latest available at the time of writing (May–June 2022). They are intended to indicate the scale of some of the main movement patterns, recognizing both that patterns can change rapidly and that data for some mixed movements are not readily available.

Source: <https://www.r4v.info/en/refugeeandmigrants> (accessed 22 December 2022); CBP (2022), COMAR (2021), UNHCR (2022a), República de Panamá (n.d.b), Cruz Roja Panameña (2022), BBC (2021), Latin American, Caribbean and Iberian Studies Program (2019), Yates (2021), MMC (2021, 2022a).

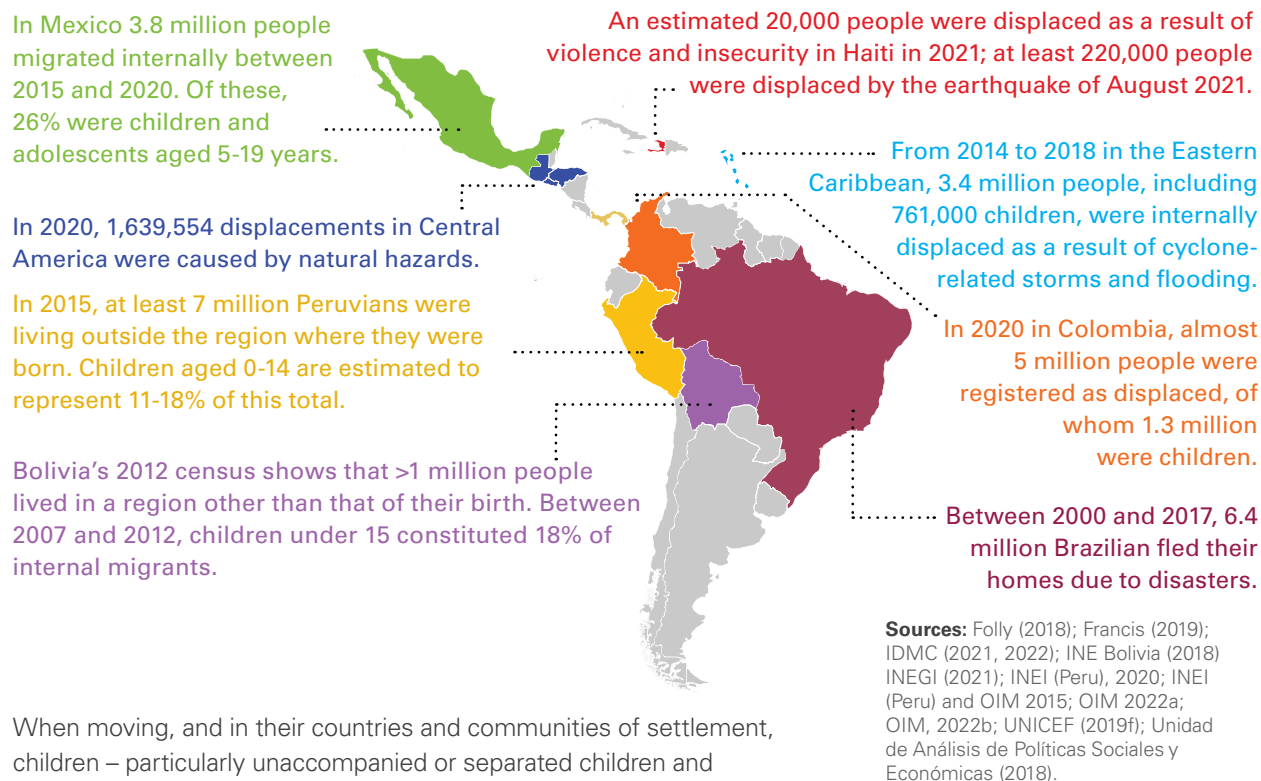
¹ It is important to note that the numbers of migrants identified by migration authorities is often substantially lower than the actual numbers moving.

2.2 Key challenges facing and needs of children affected by human mobility in LAC

Children affected by human mobility in the region – whether moving themselves, in host communities or affected by movement of family or community members – face a diverse set of challenges that vary across the region. These challenges depend on various factors, summarised in [Figure 4](#), such as how children are moving, with whom, the level of service provision in host communities, and the extent of recognition of the challenges faced by children in contexts of high levels of outmigration and displacement. This section summarises some of the key patterns, needs and challenges based on the review of evidence on children and human mobility in the region (Marcus et al., 2023 a,b,c). The broad patterns and needs outlined vary considerably by geography, movement corridor, nature of journey and reason for travel, and factors related to children’s identity, among other reasons.

Across the region limited safe and legal pathways for migration lead to a substantial proportion of poorer children and families moving irregularly (Fratzke and Tanco, 2022; Selee et al, 2021; R4V, 2022c). This often limits their access to services in transit, and on settlement; lack of legal identity documentation and/or school records also limits access to health and education services (Ceja Cardenas et al., 2020; Machado et al., 2021). In addition, lack of accurate information deters families on the move from accessing services and can lead to staff assuming that migrants and refugees are ineligible to use them (as observed, for example, in Colombia, Costa Rica and the Dominican Republic (Ceja Cardenas et al., 2020; Mora et al., 2021; Waddick, 2020). In some countries, children (particularly adolescents) face the risk of detention for migration-related reasons,² and/or separation from parents or caregivers as a result of migration-related procedures. Best interests procedures are not always followed in responding to children identified by border or migration control staff (DARA,2022).

Figure 3: Key internal movement patterns in LAC (countries with available data)



When moving, and in their countries and communities of settlement, children – particularly unaccompanied or separated children and adolescents – are at risk of experiencing or witnessing physical and sexual violence, robbery, trafficking and other forms of exploitation (Anastario et al., 2015; Ceja Cardenas et al., 2020; Mendoza Romero, 2022). These risks are gendered (Estefan, Ports and Hipp, 2017; MSF, 2020), and are often intensified for children from minoritized racial backgrounds, and/or who are easily identified as migrants or refugees (Bustamante et al., 2021; Hernández, 2018; Jiménez Martínez and Martínez Cruz; Morley et al, 2021). In parts of the region, violence is also an important factor contributing to displacement (Clemens, 2021; Save the Children, 2022; Mixed Migration Centre 2022). In addition to these

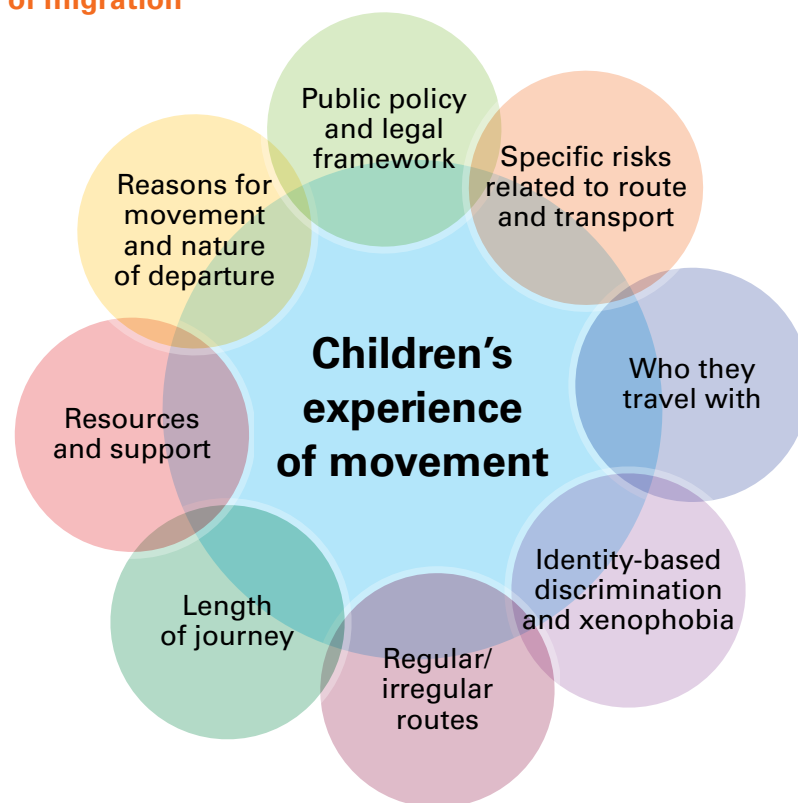
² The Global Detention Project (<https://www.globaldetentionproject.org/>) country profiles provide information on the legal framework and whether detention is used in practice in the majority of countries in the region.

protection risks, on some routes, children face serious dangers related to the form of transport (small boats) or environmental conditions (altitude, lack of water, exposure to extremes of heat, cold or wild animals) (Hunter, 2017; Deutsche Welle, 2022; Herrera, Montecino and Contreras, 2021; IOM and WFP, (2022); Mixed Migration Centre, 2022). These risks and experiences point to the need for both more effective protection systems to prevent and respond to violence (including trafficking), to provide legal assistance and family tracing and reunification services, and also MHPSS to help children who have experienced trauma on the move, or in communities of origin, settlement or return.

In some countries in the region child protection systems have also struggled to reorient their services to provide effective protection to accompanied and unaccompanied children and adolescents in accordance with key child protection rights and principles (such as taking into account children's best interests), and to tailor responses to older adolescents with their own aspirations (e.g. work or onwards migration) and/or who are already parents (CDH-UCAB, 2021; Ceja Cardenas et al, 2020). With a history of institutional care as a response to unaccompanied children (RELAF, 2021; CDH-UCAB, 2021), there is a continued need to develop and implement alternative models. These include group homes for younger children and supported independent living for older adolescents (RELAF, 2021; RELAF and UNICEF, 2021a; 2021b; Lumos, 2020; IOM, UNHCR and UNICEF, 2022).

Poverty, food security and nutrition, and access to water and sanitation and good quality housing are other key challenges facing a substantial proportion of children on the move and in host communities. Available evidence suggests that often a higher proportion of children on the move internationally than host populations are malnourished (Gil, 2022; World Bank, 2020; UNICEF Ecuador, 2020), and many migrants and refugees in the region have compromised access to the social determinants of good health: access to clean water and sanitation; safe and secure housing that is not overcrowded, and sufficient reliable income to be able to meet food, hygiene and other basic needs (Accion contra el Hambre, 2022; R4V, n.d.; Morales, 2021; World Bank, 2020; Uriarte and Urruzola,

Figure 4: Factors influencing children's experiences of migration



2018). Challenges in accessing water are increasingly compounded by climate change, a factor that is contributing to migration (Baez et al., 2017; Bergmann et al., 2021; World Bank, 2018).

While in transit, very few children are able to access education. This is a particular concern for children in extended transit (several months or years). Once children are settled in a new country, available evidence from Colombia suggests that within 6 months to a year, the majority of 6-15 year olds are enrolled in school (CDR, 2021a), though the process of obtaining a school place, providing records of previous study and cost-




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related barriers can delay entry (CDR 2021a; Ceja Cardenas et al., 2021). For some groups of children on the move, language and cultural barriers can impede learning and settling into school communities. Studies show mixed evidence on the extent of xenophobia from students and staff affecting children's wellbeing in school (Ceja Cardenas et al., 2020; Pavez Soto, 2017; Ribeiro and Araújo, 2018).

There is little evidence on the extent to which young CiHM are able to access early education. Evidence from Ecuador and Peru suggests that only 26% and 25% of Venezuelan children aged 0-4 were engaged in early education in 2018 (GTRM, 2022; UNICEF Peru, 2021). Low rates

of school enrolment among adolescents on the move indicates that few are able to access the final years of secondary school or TVET (CDR 2021a; UNICEF Uruguay, 2021c). Specific groups face additional access barriers: children of seasonal labour migrants, for whom there is often no educational provision (OIM, 2013); children with disabilities, whose additional needs are often not catered for (UNHCR and RIADIS, 2021); and children who do not speak the language of instruction (e.g. some Haitian children throughout the continent; Venezuelans in Brazil and English-speaking Caribbean countries; and some indigenous children). Initiatives to support children with catch-up classes or additional language support appear relatively uncommon.



For children who move internally, key factors influencing their experience include the reasons for movement, the length of their movement (e.g. seasonal or long-term), and whether they move with their families, independently (or with other adolescents). Many of the challenges facing children who move long-term with their families are common to other children living in (typically) low-income urban areas (e.g. related to quality of housing or access to infrastructure) though often represent an improvement on their conditions in rural areas, and most evidence suggests that educational enrolment is usually higher. Available evidence suggests that children moving with or without their families for seasonal work risk being drawn into hazardous or exploitative work, or living in poor and dangerous housing conditions (Díaz Páez, 2020; Taüchina, Romero and Lizarralde 2021). Moving for seasonal work can increase their risk of missing out on education, both while away but also if they miss windows for enrolment when they return home (Díaz Páez, 2020). Children moving to live with other households and doing chores in return for board and lodging are at greater risk of sexual and physical violence as well as limited access to education (Haydocy, Yotebeing and Norris 2015; Stanford et al., 2021).

Studies from throughout the region report evidence on trafficking of children, both domestically and internationally, as criminal networks operate across borders depending on demand. Trafficking is related to migration in two main ways: Firstly, it is a form of involuntary movement in itself, with victims often moved substantial distances and requiring support to return home and to reintegrate into their communities; secondly, the criminal networks involved often prey on communities where seasonal or long-term migration are established patterns, and/or people are already on the move, making deceptive offers of jobs with good pay and conditions to both adults and adolescents (Mendoza Romero, 2022). Though accurate data on

trafficking of children is, by its nature, very hard to obtain, studies suggest that: poverty is a key factor increasing children's risk of being trafficked (INEI, 2019; Nascimento 2016; Agência da ONU para Refugiados 2021); this risk is often higher in border areas; migrants, refugees and internally displaced people, along with racialized groups and the LGBTQI+ population are at heightened risk (USDOL, 2021). Available data suggests that women and girls both displaced and from host communities are at greatest risk of trafficking for sexual exploitation (SNJ, 2013; Acharya and Clark, 2021; Stanford et al., 2021). There is also evidence of both boys and girls being trafficked to work in mining, agriculture, domestic labour, illegal activities and begging (Dammert Guardia et al., 2018; Murray, 2020; USDOL, 2021).

Another set of issues concerns children who stay in their country of origin when parents migrate. Though data for many countries are somewhat out of date, the proportion of children with an absent migrant parent is considerable – 7% in El Salvador in 2016 (Rubio, 2022), while data from 2020 show that 15% of migrant and refugee Venezuelan adults had left children with relatives in Venezuela (CECODAP 2020). Overall evidence on the impacts of parental absence on education is mixed, and depends on the continuity of remittances and the extent to which children take on paid or unpaid work (Caarls et al., 2021). Most studies from the region conclude that parental absence often has a negative effect on children's psychosocial wellbeing (Domínguez Jiménez, Iglesias and León 2016; Santibáñez and Calle, n.d ; Verdezoto and Llanes 2020). In addition, some evidence suggests that parental absence through migration is associated with protection risks, such as involvement in anti-social activities (Dillon and Walsh, 2012) or gangs (Rubio, 2022). Relatively little programming focuses on communities with high levels of outmigration; this evidence suggests there are unmet needs among children of absent parents.

“Children moving with or without their families for seasonal work risk being drawn into hazardous or exploitative work, or living in poor and dangerous housing conditions.”



SECTION 3

THE UNICEF CONTEXT

“The 2022-25 Strategic Plan mainstreams human mobility across goal areas, and emphasizes strengthening systems to promote inclusive access to services, without discrimination on grounds of migration status.”

UNICEF's approach to its work with children in the context of human mobility has evolved in recent years in response to the growing flow of children moving internationally or internally, and greater recognition of the range of their needs. The key analyses and commitments – in the Global Programme Framework for Children on the Move, the Core Commitments for Children in Humanitarian Contexts and the 2022-2025 Strategic Plan are summarized in [Table 1](#).

Compared with the previous strategic plan which considered CiHM largely in terms of their access to protective services while on the move, the 2022-25 Strategic Plan mainstreams human mobility across goal areas, and emphasizes strengthening systems to promote inclusive access to services, without discrimination on grounds of migration status (UNICEF, 2022a). These priorities are reflected in the TOC for work on human mobility in LAC. The TOC is also aligned with other key UNICEF plans, such as the Gender Action Plan (2022-2025). Thus the TOC highlights inclusivity, sensitivity to intersecting identity-based inequalities and non-discrimination as key principles; it incorporates gender-transformative programming as a key cross-cutting strategy.

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3.1 UNICEF current work on CiHM in LAC

Annex 2 provides an overview of current and recent UNICEF work in relation to CiHM, based on documents shared with the ODI team during the TOC preparation process. Some top-line findings show the following emphases:

- The majority of initiatives focus on children in transit (43%) and those settled in host communities (32%).
- The most common thematic focus of UNICEF activity is child protection, followed by health and nutrition, WASH and education. The substantial emphasis on child protection reflects a large body of work that aims to help: develop a supportive legal and policy framework; to establish standards for responding to children on the move, particularly unaccompanied and separated children; strengthen service providers' capacity to respond sensitively and effectively to diverse groups of CiHM; and supports the provision of legal assistance, care, protection from violence, and MHPSS support, among other activities.
- The two most common approaches were to support the strengthening of systems (largely child protection, but in some cases, also health, education and WASH) and support for direct service provision. These were followed by generating evidence to underpin programming and communicating information.
- Though work on issues related to human mobility is taking place throughout the region, the highest concentration is in Mexico, Colombia, Ecuador and Peru, followed by Panama and Guatemala. Other than in the Dominican Republic, Guyana and Trinidad and Tobago, work on CiHM in the Caribbean is more nascent.

This analysis suggests that UNICEF work in LAC is well aligned with the emphases of the Global Programme Framework for Children on the Move, the Core Commitments for Children, and the 2022-25 Strategic Plan. There is scope to deepen attention to some areas

prioritised in these plans and frameworks, such as ending immigration detention of children.

3.1.1 UNICEF strengths

The internal consultations and external stakeholder interviews identified the following as areas of UNICEF strength and/or comparative advantage. Not all strengths identified are specific to human mobility, but all are relevant in responses to it:

Child rights mandate

- UNICEF has a unique mandate to protect the rights of all children in all sectors and everywhere.
- it has experience in and commitment to listening to and promoting the voice and protagonism of CiHM as agents of change.
- UNICEF has made clear, substantial commitments to adopting gender-transformative approaches, as well as to inclusion of all marginalized groups.

Presence and institutional positioning

- Strong reputation, and positioning as an advocate for children, both with governments and with civil society, meaning that UNICEF has unique potential to exert influence on issues affecting children.
- Trusted relationships spanning government, civil society and (increasingly) the private sector, and the potential to bridge these different stakeholders.
- Unique scale of 'on-the-ground' presence throughout LAC, compared with other UN agencies and civil society organizations.



Technical expertise

- Deep knowledge of public policies and financing to benefit children.
- Multi-sectoral and inter-sectoral expertise. This underpins integrated responses, and has enabled UNICEF to take a leadership role in some coordination fora e.g. R4V working groups and the Issue Based Coalition (IBC) on Human Mobility.
- UNICEF has experience of working in, and supporting a range of approaches (direct service provision, research, advocacy, SBC, technical advice etc.).

Human mobility-specific issues

- UNICEF is explicitly concerned with all aspects of human mobility and all 'stages' of a child's journey. This increases the opportunity to promote coherent approaches across countries, different parts of 'migration routes' and between different types of mobility.
- UNICEF has specific expertise in particular issues affecting children, such as: alternatives to migration detention; family tracing and reunification; and prevention of family separation (UNICEF, 2017).
- UNICEF's expertise spans the humanitarian-development nexus, facilitating a holistic approach to children in different mobility situations in particular countries.

The following were identified as areas of weakness/where further development or strengthening area needed:

Overall

- The need for greater ambition: to go beyond very small-scale programmes, through advocacy, and through larger-scale programmes.
- Importance of strengthening relationships with the private sector, both as funders, but also as service providers.
- The importance of strengthening collaborative relationships with other UN organizations and with CSOs, with defined roles, to avoid competition for funds.

For people in transit

- Greater coherence in responses, particularly across different countries on the same route.
- Greater clarity around UNICEF's offer, and visibility of UNICEF presence, so that people on the move know what support they can access for children/adolescents can access themselves, and where.

Both the strengths and areas for further development have informed the outcomes, outputs, principles and approaches outlined in the TOC.

Table 1: Summary of key commitments in recent UNICEF policies

POLICY	PROBLEM STATEMENT	KEY OBJECTIVE/RESULT	PRIORITIES/COMMITMENTS
Global Programme Framework for Children on the Move (2017)	Displacement increases the vulnerability of children and their families to discrimination, abuse, violence and exploitation. It also undermines psychological and social support mechanisms across a wide range of settings, in contexts of origin, transit, destination as well as return... children migrating within their own country or across borders often face similar vulnerabilities	'UNICEF's programmes should aim to assist duty bearers to respect, protect and promote those rights, while ensuring that people are provided with accurate and relevant information to be able to make informed choices about how, when and through which channels to migrate. ... UNICEF's regular development and relief programming seeks to improve the conditions in communities of origin, to increase the range of viable life opportunities available to families and children so that migration is one choice amongst many, and not the only choice a family can see to improve their lives' (p8).	<ol style="list-style-type: none"> 1. Protect child refugees and migrants, particularly unaccompanied children, from exploitation and violence. 2. End the detention of children seeking refugee status or migrating. 3. Keep families together as the best way to protect children and give children legal status. 4. All refugee and migrant children keep learning and have access to health and other quality services. 5. Press for action on the underlying causes of large-scale movements of refugees and migrants. 6. Promote measures to combat xenophobia, discrimination and marginalization in countries and areas of transit and destination.
Core Commitments for Children in Humanitarian Action (2020)	Population growth, urbanization, environmental degradation and climate change, large-scale migration, forced displacements, as well as public health emergencies increasingly compound the threats that children face (p4)	Children, their families and host communities are protected from violence, exploitation, neglect and abuse and have access to services and durable solutions (p82).	<ol style="list-style-type: none"> 1. Effective coordination is established with UNICEF's participation 2. The best interest of the child guides all actions concerning children, including status determination procedures and the identification of durable solutions 3. Children and their families have access to safe and age-, gender- and disability-appropriate reception, accommodation and care 4. Children have timely access to child-friendly information on their rights, available services, public health information, legal and administrative processes and durable solutions 5. Children have access to essential services, without discrimination, regardless of their legal status
UNICEF Strategic plan (2022-2025)	Multiple, intersecting vulnerabilities continue to underpin the rights and development challenges facing children around the world, including a heightened risk of discrimination and neglect related to disability, racism, xenophobia, sexual orientation and gender identity, ethnicity, urbanization, migration and displacement, natural disasters and armed conflicts (p4).	In all contexts, including humanitarian crises and fragile settings, every child, including adolescents, (1) survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies; (2) learns and acquires skills for the future; (3) is protected from violence, exploitation, abuse, neglect and harmful practices; (4) has access to safe and equitable WASH services and supplies, and lives in a safe and sustainable climate and environment; and (5) has access to inclusive social protection and lives free from poverty (p9).	<p>The organization will continue to address the root causes of migration and displacement; combat xenophobia and discrimination; ensure access to basic services without discrimination based on a child's migration status; prevent and mitigate harmful practices like child immigration detention and family separation; and ensure that migrant and displaced children are engaged and empowered to reach their potential (p15)</p> <p>UNICEF will support evidence-based policies, programmes and products to support inclusive education for children with disabilities; migrant, ethnic minority, refugee and displaced children; and other children with special needs (p13).</p>

3.2 Strategic cooperation agreements with IOM and UNHCR

Globally, UNICEF has signed collaboration agreements and plans with IOM and UNHCR. Key areas identified are summarized in Table 2.

Table 2: Expected results of cooperation agreements between UNICEF, IOM and UNHCR

AREAS OF COOPERATION	KEY EXPECTED RESULTS
UNICEF AND UNHCR	
<p>UNICEF and UNHCR will work to:</p> <ul style="list-style-type: none"> ■ Secure enhanced outcomes for refugee and returnee children and their families as well as for the communities that host them with a focus on education, water, sanitation and hygiene (WASH), child protection; ■ Achieve enhanced collaboration on data in support of these outcomes; ■ Collaborating in other areas of common interest. ■ Both organizations will also work with groups often at heightened risk, including children living with disabilities and diverse sexual orientations and gender identities. ■ UNICEF and UNHCR will continue and potentially strengthen their collaboration in other areas such as, but not limited to, nutrition, health, statelessness and cash-based interventions. 	<p>4.1 All refugee and returnee children and their families are included in national plans, budgets and service delivery systems and visible in national datasets – focusing on education, health, child protection, water and sanitation systems, and social safety nets.</p> <p>4.2 All refugee and returnee children of primary and secondary school age will have access to accredited quality education focusing on inclusion into national systems, and refugee youth will have significantly better access to tertiary education or skills and vocational training opportunities.</p> <p>4.3 All refugee children and their families will have access to safe and clean drinking water, and adequate sanitation, in accordance with agreed emergency and other standards. UNICEF and UNHCR will jointly strive towards this goal in the focus countries with existing refugee populations.</p> <p>4.4 All refugee children will have access to birth registration services and child protection systems; and all refugee women, girls and boys affected by gender-based violence will be supported with appropriate services.</p> <p>4.5 All refugee children will be registered in strengthened national data systems with improved availability, accessibility, and use of quality and disaggregated data to analyze the situation of refugee and returnee children. Further UNHCR and UNICEF will improve coordination, data sharing and practices for the analysis, dissemination and use of aggregate level data to support programming and monitoring and strengthened engagement on data protection, sharing and rights, including in refugee protection case management.</p>
UNICEF AND IOM	
<p>IOM and UNICEF will continue to work together proactively in strengthening national systems (such as child protection, education, health) across the humanitarian and development spectrum.</p>	<ol style="list-style-type: none"> 1. Systems strengthening including child protection and social protection (with a specific focus on return and reintegration; case management; 2. Child-sensitive services and inclusion in national systems across sectors (strengthening work on health emergency preparedness and response; rolling out toolkit on integration of migration into education) 3. Inter-cluster collaboration in humanitarian settings (including on GBV, data sharing, emergency preparedness and inclusion of people with disabilities, collaboration on AAP). 4. Joint work to strengthen the evidence base on children (strengthening research and data on children on the move, together supporting International Data Alliance for Children on the move)

THE REGIONAL POLICY CONTEXT

“Countries in the region are also committed to the implementation of key international commitments on migration and refugees: the SDGs, Global Compact on Refugees, and Global Compact for Safe and Orderly Migration.”

All countries in mainland Latin America are signatories to the 1951 Convention on the Status of Refugees and to the 1967 Protocol on the Status of Refugees, and most to the Brazil Declaration.³ Likewise, all mainland Latin American states are signatories to the 1954 Convention on the Status of Stateless Persons, the 1961 Convention on the Reduction of Statelessness or both. By contrast, five Caribbean states are not parties to either Refugee Convention, and nine are not parties to either Convention on Statelessness. For comparison, almost all countries in the region are parties to the 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons (the Palermo Protocol). This uneven framework creates gaps in the level of legal protection to children and their families on the move.

As member states of the UN, countries in the region are also committed to the implementation of key international commitments on migration and refugees: the SDGs, Global Compact on Refugees, and Global Compact for Safe and Orderly Migration (*See Annex 2 for more detail*). Reflecting the rapid growth of mixed movements in the region, there are also various inter-governmental, UN and civil society coordination platforms, summarized in [Table 3](#) below. Most of these platforms and fora have working groups which present opportunities for UNICEF to influence policies and practices to advance the rights of CIHM.

³ The Brazil Declaration of 1994 strengthened commitment to strengthening the protection of refugees and displaced and stateless people in the Americas (which built on the foundational Cartagena Declaration)

Table 3: Coordination platforms on human mobility in LAC

LEAD	NAME (and coordination lead)	THEMATIC/WORKING GROUPS ⁴
GOVERNMENT	Regional Conference on Migration (IOM Secretariat)	<ul style="list-style-type: none"> Labour migration Protection Irregular and mass migration Border management
	Quito Process (IOM-UNHCR Secretariat)	<ul style="list-style-type: none"> Education HIV/AIDS Refugees Supporting spaces Family reunification Covid 19 Human trafficking Gender Child protection
	MIRPS (Marco Integral Regional para la Protección y Soluciones) (UNHCR Secretariat)	<ul style="list-style-type: none"> Local governance Protection of persons with special protection needs Internal displacement Labour market access
	Ibero-American Group on Migration and Development SEGIB (Secretaría General Iberoamericana) - Secretariat	<ul style="list-style-type: none"> Protection Health Education Labour mobility
	South American Conference on Migration (IOM Secretariat)	<ul style="list-style-type: none"> Trafficking and smuggling of persons Border management Socio-economic integration (Education and Labour) Gender and migration Child migrants Environment & climate change

⁴ Subgroups with UNICEF participation are shown in bold.

LEAD	NAME (and coordination lead)	THEMATIC/WORKING GROUPS ⁴
UN	Issue Based Coalition (IBC) on Human Mobility (Co-led by IOM-UNHCR, ECLAC and UNICEF)	<ul style="list-style-type: none"> Working group to Follow up Global Migration Compact Data Taskforce
	Foro de examen para la revision del Pacto Global sobre Migración (FEMI) (IOM Secretariat)	Roundtable on <ul style="list-style-type: none"> Irregular migration Migratory governance Social inclusion Data, information and evidence-based public policies
UN AND CIVIL SOCIETY	R4V (IOM-UNHCR) (Regional and National Coordination Platforms)	<div> <div>Sectors: <ul style="list-style-type: none"> WASH Shelter Education Health Integration Nutrition Protection (Including Gender Base Violence, Child Protection and Human Trafficking and Smuggling) Food Security Humanitarian transportation </div> <div>Working Groups: <ul style="list-style-type: none"> Support Spaces Regional Cash Working Group PSEA Accountability for Affected persons (AAP)/ Communication with Communities (CwC) </div> </div>
	Movimiento Mundial de por la Infancia de Latinoamericano y el Caribe (MMI LAC, Plan International, Save the Children, and Red de Organizaciones de Sociedad Civil de Centroamérica)	Subgroup on migration
	Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC) (OCHA coordination)	Child protection (while there is no specific migration subgroup this one includes migration)



SECTION 5

THEORY OF CHANGE


“The UN Global Compact on Migration recognises migration as a ‘source of prosperity, innovation and sustainable development’, which requires a comprehensive approach to ‘optimize the overall benefits of migration, while addressing risks and challenges for individuals and communities in countries of origin, transit and destination.’”

This section outlines a theory of change for UNICEF’s work in relation to children in contexts of human mobility. It first presents an overall vision (5.1), and cross-cutting principles for this work (5.2). [Table 4](#) presents a detailed theory of change in table format. Section 5.3 outlines key risks and enablers that influence implementation and Section 5.4 suggests some key indicators for monitoring progress. Section 5.5 then discusses the specific role of the Regional Office.

5.1 UNICEF LACRO vision

The UN Global Compact on Migration recognises migration as a ‘source of prosperity, innovation and sustainable development’ (2018, p3), and that it is a global phenomenon, which requires a comprehensive approach to ‘optimize the overall benefits of migration, while addressing risks and challenges for individuals and communities in countries of origin, transit and destination’ (p 4). UNICEF’s Core Commitments for Children (CCCs) likewise recognises that safe and orderly migration can be a driver for development. At the same time UNICEF acknowledges the scale of, and human rights violations inherent in forced displacement and in responses to migration and refugees that contravene international law. The CCCs stress the importance of addressing child-specific

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drivers of forced development. They also acknowledge the effects of human mobility on host communities and societies as well as migrants and refugees (p 83).

Responding to this overall positioning, the TOC aims to contribute to fulfilling the rights of CiHM, by outlining outcomes, outputs and strategies that contribute to the following goal:

Children, adolescents, their families and host communities affected by human mobility are protected from violence, exploitation, neglect and abuse and poverty, and have access to basic services, shelter and an income to ensure the fulfilment of their rights

Over the course of the remaining three years of the strategic plan period, the specific impact the TOC aims to achieve is:

Increased protection of children, adolescents, pregnant/lactating women and their families affected by human mobility from violence, exploitation and abuse, and improved access to inclusive, gender-responses basic services and humanitarian assistance, including shelter and income opportunities, through the approval and implementation of necessary legal and policy frameworks, structures and mechanisms.

The TOC identifies six key outcomes that need to be achieved to contribute to the realisation of this vision. These outcomes are aligned with the five goal areas set out in UNICEF's 2022-2025 strategic framework (UNICEF, 2022), with an initial outcome on access to legal status and identity, which underpins all other outcome areas. The outputs under each outcome area present the results that need to be achieved to realise these outcomes. They are based on the needs identified, and have been developed collaboratively with UNICEF RO and CO staff based on: agreed UNICEF commitments, strategies and principles outlined in Section 5.2; evidence of effective approaches synthesised in the evidence review (Marcus et al., 2023 a,b,c), and

activities identified as effective through evaluations, or considered advisable by a consensus of stakeholders working in this field (Annex 1).⁵

The framing and selection of outcomes and outputs is guided by the three-year timeframe and thus focuses largely at national or sub-national government and community levels. Many of the factors contributing to displacement require regional or transnational solutions. UNICEF also has an important role to play in global advocacy and participation in regional fora, discussed further in Section 5.4.


5.2 Cross-cutting principles

The following section outlines key cross-cutting principles that apply across the TOC. These principles are based on UNICEF's Core Commitments for Children in Humanitarian Action (UNICEF, 2020), the Global Programme Framework for Children on the Move (UNICEF, 2017) and recommendations from the Panama TOC validation workshop.

Responses to CiHM should be coherent, evidence-based, strategic, and agile

- **Programming should be coherent across migration routes**, with greater similarity of services, in particular, between different countries. This is intended to facilitate children and families more easily accessing core services (e.g. child protection, WASH etc.) as they move between different countries in the region. This is particularly important for people in transit; for those that settle in new countries, information, documentation, financial or in-kind support tailored to the specific national context is vital.
- **Programming should be agile** to respond to shifts in mobility patterns and emerging challenges for children. This requires keeping up to date with new developments, sharing information between

⁵ This distinction between levels of evidence for practices is made by other strategic frameworks and planning guidance, such as INSPIRE (WHO, 2018), which classifies practices as proven, promising and prudent.



COs and partners, and each CO planning for how it will respond in the event of increased or decreased movements or geographical shifts in movements.

- **Programming should be based on evidence of the key challenges that CiHM and their families have identified as obstacles to their wellbeing, and of effective responses to these challenges.** This is achievable through use of needs assessments undertaken regularly in parts of the region (such as the Joint Needs Assessments by R4V), and participatory processes that listen to the priorities of, but avoid putting an excessive time burden on people on the move. The lack of evidence of effective approaches from impact evaluations in the region means that UNICEF can play a key role in generating stronger evidence of what works to respond effectively to the needs of CiHM and their families in LAC.
- **While focusing on achievable goals, continue to advocate on the large-scale issues that contribute to non-realisation of the rights of children affected by human mobility.** The TOC articulates a framework for achievable changes to which UNICEF can meaningfully contribute within the strategic plan period. But it is important to recognise that the factors underpinning human mobility in challenging conditions in the region results from large-scale inequalities, violence, and are exacerbated by the impacts of climate change. In addition to the priorities outlined, UNICEF in the region and internationally should focus part of its advocacy on solutions to these key factors and forces.


Responses to CiHM should be ethical, context-specific and inclusive:

- Given the diverse risks and challenges that children on the move face in the region, **responses must be tailored to specific situations.** A key need is for government, UN agencies and civil society to respond in a more nuanced and granular (disaggregated) way, to the different factors underpinning the challenges particular groups of children face.

- Initiatives must **prioritise the best interests and wellbeing of all children affected by human mobility, and ensure that they do no harm.** This applies across all areas of activity, research and advocacy as well as programming.
- **The principle of non-discrimination is key and must be operationalised on two levels:**
 - ✦ *to respond, and advocate for stronger responses to the range of forms of human mobility in the region (not only the highest profile movements) This range includes: international flows that are attracting comparatively less attention (such as movement from Haiti and Nicaragua, and for other displaced people in countries hosting Venezuelans); children who are displaced or who migrate internally; children who move seasonally; and children of absent migrant parents, or in communities with high levels of outmigration. UNICEF must navigate the political environment at a high level to make sure that all CiHM are treated with equity by governments, donors and initiatives.*
 - ✦ *Sensitivity to the needs of different groups of children based on different aspects of identity, such as race, gender, disability, languages spoken, and nationality. As well as responding in a manner that is sensitive to these differences, responses to CiHM in the region should seek to promote equitable social relations, intercultural understanding, and prevent identity-based discrimination, such as xenophobia, racism and sexism. In accordance with UNICEF's strategic plan, this TOC highlights the gender-transformative programming as a strategic approach.*

UNICEF work should be accountable to children and families affected by human mobility, and strengthen opportunities for their participation and voice

- As per the CCCs, promote the participation of refugees, migrants, internally displaced people, and those affected by human mobility in other ways, especially children, adolescents and women, in



the design and implementation of programmes, so that activities selected in CPDs respond to their priorities.

- Strengthen opportunities for people, especially children and adolescents, to participate in decisions that affect their lives, and their access to safe and confidential complaints mechanisms (UNICEF, 2020).
- Recognising adolescents' and young people's particular protagonism, identify opportunities to work with and strengthen adolescent- and youth-led initiatives aiming to realise the rights of people, especially children, affected by human mobility.
- Accountability should extend to UNICEF's wider role – to create but not fill – space for civil society including child, youth, migrant and refugee-led organizations.



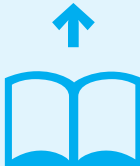









Effective action to support CiHM requires strong and effective partnerships, with:

- *Other UN agencies*, particularly IOM and UNHCR, to localise the global agreements between UNICEF and these agencies discussed in Section 3.
- *National and sub-national governments*, with the most appropriate level for partnership varying according to the issue to be addressed, and analysis of which duty bearers and of stakeholders are best placed to achieve the desired changes. Consultations with UNICEF staff indicated that work with local governments has led positive results in developing and implementing strategies for responding to the needs of children and families in different 'phases' of mobility (communities of origin, transit, settlement, return etc.) and that this should be prioritised for further development;
- *Specialist CSOs*, both as implementing partners, and technical advisors with specific expertise in relation to CiHM, such as HIAS and Danielle Children's Fund;

- *Local CSOs, including youth, migrants', and refugees' organizations*, who are often best placed to identify and respond to the needs of specific groups of CiHM, to undertake community-level activities and to strengthen local social integration. While there are some positive examples to date, fostering these partnerships should be a more systematic part of planning and programming.
- *Private sector*. Consultations with UNICEF staff highlight increasing work with the private sector as a strategic priority in diverse parts of the region. Firstly, in some sectors, the private sector is already a major player (e.g. WASH, communications). Secondly, where de jure or de facto policies impede CiHM's access to public services, there may be scope for collaboration with the private sector to extend access. Thirdly, there is sometimes scope for partnerships with enterprises to help meet needs on a temporary basis (e.g. supplying hotel accommodation to people on the move without shelter). Fourth, there may be scope for more strategic partnerships, for example with technology companies for sharing vital information with people on the move, or for providing educational resources to children in transit. Public-private partnerships often require strong regulation to derive benefits for disadvantaged populations, to ensure continued public access to and ownership of resources (e.g. online curricula) (UNESCO, 2021), and to address any ethical and data privacy issues related to involvement of technology companies in data management (McKinsey, 2021). The costs and benefits therefore need to be carefully weighed up.
- *Research sector (academia or research firms)* to generate more substantial evidence of both the challenges CiHM and their families face, and critically the effectiveness of different approaches to addressing these challenges.

Participation in the working groups and fora outlined in Section 4 above can help nurture some of these partnerships.




Table 4: Theory of Change: Children in Contexts of Human Mobility in LAC

VISION/ IMPACT		CIHM, THEIR FAMILIES AND HOST COMMUNITIES ARE PROTECTED FROM VIOLENCE, EXPLOITATION, NEGLECT AND ABUSE AND POVERTY, AND HAVE ACCESS TO BASIC SERVICES, SHELTER AND AN INCOME TO ENSURE THE FULFILMENT OF THEIR RIGHTS					
ULTIMATE OUTCOME		Increased protection of CiHM and their families from violence, exploitation and abuse, and improved access to inclusive, gender-responses services, including shelter and income opportunities, through the approval and implementation of necessary legal and policy frameworks, structures and mechanisms and through social norm change.					
INTERMEDIATE OUTCOMES							
	OUTCOME 1: Increased access for CiHM to the necessary documentation for legal identity, to obtain regular status, to prevent statelessness, and to enable access basic services and social support.						
		OUTCOME 2: Increased access by CiHM, pregnant and lactating women and girls to health and nutrition monitoring and care services (including ECD programmes) throughout their journeys and in host communities, provided in an inclusive, gender responsive and non-discriminatory manner.					
			OUTCOME 3: Increased access by CiHM to ECCE, primary and secondary education, including TVET, for adolescents on the move, provided in an inclusive, gender responsive and non-discriminatory manner.				
				OUTCOME 4: Increased access to services and mechanisms to protect CiHM from violence, exploitation, separation, neglect or/and abuse, including trafficking, provided in an inclusive, gender responsive and non-discriminatory manner throughout their journeys and in host communities.			
					OUTCOME 5: Improved access for CiHM to clean and safe water, sanitation and gender-responsive hygiene services that are needed throughout their journey, and in host communities, in an environmentally sustainable manner.		
							
OUTPUTS AND IMMEDIATE OUTCOMES ARE SET OUT BY SECTORS/AREAS FOR PROGRAMMING SIMPLICITY, BUT EFFECTIVE DELIVERY OF INTERMEDIATE OUTCOMES REQUIRES JOINT ACTIONS ACROSS SECTORS: LEGAL IDENTITY, HEALTH AND NUTRITION, EDUCATION, CHILD PROTECTION, WASH AND SOCIAL PROTECTION.							

VISION/ IMPACT		CIHM, THEIR FAMILIES AND HOST COMMUNITIES ARE PROTECTED FROM VIOLENCE, EXPLOITATION, NEGLECT AND ABUSE AND POVERTY, AND HAVE ACCESS TO BASIC SERVICES, SHELTER AND AN INCOME TO ENSURE THE FULFILMENT OF THEIR RIGHTS				
ULTIMATE OUTCOME		Increased protection of CiHM and their families from violence, exploitation and abuse, and improved access to inclusive, gender-responses services, including shelter and income opportunities, through the approval and implementation of necessary legal and policy frameworks, structures and mechanisms and through social norm change.				
IMMEDIATE OUTCOMES	<div>IDENTITY</div> <div>↑</div> <div>1.1 Policies and laws in place that support CiHM to access to documentation to establish legal identity and prevent statelessness.</div> <div>1.2 Strengthened access to assistance to obtain legal identity and other documentation for CiHM and their families.</div> <div>1.3 All vital events of the population on the move can be registered in the civil and vital registration systems.</div>	<div>SURVIVE & THRIVE</div> <div>↑</div> <div>2.1 Inclusive legal and policy frameworks are in place that enable all CiHM and their families to access key health, nutrition and ECD services.</div> <div>2.2 Increased allocation of financial, human and other resources in health sector plans and budgets to meet the health and nutrition needs of CiHM and their families, alongside those of the wider population.</div> <div>2.3 Improved access to ante- and post-natal care, vaccinations, nutritional monitoring and support, ECD services and SRH, as needed for CiHM and their families,</div> <div>2.4 Strengthened capacity of institutions and service providers to meet the health and nutrition needs of specific groups of CiHM and their families – including: pregnant and lactating women and girls, infants, young children and adolescents - in a gender responsive, inclusive manner.</div> <div>2.5 Improved provision of culturally-and gender-sensitive, and age appropriate health and nutrition information, in languages understood by CiHM and their families at different stages of movement (transit, settlement, and return).</div>	<div>EDUCATION</div> <div>↑</div> <div>3.1 Inclusion of CiHM in national education systems at all levels (including early childhood and post-secondary education) is strengthened by addressing legal and policy barriers.</div> <div>3.2 Educational provision is expanded to accommodate CiHM through increased financial allocations, expanded infrastructure, hiring additional teachers and partnerships with private sector.</div> <div>3.3 Improved systems enable students to transition between education systems through simplified documentation requirements, recognition of prior learning and/or placement tests</div> <div>3.4 Strengthened education provision for children in extended transit or with substantial lost learning, through use of EdTech, accelerated learning programmes and remedial classes</div> <div>3.5 Improved access to cash and in-kind transfers to reduce financial barriers to education for CiHM.</div> <div>3.6 Increased capacity among teachers and schools to respond to the needs of diverse refugee and migrant children, including those with experience of trauma, language barriers, poverty, etc.</div>	<div>CHILD PROTECTION</div> <div>↑</div> <div>4.1 Improved legal frameworks and procedures are in place and implemented to prevent and respond to protection risks facing CiHM recognising the best interest of the child.</div> <div>4.2 Strengthened capacity of migration, law enforcement, human rights and specialized child protection system officials at all levels to prevent and respond effectively (in culturally appropriate and gender-sensitive ways) to child protection violations, including GBV, experienced by CiHM</div> <div>4.3 Strengthened community-based child protection mechanisms and positive social norms in communities affected by human mobility</div> <div>4.4 Improved mechanisms to prevent family separation and to facilitate family reunification.</div> <div>4.5 Protective non-custodial measures used instead of immigration detention for children and adolescents.</div> <div>4.6 Improved quality of temporary care for CiHM, and especially UASC, including foster care, temporary shelter and supported independent living for older adolescents.</div> <div>4.7 Improved and timely access to appropriate MHPSS for CiHM and care givers is available, including for those in communities of origin affected by migrant parents’ absence.</div> <div>4.8 Increased social integration and reduced xenophobia in host communities resulting in more protective environments of CiHM</div>	<div>WASH</div> <div>↑</div> <div>5.1 Strengthened national regulatory frameworks are in place, which include financing strategies to grant people in human mobility access rights to WASH services.</div> <div>5.2 Strengthened capacity of institutions and service providers to provide WASH services, including menstrual hygiene management and hygiene education to CiHM and host communities in sustainable and gender-responsive manner.</div> <div>5.3 Increased knowledge among CiHM and other key stakeholders (e.g. shelter staff) about maintaining hygiene in contexts of human mobility.</div> <div>5.4 Increased access to and use of to up-to-date (and real-time) information systems for monitoring and effective responses by partners and governments that include WASH needs, migration flows, and existing WASH services</div> <div>5.5 More innovative projects on DRR and water management are implemented for vulnerable populations exposed to climate change to reduce their pressure to migrate.</div>	<div>SOCIAL PROTECTION</div> <div>↑</div> <div>6.1 Social protection programmes’ coverage of CiHM and host communities is enhanced through existing or new initiatives and where possible, linked to complementary social services.</div> <div>6.2 Increased financing of social protection systems to meet the needs of CiHM and their families.</div> <div>6.3 Increased capacities of social development ministries and officials, strengthened social registries and registry management to ensure they are inclusive of diverse CiHM and their families and are gender responsive.</div>

VISION/ IMPACT						
CIHM, THEIR FAMILIES AND HOST COMMUNITIES ARE PROTECTED FROM VIOLENCE, EXPLOITATION, NEGLECT AND ABUSE AND POVERTY, AND HAVE ACCESS TO BASIC SERVICES, SHELTER AND AN INCOME TO ENSURE THE FULFILMENT OF THEIR RIGHTS						
ULTIMATE OUTCOME						
Increased protection of CiHM and their families from violence, exploitation and abuse, and improved access to inclusive, gender-responses services, including shelter and income opportunities, through the approval and implementation of necessary legal and policy frameworks, structures and mechanisms and through social norm change.						
OUTPUTS	IDENTITY	SURVIVE & THRIVE	EDUCATION	CHILD PROTECTION	WASH	SOCIAL PROTECTION
	<p>1.1.1 National and local authorities are supported to develop policies and processes to enable CiHM and families to obtain identity documentation.</p> <p>1.2.1 Legal assistance services are in place and accessible to CiHM and their families and help them obtain identity documents</p> <p>1.3.1 The population on the move receive information about how to register vital events.</p> <p>1.3.2 Technical and financial assistance is provided to CRVS to facilitate registration of vital events of population on the move.</p>	<p>2.1.1 Evidence-based engagement with different levels of government for the provision of sufficient, inclusive, gender-response and age-appropriate health, nutrition and ECD services for CiHM and their families.</p> <p>2.2.1 Evidence-based engagement with government and donors promotes increased sustainable funding for health care recognizing the increased needs related to human mobility</p> <p>2.3.1 CiHM whether in transit, settled or in host communities, are reached by culturally appropriate and gender sensitive health, ECD and nutrition monitoring and support services through local health authorities or partners, as needed.</p> <p>2.3.2 Migrant and refugee children and their families receive information about the health and nutrition services available to them.</p> <p>2.3.3 Strengthened nutrition cluster/sector coordination led by CO</p> <p>2.4.1 Refugees and migrants are more engaged in community-based and/or child- and adolescent-friendly health and nutrition services, including as community-based health and nutrition promoters or workers.</p> <p>2.5.1 CiHM and their families are reached by gender responsive and culturally sensitive communication and behaviour change initiatives which provide health and nutrition information and encourage adoption of healthy practices, including care of young children.</p>	<p>3.1.1 Evidence-based engagement takes place at different levels of government to promote inclusion of CiHM, in national education systems (including early childhood education and post-secondary education and training).</p> <p>3.2.1 Partnerships contribute to the expansion of educational infrastructure at all levels to enable access to relevant, flexible and mobile educational mechanisms (e.g. mobile education technology) where needed.</p> <p>3.2.2 Mechanisms are in place, including community engagement, that help identify and hire more refugees/IDPs/migrants as teachers, where needed.</p> <p>3.2.3 Evidence-based engagement with government and donors promotes increased funding for all levels of education reflecting increased needs related to human mobility.</p> <p>3.3.1 CiHM and their families receive information about how to enrol to enable them to access education services at an appropriate level.</p> <p>3.4.1 Stronger programmes are in place to facilitate continued learning in transit (eg using EdTech and classes in shelters)</p> <p>3.4.2 Increased provision of accelerated learning programmes and remedial classes to enable CiHM to catch up on missed learning.</p>	<p>4.1.1 Evidence based engagement supports the implementation of laws and procedures to prevent and respond to protection risks facing CiHM, including awareness raising on the importance of best interests procedures.</p> <p>4.1.2 Legal assistance is provided to families and CiHM when needed to support them in migration- and asylum-related cases.</p> <p>4.2.1 Migration, law enforcement, human rights and child protection system officials receive training and resources to help them prevent and respond effectively to protection violations of CiHM, including GBV.</p> <p>4.3.1 Community-based child protection systems receive the necessary training and resources to prevent and respond to violations affecting CiHM including GBV, with more effective, age-and situation-appropriate and gender-responsive approaches.</p> <p>4.3.2 Strong coalitions involving community-based organizations support CiHM's access to information about sources of support in the event of protection violations and strengthen their agency to challenge these violations.</p> <p>4.4.1 Authorities have the capacity to implement protocols to prevent family separation, promote reunification and for best interests procedures.</p>	<p>5.1.1 Evidence-based engagement takes place to promote provision of WASH services and CiHM's rights to access them.</p> <p>5.2.1 Relevant institutions and WASH service providers have the necessary capacity to work with migrant and refugee populations.</p> <p>5.2.2 Adequate water supply and sanitation facilities are available at migrant reception centres, at key transit points and in shelters to meet the WASH needs of CiHM and their families.</p> <p>5.2.3 WASH service providers receive training and resources as needed to enhance the quality, sustainability, gender and community responsiveness of services provided to CiHM and their families.</p> <p>5.3.1 Engagement and awareness raising with CiHM and relevant stakeholders (eg shelter staff) is supported to improve knowledge about safe hygiene and sanitation practices.</p> <p>5.4.1 Coordination platforms and resources are strengthened through the generation and sharing of data, to enable monitoring of needs and provision of coordinated WASH services for CiHM and their families.</p> <p>5.5.1 Effective water management initiatives are established to reduce water-related pressures to migrate.</p>	<p>6.1.1 Income poor and vulnerable CiHM and their families are included in relevant national social protection programmes as a result of policy engagement at different levels of government.</p> <p>6.1.2 Appropriately designed gender responsive cash transfer programmes for CiHM and families who do not have access to national systems are implemented.</p> <p>6.1.3 CiHM and their families are aware of the social protection programmes available to them.</p> <p>6.2.1 Diverse financing mechanisms are identified and promoted to support the expansion of social protection coverage for CiHM and their families.</p>



VISION/ IMPACT						
CIHM, THEIR FAMILIES AND HOST COMMUNITIES ARE PROTECTED FROM VIOLENCE, EXPLOITATION, NEGLECT AND ABUSE AND POVERTY, AND HAVE ACCESS TO BASIC SERVICES, SHELTER AND AN INCOME TO ENSURE THE FULFILMENT OF THEIR RIGHTS						
Ultimate outcome	Increased protection of CiHM and their families from violence, exploitation and abuse, and improved access to inclusive, gender-responses services, including shelter and income opportunities, through the approval and implementation of necessary legal and policy frameworks, structures and mechanisms and through social norm change.					
OUTPUTS			EDUCATION  <p>3.5.1 Education authorities have access to technical assistance and necessary budgets to provide cash and in-kind transfers to meet the educational needs of CiHM and those in host communities.</p> <p>3.6.1 Teachers and schools have the capacity to respond to diverse learners through gender-responsive, inclusive teaching, additional language support, MHPSS support, and challenge xenophobia and racism.</p>	CHILD PROTECTION  <p>4.5.1 Children subject to migration control have access to appropriate temporary care, which has been strengthened through training, technical assistance and resources.</p> <p>4.6.1 UASC have access to appropriate temporary care, which has been strengthened through training, technical assistance and resources.</p> <p>4.7.1 National specialized child protection systems and NGO partners have the technical expertise and support necessary to increase provision of effective MHPSS services to CiHM, including those in communities of origin affected by parents' migration.</p> <p>4.8.1 Increased social integration, and prevention and reduction of xenophobia are achieved through activities and community sessions using different approaches (e.g. joint sports and cultural activities, mentoring, etc.).</p>		SOCIAL PROTECTION  <p>6.2.2 Financing is secured to cover the costs of robust social registries and social services linked to social protection programmes to provide integrated support to CiHM and their families.</p> <p>6.3.1 Relevant social development ministry officials and local officials implementing social protection programmes have the capacity to ensure they include diverse CiHM and that programmes are gender-responsive.</p>

The achievement of all of the outputs and outcomes for children in human mobility is underpinned by the following cross-cutting change strategies and actions by UNICEF Country Offices and Regional Office

([Table 5](#)). These are organised according to the nine change strategies of UNICEF's 2022-2025 Strategic Plan:

Table 5: Change strategies to support implementation of TOC

CHANGE STRATEGIES	PRIORITY ACTIONS
ADVOCACY AND COMMUNICATIONS	<ul style="list-style-type: none"> ■ CO and RO advocate with local and national governments and other decision-makers, as appropriate, on issues including: national legislation, policies, and budgetary resources to fulfil the rights of CiHM. ■ CO and RO Senior management participate in relevant regional migration and refugee fora to advocate on key issues affecting CiHM and ensure continuity of UNICEF presence. ■ COs strengthen data generation and sharing, and the RO articulates coordinated responses by CO across borders to secure access to health and nutrition, WASH services, protective measures against all forms of violence (including GBV) for CiHM and their families, particularly those in transit. ■ RO advocates for adherence to international and regional legal norms and agreements for the benefit of CiHM. ■ Voices and experiences of CiHM are reflected and incorporated in advocacy and communication activities, and their priorities adequately reflected.
COMMUNITY ENGAGEMENT, SOCIAL AND BEHAVIOUR CHANGE	<ul style="list-style-type: none"> ■ Information is developed and disseminated in formats that address gender specific needs, using relevant means (such as social media) preferred by and tailored to migrants and refugee children and adolescents and their families. ■ Dissemination materials include topics that children and families prioritise such as: safe migration, how to access services, legal rights and sources of support e.g. helplines. ■ COs coordinate and/or use integrated real-time communication systems, including early warning systems to alert other CO to shifts in mobility patterns. ■ SBC initiatives engage with CiHM and host communities on key issues such as xenophobia, patriarchal social norms, racial discrimination, and tips for accessing services and staying safe as affect CiHM. ■ Accountability to Affected Populations (AAP), including to CiHM and their families is promoted, with feedback mechanisms on programmes and appropriate complaint mechanisms in place.
DATA, RESEARCH, EVALUATION AND KNOWLEDGE MANAGEMENT	<ul style="list-style-type: none"> ■ COs and RO commission evaluations and use their findings to improve effectiveness of initiatives, and to generate an evidence base on what works for CiHM. ■ CO and RO disaggregate M&E on CiHM by gender, age, and where possible, by ethnicity and disability and advocate for similar disaggregation by other stakeholders. ■ CO and RO collaborate on data generation and sharing with partners, including other relevant UN agencies. ■ CiHM are invited to participate in M&E activities. ■ RO and CO collaborate in monitoring and sharing data on migration flows across borders to enable rapid and more effective responses.
DIGITAL TRANSFORMATION	<ul style="list-style-type: none"> ■ Information and Communication activities make use of relevant digital formats to reach CiHM and their families. ■ COs and RO support digital initiatives that facilitate children accessing services across countries eg learning passports, educational platforms. ■ COs and RO support digitalisation of civil registries and migration data.
GENDER-TRANSFORMATIVE PROGRAMMING	<ul style="list-style-type: none"> ■ Programmes challenge social norms that exacerbate gendered vulnerabilities of CiHM, including gender-based violence, sexual exploitation and trafficking, through community activities and SBC work. ■ Training and capacity-strengthening activities for service providers include content on gender-responsiveness. ■ Gender- sensitive situation assessments are undertaken to inform planning. ■ Advocacy initiatives challenge gender-discriminatory laws, policies and practices affecting CiHM and their families.
INNOVATION	<ul style="list-style-type: none"> ■ COs and RO positioned as a reference point for high quality knowledge and evidence on CiHM in the region. ■ RO or COs invest in strengthening/building centres of excellence on research on CiHM ■ Investments are made to evaluate and systematize innovative programmes to develop ‘promising practices’ references for replication and scale up.

CHANGE STRATEGIES	PRIORITY ACTIONS
PARTNERSHIP AND ENGAGEMENT: PUBLIC AND PRIVATE	<ul style="list-style-type: none"> ■ RO and COs develop collaboration agreements and partnerships with CSOs including migrant-, refugee- and youth-led organizations to ground responses in CiHM's and their families' priorities. ■ Efforts are made to build value added partnerships with NGOs in the sector to leverage resources with CiHM, and planning jointly for a more efficient use of funds. ■ RO and COs identify opportunities and enter agreements for collaboration with the private sector to address the needs of CiHM, particularly around service delivery. ■ RO and COs strengthen collaboration with IOM, UNHCR and other UN agencies based on global cooperation agreements to increase impact.
RISK INFORMED NEXUS PROGRAMMING	<ul style="list-style-type: none"> ■ CPDs include preparedness to respond to rapid changes in human mobility, building on existing activities, and partnerships. ■ COs consider whether, when and how to transition from short to longer-term responses to address evolving needs of CiHM ■ CPDs integrate conflict analysis and ensure programmes meet needs of children and families on the move, and host communities. ■ COs integrate programming to support the transition of CiHM and their families from population in transit to settlement, incorporating special needs of CiHM across CPD programming areas.
SYSTEM-STRENGTHENING TO LEAVE NO ONE BEHIND	<ul style="list-style-type: none"> ■ COs strengthen the capacities, resources and activities of government, service providers, specialist agencies, host communities and families to fulfil the rights of CiHM. ■ COs ensure that all actors (staff and partners) are aware of key standards to guide responses to CiHM. ■ CiHM and their families are supported to learn more about and empowered to exercise their rights. ■ Medium term planning in CPDs addresses issues related to CiHM as cross cutting in their programming,



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5.3 Risks and enablers

Tables 6 and 7 summarise the enabling factors that could support implementation of the TOC and risks that could jeopardise its implementation.

Table 6: Enablers

TYPES OF ENABLERS	ENABLERS	HOW ENABLING FACTORS CAN BE STRENGTHENED
Internal	Resource mobilization is aligned with priority responses for CiHM in the region.	Internal planning and evidence-based advocacy with donors
	Strong awareness in COs and ROs of evidence on specific needs and issues faced by children in context of human mobility, and of effective programme responses.	Knowledge platforms Regular sharing/exchanges of information on changing movements
	Ability to plan and implement cross cutting/inter sectoral responses	Internal communication and integrated planning that considers evidence on CiHM
	Effective and agile partnerships with organizations working with CiHM	Build on existing partnerships and seek out new partnerships with migrant/refugee/community-based organizations (including child-youth led), local government, private sector, etc.
	Dynamic and inclusive people culture and staff engagement around CiHM.	Internal communication
External	Supportive political will and budget allocations for responses to CiHM.	Advocacy and engagement.

Table 7: Risks

TYPES OF RISK	RISKS	HOW RISKS CAN BE MITIGATED
External	Upsurge in flows of population in movement in the region.	Identify mitigation activities and a contingency plan
	Unfavourable political environment/adverse political will	Political analysis, targeted advocacy and careful framing of messages
	Xenophobia and internal tensions prevent effective actions.	Social and behaviour change to mitigate adverse environment/sentiments
Internal	Insufficient funding to respond to CiHM and continued competition for funding with other agencies	Resource mobilisation in favour of CiHM and more collaboration among agencies, especially the UN
	Failure to localise cooperation agreements with UNCHR and IOM	Greater internal awareness of global cooperation agreements



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5.4 Indicators for monitoring the TOC

Table 8 outlines potential indicators for monitoring the TOC. The table includes indicators both for the regional level and national level from three main sources:

- a selection of indicators based on UNICEF's 2022-2025 Strategic Framework as COs and the RO are already familiar with, and should already be collecting data on, these indicators. They have been adapted for the work with children and adolescents in human mobility and their families under the new TOC;
- CSI indicators for the region which are applicable to human mobility and for which COs are already collecting disaggregated data on CiHM;

- a few developed to capture specific outcomes/outputs from the TOC.

For the indicators adapted from UNICEF's Strategic Framework an important issue to consider is that, by changing the population targeted by the overarching UNICEF Strategic Framework indicators, the means of verification (data sources), which are identified for the original indicators are different to those that would be used for these adapted indicators. In fact, it is possible that there are currently no data sources generating information for some of the indicators identified. They can, however, serve as a benchmark of what UNICEF LACRO's work with CiHM should achieve. On this basis, specific regional/country level indicators can be developed and adapted to the available data and existing programming.




Table 8: Indicators⁶

IMPACT

Children, adolescents, their families and host communities affected by human mobility are protected from violence, exploitation, neglect and abuse and poverty, and have access to basic services, shelter and an income to ensure the fulfilment of their rights


IMPACT INDICATORS

- Percentage of CiHM under 5 years whose births are registered.
- Infant mortality rate among CiHM
- Percentage of CiHM under 5 years of age who are stunted
- Completion rate for girls/boys in human mobility in primary and lower secondary education.
- Proportion of young women and men iHM aged 15 to 18 who have experienced gender-based violence
- Number of children in migratory detention.
- Proportion of population iHM using safely managed drinking water services and sanitation services
- Percentage of CiHM living in extreme poverty.

	LEGAL IDENTITY OUTPUTS	LEGAL IDENTITY OUTPUT INDICATORS	LEGAL IDENTITY OUTCOME:	LEGAL IDENTITY OUTCOME INDICATOR:
	<ol style="list-style-type: none"> 1. CRVS is more accessible for CiHM and families. 2. Strengthened access to legal assistance to obtain ID documentation for CiHM and families 	<p>Number of countries that have in place free and universal birth registration within CRVS systems in accordance with international standards and best practices.</p> <p>Number of countries that provide legal aid to support families in human mobility to obtain CRVS for their children, through UNICEF supported programmes.</p>	<ol style="list-style-type: none"> 1. Increased access to documentation of legal identity and to enable access to services 	<p>Percentage of CiHM who are registered at birth.</p>
	HEALTH AND NUTRITION OUTPUTS	HEALTH AND NUTRITION OUTPUT INDICATORS	HEALTH AND NUTRITION OUTCOME:	HEALTH AND NUTRITION OUTCOME INDICATORS
	<ol style="list-style-type: none"> 1. Inclusive legal and policy frameworks enable all CiHM and their families to access health and nutrition services. 2. CiHM and families have improved access to ante- and post-natal care, vaccinations, nutritional monitoring and support, ECD services, SRH, and emergency care. 3. Culturally sensitive health information is available in languages spoken by CiHM. 	<p>Number of CiHM vaccinated against diphtheria, tetanus and pertussis (DTP) and against measles in contexts where UNICEF has advocated for their inclusion in immunization campaigns.</p> <p>Number of CiHM under 5 years of age who benefit from programmes for the prevention of stunting, wasting, micronutrient deficiencies and/or overweight and obesity in contexts where UNICEF has advocated for their inclusion in nutrition programmes.</p> <p>Number of health workers receiving the skills and support for delivering essential maternal, newborn and child health services to CiHM through UNICEF-supported programmes.</p>	<ol style="list-style-type: none"> 2. Increased access of CiHM and, pregnant and lactating women to quality health and nutrition services throughout their journeys and in host communities. 	<p>Number of countries where (a) mothers iHM and (b) their newborns receive pre- and postnatal care</p> <p>Number of countries that provide (a) first dose and (b) three doses of diphtheria, tetanus and pertussis (DTP) vaccine to CiHM.</p>
	EDUCATION OUTPUTS	EDUCATION OUTPUT INDICATORS	EDUCATION OUTCOME	EDUCATION OUTCOME INDICATORS
	<ol style="list-style-type: none"> 1. Reduced legal, documentation-based and financial barriers to education for CiHM. 2. Expanded educational provision to meet needs of all CiHM, enable transition between systems and catch up on lost learning. 3. Increased capacity of teachers to respond to the needs of diverse CiHM. 	<p>Number of countries without legal and documentation barriers for early, primary and lower secondary school access for CiHM.</p> <p>Number of out-of-school children and adolescents CiHM who accessed education through UNICEF-supported programmes or in contexts where UNICEF has advocated for their inclusion in education systems.</p> <p>Number of local education authorities with programmes for teachers to support CiHM.</p>	<ol style="list-style-type: none"> 3. CiHM's rights to education services including early childhood, primary, secondary education, and TVET are realized. 	<p>Percentage of countries with inclusive and gender- equitable system for access to learning opportunities.</p> <p>Percentage of girls and boys in human mobility enrolled in early, primary and lower and upper secondary education.</p>

6 The majority of the indicators are part of UNICEF's Strategic Plan for 2021-2025 and are the indicators that are disaggregated by migration status (asylum seeker or refugee, IDP, returnee, migrant, other). Therefore in this section CiHM refers to this disaggregation.



	CHILD PROTECTION OUTPUTS	CHILD PROTECTION OUTPUT INDICATORS	CHILD PROTECTION OUTCOME	CHILD PROTECTION OUTCOME INDICATORS
	<ol style="list-style-type: none"> Improved legal frameworks, procedures, and capacity to prevent and respond to protection violations of CiHM. Enhanced child protection services (inc. legal assistance, MHPSS, VAC prevention and response, and transitory care). Increased social integration and reduced xenophobia in host communities. 	<p>Number of CiHM who have experienced violence, exploitation, abuse and neglect reached by health, social work or justice/law enforcement services through UNICEF-supported programmes.</p> <p>Percentage of UNICEF-targeted CiHM unaccompanied and separated girls and boys in humanitarian contexts who were provided with temporary care and/or reunified.</p> <p>Number of UNICEF-targeted CiHM children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services.</p> <p>Percentage of UNICEF-targeted CiHM girls and boys in humanitarian contexts who have received individual case management</p>	<ol style="list-style-type: none"> Increased effectiveness of mechanisms to protect CiHM from violence, exploitation, neglect or/and abuse, throughout their journeys and in host communities. 	<p>Percentage of children in family-based temporary care of the total number of CiHM in all forms of formal alternative care.</p> <p>Number of countries tracking inclusive delivery and referral information related to mental health and psychosocial support services for all children and adolescents (including those in context of human mobility).</p>
	WASH OUTPUT INDICATORS	WASH OUTPUT INDICATORS	WASH OUTCOME	WASH OUTCOME INDICATORS
	<ol style="list-style-type: none"> Strengthened legal and policy framework and financing strategies to enable CiHM and their families' access to WASH services. Strengthened provision of sustainable WASH services in contexts of human mobility. 	<p>Percentage of families and/or children in human mobility in humanitarian contexts reached with appropriate drinking water services, through UNICEF-supported programmes.</p> <p>Percentage of families and/or children in human mobility in humanitarian contexts reached with appropriate hygiene and sanitation services, through UNICEF-supported programmes.</p> <p>Proportion of girls in human mobility aged 18 and under targeted by UNICEF programmes with access to menstrual hygiene materials during their last period.</p>	<ol style="list-style-type: none"> Improved access for CiHM to environmentally sustainable WASH services throughout their journey, and in host communities 	<p>Number of countries that provide CiHM and families in human mobility with:</p> <ul style="list-style-type: none"> (a) basic drinking water services (b) basic sanitation services (c) basic hygiene services
	SOCIAL PROTECTION OUTPUTS	SOCIAL PROTECTION OUTPUT INDICATORS	SOCIAL PROTECTION OUTCOME:	SOCIAL PROTECTION OUTCOME INDICATORS
	<ol style="list-style-type: none"> Expanded financing and reach of social protection programmes to support the needs of CiHM and their families, including host communities. Strengthened social registries and improved registry management to enhance access for CiHM and their families. 	<p>Number of countries in which UNICEF has helped to strengthen social sector budgets for greater and better investments in social protection for children in human mobility.</p> <p>Number of children reached by cash transfers through UNICEF-supported programmes.</p>	<ol style="list-style-type: none"> Improved access to social protection to meet the needs of CiHM and their families. 	<p>Number of countries that has at least one income transfer programme that includes CiHM or their families.</p>



5.5 Role of Regional Office

Most of the actions outlined in the TOC would need to be carried out at national or local level and thus are best addressed through CPDs and CO-led processes and projects. However, because specific challenges for children require coordinated international responses, and given the RO's role there are particular areas where the Regional Office (RO) has a vital role to play. Some of the priority actions highlighted in consultations and the validation workshop include:

- 1. Facilitation of coordinated programming** along key migratory routes, to ensure consistency of UNICEF action, while simultaneously responding to local priorities.
- 2. Information sharing and management:**
 - Enhancing information sharing and knowledge management systems between COs to enhance capacities, prepare for changing migration patterns, and to share knowledge of good practices.
 - Sharing information on key issues, approaches, innovations and learning in the region to other parts of UNICEF, including HQ.
- 3. Undertaking periodic migration- and refugee-related political analysis** and sharing this with COs to ensure that programming and advocacy is politically smart and responds to the constantly changing political landscape.
- 4. Representing UNICEF regionally in key fora** and sharing information from these fora with COs.
- 5. Leading on advocacy on issues related to CiHM in the region as a whole**, and/or which are best addressed at regional level. Some of these may also contribute to and benefit from UNICEF global advocacy. Some suggested issues include:

- Politically sensitive topics such as legal identity, regularisation and xenophobia;
- Effective action on climate change, violence, poverty and inequality, as key factors underpinning human mobility in the region.

6. Supporting capacity development and lesson-sharing of good practices related to CiHM across the region, by maintaining an overview and connecting stakeholders with relevant experience.

7. Helping strengthen the evidence base on effective practices through supporting more impact evaluations of policies and programmes aiming to improve the wellbeing of CiHM, potentially through long-term support to strengthen specific 'centres of excellence'. Despite the inherent challenges of understanding the impact of initiatives serving children and families in the context of human mobility, there are several promising routes to strengthening the evidence base on effective approaches. These include:

- *more systematic investigation of service users', including children's, levels of satisfaction and reasons for these ratings.* This feedback could be integrated into periodic monitoring of activities and identify areas of improvement (particularly for people in transit), across different services (e.g., information and documentation assistance, health care, child protection services, WASH etc.).
- *strengthening impact evaluation of initiatives serving settled migrants and their host communities*, potentially by pooling funding between several organizations, as is already a common practice for needs assessment.
- *greater use of publicly available data to understand the impacts on CiHM of changes in policy* (e.g., with respect to regularization or entitlements to particular services).

The TOC and SF have been developed through the following process:

- 16 consultations with UNICEF LAC country offices and regional office thematic and specialist staff
- 12 key informant interviews
- Mapping of UNICEF activity in LAC
- Review of evidence on children on the move in LAC and responses to that movement
- Review of global evidence on effective approaches to supporting CiHM
- Validation workshop

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ANNEXES

CONTENTS

 CLICK EACH
TO NAVIGATE

Annex 1: Evidence on strategies for achieving the goals of the TOC

The evidence base on effective programming to support children in contexts of human mobility is of mixed quality and level of robustness. There are limited evaluations, and those available are mainly found in specific areas of activity, such as social protection,⁷ where more resources have been invested for evaluation globally. Much of the evidence is from qualitative evaluations of varying levels of rigour, and only in relatively few cases does it come from quasi-experimental evaluations. In part this reflects the inherent challenges of undertaking rigorous evaluations of many activities that aim to enhance the wellbeing of CiHM: the difficulty of following up with mobile populations to understand the effects of services received; and the fact that most system-strengthening activities (particularly those related to development and implementation of guidelines and standard operating procedures to attend to CiHM) are hard to evaluate quantitatively.⁸

The following sections synthesises insights from evaluative evidence that indicates the impacts of various approaches intended to contribute to the outcomes outlined in the TOC. These may be ultimate outcomes in terms of children's wellbeing, or intermediate outcomes, such as services providers' skills, knowledge or behaviours. Examples with evaluation-based evidence of positive impact on CiHM are shown in Tables A.1.1 to A.1.6 in bold; other examples shown have suggestive evidence indicating they hold promise for addressing the needs of CiHM.

Given the shortage of evaluated evidence from LAC, evidence from other regions is included where potentially relevant. Evidence is not available for every approach output and outcome in every goal area of the TOC (Table 4), some of which have been developed based on identification of needs and gaps, and applying insights from relevant approaches in other sectors, as relevant. The numbering of each issue in this section corresponds to that in Table 4, highlighting available evidence from LAC and beyond.

Table A1.7 identifies areas where evidence is lacking.



INTERMEDIATE OUTCOME 1: INCREASED ACCESS FOR CIHM TO THE NECESSARY DOCUMENTATION FOR LEGAL IDENTITY, TO OBTAIN REGULAR STATUS, TO PREVENT STATELESSNESS, AND TO ENABLE ACCESS TO BASIC SERVICES AND SOCIAL SUPPORT

Access to identity documentation status critically underpins the realisation of the rights of children on the move. Firstly, for those moving internationally it is critical for obtaining regular status (via either migration regularisation processes or for asylum claims). As well providing legal residence rights, which underpin parents' right to work and to access social protection systems, regular status is required for children to access education services in parts of the region and for fuller access to health services (particularly for migrants and refugees unable to afford health insurance) (see [Marcus et al., 2023a](#)). Recognising that regular status supports social integration and economic development, as well as access to vital services, various governments in the region have

developed regularization initiatives (e.g. Colombia, Peru, Ecuador ([Machado et al., 2021](#)) and/or temporary regular status (e.g. Mexico's Tarjeta de Visitante por Razones Humanitarias ([IOM and WFP, 2022](#))).

Children and families on the move may lack identity documentation for any of the following reasons: they may never have had identity documents (particularly in more remote indigenous communities); they have been displaced or had to flee at short notice without time to find documents; they may have been robbed or lost documents en route; they have been born on the move and have been unable or not known how to obtain relevant documentation. Even with legal identity documentation, children and families – especially those who have entered a country via irregular pathways or whose regular status has lapsed – may require assistance to regularise their residence. In some countries of the region, displaced children may need assistance to obtain documentation that enables them to access services (or to do so more easily), such as previous school records or evidence of prior registration with health services (as needed in Ecuador, for example).

Although little synthesised evidence of effective approaches was found, particularly in LAC, studies point to the following approaches as promising:

Immediate Outcome 1.2 Strengthened access to assistance to obtain legal identity and other documentation for CiHM and their families

Evaluation evidence largely comes from migration and

⁷ The review undertaken for this TOC found six studies (four of which were evaluations) of social protection initiatives reporting positive outcomes on CiHM from LAC (Ecuador, Peru and Colombia) and nine studies reporting positive outcomes of social protection of children displaced by the Syrian conflict (in Lebanon, Turkey and Jordan).

⁸ It also reflects limited budgets for evaluation, and the trade-off between resourcing evaluation and meeting pressing immediate needs.

refugee contexts outside the region and discusses the following approaches:

1. *Providing assistance to access documentation through national legal aid systems*, as for example in Turkey or Italy ([UNICEF ECARO, 2020](#))
2. *Specialist NGOs providing support to obtain documentation*, as in Bosnia i Herzegovina ([UNICEF ECARO, 2020](#)).
3. *Public information campaigns* to raise migrants' and refugees' awareness of how to obtain documentation and register for regular status – as with the ETPV process in Colombia. Awareness-raising campaigns are most effective when infrastructure for registration is already in place ([UNICEF, 2013](#)), either in physical offices, or online portals (such as <https://www.migracioncolombia.gov.co/visibles>).

Immediate Outcome 1.3 All vital events of the population on the move can be registered in the CRVS system

Approaches identified as promising in the region and beyond include:⁹

1. *Boosting inter-institutional coordination in areas with significant populations in transit*. For example, in Panama, in response to the growing numbers passing through Darien, cooperation between border and migration services, the registration and identity service, the Department of Children and Families, Ministry of Health and UNHCR has been strengthened to ensure that children born on the move are registered and issued with birth certificates ([CLARCIEV, 2020](#))
2. *Deploying birth registration teams* (as has taken place in areas home to substantial numbers of internally displaced people in Colombia). Though mobile teams

are more costly than static services, they have potential to enable the registration of groups who may otherwise be missed ([Plan International and Accenture, n.d.](#)) and may be an important way of boosting birth registration of children on the move in areas without other registration services;

3. *Increasing the number of places and or professionals authorized to issue birth certificates* e.g. hospitals in Colombia ([Plan International and Accenture, n.d.](#)). Also in Colombia, Resolución 8470 de la Registraduría Nacional, announced in August 2019, is intended to facilitate registration of children of Venezuelan parents born in Colombia and at risk of statelessness by simplifying procedures (R4V, 2020b).
4. *Facilitating online vital registration*, as in Mexico ([CLARCIEV, 2020](#)).

Table A1.1 summarises examples.

Table A1.1 Approaches to supporting children and families to obtain identity documentation

NEED	INTERMEDIATE OUTCOME	LAC EXAMPLES	EXAMPLES FROM OTHER REGIONS
All children and families on the move in the region can obtain identity documentation which allows them to access services and to facilitate regularisation processes	1.2 Strengthened access to assistance to obtain legal identity and other document for CiHM and their families.	Legal and documentation assistance at borders (e.g. Danielle Children's Fund at Ecuador-Colombia border) (UNICEF Ecuador, 2020); registration programme for ETPV in Colombia.	Legal and documentation assistance for refugees and migrant passing through Bosnia i Herzegovina (UNICEF ECARO, 2020).
	1.3. All vital events of the population on the move can be registered in the CRVS system.	Inter-institutional coordination to ensure registration of children born in transit through Panama (CLARCIEV, 2020). Mobile birth registration units to reach displaced people in rural areas (Colombia) (Plan International and Accenture, n.d.)	Protective Learning and Emergency Community Services, Pakistan (Brown and Copeland, 2013a) which helped over 500 displaced children without birth certificates to obtain them (44% of those without). UNICEF strengthening of processes for registration of refugee children's births in South Sudan and Ethiopia (UNICEF ESARO, 2018).

⁹ Although these examples refer principally to birth registration, the same principles would apply to registration of other vital events (e.g. marriages and deaths).



INTERMEDIATE OUTCOME 2: INCREASED ACCESS OF CIHM, PREGNANT AND LACTATING WOMEN AND GIRLS TO HEALTH AND NUTRITION MONITORING AND CARE SERVICES (INCLUDING ECD PROGRAMMES) THROUGHOUT THEIR JOURNEYS AND IN HOST COMMUNITIES, PROVIDED IN AN INCLUSIVE, GENDER RESPONSIVE AND NON- DISCRIMINATORY MANNER.

For CiHM to survive and thrive they and their families need access to comprehensive and quality health services, as well as the social determinants of good health being met. Key services include access to: maternal, neonatal and child health care (MNCH), with nutrition and growth monitoring for young children, vaccinations, general and emergency health care, and sexual and reproductive health (SRH) care. Access to sufficient food for balanced nutrition, clean and safe water and sanitation, and adequate shelter all underpin good health, and are particularly challenging for poorer migrants and refugees.

Available literature, as summarised in [Marcus et al. \(2023a\)](#) and in Section 2.2 shows that pregnant and lactating women and girls on the move in the region, particularly those with irregular status are often unable to access specialised assistance (e.g. ante-natal care, assistance for safe delivery and post-natal care), and that recent migrant and refugee children under 5 are more likely to be malnourished than their counterparts in host communities (Gil, 2022; [World Bank, 2020](#); [UNICEF Ecuador, 2020](#)). A lack of documentation, including identification documents or medical records often hinder migrants and refugees' access to health services ([Machado et al., 2021](#)). Additional challenges include exclusionary policies,

limited resources, funding, infrastructure or capacity, and discrimination towards migrants and refugees ([Ceja Cardenas et al., 2020](#); [Machado et al., 2021](#)). Cultural and linguistic barriers also limit migrants' and refugees' access to health services and information. The literature reviewed provides available evidence on the following ways to achieve some of the outputs identified in the TOC.

Immediate Outcome 2.1 Inclusive legal and policy frameworks are in place that enable all CiHM and their families to access key health, nutrition and ECD services; and

Immediate Outcome 2.3 Improved access to ante- and post-natal care, vaccinations, nutritional monitoring and support, ECD services and SRH, as needed for CiHM and their families

Settled migrants and refugees: Levels of access to the national health care system vary across the region, with children under 5 generally having the greatest entitlement to care, regardless of migration status. Other groups of children and pregnant women and girls are also prioritised, and most countries allow access to emergency care regardless of migration status (Annex 4 in [Marcus et al., 2023a](#) gives full details of entitlements for countries with available data). In most countries, there is a distinction either de jure or de facto between the access of migrants and refugees with regular status (generally full access) and those with irregular status (more limited provisions).

Of countries in the region, migrants and refugees in Colombia have some of the most extensive free access to the public health-care system, which includes prenatal

and emergency care, vaccinations, and tailored public health interventions. Beyond this, like Colombian citizens they need to subscribe to private insurance or access the insurance provisions available to people on low incomes via the social registry ([Chaves-Gonzalez et al., 2021](#)). However, in practice, regulations are not always well understood by health care providers ([CDR, 2021a](#)); migrants or refugees who lack insurance are sometimes denied attention ([Profamilia & USAID, 2020](#)); and adolescents have reported their families having difficulties paying for prescribed medicine ([Ceja Cárdenas et al., 2020](#); [Plan International, 2020](#)). The extension of regular status through the EPTV initiative has the potential to strengthen Venezuelans' access to health care, as it provides documentation that can be used as a gateway to other entitlements including subsidised health insurance and social assistance.

Strengthening inclusion in national systems highlights the importance of improved access to documentation; facilitating processes of registration with social registries; ensuring health care staff are better aware of migrant' and refugees' entitlements; and in countries where access is minimal, advocacy to strengthen access, starting with the most vulnerable groups of children.

CiHM and their families in transit. For this group key spaces for accessing health services include border crossing and migrant reception centres. In LAC services provided in these spaces include: covid-testing, vaccination facilities, nutritional monitoring and support, such as supplements and information on breastfeeding and nutrition of young children ([IOM, 2021b](#), [IRC, 2020](#); RELAF, 2021b; [UNICEF Ecuador, 2020](#)). Bundling primary care services for migrants may help to prevent further barriers to vaccination, diagnosis and care ([ECDC, 2018](#)). Service providers on the main migration routes in Colombia have adapted to

better meet the needs of *caminantes* (people travelling on foot): by distributing small amounts of food or nutritional supplements that can more easily be carried, with the next set available at subsequent service points ([DARA, 2022](#)). A [UNHCR \(2022b\)](#) report found that lockdowns and COVID-19 related border closures have spearheaded services fully or partially serving migrants and refugees pivoting to remote, telehealth provision (e.g., in Colombia and Kenya). However, telehealth initiatives can exclude people with disabilities and and/or with low levels of digital skills ([UNHCR, 2022b](#)).

Immediate Outcome 2.4 Strengthened capacity of institutions and service providers to meet the health and nutrition needs of CiHM and their families

Beyond general investment in increasing health care provision, initiatives supporting migrants' and refugees' access have often targeted particular areas of health. For example, the Minimum Initial Service Package (MISP)¹⁰ for SRHR in crisis situations has been developed to expand access to SRHR services via six 'health system building blocks': service delivery, health workforce, health information systems, medical commodities, financing, and governance and leadership ([UNFPA, 2020](#)). Open access MISP training and self-study modules are accessible in Spanish and in-person training is available on demand ([IAWG, 2021](#)). Trainings have taken place in Belize ([UNFPA, 2018](#)) and in cities on the Colombia-Venezuela border, though a rigorous evaluation of the latter found various limitations in its implementation, including gaps in MISP knowledge and ownership, and weak coordination mechanisms ([Profamilia, 2019](#)). In some countries in the

region, refugee and migrant health workers expand health service capacity, for example, in Argentina, Chile, and Peru ([Schafer, 2020](#)), though there is limited evaluative evidence on the effectiveness of this approach.

Drawing on evidence from Kenya and Uganda, [Betts et al. \(2021\)](#) suggest that refugee-led organizations can support the health of refugees by: providing public information, supplementing capacity gaps, delivering healthcare, shaping social norms around health care utilisation (e.g. in Bangladesh, [Jalloh et al., 2018](#)) and tracking infections through contact tracing. [UNHCR \(2022b\)](#) also found that RLOs played an important role in raising awareness around the prevention and treatment of sexually-transmitted diseases during the COVID-19 crisis in Colombia, Afghanistan, Bangladesh, Jordan and Turkey. However, it may be difficult to retain community or peer health workers in the absence of remuneration or incentives, jeopardizing the sustainability of such approaches ([Tanabe et al., 2012](#)).

Immediate Outcome 2.5 Improved provision of culturally sensitive, gender-sensitive, and age appropriate health and nutrition information in languages that CiHM and their families understand at different stages of movement

- Culturally sensitive care is a fundamental aspect of the Global Competency Standards for health workers of refugees and migrants ([WHO, 2021](#)). Co-designing or co-delivering health information campaigns can help ensure their cultural appropriateness and relevance ([WHO, 2022](#)). Schools, youth centres and religious institutions are all key locations for migrants and refugees

to obtain health-related information ([Lee et al., 2017](#)).

- Enabling people on the move to access information and health services in languages they understand is vital. During the covid-19 pandemic UNICEF provided health information in Haitian Creole and Spanish along the Dominican Republic-Haiti border ([UNICEF Dominican Republic, 2020](#)) and NGOs in Aruba and Curaçao have made efforts to include irregular migrants in vaccination drives by providing information in Spanish; however, fear of deportation has limited uptake ([IOM, 2021c](#); [IOM, 2021d](#)). No studies were found of systematic efforts to reduce language barriers.
- Some evaluated examples of initiatives with internally displaced adolescents in Colombia indicate that peer educators and youth-friendly approaches have helped both increase their health knowledge and have boosted uptake of services. For example, a community-based initiative using arts (theatre, dance, visual arts) as an entry point for discussing care of the body and sexuality increased internally displaced adolescents' knowledge of their sexual and reproductive rights ([Bosmans et al., 2012](#)). The combination of peer education, mobile clinics and youth-friendly services provided by Profamilia's Raise project resulted in an increase in modern contraceptive use by adolescent girls (ages 15-19) in a relationship (47% to 55%) ([Tanabe et al., 2012](#)).¹¹ It also helped destigmatize SRHR services for both displaced and local adolescents in Colombia ([Tanabe et al., 2012](#)). These – and examples from other regions are summarised in Table A1.2.

¹⁰ Paquete de Servicios Iniciales Mínimos (PSIM)

¹¹ Use by adolescents not in a relationship also increased for two of the three methods (injection and IUD, but not implants).

Table A1.2: Approaches to strengthening access to quality health and nutrition services for children and women on the move and in host communities

NEED	IMMEDIATE OUTCOME	LAC EXAMPLES	EXAMPLES FROM OTHER REGIONS
Strengthened access to health care for all children and families on the move and in host communities	2.1 Inclusive legal and policy frameworks that enable all CiHM and their families to access key health, nutrition and ECD services	Inclusion of migrants and refugees in Colombia's public health system (Chaves-Gonzalez et al., 2021); National Deployment and Vaccination Plans (NDVPs) (IOM, 2021e)	Inclusion of migrants/refugees in NDVPs globally (IOM, 2021e); catch-up vaccinations for newly arrived migrants in Europe (ECDC, 2018); Djibouti Health System Strengthening Project (World Bank, 2022a)
	2.2 Improved access to ante- and post-natal care, vaccinations, nutritional monitoring and support, ECD services and SRH as needed for CiHM and their families	Vaccines at border posts in Colombia, Ecuador, Panama, and Guyana (IOM 2021c , IRC, 2020 ; RELAF, 2021b); online COVID-19 training for LGBTQI+ refugees/asylum seekers in Costa Rica (UNHCR, 2022b); nutritional monitoring and supplement provision in Mexico, Colombia and Colombia-Ecuador border (UNICEF, 2021a ; UNICEF Ecuador, 2020 ; DARA, 2022).	Vaccination campaigns for school-going migrants in Thai-Myanmar borders (Kaji et al., 2015) SRHR adolescent-friendly radio in Sierra Leone (Barnett et al., 2018 , in Jennings et al., 2019)
	2.3 Strengthened capacity of institutions and service providers to meet the health and nutrition needs of specific groups of CiHM and their families.	Peer/community health workers (e.g. in Colombia, Tanabe et al., 2012); MISP training in Belize (UNFPA, 2018) and cities on the Colombia-Venezuela border (Profamilia, 2019); hiring refugee health workers in Argentina, Chile, Peru (Schafer, 2020)	ILO's (2011) Promoting Decent Work Across Borders project in Philippines, Finland, Denmark, Norway; hiring Syrian refugee doctors in Turkey (WHO, 2022) and refugee health workers (Lebanon) UNHCR, 2022b ; peer SRHR educators in Thailand (Tanabe et al., 2012) and Sierra Leone (Casey et al., 2006);
	2.4 Improved provision of culturally- and gender- sensitive, and age appropriate health and nutrition information in languages understood by CiHM and their families at different stages of movement	Peer SRHR educators in Colombia (Tanabe et al., 2012); COVID-19 related information in Spanish in Aruba and Curaçao (IOM, 2021c; IOM, 2021d) and in Spanish and Creole on DR-Haiti borders (UNICEF Dominican Republic, 2020);	Cross-cultural training for healthcare providers (e.g. Giacco et al., 2014; WHO, 2018); working with refugee-led organizations to provide health information in Kenya and Uganda (Betts et al., 2021); co-designing or co-implementing SRHR with adolescents in DRC (Nehme & Spilotros, 2018), Nepal, Malawi (UNFPA, 2016)

INTERMEDIATE OUTCOME 3: INCREASED ACCESS BY CIHM TO ECCE, PRIMARY AND SECONDARY EDUCATION INCLUDING TVET, FOR ADOLESCENTS ON THE MOVE, PROVIDED IN AN INCLUSIVE, GENDER RESPONSIVE AND NON-DISCRIMINATORY MANNER.

As noted in Section 2.2 in LAC CiHM are less likely than their peers to access formal education systems, and more likely to drop out or not complete schooling ([Caarls et al., 2021](#)). Some key barriers identified include: lack of school spaces ([CDR 2021a](#)), documentation, poverty and/or the

need to participate in income-generating activities ([Ceja Cardenas et al, 2020](#); [PLAN International 2021](#)), language (particularly for Venezuelans in Brazil, indigenous children and children of Haitian descent throughout the continent), adjusting to new curricula and in some cases, discrimination from teachers or other students ([Marcus et al., 2023a](#)). Enhancing education for CiHM requires attention both to expanding access, and ensuring that children are learning knowledge and skills that are transferable across potentially varied contexts given their increased livelihood of multiple moves (Dryden-Peterson, 2022: p.116).

Immediate Outcome 3.1 Inclusion of CiHM in national education systems at all levels, by addressing legal and policy-related access barriers

In most countries in the region all children are eligible to attend public educational institutions from pre-primary through to secondary education, regardless of migration status (see *Annex table 4* in [Marcus et al., 2023a](#)). (Exceptions are Caribbean countries/territories such as Trinidad and Tobago, Aruba and Curaçao where access depends on parents having regular status, and/or required health insurance). In these contexts, actions to address



Pre-primary education. A [UNESCO \(2021b\)](#) study of the right to pre-primary education found that 19 countries in the region make provision for free pre-primary education in their legal frameworks. These are mostly in continental Latin America with Cuba and the Dominican Republic the only countries in the Caribbean to do so. In El Salvador, Guatemala, Mexico, Peru, Paraguay, Venezuela and Uruguay, this entitlement covers three years' early education. Given that the legal frameworks of most of the above countries also allow migrant and refugee children access to all levels of the education system, this implies that, in theory, they have access to early education. However, data from Ecuador and Peru suggests that only 26% and 25% of Venezuelan children aged 0-4 were engaged in early education in 2018 ([GTRM, 2022](#); [UNICEF Peru, 2021](#)) while studies in Uruguay have found that the

Intermediate Outcome 3.2 Educational provision is expanded to accommodate CiHM, through increased financial allocations, expanded infrastructure, hiring additional teachers and partnerships with private sector

Consultations with UNICEF staff also suggested that public-private partnerships with Internet providers or private tech companies can facilitate remote or tech-enabled education for children not accessing the formal education system, or to equip under-resourced schools. [Bergin \(2017\)](#) provides various examples of public-private partnerships that have had positive impacts on refugee learners' access, retention, learning outcomes, and digital skills (e.g. Instant Network Schools, and Learning and Empowerment for Adolescents in their Neighbourhoods (LEARN)).

At pre-primary level, apart from limited hours, a shortage of places and economic barriers are identified in the literature as the main obstacles ([World Bank, 2020](#); UNICEF, 2021; [Prieto and Montiel, 2020](#)). Given lack of spaces, initiatives seeking only to expand uptake among the migrant and refugee population are likely to be controversial. This implies the need for overall public investment to expand places for both host communities and newcomers (as recognised, for example in successive RMRPs). Expansion of community-based childcare could build on activities in child-friendly spaces established in communities hosting substantial numbers of migrants and refugees ([RTI, 2020](#)), and/or could be led by cooperatives or social enterprises (as in the IRC example noted earlier), and as discussed in [Somji \(2020\)](#).

Technical and vocational education and training (TVET). Evidence on the extent to which adolescents in human mobility in the region are able to access TVET is sparse.

13 R4V data suggest that only 6.3% of funds required for the education of Venezuelan migrants, refugees and host communities in 2022 were committed: <https://app.powerbi.com/view?r=eyJlIjoiZmE0MTNkNWUyYjYwOC00ZDI0LTkyYjYtM203OTgxLTUyNjQ0NDZlNC00YTBlLTUyNDNkMmFmODBiZSIsImMiOiIh9&pageName=ReportSection4e3b9bdea6d35032e8f1> accessed 28/11/2022.

Most evaluated initiatives reviewed in LAC took place in communities of origin,¹⁴ and no studies were found of initiatives available to young migrants and refugees who had settled in host communities. By contrast in other world regions, there is a larger body of experience on promoting refugee young people's access to training and work, including through the Generation Unlimited initiative.¹⁵ Some of this focuses on building digital skills that are transferable between contexts (UNICEF, 2021h) and on strengthening inclusion of displaced people in market systems (Nutz, 2017). Kleijn et al. (2017) summarise key lessons from youth training programmes (Youth Building the Future) in Brazil, Colombia and El Salvador, that are transferable to adolescents and young people in human mobility, and emphasise the importance of focusing on skills that match labour market demand, and accreditation. The programmes supported through the Youth Building the Future project also integrated gender awareness activities and soft skills component. However, this analysis of positive practices is based on discussion with providers and participants, rather than quantified evidence of impact on skills and employment, so lessons remain suggestive. Effective initiatives have been developed through public-private partnerships (Kleijn et al. 2017).

Immediate Outcome 3.3 Improved systems enable children to transition between education systems through simplified documentation requirements, recognition of prior learning and/or placement tests

National and regional initiatives to ease transition between

education systems in different countries also have great potential to facilitate CiHM's access to education in the region. In Chile, Colombia and Ecuador, CiHM are integrated into national Education Management Information Systems (EMIS) via a system whereby each student receives a school ID number (Machado et al., 2021). This facilitates movement between schools, and obtaining school records on completion, or if the student migrates again.

Within the region, ease of transition between school systems is also facilitated, for signatory countries by the Andrés Bello Convention. This set up equivalence frameworks for qualifications, facilitating access to education and training, as well as employment for adults (Caarls et al., 2021). Transnational accreditation schemes, such as Accreditation Passports in Europe also support the transferability of skills across diverse countries, with particular benefits for migrant and refugees.

Immediate Outcome 3.4 Strengthened education provision for children in extended transit, without access to public education system and/or with substantial lost learning, through use of EdTech, accelerated learning programmes and remedial classes

Where extended periods of transit or a lack of spaces in schools in host communities limit CiHM's access to education, non-formal provision aligned with national systems can enable children to keep learning and to transition into formal education. One promising nonformal approach – but without evaluation evidence – is *aulas*


viajeras (travelling classrooms) which have been piloted in Colombia (UNICEF, 2019). These classrooms – with their accompanied pedagogical materials and support teacher – are set up in migrant support centres and shelters across the country to support children and adolescents in transit (Montoya et al., 2020). A similar initiative in Europe, Programme on the Move, highlights the importance of ensuring flexibility in the design of lesson plans and schedules, given that people in transit often do not stay in a location for long (Avramović & Stamenković, 2018). An initiative focused on boosting educational attainment among potential migrants in El Salvador and providing alternatives to joining gangs – Youth Opportunities centres – offered both academic support and soft skills workshops on a drop-in basis after school. An independent evaluation found that 78% of participating adolescents improved their grades in school, and 32% found better jobs (Roth, 2017). Though not specifically aimed at CiHM, this approach has potential to support increased educational attainment among both CiHM and disadvantaged children in host communities.

EdTech has proved promising to support migrant and refugee children's academic learning, language development and psychosocial wellbeing (Tauson & Stannard, 2018), both within and alongside formal education. Effective EdTech initiatives use culturally relevant content that is aligned with the formal education curriculum and equip students and teachers (where relevant) with the skills to effectively use these digital tools to maximise learning (e.g., Samuel Hall, 2021). The Greek Akelius digital language learning app, for example, not only improved migrants' and refugees' language skills¹⁶ but by increasing

¹⁴ Examples include Agrijovent in Guatemala, which combined training with other inputs to develop market systems (e.g. youth savings and loans groups, improved seeds, and linking young farmers to purchasers) and which an evaluation found had reduced adolescents' and young people's intention to migrate (MercyCorps, 2019). A Ganar – a skills development programme- in Guatemala and Honduras, by contrast, led to an increased intention to migrate from Honduras – as participants were better equipped to secure work abroad- and had no impact on migration intentions in Guatemala (MercyCorps, 2019).

¹⁵ <https://www.generationunlimited.org/news-and-stories>

¹⁶ An evaluation found that refugee children language skills improved: in writing (by 34%), and speaking (by 25%) and, to a lesser extent, listening (by 8 %) and reading (by 9%) (Karamperidou et al., 2020).



their confidence in the language of instruction increased their likelihood of entering the formal education system ([Karamperidou et al., 2020](#)). In Trinidad and Tobago, the Equal Place programme provides pre- and primary school age children hybrid online and in-person support in Child Friendly Spaces ([USAID and UNICEF, 2020](#)). At high school level students have the option of studying the Trinidad and Tobago curriculum in English – with no prerequisites or required documentation – or the Venezuelan or Colombian curriculum in Spanish, with proof of citizenship. While the programme is free, and provides accreditation in each respective country, documentation required for accessing the Venezuelan or Colombian curricula is a barrier for some learners ([Selee & Bolter, 2020](#)).

Not all CiHM and their families, have access to devices or Internet connectivity to access EdTech, and low tech options may be more appropriate.¹⁷ For example, during the covid-19 pandemic UNICEF-supported radio lessons for refugee and migrant learners in Boa Vista, Manaus and Belém in Brazil, in Spanish, Portuguese, and Warao ([Caarls et al., 2021](#)). UNICEF's [Learning Passport](#), for example, can be used online and offline, maximising access to learning.

Immediate Outcome 3.5 Improved access to cash and in-kind transfers to reduce financial barriers to education for CiHM

There is substantial positive evidence of the impact of cash transfers on refugee and migrant students' enrolment and attendance both in LAC and in other world regions. For example, an evaluation of cash transfers (provided by HIAS with UNICEF support) in Ecuador¹⁸ found that lack of funds became a less

important barrier to study (mentioned by 11 per cent of recipients, compared with 21 per cent previously) and that the proportion of children under 5 attending preschool rose from 4 per cent to 18 per cent among recipients who stayed in Ecuador ([Turnbull, Morinière, and Serrano, 2020](#)). Multiple studies have examined the impacts of larger scale and longer term cash transfers to Syrian refugees in Turkey, Jordan and Lebanon, finding positive impacts on educational attendance and retention (*See Section 6*). Cash transfers play a particular role in supporting older adolescents to stay in school, who might otherwise drop out in the absence of pathways into work or tertiary education. No evaluations of initiatives providing in-kind transfers e.g. school supplies or meals in the region were found. Studies from other regions indicate that these can help CiHM attend though the impacts tend to smaller than cash transfers. See Section 6 for further discussion of challenges and effective modalities.

However, income transfers are among the interventions that are most likely to generate resentment based on perceptions that migrants and refugee children are being prioritised while local children facing similar challenges are ignored. For this reason, governments hosting Venezuelan refugees increasingly insist on transfers being provided to the local population in need alongside refugees and migrants ([R4V, 2022](#); [DARA, 2022](#)).

Immediate Outcome 3.6 Increased capacity among teachers and schools to respond to the needs of diverse refugee and migrant children, including those with experience of trauma, language barriers, poverty, etc.

Some key approaches to upskilling teachers to respond to the needs of CiHM include: supporting teachers to assist learners who need to adjust to a new language of instruction or with different levels of prior learning; sensitise teachers to students' potential migration/ displacement experiences, and train them to offer basic MHPSS support; to promote inclusion and challenge xenophobia; or which strengthen overall quality of education to the benefit of both CiHM and local children.

Strengthening capacity to teach students with limited fluency in the language of instruction. In Brazil, many schools have offered Spanish-language training to teachers and staff and developed Portuguese language classes targeted to meet the needs of Venezuelan students ([Selee and Bolter, 2020](#)).

Challenging xenophobia and promoting social inclusion. UNICEF in LAC is supporting various initiatives in this area, including through the [Seamos Amigos](#) programme in Ecuador or *Escuelas en Paz* in areas with significant numbers of internally displaced migrants affected by conflict in Colombia ([UNICEF, 2020](#)). In Turkey, a RCT found that the use of a multicultural curriculum in Turkish classrooms resulted in less school violence and bullying towards migrants and refugees, and more academic and social support provided by their peers ([Alan et al., 2020](#)). A whole-school approach is critical to maximise the potential impact of working with teachers to reduce xenophobia and other forms of discrimination and prejudice in schools.

Sensitisation to understanding CiHM's experiences and basic MHPSS support. Evidence from other parts of the world (e.g. MENA region) highlights the importance of sensitisation to students' (potential) experience as

17 As found in consultations with UNICEF staff and external KILs

18 For more details see Section 6.

refugees and the traumas they may have encountered ([Mostafa, 2018](#)). This is reflected in initiatives to support teachers to provide basic MHPSS support. In Lebanon, for example, IRC's Healing Classrooms preschool programme trains teachers to create safe and constructive learning environments and provide academic and social-emotional support ([Bouchane, 2018](#)). An evaluation of its pilot programme found it led to improved foundational literacy, numeracy, and socioemotional skills (ibid; [IRC, 2019](#)) and since then it has been scaled up and replicated in other countries, including Niger ([IRC, 2018](#)). Various studies from other regions have shown positive effects of hiring migrant, refugee or internally displaced teachers who are more likely to understand the cultural needs and migration experiences of their students, including women who may serve as role models for girls ([Bergin, 2017](#)).

Pedagogical strengthening. Studies from LAC generally put less emphasis on overall pedagogical strengthening than those from Africa or the Middle East. This may reflect stronger overall education systems, or relatively less recruitment of migrant and refugee teachers who need specific orientation to teach in new education systems. Nonetheless, the international literature suggests some promising practices that might be of relevance in LAC if increasing numbers of displaced teachers are employed. These include tailored courses for cohorts of displaced teachers to familiarise them with host country curricula, initiatives to facilitate certification (for example via the equivalence framework developed under the Andres Bello Convention), and recruiting teaching assistants from refugee or migrant communities who can subsequently gain full certification ([UNESCO, 2019](#)). EdTech has

increasingly been deployed to strengthen teachers' skills in contexts of human mobility, through massive open online courses (MOOCs) ([Kennedy & Laurillard, 2019](#)), mobile mentoring ([Mendenhall et al., 2018](#)), and digital apps to support the development of language and new pedagogical skills ([Bradley et al., 2019](#)). Mobile mentoring, in particular, is generally a low-cost option that has fostered communities of practice for teachers to brainstorm solutions to challenges, share resources and lesson planning ideas – particularly for learners with special educational needs ([Mendenhall et al., 2018](#)).

These and further examples are summarised in Table A1.3.

Table A1.3: Approaches to support access to quality education for CiHM

NEED	IMMEDIATE OUTCOME	LAC EXAMPLES	EXAMPLES FROM OTHER REGIONS
Access	3.1 Inclusion of CiHM in national education systems at all levels is strengthened by addressing legal and policy barriers	Simplification/removal of documentation-related barriers, with placement tests substituting for some documentary requirements (eg Colombia, Chile, Brazil (Machado et al., 2021)). Refugee and migrant students permitted to attend TVET in Belize and Costa Rica (SICA, 2021).	Policies enabling full inclusion of refugees in national education systems (Uganda, Turkey, Chad, Jordan) (Marcus et al., 2023 forthcoming)
	3.2 Educational provision is expanded to accommodate CiHM through increased financial allocations, expanded infrastructure, hiring additional teachers and partnerships with private sector	Lima Aprende in Peru (UNESCO, 2021a); Education Cannot Wait-financed expansion of education in Colombia, Ecuador and Peru, including construction of classrooms, toilets and teacher training (ECW, 2020).	Expanding provision through double-shifting in Lebanon (Wagner et al., 2022); investment in building new classrooms, training teachers and financing educational materials in Turkey (UNESCO, 2019) Distance learning and EdTech programme through Instant Network Schools in Mozambique (Samuel Hall, 2021).
	3.3 Improved systems enable students to transition between education systems through simplified documentation requirements, recognition of prior learning and/or placement tests	Inclusion of CiHM in national EMIS to facilitate movement through education system (Caarls et al., 2021). Uptake of Andrés Bello Convention equivalence tables recognising prior learning (UNICEF, 2022b)	Accreditation passports in Europe (UNESCO, 2022); Convention on the Recognition of Qualifications concerning Higher Education in the European Region (UNESCO et al., 2018)

NEED	IMMEDIATE OUTCOME	LAC EXAMPLES	EXAMPLES FROM OTHER REGIONS
Access	3.4 Strengthened education provision for children in extended transit or with substantial lost learning, through use of EdTech, accelerated learning programmes and remedial classes	<p>Resources for education in transit: UNICEF Learning Passports (Caarls et al., 2021);</p> <p>Provision for children in extended transit/unable to access public education: UNICEF and UNHCR online high school for Venezuelan migrants in Trinidad and Tobago (USAID & UNICEF, 2020);</p> <p>Accelerated learning programmes: Aulas viajeras in Colombia (Montoya et al., 2020); Círculos de Aprendizaje in Colombia (UNICEF, 2021f);</p> <p>Community-based/complementary classes: community-based language classes for Haitians in Brazil (UNESCO, 2022); Youth Opportunity Centres, El Salvador (Roth, 2017).</p> <p>Non-formal TVET provision: Agrijovent and A Ganar in Guatemala and Honduras (MercyCorps 2019).</p>	<p>Resources for education in transit: Programme on the Move education and PSS activities in transit centres in Serbia (Besedic et al., 2018; Avramović & Stamenković, 2018);</p> <p>Provision for children in extended transit/unable to access public education</p> <p>LEARN remote education programme for Syrian refugees in Turkey (Bergin, 2017); Maths apps through Every Child Learning Programme in Jordan (El-Serafy & Ozegovic, 2021); Kolibri Fly App in Jordan (El-Serafy & Ozegovic, 2021); Akelius language learning app in Greece (Karamperidou et al., 2020);</p> <p>Pre-primary level: Training refugees/migrants in community-based preschool provision eg Little Ripples in Chad (Bouchane, 2018); IRC Healing Classrooms for preschool-age children in Lebanon (Bouchane, 2018); building on provision in CFS (RTI, 2020); social enterprises and childcare franchising models (Somji, 2020).</p> <p>TVET: Connected Learning Consortium for Higher Education for Refugees (Caarls et al., 2021); Apprenticeships for youth in Ghana (Hardy et al., 2019); FORSATY soft skills and job-placement programme in areas with irregular migration in Egypt (IOM, 2018); Generation Unlimited digital learning to earning work (UNICEF 2021h).</p>
	3.5 Improved access to cash and in-kind transfers to reduce financial barriers to education for CiHM	<p>Cash: Fe y Alegria and UNICEF in Venezuela (Caarls et al., 2021); cash grants in Ecuador (UNHCR, 2021); access to national social protection systems (Table A1.6)</p> <p>School meals. CiHM may access school meals programme in Argentina, Brazil, Chile, Colombia, Ecuador, Guyana, Panama, and Peru, Trinidad and Tobago (Machado et al., 2021)</p>	<p>Education support fund for Myanmar Muslims in Thailand (IOM, 2018); cash transfer for refugees in Turkey (Aygün et al., 2021), Burkina Faso, Cameroon, Central African Republic, Chad, Congo (ROC) Niger, Lebanon (UNHCR and WFP, 2022)</p>
Learning	3.6 Increased capacity among teachers and schools to respond to the needs of diverse refugee and migrant children, including those with experience of trauma, language barriers, poverty, etc.	<p>Language: Spanish language training for teachers in Brazil (Selee & Bolter, 2020);</p> <p>Social integration: peace education in Colombia (Escuela en Paz) (UNICEF, 2020) and Ecuador (Nación de Paz, (UNICEF, 2019a; UNICEF, 2019b); IOM workshops to promote social integration of migrant children in Argentina (IOM, 2018); school-based induction programmes, and buddy systems for migrants in Belize (Näslund-Hadley et al., 2020); anti-xenophobia training and joint activity programmes eg Seamos Amigos, Ecuador; Light and Leadership in Peru;</p>	<p>Language: Akelius app for language learning in Greece (Karamperidou et al., 2020); movement-based PSS intervention in Netherlands (Bleile et al., 2021), UNICEF's Peacebuilding Education and Advocacy Programme in 14 countries, e.g. Burundi and South Sudan (UNICEF, 2015); empathy-building curriculum in Turkey (Alan et al., 2020)</p> <p>Pedagogy: MOOCs for displaced teachers (Kennedy & Laurillard, 2019), mobile mentoring for Kenyan refugee teachers (Mendenhall et al., 2018), digital Apps to support teacher language and pedagogical skills (Bradley et al., 2019).</p>



INTERMEDIATE OUTCOME 4: INCREASED ACCESS TO SERVICES AND MECHANISMS TO PROTECT CIHM FROM VIOLENCE, EXPLOITATION, SEPARATION, NEGLECT OR/ AND ABUSE, INCLUDING TRAFFICKING, PROVIDED IN AN INCLUSIVE, GENDER RESPONSIVE AND NON-DISCRIMINATORY MANNER THROUGHOUT THEIR JOURNEYS AND IN HOST COMMUNITIES

As outlined in Section 2.2. children on the move, and particularly those who travel via irregular pathways, face heightened risks of violence, abuse and exploitation ([Anastario et al., 2015](#); [Ceja Cardenas et al., 2020](#); [Mendoza Romero, 2022](#)). These are compounded for unaccompanied and separated children, for children with lower levels of education and for children from racialised groups, with disabilities, and of marginalised sexual and gender identities, and differ by gender and age ([IOM, 2019a](#)). While effective protection of children on the move is inherently multi-sectoral (and involves legal status, and effective education and health services), the activities outlined here largely focus on the child protection system and in communities.

Immediate Outcome 4.1 Improved legal frameworks and procedures are in place and implemented to prevent and respond to protection risks facing CIHM, recognising the best interest of the child.

Initiatives to strengthen legal frameworks, policies and procedures are rarely evaluated ([Marcus et al., 2020](#)). The development of legislation, policies and procedures that prioritise and uphold children's rights is generally

viewed as an important achievement in and of itself; evidence of success often involves the avoidance of harmful practices (such as detention of children or separation of families).

Examples from the LAC region include initiatives in Ecuador, Guatemala, Mexico and in relation to the Quito Process, in which UNICEF has played a key role. In Ecuador UNICEF worked with the Ministry of Economic and Social Inclusion, UNHCR and IOM to develop core principles for responding to children and families on the move, a protocol, its legal instruments and technical annexes to guide implementation ([Govt of Ecuador, 2018](#); [Ministry of Economic and Social Inclusion, 2019](#)). This work also underpinned development of a regional protocol and operational guide for children on the move, within the framework of the Quito process ([UNICEF, 2021b](#)). In a similar initiative in Central America and Mexico, under the framework of the Regional Conference on Migration (CRM) UNICEF supported a guide on applying the principle of the best interests of the child ([CRM, 2021](#)). In Mexico, advocacy by a coalition including UNICEF helped lead to immigration detention of children being outlawed. In Guatemala UNICEF has worked with various government departments to develop and implement protocols for the return and reintegration of unaccompanied children and families. An evaluation found that these protocols gave government departments greater clarity concerning their mandates and functions, and strengthened inter-institutional coordination and information management systems ([Nexus Interamerican Consulting Services, 2021b](#)).


Immediate Outcome 4.2 Strengthened capacity of migration, law enforcement and

child protection system officials at all levels to respond effectively to child protection violations, including GBV, experienced b CiHM.

Common child protection system capacity strengthening initiatives include: training and technical assistance to implement policies and plans; increasing the numbers of dedicated child protection staff in migration and law enforcement agencies; increasing the availability of specialised child protection services; and strengthening case management systems (sometimes including enhancing data and records management). These activities are also rarely evaluated.

Increasing numbers of dedicated child protection staff

Several countries in the region have recruited and trained additional child protection staff. For example, in Mexico in recent years, a cadre of state Child Protection Officers has been recruited, tasked with arranging safe shelter for unaccompanied children and following up with legal procedures on their behalf ([Nexus Interamerican Consulting Services, 2021d](#)). A survey with 650 migrant children found that Child Protection Officers appear to play a positive role for children traveling alone ([CNDH, 2018](#)). It recommended strengthening selection procedures to ensure postholders had a relevant professional background and developing training for postholders ([Nexus Interamerican Consulting Services, 2021d](#)). In Honduras, teams of specialized 'reintegration agents' (specialized social workers) have been developed to support returnee children's reintegration into families and communities. Their tasks include accompanying children from shelters to their homes, home visits and visits to the child's school to prepare and support reintegration; developing individualized care and development plans;



support accessing social assistance; and referrals to other services. An evaluation found that home visits were helpful for case management, and effective records facilitated children's and families' access to services on offer ([Nexus Interamerican Consulting Services, 2021c](#)). Sustainability is a challenge where these posts are financed by external agencies.

Training and technical assistance

Evaluated examples from LAC include an initiative whereby Guatemala's Migration Institute received training from their Mexican counterparts and subsequently developed a cadre of child protection officers with responsibilities for ensuring the safe return and reintegration of returnee children; staff perceived this as substantially advancing their capacity ([Nexus Interamerican Consulting Services, 2021b](#)). An evaluation of a USAID-supported Human Trafficking in the Peruvian Amazon project found the technical assistance for the development of regional protocols and plans, dissemination of these plans, and training for members of the judiciary and staff of shelters for trafficking victims to be beneficial ([USAID, 2020](#)). A related (but unevaluated) area of training is in gender- and child-sensitive interviewing and case management for children on the move, with examples from Guatemala ([Nexus Interamerican Consulting Services, 2021b](#)) and Peru ([United States Department of State, n.d.](#)).

Evaluations from outside LAC have mostly found positive impacts of training and technical assistance, particularly where staff have operational budgets that allow them to follow up cases, and when other parts of child protection systems are functional (ie there are services to which children in need can be referred

without extended periods of waiting) ([Marcus et al., 2020](#)). These impacts have mostly been identified based on interviews with trainees, rather than service users (e.g. children and their families). However, evaluations have found evidence of more child-sensitive approaches; For example, an evaluation of a joint UN anti-trafficking project in Zambia, found that training of officials from the provincial and national departments of Immigration, Correctional Services and Police led to many fewer vulnerable migrant children being placed in detention centres or prisons, and they were instead referred to protection services ([Chames et al., 2016](#)). An evaluation of training on interviewing and case management for Ministry of Social Development staff in Jordan found that 80% of trainees had adjusted their interviewing style and case management forms to respond to the different needs of women and men, girl and boy refugees ([Agriteam, 2019, p. 19](#)).


Increasing the availability of child protection services.

UNICEF-supported initiatives to strengthen support services for children and women who have experienced violence span border posts and shelter staff (e.g., Ecuador, Panama), mobile services (e.g., Guatemala) and community-based provision for settled migrants and refugees and host communities (Guyana, Colombia). While no impact evaluations are available, Guyana's Child Advocacy Centres (CACs) Migrant and Host Community Services facilitated 973 referrals to specialised services in 2021 (UNICEF Guyana, n.d.), suggesting a positive model for responding to protection violations faced by CiHM. These centres offer trauma counselling and referrals to services; community outreach visits, and monitoring of children at risk of violence, exploitation, abuse and neglect, and use bilingual information materials

([IOM, 2021b](#)). On a similar model, in Venezuela UNICEF has supported specialized child protection programmes and services in 16 states and 103 local Child Protection Councils, covering case management, care services for GBV, psychosocial support and legal assistance, to better protect children who have stayed in Venezuela while family members have migrated, alongside children and families not immediately affected by migration (UNICEF Venezuela, 2020).

Strengthening data and information systems for case management.

Outside LAC this has been a common activity to better enable effective and coordinated case management, referral to services, and family tracing. An evaluation of an IOM-supported initiative in El Salvador, which supported digitalization of records, and training staff in the new system, found that it helped in improving the quality of searches and maintaining data confidentiality in family tracing ([Lucchi and Capa, 2020](#)). Other countries in the region to that have digitised case management records include Guatemala and Mexico ([Nexus Interamerican Consulting Services, 2012d](#)). Studies of investments in child protection information management software outside LAC indicate the need for considerable investment in training and capacity building and adaptation to the local context before data are entered ([Brown and Perschler, 2013](#)). Beyond national initiatives, databases of missing children, such as GMNCgine have been increasingly deployed to support family reunification in large-scale refugee and migrant movements ([ICMEC, 2022](#)).



Immediate Outcome 4.3 Strengthened community-based child protection mechanisms and social norms in communities affected by human mobility

Three key approaches to strengthening community-based child protection mechanisms for children in contexts of human mobility involve: strengthening quasi-formal structures (e.g., child protection committees); dialogic processes that develop locally meaningful and grounded approaches to child protection, and sensitisation/awareness-raising workshops for migrant and refugee parents.

In contexts of human mobility there is some evidence of child protection committees being developed to identify and support children with unmet protection needs and/or refer them to relevant agencies. Evaluations indicate that where these structures function effectively, they lead to increased referral of children facing protection violations ([Marcus et al., 2020](#)). Their effectiveness has generally been enhanced by training, community level events, meetings and awareness-raising, when committees had operating budgets to make referrals (e.g., for air time and transportation) and to provide some remuneration to volunteers who otherwise became fatigued and lost interest in their roles ([Marcus et al., 2020](#)).

Community dialogues have been used in communities of origin to foster awareness of the risks children face when migrating. In Ecuador the *Fundación Regional de Asesoría en Derechos Humanos*, working in indigenous communities, initiated dialogues that started from the principle of protecting children and adolescents from harm, and of adopting intercultural perspectives. A study of this initiative found that it had increased awareness of the risks children and adolescents face, when migrating, and that they, and other community members were better

able to evaluate the ‘opportunities’ offered by labour recruiters (International Federation of Red Cross and Red Crescent Societies, 2018). Though taking a less explicitly intercultural approach, USAID’s anti-trafficking project in the Peruvian Amazon similarly sought to build a protective ecosystem by running workshops and events with diverse community stakeholders (elected and official office holders, teacher, parents, children etc).


Awareness-raising workshops for parents on VAC are another common approach. These seek both to raise awareness of specific risks in particular localities, and also to challenge norms that sanction certain forms of physical and sexual violence against children and adolescents. Though these initiatives have not been fully evaluated, studies indicate that in places (e.g. Colombian host communities) there is an oversaturation of such workshops, and that these are perceived as low priority compared with pressing livelihood and housing needs ([DARA, 2022](#); [Save the Children, 2019](#)). Similar initiatives have shown greater promise elsewhere in the world ([Marcus et al., 2020](#)); most have been undertaken in refugee camps in contexts where parents are unable to work, which may explain greater uptake. Public awareness campaigns run via broadcast and social media also aim to raise awareness about violence against children on the move. For example, communication activities in Ecuador under the national R4V framework (GTRM) have reached approximately 8.09 million people with messages about prevention of violence against children ([GTRM, 2021](#)). It is unclear what impact this campaign has had.

Community-level child protection activity also includes strengthening children’s knowledge and agency by two main approaches:

Building children’s knowledge of their rights as migrants and refugees. Initiatives have used various approaches including posters, booklets, videos, mobile-based information dissemination e.g. by WhatsApp and Facebook, games, and outreach workshops. Evaluation evidence is limited though reports of a game raising awareness of potential dangers on migration routes through Colombia found that adolescents were able to remind their parents of key information they had learned ([UNICEF Colombia, 2020](#)). Evidence from other regions also indicates that information dissemination on safe migration has proved effective in equipping adolescents and young people to migrate safely (e.g. [Mauney, 2015](#)).

Strengthening knowledge, skills and agency to prevent or respond to specific rights violations. Recognising refugee, migrant and displaced children’s exposure to various forms of violence, a growing number of initiatives globally aim to promote their life skills and agency. Initiatives focusing on younger children typically take place in child friendly spaces – evaluations in Ethiopia and Jordan have found short courses and activities delivered through child-friendly spaces to increase participants’ knowledge of different forms of violence and sources of support ([Metzler et al., 2015](#); [Metzler et al., 2013](#)) as have initiatives with South Sudanese refugee adolescents and youth in Uganda ([GSI, 2019](#)).

Globally recent years have seen a growing emphasis on targeting adolescent girls and addressing gender-specific issues in contexts of human mobility. These include initiatives that aim to reduce different types of gender-based violence, child marriage, early unions and access to family planning. Though impact evaluations are limited, and none was found from similar initiatives in LAC, evidence from the COMPASS initiative which ran community-based



life skills sessions for displaced girls in Ethiopia found the initiative to have helped prevent instances of child marriage, but despite a social norm change component, to have had little impact on parental violence against children or on girls' exposure to sexual violence ([Stark et al., 2018](#)).

Immediate Outcome 4.4 Improved mechanisms to prevent family separation and to facilitate family reunification

Family separation in contexts of human mobility in the region is often planned and intended to be temporary with parents migrating in advance of children, and/or adolescents moving for specific reasons, such as to look for temporary work or for study. Sometimes families are separated in transit, for example, when crossing Darien. Families are also separated as a result of migration detention; where detention of children has been outlawed, for example, transitory care is needed if parents are detained (*see* 4.5). Migrant shelters that do not accommodate family units also contribute to family separation, often with fathers being denied spaces and having to sleep on the street or attempt to find alternative spaces ([CARE, 2019](#)).

Most of the limited evidence from LAC comes from contexts where unaccompanied adolescents or younger children have been apprehended by the authorities. Orientation of staff and capacity strengthening have already been discussed (Section 4.2). Another challenge is contacting relevant agencies in different countries to undertake best interests procedures, particularly in countries without diplomatic relations with Venezuela. Delays in reunification processes are also exacerbated

where family members cannot afford to travel to reunite with children ([CDH-UCAB, 2021](#)). Elsewhere outdated systems have been identified as another factor undermining family tracing and reunification. To address this Mexico adopted RapidFTR software which cross-checks different databases to attempt to trace parents or caregivers ([Nexus Interamerican Consulting Services, 2021d](#)). Almost all the other evidence and synthesis of effective approaches promoting family reunification comes from emergencies in other regions, where children have been separated from their families as a result of conflict or a disaster, where infrastructure and the capacity of official agencies have been disrupted in a way that is rather different from the context of large scale human mobility in LAC, but may still have relevant lessons. Further relevant resources include materials produced by the [Alliance for Child Protection in Humanitarian Action](#) and [Save the Children \(2017a\)](#).

Immediate Outcome 4.6 Improved quality of temporary care for CiHM and especially unaccompanied and separated children, including foster care, temporary shelter and supported independent living for older adolescents.

In contexts of human mobility in the region, the primary situations in which the need for temporary care arises are where children have become separated from family members in transit or are travelling without adults (usually with other adolescents) and are waiting for family reunification procedures take place ([González & Gómez, 2019](#)), and also provide non-custodial alternatives to immigration detention (*outcome* 4.5). Approaches include: accommodation in temporary shelters, developing foster


care, small group care,¹⁹ and supported independent living for older adolescents (UNICEF and RELAF, 2021a, 2021b). Most evidence of the impact of different arrangements on refugee and migrant children's wellbeing comes from high income countries.

A systematic review of evidence from high income countries found that foster care placements for unaccompanied refugee children were generally associated with better mental health outcomes than living alone or in detention centres, but that this finding may reflect lower levels of placement of children with significant mental health challenges in foster care ([O'Higgins et al., 2018](#)). Like [Frounfelker et al., \(2020\)](#) this study also reiterated the importance of matching foster children's ethnic and cultural background with that of foster families where possible.

Most transitory care initiatives in LAC are supporting the development of foster care or independent living for adolescents; with some also supporting the wellbeing, development and attempting to resolve the situation of unaccompanied children in migrant shelters (UNICEF and RELAF, 2021a, 2021b). Examples include UNICEF support to state governments in Mexico to develop foster care programmes catering both to both Mexican children and to unaccompanied and separated migrant and refugee children. This led to 152 migrant and refugee children being fostered between November 2020 and December 2021 (European Union, UNICEF and UNHCR, 2021).²⁰ In Peru, the Ministry of Women and Vulnerable Populations (MIMP) and partners have developed a community-based recruitment strategy to expand the number of families registered as available to foster unaccompanied and

19 Examples from high income countries include small group care facilities in Spain ([Lumos, 2020](#)).

20 This builds on an earlier, evaluated programme to strengthen the foster care system in five Mexican states ([Castro and Cuello Miedzybrodzki, 2018](#)).



separate migrant children while family reunification can be arranged (UNICEF unpublished case study, 2022). A checklist developed by UNICEF and RELAF (2021c) provides helpful guidance for good practice in transitory care of CiHM.

In Colombia, Ecuador, and Mexico pilot initiatives are developing models of supported independent living for unaccompanied adolescents, typically those aged 16 or over, many of whom are in informal unions and have children themselves (RELAF, 2021b; European Union, UNHCR and UNICEF, 2021; [UNICEF Ecuador \(2020\)](#)). This approach is increasingly common in Europe ([IRC, 2021](#); [FRA, 2019](#)). As yet unevaluated, these initiatives typically provide financial support to cover rent for a defined period of time, support adolescents to identify their needs and goals (including those related to settlement in a country and/or onward migration to reunite with family elsewhere), legal and documentation support, and support to access other relevant services e.g., education or technical training. The suitability of these arrangements varies according to individual situation; as [Lumos \(2020\)](#) emphasizes, some adolescents may thrive better in more structured small group facilities with higher levels of adult support. UNCHR's (2021) [Guidelines on supervised independent living for unaccompanied children](#) are a useful source of guidance.

Immediate Outcome 4.7 Improved and timely access to appropriate MHPSS for CiHM and care givers is available for those in communities of origin affected by migrant parents' absence.

A systematic review of MHPSS interventions with refugee children and youth globally found that multitiered

interventions that span individual, family, school, and 'larger social systems of influence on youth mental health' are particularly effective ([Frounfelker et al., 2020](#)). Various interventions and strategic frameworks – including [UNICEF's \(2019d\)](#) operational guidelines for community-based MHPSS in humanitarian settings and [PAHO's \(2020\)](#) recommended interventions in MHPSS during COVID-19 – draw on the Inter-Agency Standing Committee's ([IASC, 2007](#)) intervention pyramid for MHPSS services. The four levels of the IASC MHPSS pyramid encompass: providing basic MHPSS services in participatory, safe, and culturally appropriate ways (Level 1); strengthening family and community support (Level 2); offering focused non-specialized care provided by trained and supervised workers (Level 3); ensuring those in need are referred to specialized care (Level 4) ([UNICEF, 2019d](#)). In practice, the vast majority of activity is at levels 1 and 2, reflecting the costs of more specialised services (UNICEF, 2021c) and challenges providing longer-term services to populations with high levels of mobility.

There is minimal evaluative evidence on approaches to MHPSS for migrants and refugees in LAC. A review of UNICEF-supported MHPSS activities in LAC found that they were often too short-term or not at sufficient intensity to have an impact beyond promoting social integration (UNICEF, 2021c). This includes support at border crossings, in migrant shelters and community-based MHPSS activities for returnees. Outside LAC, evaluations indicate some positive outcomes from arts-based programmes: in Ethiopia, an initiative with rural-to-urban migrants used creative arts therapy, and group and individual counselling sessions, leading to improved mental health outcomes for adolescent girls but no impact on adolescent boys ([Jani et al., 2016](#)). The Writing for Recovery programme, a short-term group initiative in a

refugee camp in Gaza targeting adolescents (ages 12-17) who had experienced trauma, contributed to a decrease in participants' self-reported post-traumatic symptoms and depression ([Lange-Nielsen et al., 2012](#)).

Immediate Outcome 4.8 Increased social integration and reduced xenophobia in host communities resulting in more protective environments for CiHM

The literature reviewed suggests three main strategies for promoting the social integration of refugee and migrant children and returnees: joint community-based leisure activities or projects; communication campaigns aimed at (and sometimes led by) children and young people challenging xenophobia and promoting inclusion; and mentoring of individual young refugees. Most evidence from LAC is of the first two approaches. One of the few evaluations – of an initiative that supported cultural activities with Venezuelan and Brazilian participants – found that participants considered the project's joint music activities, field visits and language classes to help with social integration ([UNHCR, 2015](#)). Evidence from similar activities in other parts of the world has generally also found positive shifts in host community attitudes towards migrants and refugees (e.g. [Ortmans et al., 2015](#)) and reduced hostility to migrant and refugee children in schools ([Chames et al, 2016](#)). While not directly focused on addressing xenophobia, joint life skills and adolescent development activities for both returnees and non-migrant children show promise in terms of supporting social integration ([Concha, 2020](#)). The literature also suggests that initiatives focused on children can form an entry point for promoting integration between families ([UNHCR, 2015](#); [Mercy Corps, 2015](#)).

Mixed internet and offline campaigns such as [Abrazos que unen](#) (Hugs that unite) and [Seamos amigos](#) (Let's be friends) in Ecuador are also common (though evaluations are scarce). While many such campaigns take place online or are community-based, *Seamos amigos* also includes school-focused materials and arts-based and other activities to promote empathy between students, and between students and teachers. A recent review ([Banolescu-Bogdan, 2022](#)) warns that activities of this kind are most effective when combined with attention to challenges facing both host and migrant communities (e.g. work, infrastructure),

as short-term cultural exchange activities are at risk both of failing to address the roots of tensions, and of self-selecting host community members who are already positively inclined towards migrants and refugees.

Mentoring initiatives to support unaccompanied adolescents and young people's social integration appear more common in high income countries that are home to relatively few refugees and asylum seekers than in LAC. Though evaluation evidence is sparse, two studies of a mentoring initiative in Austria for unaccompanied

refugee children (Raithelhuber, [2019a](#), [2019b](#)) found positive outcomes for young people's social capital, in that their 'godparents' from the local community provided them with emotional support and encouraged them to pursue their goals. Some guardianship models also aim to support unaccompanied children's mental health and social integration as well as their legal rights and navigating their immigration or asylum applications ([IOM](#), [UNHCR and UNICEF, 2022a](#)).

Table A1.4: Approaches to ensuring protection of children on the move

NEED	IMMEDIATE OUTCOME	LAC EXAMPLES	EXAMPLES FROM OTHER REGIONS
Stronger legal and policy frameworks	4.1 Improved legal frameworks and procedures are in place and implemented to prevent and respond to protection risks facing CiHM, recognizing the best interest of the child	Legal instruments, protocols and implementation guidance for responding to children and families on the move (Govt of Ecuador, 2018 ; Ministry of Economic and Social Inclusion, 2019). Harmonisation of UASC-related legislation with international standards (Guatemala) (Universalia e Incidencia, 2017); protocols for attending to children returning to Venezuela (Melean, 2020).	Harmonisation of child protection clauses in legislation in countries along Gulf of Aden migration route (Djibouti, Ethiopia, Yemen) (Bugnion de Moreta (2017)
Greater child protection capacity among migration and law enforcement officials and more effective services	4.2 Strengthen capacity of migration, law enforcement and child protection system officials at all levels prevent and respond effectively to child protection violations, including GBV, experienced by CiHM	Training/sensitization in protocols, guidelines (Guatemala, Mexico, Colombia, Venezuela, Dominican Republic), identification of children at risk of trafficking (Peru); strengthening data systems (El Salvador, Mexico); sensitisation of child protection staff, shelter staff and border officials (Guatemala, Ecuador) to VAC identification and response including GBV; Nexus, 2021b; UNICEF Ecuador 2020); training of judiciary in child/gender-sensitive responses to trafficking in Peru (USAID, 2020); specialist child protection officers (Mexico, Comisión Nacional de los Derechos Humanos, 2018); and social workers to support reintegration of returnees (Honduras, Nexus Interamerican Consulting Services, 2021c). Child helplines in languages spoken by migrants and refugees (Dominican Republic and Trinidad and Tobago); Establishment of Child Advocacy Centres (Guyana) (UNICEF Guyana, n.d.)	Training of migration officials and police (Zambia; Chames et al., 2016); and Ministry of Social Development staff in Jordan (Agriteam, 2019). Strengthening information management systems to support family tracing and/or prevent child trafficking (Chames et al., 2016) Training and support for professionals providing GBV prevention and response services in Ethiopia, DRC, and Pakistan (IRC, 2017); family centres providing referrals, case management and MHPSS services, Gaza (Wilson, 2018); legal assistance (Italy, Turkiye, Bosnia I Herzegovina (UNICEF ECARO, 2020)

NEED	IMMEDIATE OUTCOME	LAC EXAMPLES	EXAMPLES FROM OTHER REGIONS
Stronger community-based child protection mechanisms	4.3 Strengthened community-based child protection mechanisms and social norms in communities affected by human mobility	Community sensitisation to identify children at risk of VAC or trafficking (Peru, Ecuador (USAID, 2020 ; IFRC, 2018); workshops for parents on VAC (Bolivia, Colombia, Panama (Save the Children, 2019 ; Fundación Munasim Kullakita, 2022 ; UNICEF Panama, 2021). Information provision initiatives e.g. #YoCamino , Pasos sin compañía; UNICEF Paraguay, 2021) Girls' empowerment programmes (e.g. GirlGov Peru).	Community-based child protection committees, South Sudan (Brown and Copland, 2013); Lebanon (O'Leary, 2015). Strengthening local authorities' ability to provide information about safe migration and how to avoid risks of trafficking (Cambodia, Mauney, 2015). Adolescent girls' life skills and empowerment programmes e.g. COMPASS in DRC, Ethiopia and Pakistan (Stark et al., 2018); Girl Shine Curriculum (IRC, 2018).
More appropriate transitory care, reduced family separation and use of institutional care	4.4-4.6 Improved quality of temporary care for CiHM, strengthened family tracing and reunification and non-custodial alternatives to immigration detention	Corazones Grandes foster care programme, Venezuela (Intamujer and Gobernación del Estado Táchira 2019); foster care programmes in Mexico, Ecuador and Peru (RELAF, 2021); Aldeas Infantiles SOS group homes (Colombia), (UNICEF, 2021a); supported independent living for adolescents in Ecuador and Mexico (UNICEF Ecuador, 2020 ; Aldeas Infantiles SOS, Colombia, Peru).	Foster care for UASC, Serbia (Save the Children 2017b); foster care and supported independent living programmes in various European countries (Lumos, 2020 ; IOM, UNHCR and UNICEF, 2022). Guardianship initiatives (Italy, Greece) (UNICEF ECARO, 2020).
Improved access to MHPSS for CiHM, including those in host communities	4.7 Improved and timely access to appropriate MHPSS services for CiHM and caregivers is available including for those in communities of origin affected by migrant parents' absence.	Training for local organizations to strengthen MHPSS provision in Colombia and psychosocial support teams for community-based MHPSS in Haiti (IOM, 2022); and in Brazil (PAHO, n.d.); MHPSS training for volunteers to support returnee migrants children in Honduras and/or refer them to specialized services (IFRC, 2018); School-based arts MHPSS through Respira in Colombia; use of recreation and sports for MHPSS in migration shelters, e.g. in Mexico (UNICEF, 2021a); theatre to support MHPSS of displaced communities after earthquake in Haiti (IOM, 2011).	Creative arts therapy for rural-urban migrants in Ethiopia (Jani et al., 2016); UNICEF (2019) in South Sudan, Nepal, Lebanon; War Child Holland's (n.d.) EASE in Jordan, Lebanon, Pakistan and Tanzania; Refugee Trauma Initiative in Greece (Bouchane, 2018)
Enhanced social integration	4.8 Increased social integration and reduced xenophobia in host communities	Seamos Amigos campaign in Ecuador (UNICEF Ecuador, 2020); joint cultural activities among Venezuelans and Brazilians (UNHCR, 2015). Community activities with returnee and non-migrant adolescents (Concha, 2020). Ventanillas unicas with services for refugees, migrants and host communities (Colombia) Chaves-Gonzalez and Vega Mendez (2022) .	Participatory theatre, sports, awareness raising, to support integration of Malian refugees in Niger (Search for Common Ground, 2014). Cultural mediators (UNICEF ECARO, 2020).



INTERMEDIATE OUTCOME 5: IMPROVED ACCESS FOR CIHM TO CLEAN AND SAFE WATER, SANITATION AND GENDER- RESPONSIVE HYGIENE SERVICES THAT ARE NEEDED THROUGHOUT THEIR JOURNEY, AND IN HOST COMMUNITIES, IN AN ENVIRONMENTALLY SUSTAINABLE MANNER²¹.

As noted in Section 2.2, water shortage is increasingly a factor underlying or contributing to human mobility in the region. During transit access to water can be a pressing, at times life-threatening need (e.g. in the Darien jungle or crossing the Altiplano). Evidence on sanitation and hygiene needs during transit is much less discussed, however, provision of sanitation and hygiene infrastructure is identified as a key need in shelters, and at border points ([IOM, 2019a](#)); project reports and proposals, for example, highlight that inadequate sanitation facilities in shelters lead to people being forced to defecate in the open. In communities that are home to substantial numbers of refugees and migrants, many rely on poor quality or insufficient infrastructure: for example, in Lima, home to about 75% of the Venezuelan population in Peru, 95% of migrants and refugees have insufficient access drinking water, and 92.1% lack sewerage systems ([R4V, 2022a](#)). A few studies also report that GBV limits the access of women and girls on the move to public (or outside) toilets, particularly at night-time, affecting menstrual management as well as overall health and comfort ([CARE, 2019](#); [Soeiro et al., 2021](#)). As noted in the TOC, developing a financing

strategy is vital – only 5% of the needs identified by R4V in 2022 have been committed so far.²²

All the evidence reviewed for this assignment is for strategies contributing to Outcomes 5.2 and 5.3. Of all goal areas, the volume of impact evidence was smallest with most evaluations instead reporting on the numbers of outputs supplied or numbers reached.

Immediate Outcome 5.2 Strengthened capacity of institutions and service providers to provide WASH services

UNICEF has contributed to expanding access to safe water in transit, for example in reception centres in Lajas Blancas, Darien (UNICEF, 2021j), and in the beach town of Necoclí, Colombia, a common embarkation point for journeys towards Panama. This has enabled 28,500 people (a quarter of whom are estimated to be children) to access clean water before boarding the boat to continue their journeys ([UNICEF, Colombia, 2021](#)). Infrastructure strengthening also needs to respond to changing mobility patterns presents a challenge – for example, the number of migrants passing through the Darien Gap went from 9,222 in 2018 to 120,000 in 2021 (UNICEF, 2021j).

Since pressure on water resources contributes to tensions host communities and newcomers, improving WASH infrastructure in areas hosting substantial numbers of migrants and refugees both meets vital health needs and

can help improve social integration. In Mexico, UNICEF and IOM also supported the upgrading the capacity of water storage and sanitation facilities at migrant shelter close to the country's northern (Tijuana, Ciudad Juarez, Nogales) and Southern borders (Tapachula) (IOM, 2022). In Brazil, for example, R4V has supported municipalities to build sanitation facilities in schools and health care facilities in the Brazilian states that host the most Venezuelan migrants and refugees ([R4V, 2022b](#)); UNICEF supported this through contributions to a plant that manufactured bleach to disinfect shelters in Brazil, and through trucking water to these cities when supply became insufficient.²³ In Ecuador a project in partnership with IOM also built a water treatment station in Rumichaca, on the border with Colombia ([UNICEF Ecuador, 2020](#)). Such activities appear most common in border regions but could also help relieve pressure in major cities that are home to substantial numbers of migrants and refugees (e.g. Lima, Quito).

Part of UNICEF's contribution has been to increase the inclusiveness of provision. For example, in the initiative enhancing access to WASH in host communities in northern Ecuador, initiatives included adaptations for use by children and people with disabilities, and adding locks to prevent sexual violence. Other approaches to addressing GBV in the context of WASH initiatives can include infrastructural solutions (e.g. adding lights to water points) ([Okello et al, 2018](#)) or by challenging the norms that underpin GBV.

21 The Regional WASH team have developed a TOC related to WASH in contexts of human mobility, and analysis of needs and effective approaches to underpin it. Please refer to this TOC and the regional WASH team for more details. As a result, this section contains some illustrative evidence but is less detailed than for other Goal areas.

22 Source: analysis of funds committed under the R4V platform in 2022, accessible at: <https://app.powerbi.com/view?r=eyJrJoiZmE0MTNkNWUyYjYwOC00ZDI0LTkyYjgtMWVlYmNiMjAyNTU1IiwidCI6ImU1YzZM3OTgxLTk2NjQ0NDEzNC04YTBjLTk1NDNkMmFmODBiZSIsImMiOiJh9&pageName=ReportSection4e3bdb6a6d35032e8f1>, accessed 30.11.2022.

23 Source: internal UNICEF project reports (2020 Output report and 2021 template output report).

Immediate Outcome 5.3 Increased knowledge among CiHM and other key stakeholders about maintaining hygiene in contexts of human mobility

Various initiatives offer hygiene workshops (often also supplying kits) that can vary from basic disease prevention strategies to menstrual hygiene management and supplies. For instance, [UNICEF Ecuador \(2020\)](#) has delivered hygiene kits and information about the importance of handwashing in resting points in border

stations during the COVID-19 pandemic. Although hygiene workshops became particularly common to counter the spread of coronavirus in shelters and at border points (with initiatives in Peru (UNICEF Peru, 2020), [Colombia](#), [Mexico](#), [Guatemala](#) and [Brazil](#)), they also serve to prevent other illnesses.

Kits for women and girls typically include menstrual supplies, as for example in the case of returnees to Honduras ([Nexus Interamerican Consulting Services,](#)

[2021d](#)). Little evaluation evidence examining the reach and effectiveness of these initiatives is available but [Soiero et al's \(2021\)](#) study of adolescent Venezuelan girls and young women living in tents in Boa Vista, Brazil, found that only half had received any menstrual supplies since arriving and only 61% reported being able to wash their hands as frequently as needed. Although this is only one small-scale study (of 153 respondents), it indicates some of the scale of unmet needs.

Table A1.5: Promising approaches to meeting the WASH needs of CiHM

NEED	OUTCOME	LAC EXAMPLES	EXAMPLES FROM OTHER REGIONS
Increased access to safe water and sanitation	5.2 Strengthened capacity of institutions and service providers to provide WASH services	UNICEF has strengthened provision of emergency water stations on migration routes in Panama, Colombia (UNICEF Colombia, 2021), and Ecuador (UNICEF Ecuador, 2020). Strengthened sanitation infrastructure in Brazil (R4V, 2022) and Ecuador (UNICEF Ecuador, 2020); upgraded WASH infrastructure in densely populated regions (UNICEF Guyana, 2019). In Mexico, Brazil and Colombia UNICEF has supported renovation of showers and sanitation facilities in shelters.	In the US Humane Borders provides mobile water stations in the Arizona Sonoran Desert; monitoring teams assess usage levels and may change location of provisions accordingly. IOM (2019b) built solar-powered and flood resilient water yards in South Sudan, which reduced the economic cost of operation and maintenance of WASH facilities; provided solar-powered water systems for the displaced population in Nigeria, is supporting maintenance of boreholes and has added ramps to increase the accessibility of toilets in refugee situations in Sudan (IOM, 2019b).
	5.3 Increased knowledge among CiHM and other key stakeholders about maintaining hygiene in contexts of human mobility	UNICEF Ecuador (2020) delivered hygiene kits (including menstrual kits) and information about the importance of handwashing in at border points, with similar initiatives taking place in Peru (UNICEF Peru, 2020), Colombia , Mexico, Guatemala and Brazil. Workshops for shelter staff on maintaining hygiene in Mexico and Brazil (IOM, 2022b; internal UNICEF reports).	IOM (2019b) delivered health hygiene kits and workshops to 545,626 people in Somalia, to tackle frequent cholera outbreaks in refugee camps.



INTERMEDIATE OUTCOME 6: IMPROVED ACCESS TO SOCIAL PROTECTION THAT IS GENDER- RESPONSIVE, MEETS THE SPECIFIC NEEDS OF INCOME POOR AND VULNERABLE CIHM AND THEIR FAMILIES AND HELPS OVERCOME THEIR FINANCIAL BARRIERS TO ACCESSING BASIC SOCIAL SERVICES

As noted in Section 2.2, restrictions on the right to work, and/or labour market discrimination mean that levels of poverty are often high among LAC's displaced, migrant and refugee population, and that displaced people are often concentrated in poor areas of their host countries and cities. Extending social protection to migrants, refugees and asylum seekers has been found to ensure income security for families, reduce poverty and inequality, and address vulnerability and social exclusion, as well as strengthening development of local markets, social cohesion and stability ([ILO, 2021](#)).

Social protection initiatives in the region that refugees and international migrants are eligible to access fall into two broad groups: short-term transfers, normally provided by humanitarian agencies, to people in transit or in the first months of settling in a new country; and longer-term initiatives, that usually form part of the national social protection system.²⁴ To be eligible for these transfers, regular status is usually required, alongside in some cases a minimum period of residence (e.g. Argentina's maternity benefit), and would-be recipients generally need to apply via social registries. Available evidence suggests that unfamiliarity with the procedures needed,

lack of documentation ([Ham et al., 2022](#)), and in some cases, language barriers, and insufficient staff to register applicants in areas hosting a large number of refugees and migrants ([Andrade et al., 2021](#)) contributes to lower rates of uptake among the population in human mobility. The shift to online registration, initiated during the covid-19 pandemic, though providing flexibility and increasing access for some, also acts as a barrier to vulnerable populations ([Shamsuddin et al., 2021](#); Marcus et al, 2023 forthcoming). For example, in Brazil, data suggest that Venezuelans were 0.12 to 0.19 percentage points less likely to receive Bolsa Familia than Brazilians in 2019, controlling for their income and family characteristics ([Shamsuddin et al., 2021](#)). Overall, studies highlight the need to simplify and make more accessible application procedures to access social protection programmes.

A recent UNICEF and UN Women study of gender-responsive social protection measures in 74 low- and middle-income countries, of which 13 were in the LAC region) highlights a range of positive practices in place in the region, and highlights scope to extend these to make social protection programmes consistently gender-responsive ([Camiletti et al., 2021](#)). Comprehensive and consistently gender-responsive systems are likely to lead to better outcomes for children, given frequently higher levels of poverty among women, and particularly among vulnerable groups such as adolescent mothers.

The vast majority of evidence concerns the first of the TOC's outcomes, discussed below and summarised in Table A.1.6.

Immediate Outcome 6.1 Social protection programmes' coverage of CiHM and host communities is enhanced through existing or new initiatives and where possible, linked to complementary social services

Short-term 'humanitarian' transfers

Overall the evidence indicates positive impacts for CiHM in LAC of short-term transfers, and that specific impacts for children can be maximised by providing additional services alongside these transfers. However, the evidence suggests that transfers alone also have positive effects on child wellbeing and the most effective design is likely to vary depending on the specific needs of children and families, and whether they are in transit, or settling in a new country.

Short-term transfers with no extra services have targeted CiHM and their families during periods of particular vulnerability, such as during the winter season ([Lehmann and Masterson, 2014](#)), during economic shocks (Research and Evaluation Metrics, 2017) in emergencies such as the Covid-19 emergency, and during conflict ([Siegfried, 2022](#)). No evaluated examples from LAC were available but evidence from other regions show positive impacts on children. For example, in Lebanon a four-month UNHCR cash transfer²⁵ programme to support refugee households during the winter months was found to increase access to school, reduced child labour and reduce children's experiences of violence (Research and Evaluation Metrics, 2017).

²⁴ As well as cash transfers, some countries allow migrant and refugee children to access in-kind transfers, such as school meals or supplies. These are outside the scope of this section.

²⁵ UNHCR distributed cash to targeted households from November 2013 to April 2014. The programme gave \$575 USD via ATM cards to 87,700 registered Syrian refugees in Lebanon with the objective of keeping people warm and dry during cold winter months.

Short-term cash transfers plus linkage to additional services, have allowed migrants in transit to meet their basic needs and to continue their journey, and facilitated families' initial settlement at their country of destination. For example, in Ecuador, UNICEF/HIAS provided a single payment²⁶ to migrants and refugees from Venezuela, alongside information and assistance about safe migration, children's rights and child protection topics. Participants also received support for their transportation costs, and vulnerable households received shelter and food while their paperwork was sorted out. Recipients attributed their enhanced ability to reunite with family members to the transfer; others reported that it enabled them to move out of shared accommodation and to buy basic items for their homes. They also attributed their accessing free health services and enrolling children in school to the information provided when the cash was distributed ([Turnbull et al., 2020](#)). In Peru, transfers²⁷ of a single payment, implemented by Save the Children helped Venezuelans in transit to meet needs related to food, shelter, access to WASH and protection of children ([Grasset and Khattak, 2020](#)). Recipients were also given access to additional services provided by other civil society organizations such as shelters, community kitchens and administrative support to obtain identity documents. The cash also allowed participants to leave transit cities relatively quickly towards their destinations, rather than having to wait in precarious and dangerous situations ([Grasset and Khattak, 2020](#)).

Where programmes have offered cash and information sessions to refugees and migrants over a longer period

(e.g. a few months), there is evidence of more substantial impacts. In Peru Save the Children provided cash transfers for three months to recent arrivals from Venezuela,²⁸ complemented by optional psychosocial support sessions for children and parents, and awareness raising sessions covering child protection and nutrition. The cash and sensitising sessions around nutrition increased young children's consumption of a variety of foods, and contributed to increased breastfeeding and more varied diets. For example, at baseline 23% of children between 0 and 5 months old were being exclusively breastfed, and 12% of children between 6 and 23 months were consuming more than 4 food groups. By endline, the proportion of children exclusively breastfed had doubled (46%) while the proportion of children receiving more than 4 food groups increased to 20%. The risk that transfers would be used for purchase of breastmilk substitutes were mitigated through the sensitising sessions ([Grasset and Khattak, 2020](#)).

Studies have also found some positive impacts of short-term cash 'plus' programmes on child protection. A Save the Children cash transfer programme in Colombia, similar to that in Peru described above, additionally established community-based child friendly spaces and held awareness events about child protection. Case managers also conducted domestic visits and provided structured psychosocial support sessions focused on positive discipline, stress management, life skills, budgeting, communication skills, and SRH, with referrals to relevant governmental specialized agencies when needed. Positive results included being able to rent a flat instead of sleeping

in the streets, which also enabled family reunification) and parents reporting spending time with their children. The role of case managers was particularly important in reducing risks such as neglect, armed recruitment, child labour, physical violence, and sexual violence ([Grasset et al., 2019](#)). These findings echo the wider literature, which shows that effective implementation of 'cash plus' components has contributed to more sustained child wellbeing outcomes ([Roelen et al., 2018](#)).


Based on experience of Save the Children's short-term cash transfer programme in Peru, [Grasset and Khattak \(2020\)](#) identify the following lessons:

- register participants continuously and granting them cash benefits as soon as possible (e.g. within 48 hours of identifying participants), rather than waiting for a full cohort of new participants to transfer the cash to all;
- use mobile teams to identify families and children in transit (highways, bus stations, public squares, parks, informal shelters, etc) who may not be connected to support services or staying in visible spaces where they are easy to identify;
- use rechargeable debit cards that can be used across one country and in multiple countries in the region and can be topped up as needed;
- tailor transfers to the size, composition of the household and location (some cities are more expensive than others), and recognise that households

26 Targeting vulnerable Venezuelans who had arrived in Ecuador 4 months or less previously, were travelling with children or who were unaccompanied children, and who reported not being able to cover their basic needs.

27 Participants were targeted according to vulnerability criteria (households with pregnant and lactating women, with children below 5 years old, female headed households, etc.) and economic vulnerability (households with limited earnings or savings and sleeping in the street or public spaces). The single cash transfer was calculated per person in a household taking into account the following expenses: food, shelter, transport to Lima, hygiene kit, and communication costs. Transfers ranged from around USD\$72 (one person) to USD\$360 (six persons).

28 The size of the cash transfer was calculated per person in a household taking into account the following expenses: food, cooking kit, sleeping kit, rent and services (meaning water, electricity bills), local transport, hygiene kit, baby kit (additional), communication costs and food. Transfers ranged from around USD\$176 for one person to USD\$458 for a family of four in their first two months.



may need higher transfers during their first month of initial settlement to cover initial expenses than during their second and third months);

- provide cash transfers for at least 5 to 6 months after arrival, rather than 1-3 months.

Long-term programmes: inclusion of migrants and refugees in national social protection systems

Several countries in the region (including Argentina, Brazil, Colombia, Chile and Panama) grant migrants and refugees with regular status access to some national social protection programmes. This typically requires applying via social registries. However, both documentation requirements (e.g. proof of regular status, income or disability) or lack of information on how to register and can deter applicants ([Machado et al., 2021](#)). By contrast, in Peru, Guyana, and Ecuador,²⁹ only nationals are eligible for social assistance programmes ([Andrade et al., 2021](#); [Machado et al., 2021](#)).

Available evidence suggests that refugees and migrants in the region have been partially able to access their entitlements. For example, in 2019, a total of 10,618 Venezuelans (4% of all Venezuelans in the country) benefitted from *Bolsa Familia*,³⁰ Brazil's former flagship CCT programme for households living in poverty, targeting families, pregnant mothers, children and adolescents. In

addition to barriers previously mentioned, lower uptake rates among Venezuelans than Brazilians may reflect challenges fulfilling conditionalities, such as children attending school, given the concentration of Venezuelans in Brazil's border states and insufficient school places (also for Venezuelans relocating under Brazil's 'interiorisation' programme) ([Machado et al., 2021](#); [Ceja Cardenas et al., 2020](#)). Although studies have not assessed the impacts of Bolsa Familia specifically on refugee and migrant children, overall evidence in Brazil suggests that the programme achieved positive outcomes on children's education, health and psychosocial wellbeing ([de Brauw et al., 2015](#); [Ford et al., 2020](#); [Mendes et al., 2021](#)) and it is likely that these impacts would be similar for CiHM.

Other examples of initiatives open to CiHM and their families who can show the appropriate documents and register with social registries include:

Chile's Subsidio Único Familiar (SUF) which combines conditional and non-conditional cash transfers, and aims to support low-income families with children under the age of 18 or other dependant family members. One benefit is granted for each dependent family member monthly (\$15,597 per family member or around USD\$15), for a period of three years, and can be renewed as long as conditions are met ([Chile Atiende, 2022](#)): participation in health programmes for children under the age of 8 and school attendance of children aged 6 years or above ([Arza,](#)


[2020](#)). Families living in extreme poverty may also receive the Securities and Opportunities benefit that forms part of the Ingreso Ético Familiar³¹ (Ibid). Although no studies examine the effects of these programmes on CiHM, the literature shows positive effects on Chilean children's economic wellbeing, school enrolment and retention ([Barratt et al., 2016](#) in the case of SUF), and poverty reduction and expenses on their basic needs such as food, clothes and school material ([Universidad del Desarrollo, 2014](#) in the case of IEF).

Colombia's Familias en Acción. [Ham et al \(2022\)](#) found that 11% per cent of Venezuelans in their sample, and 54% of IDPs reported receiving Familias en Acción transfers; 6% of IDPs also reported receiving and *Jovenes en Acción* transfers for youth between 14-28 years old in technical, vocational or professional training. IDPs reported using the Familias en Acción transfer in part to meet day to day needs of their children such as buying food, medical care and education expenses. The study found that Venezuelans struggled to meet application requirements and procedures, such as registration with the social registry (SISBEN) or evidence of regular status. Also, the same key informants observed that enrolment has been closed in recent years ([Ham et al., 2022](#)). They attributed the unexpectedly high proportion to applications from mixed nationality (Colombian and Venezuelan) households.

29 In Ecuador, the Human Development Bonus programme is only available to nationals, but the right of all school age children to school feeding programmes up to high-school level is progressively being implemented ([Machado et al., 2021](#)).

30 Replaced in December 2021 by Auxílio Brasil, in order to receive the Bolsa Familia benefit, the migrant or refugee had to: be a legal resident in Brazil, be registered in the Unified Household Registry (Cadastro Unico para Programas Sociais), meet income eligibility criteria and comply with the standard conditions attached to receiving it such as school attendance, vaccination and so on ([Yamamoto, 2016](#)).

31 These benefits include a 'basic family bonus' (which varies with earnings), a 'protection bonus' (ranging between US\$13 and \$24 per month, allocated in decreasing amounts in six-month stages and given preferably to the female head with the purpose to meet families' costs associated with social services networks), and a benefit of US\$ 9 per child per month for monitoring health (children under 6 years of age) and for attending school (children ages 6–18). Families participating in the programme can also receive other social assistance benefits, including the SUF. It also offers additional one-off bonuses for adults who finish secondary school, or for those who get a formal job. The IEF can be received for two years. Participants must participate in labour support programmes and some transfers are conditional on health monitoring and school attendance ([Arza, 2020](#); [Universidad del Desarrollo, 2014](#)).



Argentina's *Asignación Universal por Hija o Hijo (AUH)*³² provides targeted households with 80% of the allowance on a monthly basis. To receive the remaining 20% and continue receiving the 80%, beneficiaries must show evidence of school attendance and health checks once a year ([Arévalo, 2018](#)). No evaluations have looked at impacts of the AUH on CiHM, but positive impacts among Argentinian children include the reduction of poverty, increased primary school completion rates ([Edo and Marchionni, 2019](#)), and improved health and nutrition (Kliksberg and Novacovsky, 2015). Barriers and bottlenecks include: rigid eligibility criteria, lack of the documentation required to access the benefit, families' difficulties in proving compliance with conditionalities ([Arévalo, 2018](#)).

During the first years of the Covid-19 pandemic, migrants and refugees with regular status were able to benefit from some temporary social protection programmes, such as: those in Colombia (*Ingreso Solidario*), Brazil (*Auxilio Emergencial*)³³, Argentina (*Ingreso Familiar de Emergencia*), Chile (*Bono de Emergencia COVID-19* and the *Ingreso Familiar de Emergencia*) and Trinidad and Tobago (Covid-19 Social Assistance) ([Machado et al., 2021](#); UNICEF, 2021d). In some cases they were integrated with the mainstream social protection system, so that in Brazil migrants and refugees who were registered in the Cadastro Único and received Bolsa Família transfers

received *Auxilio Emergencial* automatically. People who fulfilled the requirements, but who were not part of the social registry, could apply through an online platform. ([Machado et al., 2021](#)). Similarly, in Colombia, refugees and migrants registered with the Social Registry were eligible for *Ingreso Solidario*.³⁴ An estimated 40,000 migrant households obtained benefits, around 2 per cent of recipients ([Machado et al., 2021](#)). Although most of these measures were temporary, they have created legal precedents, strengthened social registries and paved the way towards greater inclusion of migrants and refugees in national social protection systems ([Gentilini, 2022](#); [UNICEF, 2021d](#)).

Studies beyond LAC have shown that long-term cash transfers, both conditional and unconditional, have played an important role in meeting the needs of refugee and migrant children (*See Table A1.6*). These have typically been implemented by humanitarian actors, usually for a minimum of twelve months via cash only programmes. For example programmes responding to Syrian refugees in Turkey, Jordan and Lebanon, have been found to: help alleviate extreme poverty, assist families to meet the basic needs of children (e.g. health, education, food, housing, protection) ([Aygün et al., 2021](#); [de Hoop et al. 2018](#)), and partially reduce a family's need to resort to negative coping strategies that affect the protection and wellbeing of children (e.g. child marriage, child labour)³⁵ ([Aygün et al.,](#)

[2021](#); [Bastagli et al., 2021](#); [Battistin, 2016](#), [Foster, 2015](#); [Giordano et al., 2017](#)). Outcomes for children are greatest when transfers are linked to sectoral objectives (usually related to education or nutrition) and when transfers are large and regular enough to make a significant contribution to household incomes.

Though most long-term support in LAC is provided through national social protection systems, longer-term humanitarian transfers may be a relevant modality for some groups and situations. These include: countries where CiHM cannot access national social protection systems (e.g. where no non-nationals are eligible, or where CiHM have no possibility of regularisation), those awaiting lengthy adjudications and 'stuck' in transit camps or unable to move out of certain areas for long periods of time (e.g. migrants stuck in Southern Mexico who may be waiting to be allowed to move through or at the USA border), or those with additional needs (e.g. pre-natal and post-natal support, disability benefits, etc) that are not covered by national systems. Lessons from cash plus initiatives targeting adolescents, such as the Girls Empowering Girls cash transfer plus programme in Uganda, which provided transfers, mentoring and social support through group activities ([Mugume et al., 2021](#)), could also be relevant for children and adolescents in human mobility without possibilities of accessing national social protection systems.

32 The Universal Child Allowance is targeted to children and adolescents under 18 years of age which do not receive any other family allowance and belong to family groups which are unemployed, temporary workers, workers registered under the Monotributo (single tax) scheme, domestic workers, or persons working in the informal economy sector ([Arévalo, 2018](#)).

33 Rough estimates suggest that about 277,197 Venezuelans in Brazil benefited from the Auxilio Emergencial programme (targeting those whose occupations were seriously affected by the crisis, including informal workers, individual microentrepreneurs, self-employed and unemployed) between April and November 2020 ([Shamsuddin et al., 2021](#)). The programme offered a monthly subsidy of 600 reais (USD 223) ([Machado et al., 2021](#)).

34 Original designed to be implemented for 3 months but extended along 2022, increasing its coverage from 3 million to 4 million 850,000 households from March and April 2022 ([Prosperidad Social, n.d.](#)).

35 Findings in relation to impacts on child labour are mixed, probably reflecting varied transfer sizes ([Battistin, 2016](#) and [Foster, 2015](#); [Giordano et al., 2017](#) in respectively Lebanon and Jordan).

Table A1.6: Approaches to expanding social protection programmes' coverage of CiHM (outcome 6.1)

NEED	APPROACH	LAC EXAMPLES	EXAMPLES FROM OTHER REGIONS
Reduced poverty and vulnerability	SHORT-TERM TRANSFERS		
	Cash only (one or multiple payments)	N/A	UNHCR's winter cash transfer programme in Lebanon (Lehmann and Masterson, 2014); Oxfam's Temporary Cash Assistance in Lebanon (Research and Evaluation Metrics, 2017); UNHCR cash assistance to Ukrainian refugees in Poland (Siegfried, 2022)
	Cash transfer with linkage to additional services.	UNICEF/HIAS multipurpose cash transfer targeting Venezuelans in Ecuador (Turnbull et al., 2020); Save the Children's cash transfer programme targeting Venezuelans in Peru (Grasset and Khattak, 2020) and Colombia (Grasset, 2019); UNHCR's cash transfer programme targeting refugees and migrants in Ecuador (UNHCR, Ecuador, 2021).	UNHCR's one-off cash grant for host families of Ukrainian refugees in Moldova and for Ukrainian refugees in Poland (UNHCR, 2022c); UK's interim payment for Ukrainians who arrived through the Homes for Ukraine Scheme (Department of Levelling Up, Housing and Communities, 2022)
	LONG-TERM TRANSFERS		
	Conditional cash transfers	Bolsa Familia in Brazil** (Andrade et al., 2021 ; Shamsuddin et al., 2021) Subsidio Unico Familiar in Chile** (Arza, 2020 ; Barratt et al., 2016); Ingreso Ético Familiar in Chile** (Arza, 2020 ; Machado et al., 2021 ; Universidad del Desarrollo, 2014); Familias en Acción and Jóvenes en Acción in Colombia (Ham et al., 2022); Asignación Universal por Hija o Hijo (AUH) in Argentina (Arévalo, 2018 ; Machado et al., 2021)	Conditional Cash Transfers for Education (CCTE) in Turkey (Andrade et al., 2021 ; Ring et al., 2020 ; UNICEF 2021d); Child-Sensitive Social Protection in Uganda (Tran and Ghadially, 2021); inclusion of refugees in the urban and shock-responsive components of the Productive Safety Net Programme (PSNP), in Ethiopia (World Bank, 2022b)
	Unconditional cash transfers	Asignacion Universal por Embarazo (AUE) in Argentina (Machado et al., 2021);	No Lost Generation in Lebanon (de Hoop et al., 2018 ; UNICEF, 2019e); Emergency Social Safety Net programme in Turkey (Aygün et al., 2021); WFP's cash assistance to Syrian refugees in Lebanon (Bastagli et al., 2020 ; Chaaban et al., 2020); Lebanon Cash Consortium programme (Battistin, 2016 ; Foster, 2015); UNHCR in Jordan (Giordano et al., 2017); Makani programme in Jordan (Hamad et al., 2021); the Girls Empowering Girls programme in Uganda (Mugume et al., 2021 ; Tran and Ghadially, 2021); Haddi in Lebanon for Lebanese, Syrian and Palestinian children (UNICEF, 2021e);

** denotes that evaluations have shown positive outcomes for host country children but that outcomes for CiHM are unavailable (typically because data have not been disaggregated by mobility status).

6.2 Evidence gaps

Table A1.7 summarises key evidence gaps identified in the development of the TOC. In devising research or impact evaluations to fill some of these gaps, it is vital to ensure that the wellbeing and safety of participating children is of paramount importance.

Table A1.7: Cross-cutting evidence gaps

OUTCOME AREA	EVIDENCE GAPS
Cross-cutting	<ul style="list-style-type: none"> ■ Inconsistent disaggregation of data by age, sex and migration status limits analysis of the impacts of policies, programmes and projects ■ Limited rigorous quantitative evidence of policy, programme and project impacts for most areas of activity ■ Rigorous qualitative evidence including children's and families' perspectives of the impact, relevance and of effectiveness of different services and initiatives ■ Evidence and evaluations of initiatives targeting marginalized groups of migrants and refugees such as pregnant adolescents, LGBTQI+ populations and people with disabilities ■ Evidence on the scalability, cost-effectiveness, and sustainability of interventions
Legal status and documentation	<ul style="list-style-type: none"> ■ Impact (or analysis of potential impact) of safe and legal pathways ■ Impacts of regularisation initiatives on children's wellbeing (potential to document experience in Colombia) ■ Good practices in extending birth registration to children born on the move, and the registration of all vital events to children and their families on the move ■ Effective practices in supporting migrants' and refugees' access to documentation and its impact on children's access to services
Health and nutrition	<ul style="list-style-type: none"> ■ Evaluations of efforts to enhance inclusion of CiHM in national health systems ■ Evaluations of health interventions serving children and adolescents in transit, ■ Evaluations of initiatives to strengthen health workers' knowledge of specific issues affecting people on the move, and to provide services in a non-discriminatory way
Education	<ul style="list-style-type: none"> ■ Impacts of efforts to expand access through improved infrastructure, legislative frameworks, or flexible systems including transnational accreditation schemes; ■ Evaluation of initiatives aiming to support learning in transit; ■ Impact evaluations that identify the effects of efforts to enhance CiHM's access to education on learning outcomes (e.g. literacy, numeracy, language, socio-emotional learning, and/or school completion);
Protection from abuse, exploitation and neglect	<ul style="list-style-type: none"> ■ Impact of child protection system strengthening efforts, particularly training and the development of guides and protocols for responding to children on the move; ■ The effects of different temporary care arrangements on migrant and refugee children's wellbeing; ■ Impacts of awareness-raising activities around violence against children provided to families in human mobility; ■ The perspectives of CiHM on experiences of child protection services and arrangements. ■ Stronger systems for tracking negative outcomes that have been avoided thanks to policy change or programme activity e.g. numbers of UASC placed in temporary/foster care rather than institutions, or instances of immigration detention avoided.
Access to WASH	<ul style="list-style-type: none"> ■ Impact of WASH activities on public health and other aspects of CiHM's wellbeing ■ Impact of WASH projects in host communities, including on attitudes to migrants and refugees ■ Evidence on issues beyond numbers reached e.g. affordability
Access to social protection and freedom from poverty	<ul style="list-style-type: none"> ■ Impact of national social protection programmes in Argentina, Brazil, Colombia and Chile on migrant and refugee children ■ Inclusion (and where relevant, impact) of migrant and refugee children in national social protection programmes in Mexico, Central America and the Caribbean ■ Experiences and impact of social protection for unaccompanied or separated child migrants and refugees. Few such programmes appear to exist, probably due to the challenges of reaching those that are in need but not known to the authorities, and legal challenges associated with making transfers directly to children. ■ Information on and evidence of impact of social protection schemes reaching returnee migrant children.

Annex 2: The overall legal and policy context in the region

This annex presents an overview of key aspects of the evolving international policy context around human mobility in the region. Each country's own legal and policy framework additionally varies, sometimes in accordance with, and sometimes in opposition to regional and international agreements.

International legal and policy framework

All countries in mainland Latin America are signatories to the 1951 Convention on the Status of Refugees and to the 1967 Protocol on the Status of Refugees, and most to the Brazil Declaration of commitment to strengthening the protection of refugees and displaced and stateless people in the Americas (which built on the foundational Cartagena Declaration). Likewise, all mainland Latin American states are signatories to the 1954 Convention on the Status of Stateless Persons, the 1961 Convention on the Reduction of Statelessness or both. By contrast, five Caribbean states are not parties to either Refugee Convention and nine are not parties to either Convention on Statelessness. For comparison, almost all countries in the region, for which data are available, are parties to the 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons (the Palermo Protocol).

In addition, as member states of the UN, countries in the region are committed to implementing the provisions of three other key frameworks:

THE SUSTAINABLE DEVELOPMENT GOALS, particularly Target 10.7 to “facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies” (UN Department of Economic and Social Affairs, 2020).

THE GLOBAL COMPACT ON REFUGEES,³⁶ an international framework to develop more predictable and equitable responsibility-sharing to respond to refugees, to ensure that host communities get the support they need and that refugees can lead productive lives. With respect to children and young people these include: supporting integrated and age-sensitive services for refugee and host community children; investing in national child protection systems and cross-border cooperation and regional partnerships to provide a continuum of protection, care and services for at-risk children; and strengthening the capacity of relevant authorities to undertake best interests procedures to inform decisions that concern refugee children, as well as other child-sensitive procedures and family tracing (United Nations, 2018a, p 29-30).

THE GLOBAL COMPACT FOR SAFE AND ORDERLY MIGRATION,³⁷ which expresses United Nations Member States' collective commitment to improving cooperation on international migration. It consists of 23 objectives to address challenges related to contemporary migration. With respect to children, the compact “upholds the principle of the best interests of the child at all times, as a primary consideration in all situations concerning children in the context of international migration, including

unaccompanied and separated children” (p6). It commits to identification of migrant children, and their referral, if unaccompanied or separated, to child protection authorities and other relevant services; to appointing competent and impartial legal guardians, protecting family unity and treating “anyone legitimately claiming to be a child ...as such unless otherwise determined through a multidisciplinary, independent and child-sensitive age assessment” (p21); and to implementing measures to reduce statelessness, including via birth registration (p12), and to ending detention of children in a migration context (Objective 13, p22).

Some countries in the region are also participating in specific initiatives to strengthen responses to increased human mobility:


MARCO INTEGRAL PARA LA PROTECCIÓN Y SOLUCIONES (MIRPS).³⁸ In line with commitments under the Global Compact for Refugees (2018) MIRPS has been developed to support regional cooperation among Central American countries and Mexico.³⁹ It aims to: improve mechanisms for reception and admission; respond to immediate and persistent humanitarian and protection needs; support host countries and communities; and enhance opportunities for durable solutions to the needs of refugees and asylum seekers in the region (MIRPS n.d.). A review of participating countries' national action plans shows that six countries (Belize, Costa Rica, El Salvador, Guatemala, Honduras and Mexico) have made commitments to enhancing the integration of refugee and

36 More information is available at: <https://refugeesmigrants.un.org/refugees-compact>

37 More information is available at: <https://refugeesmigrants.un.org/migration-compact>

38 More information is available at: <https://mirps-platform.org/en/what-is-the-mirps/>

39 The initiative is designed as a means to implement the Comprehensive Refugee Response Framework (CRRF) (UNHCR and RIADIS, 2021). Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico and Panama are participants.



asylum-seeking children in national education systems,⁴⁰ and four (Costa Rica, El Salvador, Guatemala and Mexico) have made specific commitments to enhancing child protection.

QUITO PROCESS. The Quito Process coordinates the response to human mobility from Venezuela, and in particular, the social and economic integration of Venezuelans into host states.⁴¹ Signatories to the Quito II plan have committed to promoting children's rights, access to health and education services and preventing statelessness. The sixth meeting, in Santiago, led to the development of an operational guide for the protection of migrant and refugee children. The seventh meeting, in Lima, also urged participating states to consolidate a network of focal points for child and adolescent protection systems and to strengthen child protection systems (Quito Process 2021).

THE SUMMIT OF THE AMERICAS LOS ANGELES

DECLARATION. The Los Angeles Declaration of June 2022 commits signatories (most Latin American countries) to expanding legal migration pathways, supporting integration, investing in migration management, addressing root causes to reduce migrant pressures, and coordinating responses to mass migration movements and displacement crises.⁴²

Other important intergovernmental platforms in Latin America and the Caribbean are the *Regional Conference on Migration*, particularly for Central America and Mexico, and the *South American Conference on Migration*.

Sub-regional free movement agreements

Over the past three decades various subregional free movement agreements have been developed to facilitate regular movement, in particular migration for work, with an emphasis on skilled professionals (as in the CARICOM Single Market and Economy) and formal sector work (as in MERCOSUR). Others include the *Convenio Centroamericano de libre movilidad (CA4)* and the Andean Community. By providing regular pathways, they reduce some of the risks associated with irregular migration. Currently none of these agreements facilitate lower-skilled or seasonal work, but they provide a framework that could be developed in the future. Issues facing children who move with their families through these regular pathways are hardly discussed in the academic or policy literature, but may include challenges integrating into new education systems, and experiencing xenophobia, in schools and wider society.

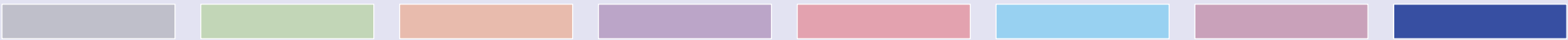
Impact of US policies

US migration management policies continue to influence migration dynamics in the region. From January 2019 through December 2021 the former Migrant Protection Protocols ('Remain in Mexico') were used to transfer over 70,000 children and families, apprehended at the US border or in the US, to Mexico to await adjudication of migration and asylum applications (American Immigration Council, 2021). A Supreme Court judgement in June 2022 allowed for the programme to be discontinued. Title 42, a public health measure invoked in March 2020 to control covid-19 also led during FY 2021 to the expulsion of 479,728 members of families with children and approximately 146,925 unaccompanied children, who were transferred to Northern Central America and Mexico without access to regular immigration processing, asylum, health and protection screenings (Customs and Border Protection (CBP), 2022). In combination with bilateral agreements between the US, Mexico and northern Central American countries, these policies have led both to large numbers of families and unaccompanied children living in camps and shelters along the Mexico-US border, and to a substantial increase in 'assisted returns' of children to El Salvador, Honduras and Guatemala. In addition, changes in eligibility for Temporary Protected Status in the US also influence migration dynamics (United States Citizenship and Immigration Services, 2021b).

40 Additionally, Panama has made commitments to enhance refugees' and asylum seekers' access to higher education.

41 The Member States are: Argentina, Brasil, Chile, Colombia, Costa Rica, Ecuador, Guyana, Mexico, Panama, Paraguay, Peru, Dominican Republic and Uruguay. (<https://www.procesodequito.org/en/homepage>)

42 Full details can be found at: <https://www.whitehouse.gov/briefing-room/statements-releases/2022/06/10/los-angeles-declaration-on-migration-and-protection/>



Annex 3: Overview of UNICEF work on human mobility in LAC

This annex summarises key patterns in the activities supported by UNICEF on human mobility in the region, and is based on analysis of 102 documents shared with the TOC preparation team.

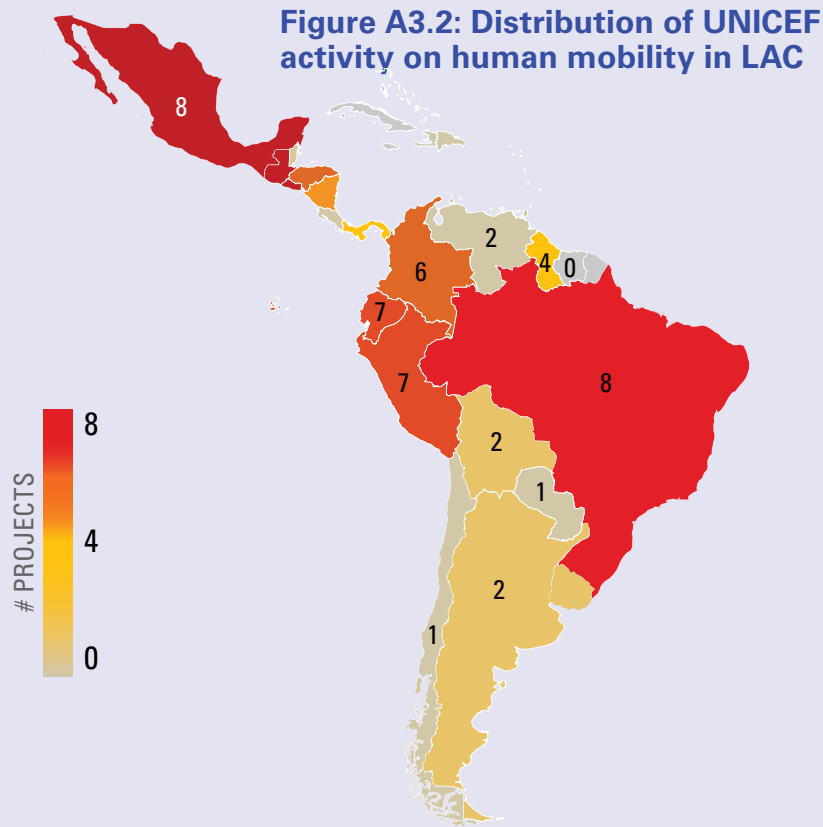


Figure A3.1: Distribution of UNICEF activities related to CiHM in LAC by sector and stage of migration process

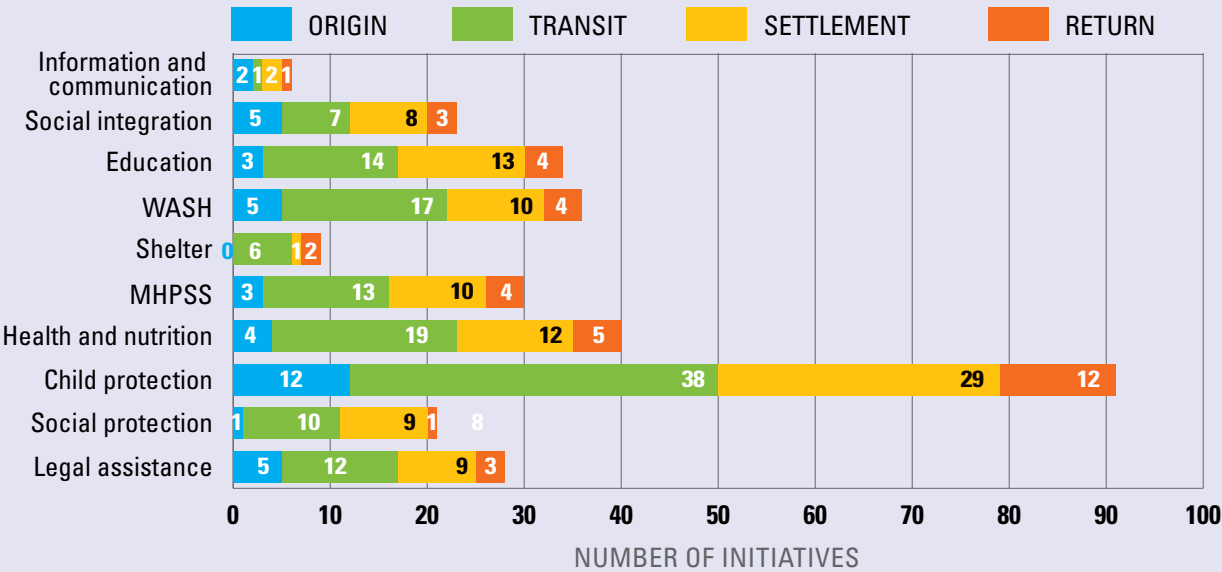
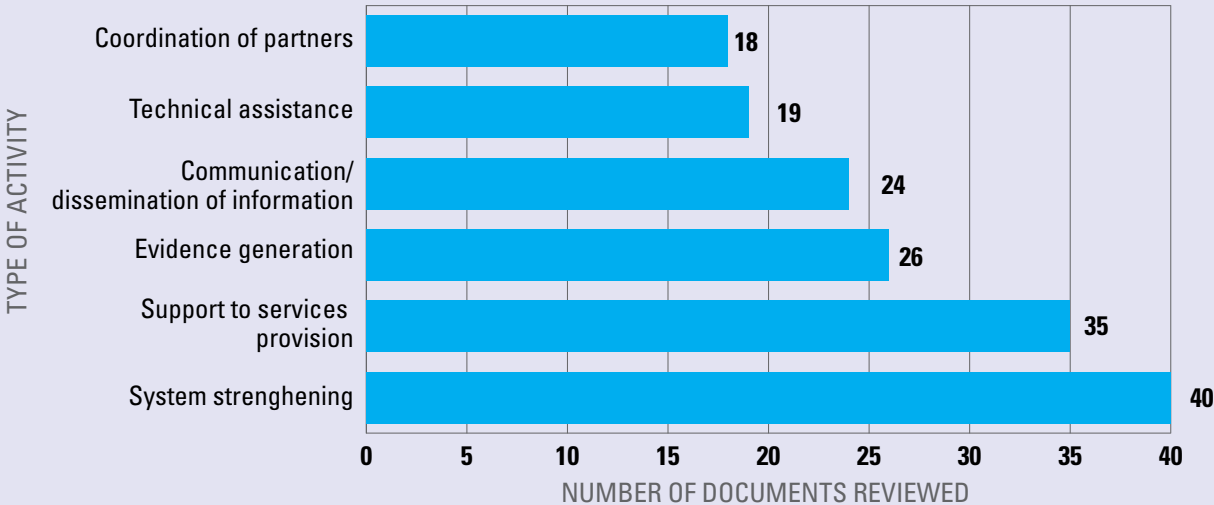


Figure A3.3: Main UNICEF approaches to work on human mobility in LAC



Annex 4: Participants in UNICEF consultations

Before the country and sectoral consultations listed below, the ODI team held initial calls to inform the assignment with: Jean Gough, Jose Guerra Mayorga, Justo Solorzano, Michele Messina, Monica Rubio, Sayo Aoki, and Youssouf Abdel-Jalil.

Health

#	COUNTRY	NAME OF UNICEF STAFF	ROLE
1	Belize	Angella Baitwabusa	Adolescent Health
2	Bolivia	Hugo Razuri	Chief Child Survival and Development
3	Brazil	Eduardo Stramandinoli Moreno	IC Health in Emergencies
4	Colombia	Andrea Yesenia Palencia San Juan	Health and Nutrition UNV
5	Colombia	Salua Marcela Osorio	Nutrition Officer
6	Dominican Republic	Sara Menendez	Child survival and development officer
7	Ecuador	Angelica Nurian Ullauri	Programme officer
8	El Salvador	Karen Panameno	Health and Nutrition Officer
9	Guatemala	Cecilia De Bustos	Chief Nutrition
10	Honduras	José Ramirez	ECD Officer
11	Mexico	Mauro Brero	Chief Nutrition
12	Mexico	Matthias Sachse	Nutrition Officer
13	Nicaragua	Maria Delia	ECD Specialist
14	Peru	María Elena Ugaz	ECD Officer
15	Peru	Carlos Zegarra	Health Specialist
16	Regional Office	Anabel Maciel	Consultant
17	Regional Office	Yvette Fautsch	Nutrition Specialist
18	Regional Office	Maaïke Arts	Regional Health Advisor

Child Protection

#	COUNTRY	NAME OF UNICEF STAFF	ROLE
1	Brazil	Rosana Vega	Chief Child Protection
2	Colombia	Luis Eduardo Rios	Child Protection Officer
3	Costa Rica	Georgina Zamora	Child Protection Officer
4	Dominican Republic	Fabiana Gorenstein	Child Protection Specialist
5	Ecuador	Jose Guerra Mayorga	Child Protection Officer
6	Guatemala	Justo Solorzano	Child Protection Specialist
7	Haiti	Susanna Balbo	Chief Protection
8	Mexico	Rocio Aznar Daban	Chief Child Protection
9	Panama	Gina de la Guardia	Child Protection Specialist
10	Perú	Diego Xavier Gudino	UNV
11	Uruguay	Lucia Vernazza	Child Protection Officer
12	Venezuela	Paola Franchi	Child Protection Specialist

Education

#	COUNTRY	NAME OF UNICEF STAFF	ROLE
1	Brazil	Gabriela Mora	Youth/Adolescent Development Officer
2	Brazil	Cynthia Elena Ramos	Education in Emergencies Coordinator
3	Brazil	Maira Da Silva Souza	ECD Officer
4	Chile	Francisca Morales	Education Officer
5	Colombia	Luz Angela Caro	Education Officer
6	Colombia	Maria Camila Villar	Adolescent Development Officer
7	Eastern Caribbean	Aadrian Sullivan	Deputy Head of Office
8	Ecuador	Maria Fernando Porras	Education Officer
9	El Salvador	Carmen Lillian Reyes Mancia	Education Officer
10	El Salvador	Marta Navarro Montes	Education Specialist
11	El Salvador	Karen Panameno	Health & Nutrition officer
12	Guatemala	Ileana Cofino	Education Specialist
13	Honduras	Jose Ramirez Arita	ECD Officer
14	Honduras	Hernan Torres	Education Officer
15	Mexico	María Eugenia de Diego	Adolescent Development Specialist
16	Mexico	Paola Gomez	Education Officer
17	Panama	Francisco Daniel Trejos Hurtado	Education Officer
18	Panama	Yohana Pinzon	ECD Officer
19	Peru	Fernando Bolanos	Education Officer

#	COUNTRY	NAME OF UNICEF STAFF	ROLE
20	Peru	Maria Elena Ugaz	ECD Officer
21	Regional Office	Ruth Custode	Education Specialist
22	Regional Office	Yannig Dussart	ECD Manager
23	Regional Office	Italo Dutra	Education Regional Advisor
24	Regional Office	Maria Emilia Numer	ADAP
25	Regional Office	Juan Pinzon	Project Coordinator

WASH

#	COUNTRY	NAME OF UNICEF STAFF	ROLE A
1	Brazil	Rodrigo Matias De Sousa Resende	WASH Officer
2	Colombia	Diego Fernando Lopez	WASH Officer
3	Ecuador	Koenraad Vancraeynest	WASH Specialist
4	Regional Office	Antonio Andres	Consultant
5	Regional Office	Sunny Guidotti	WASH Specialist
6	Regional Office	Alban Nouvellon	WASH Specialist
7	Regional Office	Victor Nagakane Argueta	Information & Knowledge Management Consultant

Communication

#	COUNTRY	NAME OF UNICEF STAFF	ROLE
1	Brazil	Pedro Ivo Alcántara	Communication Specialist
2	Brazil	Marco Amorim Prates	Consultant
3	Ecuador	Andrea Apolo	Communication Officer
4	Honduras	Hector Espinal	Communication Specialist
5	Mexico	Soraya Bermejo	Chief Communication
6	Mexico	Ulises Daniel Díaz Mercado	Communication Officer
7	Mexico	Angelica Vergara Toache	Digital Communications Officer
8	Panama	Clara Luna	Communication Officer
9	Regional Office	Carolyn McCaffrey	Communication Specialist
10	Regional Office	Laurent Duvillier	Regional Chief of Communications
11	Regional Office	Alfonso Fernando Reca	Communication Specialist

Social Protection

#	COUNTRY	NAME OF UNICEF STAFF	ROLE
1	Colombia	Blanca Jeaneth Avila	Social Policy Officer
2	Colombia	Pedro Baracaldo	Social Policy Officer
3	Colombia	Mauricio Antonio Lemos Cuesta	UNV Social Inclusion
4	Colombia	Carolina Cuevas	Social Policy Specialist
5	Ecuador	Ximena Alexandra Escobar	Social Policy Officer
6	Honduras	Roberto Rivero	Social Policy Specialist
7	Honduras	Maddalen Yarza	Social Policy Officer
8	Mexico	Andre Cortes	Social Policy Officer
9	Mexico	Catalina Gomez	Chief of Social Policy
10	Regional Office	María Florencia Alejandre	Social Policy Specialist
11	Regional Office	Gerardo Escaroz	Social Policy Specialist

Gender

#	COUNTRY	NAME OF UNICEF STAFF	ROLE
1	Brazil	Marcela Bonvicini	Chief Field Officer
2	Colombia	Andrea Tague	Gender Specialist
3	Ecuador	Alexandra Escobar	Social Policy Officer/Gender Focal Point (GFP)
4	Guatemala	Magda Medina	Child Protection Officer (ex GFP)
5	Guyana	Audrey Michele Rodrigues	Education Specialist (GFP)
6	México	Marta Rodriguez	Consultant VAWG and migration
7	Nicaragua	Vanessa Pichardo	Child Protection Specialist (GFP)
8	Nicaragua	Karen Gonzalez	Child Protection Officer
9	Peru	Luisa Martinez	Gender Specialist
10	Trinidad and Tobago	Candice Wallace	Child Protection Officer
11	Venezuela	Barbara Cervantes	VAWG Specialist
12	Venezuela	Delia Martinez	Child Protection Officer (GFP)

Monitoring and Evaluation

#	COUNTRY	NAME OF UNICEF STAFF	ROLE
1	Bolivia	Alejandro Lujan	Emergency Officer
2	Brazil	Luiza Almeida	Humanitarian Affairs Officer
3	Chile	Jose Lainez	Social and Behaviour Change Officer
4	Colombia	Ivan Ossa	Programme Associate
5	Ecuador	Paul Guerrero	Monitoring and Evaluation Officer
6	Guatemala	Ruben Dario Narciso Cruz	Monitoring and Evaluation Specialist
7	Mexico	Eva Prado	Monitoring and Evaluation Officer
8	Panama	Diana Maritza Romero Baron	Emergency Officer
9	Regional Office	Sebastian Carrasco	Monitoring Specialist
10	Regional Office	Rada Noeva	Regional Chief Programme and Planning
11	Trinidad and Tobago	Alma Jenkins	Emergency Coordinator Migrant Response

Sub-regional Consultation: Mexico and Central América

#	COUNTRY/OFFICE	NAME	ROLE
1	Costa Rica	Gina Zamora	Child Protection Officer
2		Juan Manuel Baldares	Emergency Focal Point
3	El Salvador	Jorge Ernesto Martinez Ramos	Child Protection Officer
4		Begona Arellano	Deputy Representative
5	Guatemala	Jorge Ivan Hernandez Azurdia	Emergency Officer
6		Estuardo Sanchez	Protection Officer
7	Honduras	Leonardo Mier	Child Protection Specialist
8		Maddalen Yarza	Social Policy Officer, Gender Focal Point
9		Christine Guinot	Emergency Specialist
10		Cesar Villar	Deputy Representative
11	Mexico	Isabel Velasco Luna	Chief of Field Office, Tapachula
12		Fernando Alonso Becerra	Chief of Field Office, Tijuana
13		Rocio Aznar Daban	Chief of Child Protection
14		Diego Morales	Emergency Officer
15	Nicaragua	Jorge Hernandez	Education Officer
16		Karen Gonzalez	Child Protection Officer
17		Vanessa Pichardo Rojas	Child Protection Specialist
18	Panama	Diana Maritza Romero Baron	Emergency Officer
19		Margarita Sanchez	Field Officer, Migration and Protection
20		Gina De La Guardia Fernandez	Child Protection Officer

Sub-regional Consultation: South American countries with Venezuelan Influx

#	COUNTRY/OFFICE	NAME	ROLE
1	Brazil	Gregory Bulit	Emergency Manager
2		Rosana Vega	Chief of Child Protection
3		Marcela Bonvicini	Chief of Field Office
4		Corinne Sciortino	Child Protection Specialist
5	Colombia	Grace Agcaoili	Child Protection Chief
6		Catalina Duarte Salcedo	Migration Outcome Manager, Education Specialist
7		Magali Ortiz Coste	Emergency Officer
8		Luis Eduardo Rios	Protection Officer
9	Ecuador	Jose Guerra Mayorga	Child Protection Lead
10		Maria Moreno	Child Protection Officer
11	Peru	Yoko Wada	Child Protection Specialist
12		Diego Xavier Gudino Valdiviezo	UNV Child Protection
13		Hilda Mar Calderon Neyra	Emergency Officer

Sub-regional Consultation: Southern Cone Countries

#	COUNTRY/OFFICE	NAME	ROLE
1	Argentina	Magali Lamfir	Child Protection Officer
2		Sabrina Viola	Child Protection Officer
3		Antonio Canaviri	Monitoring and Evaluation Officer
4	Bolivia	Virginia Pérez	Child Protection Chief
5		Alejandro Luján	Emergency Officer
6	Chile	Ludimila Palazzo	Child Protection Specialist
7		Daniela Ortega Allan	Child Protection Officer
8		Jose Lainez	Social and Behaviour Change Officer
9	Paraguay	Andrea Cid Pasquali	Child Protection Officer
10		Ana Margarita Ramos	Programme associate, Emergencies & WASH
11		Maria Robledo Verna	Social Policy Officer
12	Uruguay	Lucia Vernazza	Child Protection Specialist
13		Dario Fuletti	M&E officer

Sub-regional Consultation: English-Speaking Caribbean Countries

#	COUNTRY/OFFICE	NAME	ROLE
1	Eastern Caribbean Office	Matthew Batson	UNV child friendly spaces
2	Guyana and Suriname	Shashikala Hanoeman	CP Officer Suriname
3		Patricia Gittens	CP Officer Guyana

Individual office consultations: Cuba, Dominican Republic, Haiti and Venezuela

#	COUNTRY/OFFICE	NAME	ROLE
1	Cuba	Lisy Alina Jorge Mendez	Child Protection Officer
2		Marielys del Toro Padron	Emergency Associate
3	Dominican Republic	Fabiana Gorenstein	Chief of Child Protection
4		Eladio Jimenez	ECD Officer
5		Sara Cuervo	Venezuela Outflow
6	Haiti	Geslet Bordes	Child Protection Officer
7		Antoine Ghazaly	Child Protection Specialist
8		Susanna Balbo	Child Protection Lead
9	Venezuela	Paola Franchi	Child Protection Specialist

UNICEF Regional Office, Global and other staff

OFFICE	NAME	POSITION
Regional office	Jean Gough	Regional Director
	Youssef Abdel-Jelil	Deputy Regional Director
	Monica Rubio	Regional Social Policy Advisor
	Michele Messina	Regional Emergency advisor
	Sayo Aoki	Emergency advisor
	Kendra Gregson	Child protection advisor
	Roberto Rodriguez Melendez	Child protection specialist
HQ	Rhonda Fleischer	Programme Specialist, Migration
	Flavia Mi	Public Partnerships Specialist
	Verena Knaus	Global Chief, Migration and Displacement

External interviews

ORGANIZATION	PARTICIPANTS	ROLES
Danielle Children's Fund	Helma van der Hoeven	President
	Diego Poma	Director
GAC	Leidy Heredia	Project Officer, Embassy of Canada, Colombia
HIAS	Ignasi Calbo	Deputy Regional Director Latin America and the Caribbean
IOM	Tim Howe	Senior Regional Migrant Protection and Assistance Specialist for Central America, North America and the Caribbean
	Agueda Marin	Senior Regional Migrant Protection and Assistance Specialist for South America
ILO	Carolina Ibañez	Regional Monitoring and Evaluation officer
	Maria Ibañez	Project coordinator (Socioeconomic integration of migrants and refugees)
RELAF	Matilde Luna	Director
Red Cross (Spain)	Carlos Arenas	Head of Delegation, El Salvador
Save the Children	Victoria Ward	Regional Director
	Jorge Freyre	Advocacy, Campaigns, Communications and Media Manager
	Rocio Dutary	Asesora Regional de Incidencia en Migración y Desplazamiento
SOS Children's Village	Madeleine Cruz	Advocacy Coordinator
UNHCR	Marina Capriola	Senior Protection Officer
	Valentina Duque	Gender-Based Violence Officer

Validation Workshop

COUNTRY	PARTICIPANTS	ROLE
Argentina	Sabrina Viola	Child Protection Officer
Barbados/Eastern Caribbean	Alma Jenkins	Emergency Specialist
	Joan Tull	Communications UNV
Belize	Luwani Cayetano	Child Protection Officer/Migration focal point
Bolivia	María Elena Ubeda	Deputy Representative
	Alejandro Luján	Emergency Officer
Brasil	Corinne Sciortino	Child Protection Officer
	Daiana Albino Pena	Health & Nutrition Specialist
Chile	Glaysen Dos Santos	Deputy Representative
	Daniela Ortega	Child Protection Officer
Colombia	Catalina Duarte	Migration Outcome Manager/Education Specialist
	Magali Ortiz Coste	Emergency Officer
Costa Rica	Juan Manuel Baldares	Programme Coordinator
	Georgina Zamora	Child Protection Officer
Cuba	Lisy Alina Jorge	Child Protection Officer
Dominican Republic	Fabiana Gorenstein	Child Protection Specialist
	Sara Menendez	Child Survival & Development Officer

COUNTRY	PARTICIPANTS	ROLE
Ecuador	José Guerra	Child Protection Officer
	Ma. Fernanda Moreno	Child Protection Officer
El Salvador	Jorge Martinez	Child Protection Specialist
	Irene Sánchez	Communication Specialist
Guatemala	Estuardo Sánchez	Child Protection Officer
	Eduardo Gularte	Communication for Development Officer
Guyana and Suriname	Patricia Gittens	Child Protection Specialist
Haiti	Antoine Ghazaly	Child Protection Specialist
Honduras	Carolina Carias	WASH Officer
Jamaica	Vicente Teran	Deputy Representative
	Etoile Pinder	Emergency Specialist Consultant
Mexico	Paola Gómez	Education Officer
Nicaragua	Vanessa Pichardo	Child Protection Specialist
	Fernando Jambrina	Monitoring & Evaluation Specialist
Panama	Gina de la Guardia	Child Protection Officer
	Diana Romero	Emergency Specialist
Paraguay	Andrea Cid	Child Protection officer
	Viviana Limpas	Deputy Representative



COUNTRY	PARTICIPANTS	ROLE
Peru	Yoko Wada	Child Protection Specialist
	Luisa Martinez	Gender and Development Officer
Uruguay	Komai Garabelli	Communication Specialist
Venezuela	Arturo Romboli	Planning and Monitoring Chief
	Mylan Rodriguez Delgado	Child Protection Officer
RO Child Protection	Roberto Rodriguez	Child Protection Specialist
	Margaret Douglas	Programme Associate
	Ana Catalina Fernández	Child Protection Specialist
	Kendra Gregson	Child Protection Regional Adviser
RO Communication	Sendai Zea	Communication Specialist (Emergency)
RO Education	Juan Pinzon	Project Coordinator
RO Emergency	Michele Messina	Regional Advisor Emergency
	Sayo Aoki	Emergency Manager
	Amanda Valdés	Program Associate
	Mario Calderon	Emergency Specialist
RO Gender	Denise Stuckenbruck	Regional Adviser Gender and Development
	Debla López	Gender and Development Specialist
RO Health & Nutrition	Yvette Fautsch	Nutrition Specialist

COUNTRY	PARTICIPANTS	ROLE
RO WASH	Reis Lopez Rello	Regional Adviser Climate Change and Sustainable Development
	Sunny Guidotti	WASH Specialist
HQ Global Communication and Advocacy	Pavithra Rangan, (Observer)	Advocacy Specialist (Observer)
RO Planning	Rada Noeva	Regional Chief of Program & Planning
	Sebastian Carrasco	Monitoring Specialist
	Janita Bartell	Monitoring Specialist



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