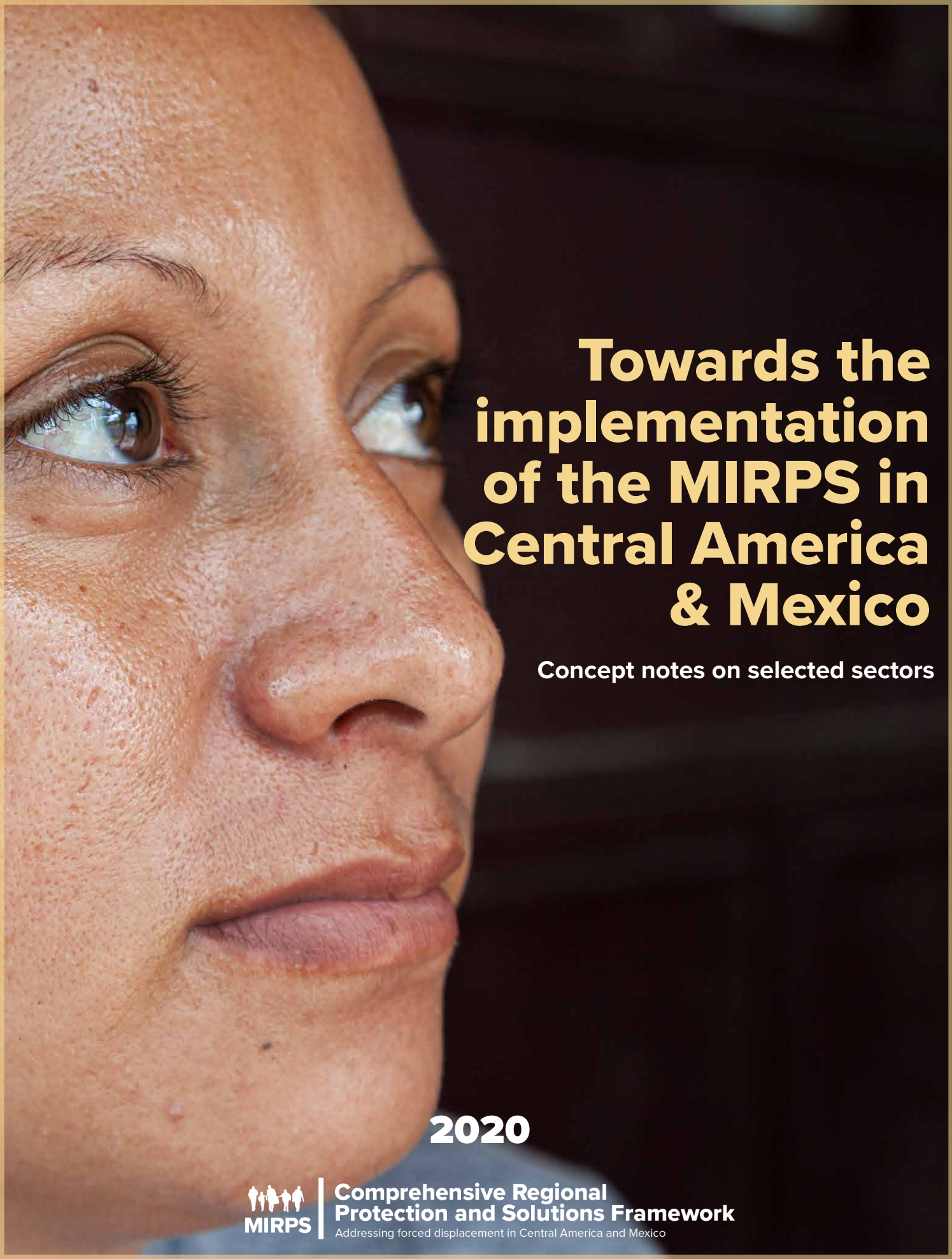


Towards the implementation of the MIRPS in Central America & Mexico

Concept notes on selected sectors

2020

MIRPS

Comprehensive Regional Protection and Solutions Framework

Addressing forced displacement in Central America and Mexico

Context

Impacted by increasingly complex forced displacement situations, Central America hosts hundreds of thousands of people who have fled their homes, either within or across their country's borders, in search of safety. This includes IDPs in El Salvador, Honduras and Mexico; together with refugees and asylum-seekers from the northern Central American countries who have fled chronic gang violence, persecution and insecurity. The vast majority of refugees and asylum-seekers from these countries are hosted in Mexico and the USA, with several thousands more having sought asylum in Belize, Costa Rica, Guatemala, and Panama. In addition, tens of thousands of people have fled the social and political crisis in Nicaragua, the vast majority arriving in neighbouring Costa Rica where asylum claims have increased exponentially.

In 2019, the Americas was the largest recipient of asylum applications worldwide. An additional several hundred thousand persons are returning to their countries of origin as deportees, including those with protection needs. With an increasing trend of people forcibly displaced in the region exerting pressure on national protection and asylum systems, the MIRPS seeks to expand the operational capacity of States in Central America and Mexico to respond to forced displacement. This includes making the necessary arrangements to ensure safe reception and admission of people forced to flee, facilitating access to safe spaces and shelters, engaging community and municipal leadership, promoting durable solutions and livelihoods, as well as fostering an environment of peaceful coexistence.

In 2017, Belize, Costa Rica, Guatemala, Honduras, Mexico and Panama adopted the San Pedro Sula Declaration, to address forced displacement by strengthening the protection and assistance to affected persons, as well as promoting durable solutions. Through the Declaration, countries agreed to participate in the MIRPS as a regional contribution to the Global Compact on Refugees, where all states committed to adopt and implement national action plans, aligned to country specific commitments and priorities. In 2019, El Salvador joined this regional effort and held the Pro-tempore Presidency for 2020. Nationally, MIRPS Technical Teams (NTTs) are comprised of relevant government institutions who plan and coordinate the implementation of work plans with support from UNHCR and OAS as the technical secretariat.

Identification of resources required

Through the State-led quantification process, NTTs have assessed the financial resource requirements and steps required to implement select national commitments, defining specific costed activities in the areas of protection, social protection, health, education and livelihoods. The related Concept Notes presented within this document have informed the elaboration of detailed Concept Notes, that were informed by consultations and working sessions of the NTTs which brought together national counterparts in the areas of planning, financing and international cooperation with the technical support from the UNHCR-OAS MIRPS Secretariat and the Pro-Tempore Presidency.

Find out more about the Annual Report in the new MIRPS webpage

This process has served to strengthen the national planning process to implement MIRPS national action plans, and is a basis for partnership engagement and resource mobilization. Key consideration was given to identifying commitments that aligned closest to the humanitarian context and prevailing protection needs, and were dependent on establishing new partnerships and forms of financing to implement. In a number of instances, focus areas also align to Pledges that were also made at the Global Refugee Forum.

The scale of the forced displacement crisis in the region - compounded by the pandemic - and the projections of a possible increase in the numbers of people fleeing once the opening of borders is regularized, requires the **strengthening of partnerships** to be a priority for 2021. In this sense, MIRPS countries have diverse national, regional and international partners, as well as the backing of the **Support Platform, international financial institutions, development actors, the civil society and the private sector** as a true example of responsibility-sharing.

Prioritized focus areas

Total requirement $63,152,181
Total gap $54,479,442

MEXICO

Total requirement $8,289,178

Strengthening schools in the public education system in host communities in southern Mexico

Total Required Financing

$7,042,800

Strengthening first level health care in the state of Chiapas, Mexico

Total Required Financing

$1,246,358

HONDURAS

Total requirement $3,999,725

Guaranteeing a harmonized approach to provide long term solutions such as access to work and social protection

Total Financing Required

$3,999,725

GUATEMALA

Total requirement $346,170
Total gap $333,442

Creation of specialized, differentiated, safe, and decent reception conditions

National Financing	Financing Gap
$4,546	$39,935

Strengthening institutions that govern the protection of children and adolescents in border areas

National Financing	Financing Gap
$4,286	$232,208

Public-private sectors alliances for the inclusion of refugees and refuge applicants in Guatemala into the workforce

National Financing	Financing Gap
$3,896	$61,299

BELIZE

Total requirement $2,596,861

Establish demand-driven technical and vocational training in key economic sectors associated with climate change, benefiting refugees, asylum seekers, migrants and Belizean youth

National Financing	Financing Gap
$0	$2,596,861

EL SALVADOR

Total requirement $11,993,682
Total gap $10,336,910

Improve the technical, inclusive, and operational capacity of the Salvadoran educational system to support the rights of the forcefully displaced population

National Financing	Financing Gap
$1,513,561	$6,854,890

Expand opportunities of access to work and sources of livelihood to encourage self-reliance of people who have been forcibly displaced in El Salvador

National Financing	Financing Gap
$0	$ 3,266,520

Strengthen the capacity of the National Health System to provide better health and psychosocial services to forcibly displaced people in El Salvador

National Financing	Financing Gap
$143,211	$ 215,500

COSTA RICA

Total requirement $7,966,225
Total gap $4,980,215

Voluntary temporary insurance for asylum seekers and refugees in Costa Rica

National Financing	Financing Gap
$0	$ 3,033,333

Social protection of the populations with international protection needs through services provided by the Social Welfare Institute (IMAS)

National Financing	Financing Gap
$836,397	$ 641,655

Institutional strengthening to support the refugee and migrant population in the context of the COVID-19 pandemic

National Financing	Financing Gap
$2,149,613	$1,305,227

PANAMA

Total requirement $27,960,340

Expanding social coverage to meet the basic needs of vulnerable refugees and applicants for refugee status

National Financing	Financing Gap
$4,017,229	$ 23,943,111

Education
Total requirement $18,008,112
Total gap $16,494,551

Social protection
Total requirement $33,438,117
Total gap $28,584,491

Protection
Total requirement $3,813,551
Total gap $1,345,162

Child protection
Total requirement $236,494
Total gap $232,208

Health
Total requirement $4,638,422
Total gap $4,495,211

Jobs and livelihoods
Total requirement $3,331,715
Total gap $3,327,819

Health | Salud

Costa Rica.

Persons of concern in Costa Rica

*Official data provided to UNHCR

SECTOR	DESCRIPTION	IMPLEMENTING ENTITIES	FINANCING REQUIREMENTS
Protection	Institutional strengthening to assis asylum seekers, refugees and migrants through the developmen of infrastructure of the Northern Bicentennial Migratory Station (EMIBI, by its Spanish acronym).	Department of Migration and Foreign Affairs (DGME, by its Spanish acronym)	National Financing $2,149,613 / Financing Gap $1,305,227
Health	Provision and expansion of the Health Collective Assurance Framework through voluntary temporary insurance for refugees and asylum seekers in Costa Rica.	Costa Rican Social Security Fund (CCSS, by its Spanish acronym) UNHCR	National Financing $0 / Financing Gap $ 3,033,333
Social Protection	Guarantee asylum seekers and refugees access to state social protection services provided by the Social Welfare Institute (IMAS, by its Spanish acronym)	Social Welfare Institute (IMAS, by its Spanish acronym)	National Financing $836,397 / Financing Gap $ 641,655

Context

Due to the COVID-19 pandemic and its socio-economic impact in Costa Rica, the demand to access social security programs has increased significantly. This increase is taking place within a complicated economic context in Costa Rica where, according to the most recent information released by the National Institute of Statistics and Census (INEC, by its Spanish acronym), the country has reached historical figures on poverty and unemployment, the latter reaching a record 24.4%, one of the highest of the region. Regarding poverty figures, the INEC reports an increased 26.2% , which represents around 420,000 poor households.

However, the rates for multidimensional poverty stayed similar to 2019 for the whole country, which proves the urgent need to maintain and expand the program for vulnerable populations as an efficient measure to curb poverty. This situation requires higher levels of engagement and social action to protect people who are economically vulnerable and need health care services.

Despite the efforts to keep and expand social investments to protect the most vulnerable families, the new national circumstances show the need to obtain additional funding in order to maintain social protection programs.

Trends in displacement

Costa Rica plays an important role in the region as a host country for displaced asylum seekers and refugees. During the last five years, the country has shown a sustained increase in the total number of applications from people from Latin America and the Caribbean. Nicaraguan and Venezuelan displacement circumstances have added more pressure on the Costa Rican system, and the asylum program specifically, which was not designed to address a forced displacement situation like the one the country currently faces.

The refugee and asylum seeker population in Costa Rica has reported a yearly sustained increase since 2015, reaching its highest rate in 2018 as a result of the social and political crisis affecting Nicaragua from that year onward. At present, Costa Rica hosts 99,823 people, of which 90,197 are asylum seekers and 9,371 are refugees. This situation occurs within a complex economic climate, in which Costa Rica faces significant challenges in terms of its economy, officials, employment and security.

This increase of asylum applications has exceeded the capacity of the Costa Rica government to effectively respond. Currently, there is a six-month waiting period to file for an asylum application and another three-month period to get a labour permit that enables refugees and asylum seekers to look for a legal formal job. These long waiting periods make target populations even more vulnerable because their access to services is limited and they are forced to spend their scarce savings or financial resources.

On top of this, the COVID-19 pandemic has created new challenges and worsened existing ones. On March 16th, Costa Rican government declared a state of national emergency through Executive Decree No. 42227-MP-S and encouraged the authorities to focus on the national health situation. Regarding human mobility management, the Executive Decree required the closure of all national borders. This, together with the restrictions on human mobility imposed throughout the Central American region, caused the number of asylum applications filed at the Costa Rican government to decrease. The border closures have had an impact on mixed migration across the nation.

1 In its Continuous Employment Survey (ECE, by its Spanish acronym), the National Institute of Statistics and Census reported an unemployment rate of 24.4% in May, June and July 2020, which represents 557.000 unemployed people, 270.000 more people than the same period in 2019. This data compares to the study of the International Labor Organization (OIL), “Labor Overview in times of COVID-19: Impact on the labor market and income in Latin America and the Caribbean”, which presents data from nine different countries in the region and shows that Costa Rica’s approximate employment rate is twice than that of nine other countries of the region (11.5% for the second 2020 semester) https://www.ilo.org/americas/publicaciones/WCMS_756694/lang--es/index.htm

2 The National Institute of Statistics and Census National Household Survey 2020 (ENAHO, by its Spanish acronym) reports a poverty rate increase of 5.2%. The ENAHO shows that there are 1,529,255 people living in poverty in 2020, while the 8.5% of the population —96,697 people— lives in extreme poverty https://www.inec.cr/noticia/pobreza-por-ingresos-alcanzo-un-262

National response

Costa Rica has kept its tradition of respecting human rights and hosting refugees through the endorsement of legal documents as the Convention Relating to the Status of Refugees and the Migration and Foreign Affairs Act (Ley General de Migración y Extranjería) No. 8764, the Comprehensive Migration Policy for Costa Rica, the National Integration Plan (Plan Nacional de Integración) 2018-2022, the display of a series of actions based on the key principles established as part of the protection and the responsibility of a country. Likewise, the right to equality of all people who live in Costa Rica was established in its political constitution. Aware of the challenges that refugees and asylum seekers must face, Costa Rica has supported them through the social development programs in its social security system, including the Costa Rican Social Security Fund.

The MIRPS

As a San Pedro Sula Declaration signer in 2017, Costa Rica supported the implementation of the Comprehensive Regional Protection and Solutions Framework (MIRPS, by its Spanish acronym) to comprehensively address forced displacement in the region. This platform aims to respond to the displacement dynamics within the region, addressing the causes of the forced movement of people and strengthen protection and assistance to people in need of international protection. Thereby, the Costa Rican Government is committed to addressing forced displacement through the four lines of action presented by MIRPS: 1. Reception and admission; 2. Immediate and ongoing needs; 3. Support of host communities; and 4. Durable solutions.

In 2017, Costa Rica developed an action framework to assist forcibly displaced people called Comprehensive Refugee Response Framework (MINARE, by its Spanish acronym) . MINARE is comprised of 32 commitments undertaken by the Costa Rican government as a prospective comprehensive response to people in need of international protection in Costa Rica. MINARE was developed through national consultation with the most important sectors of Costa Rica, promoting a whole government and whole society approach to the response to refugees and asylum seekers.

Additionally, MINARE creates a structure to assist with its implementation, which is made of two areas:

i. Technical area: A national technical team is created to track the progress of the agreements. This team is comprised of technical liaisons from the five institutions that participate in the support of refugees, namely: the Ministry of Foreign Affairs, the Ministry of Labour and Social Welfare, the Ministry of National Planning and Economic Policy, the Vice-Ministry of Government and Justice, the Vice-Ministry of Human Development and Social Integration and the Department of Migration and Foreign Affairs.

ii. Political area: An executive committee is created, formed by the heads of the abovementioned institutions, which give political support to the agreements included in MINARE.

Regarding the protection of refugees and asylum seekers, MINARE includes an agreement to strengthen the infrastructure, equipment and management of Temporary Attention Centres for Migrants (CATEM, by its Spanish acronym) to assist those in need of international protection.

Additionally, Costa Rica supports this population through its social development programs and includes refugees and refugee status seekers in its social security systems. This ensures that refugees or refugee applicants living in poverty or extreme poverty are protected by existing social and human development programs, which guarantees that they receive the same assistance as Costa Rican citizens and reduces the possibility of them becoming victims of migrant and human trafficking.

Futhermore, aware of the challenges that refugees and asylum seekers face, Costa Rica has decided to support them through the social development programs of the Social Security Systems, including the Costa Rican Social Security Fund which is in line with the agreements included in MINARE, and the right to equality for all the people who inhabit Costa Rica as established in the Political Constitution.

3 El MINARE constituye el Capítulo Nacional del Marco de Respuesta Integral para los Refugiados y surge en respuesta a la adopción de Costa Rica de la Declaración de Nueva York y su Anexo I.

COUNTRY: Costa Rica **SECTOR: Health**

Voluntary temporary insurance for asylum seekers and refugees in Costa Rica

Executive Summary

Costa Rica maintains an open-door policy for people forcibly displaced from their countries of origin. However, the difficulty posed in accessing health services increases the vulnerability of this population, particularly for those requiring medical treatment. In turn, an undermined health status, complicates the search for employment and a means of subsistence in the country. Mindful for the situation faced by refugees and asylum seekers, the country has sought to facilitate their inclusion in the social security system of the Costa Rican Social Security Fund (CCSS). The CCSS, in conjunction with UNHCR, developed a pilot project in 2019 to provide health insurance to 6,000 refugee applicants or refugees in a situation of economic vulnerability by 2020.

This proposal seeks to establish a second phase that will allow for the expansion of health insurance coverage to 10,000 vulnerable persons. This entails an increase in the contributory coverage of health insurance, in the form of a collective contribution for refugees and asylum seekers in conditions of economic vulnerability or with specific health needs that do not currently benefit from support. The selection of beneficiaries has been based on their assessment of being in a situation of economic vulnerability.

DURATION

12 months (2021)

IMPLEMENTING ENTITIES

Costa Rican Social Security Fund (CCSS, by its Spanish acronym), UN High Commissioner for Refugees (UNHCR)

LOCATION

National

BENEFICIARIES

10,000 asylum seekers and refugees

ESTIMATED BUDGET

Total Required Financing:	$ 3,033,333
National Financing:	$ 0
Financing Gap:	$ 3,033,333

1. Sector context

The national health system is formed by Costa Rican government institutions whose purpose is to improve the health of people, families, and communities. With the goal of preserving, maintaining and enhancing the health of the population, the national health system brings several institutions under the supervision of the Ministry of Health. One of those institutions is the Costa Rican Social Security Fund (CCSS, by its Spanish acronym), which is the independent institution in charge of providing health services to the entire Costa Rican population.

The CCSS has adhered to the principles of universality, solidarity and equality as the pillars of its administration, which strengthens the national social security system. These principles guarantee universal access to comprehensive health services, with the same rights and obligations. The government insurance, administered by the CCSS, provides coverage to all people under the poverty line. Likewise, the government protects vulnerable people through specific laws, decrees and other legal instruments. The CCSS charges the government for each health service that it provides to its users. Those users include minors, pregnant women and infants, in accordance with applicable laws[1].

However, refugees and asylum seekers who are waiting for their identification documents, do not have access to the CCSS universal coverage. As they are a vulnerable population, they cannot afford any of the available insurance programs.

Upon their arrival, refugees and asylum seekers face a series of challenges, including a lack of identification documents, economic resources, or knowledge about the national system, which prevent them from accessing public health services. Most of these people not only have an economic need, but also a need for healthcare, both preventive, follow-up, and treatment. This is shown in the social-economic assessments and participation activities with refugees and asylum seekers carried out by the UNHCR.

To guarantee the right to health protection to this population, in 2019, the CCSS and the UNHCR created an agreement to grant medical insurance to 6,000 economically and health vulnerable refugees and asylum seekers for a period of 12 months (January to December 2020). Under the initiative, beneficiaries can seek care at CCSS health centres all over the country.

The outbreak of the COVID-19 pandemic has exerted greater pressure on the Costa Rican healthcare system. The CCSS has made a significant financial investment in order to respond to the health emergency[2]. This investment took place in a complex economic climate due to the impact of the pandemic, the decrease in the national economic activities, high unemployment, high poverty indexes and a reduction of the institution's income. Consequently, the agreement signed with the UNHCR constitutes a foundation for the COVID-19 mitigation strategy and the protection of vulnerable people.

The implementation of the first stage of the agreement between the CCSS and the UNHCR provides a valuable experience in order to guarantee the impact of this expansion proposal. In the same way, important lessons have been learned that can be used for future implementations, such as:

- The details of the agreement and the requirements established must be known in full by the parties involved in the process.

- The implementation of the agreement requires multifunctional teamwork, a challenge for all collaborators, making it vital that all understand each parties' function and the ideal circumstances with which applications can be processed in a timely manner.

- The precision and clarity of the data on people of concern in the lists, which allows them to receive insurance, must be verified from the very first moment said data is entered on the list. This way, delays can be avoided in issues such as inclusion, data readjustment and exclusion of the population of concern in the agreement, and barriers to care in health centres can be minimized.

- The CCSS's information systems are prepared to register the insurance of the target population using a collective agreement model by managing the monthly billing of contributions associated with the program and the costs incurred for the care of persons in the health system effectively.

- Effective communication channels between institutional actors who have direct contact with beneficiaries of the agreement in order to avoid barriers arising out of lack of knowledge of the agreement and its scope.

1 The Directive No. 010-MP-MIDEPLAN-MTSS-MSP-MGP-MRREE of 2018 stipulates basic health care for conditions and illnesses as well as emergency care. As regards to pregnant women and minors, it provides access to health care services payed for by the Government. https://www.saludymigracion.org/es/directriz-numero-010-mp-mideplan-mtss-msp-mgp-mrree

2 According to the CCSS, until October 14th, 2020, CRP 79,582.2 million from the Social Security Contingency Fund of the Costa Rican Social Security Fund have been allocated to the response to the COVID-19 health emergency. This amount accounts for the use of 63.7% of the Fund; https://www.ccss.sa.cr/noticias/servicios_noticia?contraloria-aprobo-40-mil-millones-para-fondo-de-contingencias-de-la-ccss

2. Detailed Approach

General Objective

Expand temporary voluntary coverage of the health insurance, guaranteeing the right to health of refugees and asylum seekers with equality, equity, universality and solidarity.

This intervention aims at addressing the protection gap that arises the moment a person applies for international protection and formalizes their refugee application before the Department of Migration and Foreign Affairs, and continues until he or she receives the documents validating his or her asylum seeker status. This process can take between 6 and 9 months, and during that time people experience vulnerability due to the lack of documentation permitting access to rights and services.

Three months after the formalization of the refugee application, the person receives an unconditional work permit that is valid until they receive a final from the second organization. This work permit is required to access formal jobs and, therefore, other insurance plans. However, there are people with health needs that have not been able to formalize their application and, as a result, do not have an appropriate work permit. In the same way, there are people whose health condition does not allow them to enter the labour market. This proposal presents an additional layer of protection for this population, by guaranteeing access to public health services through temporary voluntary insurance.

Specific objectives

1. Provide temporary healthcare services (12 months) to vulnerable refugees and asylum seekers while guaranteeing confidential and private use of their information

2. Improve the mental and physical health of vulnerable refugees and asylum seekers by providing access to health services.

3. Prevent disease among vulnerable and at-risk refugees and asylum seekers.

Expected result

Refugees and asylum seekers who have specific health needs, identified risk factors, or who are socially vulnerable are included in the temporary health insurance plan.

3. Beneficiaries

This intervention aims to expand insurance coverage to include 10,000 asylum seekers and refugees in Costa Rica. The implementation of the agreement entered into by the CCSS and the UNHCR for the collective insurance of 6,000 persons with international protection needs established the mechanisms for selecting beneficiaries who are eligible as specified in the Agreement (elderly persons, in economically vulnerability situations and identified health need). Through the database of the population of asylum seekers and refugees in Costa Rica (ProGres) registered before the UNHCR, there are 10,724 identified cases of eligible people for this medical insurance; however, there are not enough resources to expand coverage and provide medical insurance for them.

Because of this, this proposal seeks to guarantee and expand coverage of the temporary voluntary insurance plan to 10,000 people. An important note is that out of the total number of beneficiaries, 6,000 people are included in the current agreement between the CCSS and the UNHCR for this year, but, due to their vulnerability condition, they require an extension of the benefit. Additionally, medical insurance will be granted to 4,000 new beneficiaries who have already been identified as eligible and are on the waiting list for the expansion of the insurance plan. Hence, this proposal is ready to be implemented once the funding for expanding coverage is obtained.

10,000 asylum seekers and refugees

The CCSS will provide collective health insurance in the form of "temporary voluntary insurance", under the conditions and in the terms specified by health regulations and the Regulations on Voluntary Insurance Membership, and in the corresponding membership newsletters, which will be part of the agreement.

4. Estimated budget

The estimated budget of this intervention is calculated by the average cost per person for 12 months. The insurance fee for voluntary insured people in the CCSS health system (CRC 15,155, which equals approximately USD 25) was used as a starting point for the estimates.

The following chart summarizes the estimated investment required to provide insurance to 10,000 people, according to the conditions outlined in the agreement between the CCSS and the UNHCR.

OBJECTIVE	REQUIRED FINANCING*	NATIONAL FINANCING	FINANCING GAP
Extension of the insurance plan for asylum seekers and refugees.	**$$3,033,333**	**$0**	**$3,033,333**

*Amounts in USD. Exchange rate 599.54 CRC to 1 USD.

5. Stakeholders

INSTITUTION	MISSION	ROLE IN IMPLEMENTATION
Costa Rican Social Security Fund (CCSS, by its Spanish acronym)	Provide health services directly to the national population.	Body executing the project.
United Nations High Commissioner for Refugees (UNHCR)	Protect and guarantee the rights of people with international protection needs.	Aids in identifying and verifying beneficiaries, and with monitoring tasks.
NGOs working with the asylum seeker and refugee population in Costa Rica, the Refugee Education Trust (RET) and HIAS, the global Jewish nonprofit that protects refugees.	Responds to the needs of asylum seekers and refugees.	Identifies potential beneficiaries and referring cases to the UNHCR for their corresponding verification.

6. Cross-cutting themes

Access to health services through this agreement will allow the target population to have the same access to healthcare, according to the conditions established by health regulations for comprehensive health assistance and based on social security principles, such as equality, equity, universality and solidarity.

3 In line with the principle of universality that governs social security in the country, access to health and medical care for minors of age and pregnant women is stipulated in the Health Insurance Regulations of the Costa Rican Social Security Fund (CCSS) and of the Childhood and Adolescence Code. In this way, the Costa Rican State assumes the insurance of these populations and guarantees their right to Health.

7. Risks and assumptions

The following chart shows the possible risks of the intervention, of risk mitigation strategies, and the probability and intensity of each one:

RISK	PROBABILITY OF OCCURRENCE	INTENSITY OF IMPACT	MITIGATION STRATEGY
The ongoing pandemic limits universal access to health services, which makes it imperative for the CCSS to follow certain guidelines in order to avoid spread and large groups of people.	High	High Higher costs of social services and their impact on the national population	Proceed with the implementation of phone consults and video calls for medical follow-ups.
Problems locating people in order to deliver the insurance ID (card) through Costa Rica's postal services.	Medium	High Double efforts and resources due to not locating people.	Deliver required documents in-person, while implementing appropriate health protocols, and keep a record of their delivery.
Avoid assigning various insurance numbers to one single person as a result of previous insurance.	High	High Various insurance numbers associated with one single person are generated, which contradicts regulations of the General National Comptroller of the Republic and influences the institutions, which could compromise the implementation of the project.	Perform interviews with the target population to determine whether they have previous insurance and if so, report it in the insurance documentation.
Lack of clarity and precision in the source information contained in the list, or unconfirmed information used in order to avoid delays in insurance and healthcare.	Medium	High Difficulty including or excluding people of concern in the agreement, thus hindering prompt response to urgent situations, and leading to inadequate permanence of a person in the agreement.	Systematically verify that the data provided on the list is consistent in format and content with insurance and healthcare registers.

8. Monitoring and evaluation

Monitoring work will continue, following the structure established in the agreement, and a response group made up of focal points from all involved units will be implemented, whose tasks are detailed below:

- Continuous and adequate collection and organization of information;
- Implement verification methods applied to details provided by asylum seekers or refugees, such as letters or statements from people who are aware of the scope of the agreement, concur to the agreement, know the obligations and implications of being insured under an agreement of such nature, states whether she or he has previous insurance, states their previous social insurance number, among other assessments the team will perform together with its counterparts at the CCSS.
- Communicate with the population of concern.
- Coordinate the resolution of identified problems.

The response group will hold team meetings at their discretion and according to identified needs to promptly respond and solve every matter concerning the implementation, as well as unforeseen events and challenges that arise during the implementation process.

This specialized group will serve as an open work and coordination committee, in which any person involved in the operation can participate as long as their participation is pertinent to the project topic, at the discretion of focal points.

CCSS, for their part, will implement a multidisciplinary work team, made up of representatives from Financial Management and Medical Management, who will continually track situations that arise as the project is implemented. Likewise, the CCSS already has specific processes and procedures in place for insuring the population under the used model, which have proved to be reliable and appropriate according to considerations of internal control at the institution level, and which must be complied with in order to adequately execute the agreement.

Apart from the meetings proposed for internal operation issues, the UNHCR and the CCSS, via formal, joint coordination meetings on monitoring with the frequency deemed necessary, will solve problems observed and learn from experience acquired with to improve the project implementation. To this end, they agree to keep open discussion and communication methods, based on mutual respect and good faith, to solve unforeseen matters related to the application of this agreement.

The meetings will be coordinated by the focal points, who will rely on colleagues that can contribute to the resolution of the problems.

The frequency of meetings will depend on the identified problems and the urgency with which they need to be addressed.

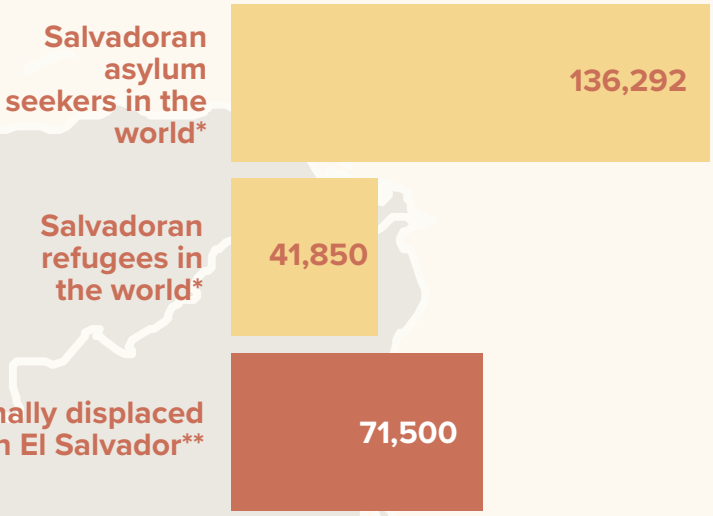
Annex 1: Estimated Budget

Average Cost per Individual (Annual)	Projected # of PdI Beneficiaries	Total Required Financing	National Financing	Financing Gap
2020	2021	2021	2021	2021
USD 303.33	10,000	USD 3,033,333	0	USD 3,033,333
TOTAL		USD 3,033,333	**0**	USD 3,033,333

Exchange rate: 599.54 CRC to 1 USD.

El Salvador.

Persons of concern in El Salvador



*Official data provided to UNHCR
**Data between 2006 and 2016

SECTOR	DESCRIPTION	IMPLEMENTING ENTITIES	FINANCING NEEDS
Education	Contribute to ensuring continuity of education for children and adolescent students who are victims of forced displacement caused by violence in El Salvador through strategies that promote their inclusion and psychosocial assistance.	Ministry of Education, Science, and Technology (MINEDUCYT)	National Financing $1,513,561 / Financing Gap $6,854,890
Jobs and livelihoods	Contribute to the access of opportunities for durable solutions for people who have been forcibly displaced in El Salvador, by including them in initiatives of specialized training, employment and entrepreneurship, enabling them to expand their capacities to resume their life and regain self-reliance.	Ministries of Justice and Public Safety, of Labor and Social Welfare, of Local Development, in coordination with the Social Investment Fund for Local Development.	National Financing $0 / Financing Gap $ 3,266,520
Health	Secure better comprehensive health services (medical and psychosocial) to forcibly displaced people in the entire National Health Service by using strategic tools, such as specialized protocols and assistance models tailored to their needs.	Ministry of Health (MINSAL, by its Spanish acronym)	National Financing $143,211 / Financing Gap $ 215,500

Context

Just as the rest of the countries in northern Central America, El Salvador faces important challenges when addressing multidimensional violence. Poverty and inequality, together with the average human development indexes, translate into institutional, political, economic, and social challenges. The situation in the region limits access to essential services and the conditions which influence the climate of insecurity and continue to cause forced displacement and irregular migration.

El Salvador has a surface of 21,040 km2, which puts it among the smallest countries in the Central American region and has a population of 6.7 million, which makes it one of the most densely populated countries in the world. Among the population, 67.7% live in urban areas and 38.3% in rural areas. Another important demographic characteristic is that over 50% of the population are younger than 30 years old, which shows a demographic dividend which the country could potentially leverage to encourage greater productivity and development levels. GDP in El Salvador reached 2.3% in 2019, maintaining the same average percentage as in recent years. Other relevant data to consider is that the main areas of economic activity that concentrates the majority of the employed population are: 1) commerce, hotels and restaurants; 2) agriculture and farming; 3) the manufacturing industry; and 4) the construction industry. In regards to the social security system of the employed population, only 34.7% are affiliated or covered by a national public or private social system, which shows a relative vulnerability. At the same time, over 60% of this population has no access to health services, as the Salvadoran Institute of Social Security (ISSS, by its Spanish acronym), covers only 15% of the population, private hospitals cover 5%, and the Ministry of Health (MINSAL, by its Spanish acronym) covers the remaining 80% and it's the only one with nationwide service due to the growth of its network.

Economically, the area has experienced a sustained growth of between 2% and 4% in the last few years, creating relative macroeconomic stability. However, this does not necessarily translate into greater wellbeing and development for most of the population. On the contrary, inequality and poverty gaps have widened, making it a country dependent on external shocks and remitances from abroad, which represent close to the 20% of its Gross Domestic Product (GDP). The multidimensional poverty index in El Salvador is 28.8%, which results in difficulty finding employment and social stability for a greater part of the population in the country, and constitutes one of the main reasons for regular and irregular migration as a solution to the situation. Each year, this leads to thousands of people assuming great risks to their physical integrity to seek a better life and decent and safe living conditions. Regarding education, the report on multidimensional poverty points out that 97% of households in multidimensional poverty have a low level of education among adults, and in homes with children and adolescents, 26% do not go to school.

Additionally, the combination of economic and heath elements that the COVID-19 pandemic has created has had a disruptive impact on the human development and skill-building spaces, such as the home, school, and work, increasing the risk of dropping out of school. According to the World Bank, in 2019 El Salvador reached a 2.3 percent growth in GDP, but the country has since recorded low levels of economic growth and, due to the COVID-19 pandemic, the Salvadoran economy is expected to shrink by 8.7 percent in 2020, and to grow by 4.9 percent in 2021. This framework presents two negative effects on employment: i) shock over the emergency which will primarily affect employees in informal employment, and ii) shock over the international recession, which is predicted to reduce opportunities for formal and informal employment.

As a response, the Salvadoran government is implementing a strategy to foster the economy, which is expected to turn the country into an example of growth in the region, promoting better living conditions and greater levels of development within the population which will reduce historic indexes of vulnerability and dependency. Despite the COVID-19 crisis, economic projections for El Salvador are positive, thanks to the implementation of the Plan de Despegue Económico (Plan for Economic Take Off), a strategy which will provide a new impetus to development for the benefit of Salvadorans, making the economy more dynamic and relying on technology and competitivity. By including an education pillar to strengthen skills related to new technologies in children and adolescents, this will have a positive impact on the educational sector.

Trends in displacement

According to the report "Tendencias Globales del desplazamiento forzado en 2019" (Global Trends in Forced Displacement in 2019 [UNHCR, 2020]), El Salvador is the seventh-highest country of origin for asylum seekers that year, with a total of 54,300 new applications for asylum presented by Salvadorans in other countries. Worldwide, there were 41,850 refugee Salvadorans towards the end of 2019, and 136,292 pending applications for asylum.

In 2018, the Ministry of Justice and Public Safety (MJSP, by its Spanish acronym) published a report named "Caracterización de la movilidad interna a causa de la violencia en El Salvador" (Characterization of internal mobility due to violence in El Salvador), which measured internal forced displacement due to violence in the country to that date. This report revealed that between 2006 and 2016, 1.1% of families who lived in the country have had at least one of their members forced to change their residence as a result of or to avoid the effects of violence. These 71,500 people displaced internally reflect a demographic profile that shows that family groups with young people in a condition of relative socioeconomic vulnerability are the most affected. Likewise, the LGBTI community, women and young people are identified as especially vulnerable to being victims of these groups.

Forced internal displacement in El Salvador points to high rates of victimization withinterritories with a vulnerable social fabric, territories under the control of criminal groups, as well as constant threats and extortion that force people to leave their homes, causing serious psychological, physical, and material damage to those who suffer it.

The immediate effects of forced displacement are reflected in the emotional and psychological disorders affecting a high proportion of the population (70%), and lower access to education for the underage population (4-17 years) largely associated with the need for families to temporarily interrupt the education of their children for reasons related to the change of residence, as well as latent risks from what was suffered. Although this situation tends to stabilize over the years, the medium- or long-term impacts of the educational setback can have important consequences for those affected (MJSP, 2018).

To change this reality, the government has been promoting various strategic efforts since 2019, including a Plan Control Territorial (Territorial Control Plan). This strategy aims to combat crime and violence in the country, seeks to recover territories controlled by criminal groups, and rebuild the social fabric of the population in order to generate environments conducive to peace and coexistence. To date, it has had important results in reducing homicides and other crimes that have chronically affected the population in the past, having until November 2020, 34 days with zero homicides and a registered reduction of 47.1%.

National Response

On July 13, 2018, the Constitutional Chamber of the Supreme Court of Justice issued the Amparo Ruling 411-2017, which mandates the Salvadoran State to recognize the phenomenon of forced internal displacement and to work with the relevant institutions to comply with the following obligations:

1. Recognize that the individuals are victims of this phenomenon and have rights and categorize them normatively, for which it is necessary to revise special legislation aimed at protecting victims and witnesses;

2. Design and implement public policies and action protocols aimed at preventing the forced displacement of the country's inhabitants. It is therefore urgent that measures be adopted to regain territorial control over areas dominated by gangs and to prevent future displacement and the continuation of systematic violations of fundamental rights;

3. Provide protection measures to those who already have de facto status as displaced persons and guarantee them the possibility of returning to their homes; and

4. Propose the establishment of cooperation agreements and maintain relations at the national and international level with organizations and institutions to facilitate their compliance.

Likewise, in January 2020, El Salvador passed the Ley Especial para la Prevención y Protección Integral de Personas en Condición de Desplazamiento Forzado Interno (Special Law for the Prevention and Comprehensive Protection of Individuals in a Condition of Internal Forced Displacement), which states the rights of the internally displaced population, the phases of internal forced displacement, the organization that will be in charge of their execution, and the establishment of preventive procedures and an efficient assistance system with a humanitarian approach that includes long-term solutions.

This law provides for attention to forcibly displaced individuals in its three phases: prevention, humanitarian assistance, and protection, which, in the long term, should lead to a long-term solution rather than a temporary one. In this sense, the Ministry of Education, Science, and Technology (MINEDUCYT, by its Spanish acronym) intervenes in the humanitarian assistance phase in accordance with Article 10, which states

Find out more about the IDP law in El Salvador Here.

that "As soon as conditions permit, education and training services shall be provided to internally displaced individuals, particularly to children, adolescents and women, regardless of address or place of habitual residence".

The MINEDUCYT is an integral part of the Inter-institutional Technical Commission for the Attention and Protection of Individuals in a Condition of Forced Internal Displacement, established by law, which will be the coordination and joining body that will favour comprehensive, multidisciplinary assistance to individuals in a condition of forced displacement. The commission will be responsible for the formulation, monitoring and evaluation of compliance with the national policy and its plan of action, as well as the approval of protocols for the assistance of internally displaced individuals.

On the other hand, under the leaderships of the MJSP as governing body of the law and main guarantor has the objective of recognizing, guaranteeing and protecting the fundamental rights of internally displaced people, and those at risk, through the establishment pf preventive procedures and a system to assist efficiently with a humanitarian approach that is solutions oriented.

As provided by the law, the Minister of Justice is to preside the Interinstitutional Technical Commission for the Attention and Protection of Internally Displaced People. The MTPS is also part of such Commission, where coordination and articulation can favour the comprehensive attention with a multidisciplinary approach to people forced to flee. The Commission will be in charge of formulating, monitoring and evaluating the compliance with the National Policy and Plan of Action, as well as the approval of protocols to assist internally displaced people.

MINSAL intervenes in the phase of humanitarian assistance in line with article 10, which provides that health service providers and public hospital entities across the country must provide emergency health services of quality, in an efficient, timely and immediate manner, and free of charge to displaced people regardless of their place of residence. Similarly, during the protection phase, in line with article 13, all temporary shelters must have comprehensive assistance protocols with a psychosocial approach that will enable the prevention of harmful effects of remaining in shelters. It is thus necessary to establish a specialized protocol on the comprehensive attention and a model for the provision of psychological/psychosocial assistance. MINSAL is part of the Interinstitutional Technical Commission for the Attention and Protection of Internally Displaced People.

The country is making progress towards the legalization of the act, despite the challenges posed by the COVID-19 health emergency, in order to guarantee its implementation and provide comprehensive and efficient assistance so that the victims of forced internal displacement can resume their self-sufficiency with dignity and security.

The MIRPS in El Salvador

The arrival of new authorities made it possible for the government of El Salvador to join MIRPS on July 25, 2019, as a sign of willingness and responsibility to address the phenomenon of forced displacement due to violence in the country. As a result, the government formed a multidisciplinary National Technical Team (ETN, by its Spanish acronym) composed of seven key ministries[1], involved in providing protection and solutions to victims in the various phases of the cycle of forced displacement.

In addition, ETN was responsible for leading consultations with the population and key actors, which took place in September 2019 with the objective of was gathering supplies for the construction of the MIRPS National Chapter. This resulted in the definition of a national response plan that incorporated 49 agreements to attend to, protect and provide lasting solutions for displaced individuals and individuals deported with protection needs, refugees and asylum seekers, through the relevant institutions, including MINEDUCYT, MINSAL, MSJP, MTPS and MINDEL whose implementation framework is planned for 2020-2022, from an inter-institutional approach to link humanitarian actions with development actions, in order to ensure sustainability and facilitate opportunities for the self-sufficiency of displaced individuals.

Consistent with its commitment, the Ministries are advancing in the implementation of these actions, also establishing a roadmap to identify those activities necessary for their achievement, a key tool to analyze the areas that require complementary support to the government efforts.

1 The ETN is composed of the Ministry of Justice and Public Safety; Ministry of Foreign Affairs; Ministry of Health; Ministry of Education, Science and Technology; Ministry of Labor and Social Security; Ministry of Local Development; and Ministry of Government and Territorial Development. They also have the support and assistance of the presidency, through the office of the Presidential Commissioner for Operations and Government Cabinet and the Salvadoran Agency for International Cooperation (ESCO, by its Spanish acronym).

COUNTRY: El Salvador **SECTOR: Health**

Strengthen the capacity of the National Health System to provide better health and psychosocial services to forcibly displaced people in El Salvador

Executive Summary

Health services in El Salvador face several challenges due to the COVID-19 pandemic, and in its capacity to provide essential services to vulnerable populations, including people displaced by violence. The immediate impacts of forced displacement should be considered, including in instances of mental health, which affect a high proportion of the population (70%), who have reduced access, and do not have health insurance. In order to respond to these circumstances, the Ministry of Health has identified the need and relevance of establishing a specialized protocol for comprehensive health care, specific to this population, as well as a model of mental health and psychosocial care to guarantee the restoration of physical health, together with mental and emotional wellbeing.

The planned initiative aims to ensure the provision of efficient specialized medical and psychosocial care by the national health system, adapted to the needs of people who are victims of forced displacement. This includes comprehensive health care (medical and psychosocial) adapted to the profiles of people affected by forced displacement, with an emphasis on women, girls, boys and adolescents; including in instances of sexual and gender-based violence, in order to guarantee efficient and effective care.

DURATION

2021- 2022

IMPLEMENTING ENTITIES

Ministry of Health (MINSAL, by its Spanish acronym)

LOCATION

National

BENEFICIARIES

MINSAL seeks to benefit completely victims of forced displacement or in conditions of risk of, who require assistance from the national health system

ESTIMATED BUDGET

Total Required Financing:	$358,711
National Financing:	$143,211
Financing Gap:	$215,500

1. Health sector context in El Salvador

One of the main goals proposed by President Nayib Bukele for 2019-2024 is to transform the Salvadorian health system in order to provide high-quality services. The principal goal of the Cuscatlán Plan is to secure the right to health of all the inhabitants of the national territory through a comprehensive national health system which continuously strengthens the public sector and effectively regulates the private one, and addresses social determining factors of health with full application of the Comprehensive Primary Healthcare strategy. This strategy would be applied equally in a safe and healthy environment, strengthening the promotion of health, prevention of disease, and recovery and rehabilitation through an approach of inclusion and opportunity for the most vulnerable populations, combined with the security objective of said plan. This objective seeks to address the issue beyond the fight against crime by acknowledging a social problem in which a lack of opportunities and life options begins to produce a vicious circle of poverty, crime and violence.

To achieve this, Ministry of Health (MINSAL, by its Spanish acronym) has a 2020 budget of USD 758 million, which represents around 2.65% of GDP. Since the beginning of the current administration, the aim was to implement healthcare programs for early childhood and adolescence, healthcare for women, vaccination, mental health, and assistance to high-priority groups, among others. However, with COVID-19, these measures had to be adapted to provide an agile and inclusive response in the face of the health emergency with a historically deteriorated health system.

As a result of a redirection of funds and the support of different international cooperation partners, the private sector, NGOs, etc., the country has overcome the challenges of COVID-19. In this sense, MINSAL reported that, together with other state institutions, by May 2020 it had invested more than USD 100 million to acquire personal protection equipment, supplies, and medicine, to strengthen infrastructure, and to hire staff. Its main objectives include the building of the Hospital of El Salvador. This would be the largest hospital in Latin America which, when its third building stage is completed, will have a capacity to house 2,000 beds and 1,000 intensive care units (ICUs). The first and second phases of the hospital have already been inaugurated, and it already has 105 ICUs and 295 intermediate care units for exclusively assisting patients with COVID-19.

Despite these great accomplishments, the health crisis and the measures to contain the virus have greatly impacted the physical, mental and emotional wellbeing of the population, in particular for those who already lived in climates of violence and socio-economic vulnerability, such as the forcibly displaced or at-risk people, returnees in need of protection, refugees and asylum seekers. The immediate effects of forced displacement are shown by the emotional and psychological disorders affecting a high proportion of the population, specifically, 70%. Of this group, 77% of those who had suffered forced displacement did not have private health insurance in 2018 and had difficulties in accessing healthcare services, leading then to services of the public system (MSJP, 2018).

To address this situation, the government has promised to provide responses and assistance to this population through the implementation of the National MIRPS Plan. Because of that, MINSAL is strengthening the coordinated actions that the MJSP is carrying out through the OLAVMF which provides medical and psychological assistance to its users. In addition, the Office for Victims of all Forms of Violence, under the leadership of the MINSAL, has designed the Technical Guidelines for Comprehensive Healthcare to Violence-affected Individuals, which includes comprehensive healthcare for forcibly displaced people to promote an improvement of health services.

MINSAL has experience in implementing similar initiatives and strategic programs focused on assisting victims of violence. As an example, we can mention the Fortalecimiento del Sistema de Salud Pública Project (Strengthening of Public Health System), which had an investment of USD 80 million and was supported by the World Bank until 2018. This project sought to expand coverage and increase quality and equity in the priority health services provided by the Integrated and Comprehensive Health Services Networks (RIISS, by its Spanish acronym). Additionally, it sought to strengthen the ability of MINSAL to manage and administrate essential functions of Salvadoran public health by providing services focused on the specific needs of diverse population groups, including those affected by violence in the country.

Complementary Initiatives

MINSAL has many strategic programs put forth by the Office for Victims of All Forms of Violence focused on promoting comprehensive healthcare for women, children and adolescents, as well as persons, families and communities affected by violence and injury. In addition, these programs focus on providing technical and logistical counselling and executing projects to address violence in order to ensure people affected by violence in all its forms and injuries have universal access to the right of health.

Moreover, MINSAL, working closely with relevant bodies in the sector, such as the Pan American Health Organization/ World Health Organization (PAHO/WHO), established under the 2017-2020 Cooperative Strategy definite priorities based on national policies related to the health sector. This provides continuity to previous processes that directed efforts in a process of health reform, which strengthened the health sector in an environment with efforts of the entire United Nations System (UNS) in the country, and in areas such as the following:

1. Universal health access and coverage as a cornerstone of social development.
2. Giving key focus to social determiners to reduce inequalities and inequities.
3. Lifelong health, to ensure a healthy and well population of all ages.
4. Health in the Sustainable Development Objectives framework.

Long-standing strategic relations with bodies such as the International Committee of the Red Cross (ICRC), the Salvadoran Red Cross, the World View, the United Nations Development Program (UNDP), and the United Nations Population Fund(UNPF) , are especially important in this type of intervention as they support supply acquisitions, strengthen communal systems, and support staff training in gender-based and sexual violence prevention, among others efforts.

Together, the United Nations System, through the 2016-2020 United Nations Development Assistance Framework (UNDAF), included the health sector within its high-priority interventions, especially regarding strengthening basic service systems and creating and promoting spaces of discussion as a means to reach agreements and consensus in priority areas for the development of the country, for which many initiatives have been developed. In addition, the Response Plan for the Socioeconomic Recovery due to COVID-19 in El Salvador includes, within its priorities, protecting health services and systems during the emergency, the generation of greater national capacity to deal with the demand on priority health programs, and governing and coordinating the National Health System for healthcare in the context of the COVID-19 pandemic.

2. Detailed Approach

General Objective

To guarantee medical and psychosocial care that is specialized, efficient and tailored to the needs of victims of forced displacement through the Salvadoran National Health Service, with quality and comforting services, that support their dignity, inclusion and respect for human rights.

To achieve the objectives proposed by the intervention, MINSAL must implement many strategic activities in coordination with relevant public institutions (MJSP, ESCO, ISSS, ISDEMU, etc.), who are international cooperative partners that can contribute to the initiative, as well as many office units within the same ministry, under the leadership of the Office for Victims of All Forms of Violence.

The effects of such interventions cover the entire national territory where assistance to victims through the National Health System occurs.

Specific Objective 1

Provide comprehensive healthcare (medical and psychosocial) tailored to the profiles of people affected by forced displacement, with a focus on women, children and adolescents, in order to guarantee efficient and effective assistance.

Expected Result 1

The comprehensive healthcare (medical and psychosocial) provided by the National Health System efficiently responds to the needs of the forcibly displaced population.

Activities

A1.1: Adoption of the comprehensive assistance protocol for forced displacement victims in the health system, and implementation of institutional direction and monitoring mechanisms for continuous tracking and updating.

A1.2: Design, layout and printing of the comprehensive attention protocol, including guidelines and methodological means for its implementation (3,000 copies).

A1.3: Development of social training to facilitate the application of the comprehensive assistance protocol by the staff of institutions that make up the National Health System.

A1.4: Design and implementation of a continuous training program on forced displacement for the staff of institutions belonging to the National Health Systems and other interested parties, such as the ISSS, the INS, the ISDEMU, etc.

A1.5: Design and implementation of information campaigns in the health care system for its users.

Specific Objective 2

Improve psychosocial and psychological care within the national health network to address causes and consequences of forced displacements, including gender and sexual-based violence, in respectful and decent conditions.

Expected Result 2

Improved psychological/psychosocial care to forced displacement victims through the implementation of a specialized model that provides the necessary tools for its best approach.

Activities

A2.1: Creation of a model that addresses causes and consequences of forced displacements with psychological and psychosocial care within the public health network.

A2.2: Implementation of work sessions to identify and improve psychological and psychosocial care for displaced individuals who survived gender-based and sexual violence, including a following-up mechanism.

A2.3: Development of informative events about psychological and psychosocial care models to facilitate its implementation, including psychosocial and psychological care for displaced individuals who survived gender-based and sexual violence.

A2.4: Design and implementation of a training program on rights, quality and comforting services, and workshops on self-care and psychological first aid for support staff.

3. Beneficiaries

Through this intervention, MINSAL seeks to benefit all victims of forced displacement or in high-risk situations due to violence requiring assistance from the National Health System with varying levels of assistance, by applying technical guidelines on integral healthcare for people affected by violence in all the institutions providing said service.

On average, each semester MINSAL assists 6,000 women who are victims of violence, either physical, psychological, sexual, or any other form (MINSAL, 2016) . This number is significantly greater when added to the number of men, young people and children assisted due to these same causes. In 2019, 9,765 victims of any form of violence were assisted and registered at the Unique System of Registration and Tracking (SUIS, by its Spanish acronym). Of that number, 6,390 were women and 37 were forcibly displaced people (24 women), who were referred by the relevant institutions. In this sense, the Ministry is working to improve its capacity of identifying and registering victims of forced displacement through its System for Morbidity and Mortality Via Web (SIMMOW, by its Spanish acronym).

4. Estimated Budget

During the first year of MIRPS implementation, the Salvadoran Government led a quantification process of identifying the financial needs required for the fulfilment of the agreements in its National Response Plan, among which are those assumed by MINSAL, as a way of promoting a greater capacity for national planning and management of the deployment of additional resources to complement the country's efforts, with the support and leadership of ESCO during the process.

For this, various strategic ETN meetings have been held to identify and estimate the costs of services and activities within each area so as to put the agreements of MIRPS into operation using the methodology shown in the detailed costs. Through this exercise, the country seeks to build a useful instrument for the visibility of the national investment and the promotion of productive discussions with international cooperation bodies to put forced displacement, a high-priority issue for the country, into the funding agenda.

Below are the estimated financial requirements for the effective implementation of the initiative, according to the proposed goals:

OBJECTIVE	REQUIRED FINANCING*	NATIONAL FINANCING	FINANCING GAP
SO 1: Provide comprehensive healthcare (medical and psychosocial) tailored to the profiles of people affected by forced displacement, with a focus on women, children and adolescents, in order to guarantee efficient and effective assistance.	$305,003	$ 133,253	$171,750
SO 2: Improve psychosocial and psychological care within the national health network to address causes and consequences of forced displacements, including gender and sexual-based violence, in respectful and decent conditions.	$ 53,708	$ 9,958	$ 43,750
TOTAL	$ 358,711	$ 143,211	$ 215,500

*Amounts in USD.

5. Stakeholders

The National Health System of El Salvador is composed by two subsectors, one public and one private. However, the public sector receives the highest demand and is composed by the following institutions: MINSAL (as lead of the public sub-sector), the Salvadoran Institute of Social Security (ISSS), the National Health System (INS), the Salvadoran Institute for Teacher Welfare (ISBM), Military Sanitation Command (COSAM), Solidary Health Fund (FOSALUD), and the Comprehensive rehabilitation Institute. For the implementation of this intervention, is it proposed to take advantage of the MIRPS interinstitutional approach and coordinate to the greatest extent possible with the corresponding public entities, in order to guarantee a consistent, effective, and comprehensive response:

INSTITUTION	MISSION	ROLE IN IMPLEMENTATION
Ministry of Health (MINSAL, by its Spanish acronym)	Governing body of healthcare which guarantees coverage of prompt and comprehensive services, with equality, quality and warmth, in joint responsibility with the community, including all sectors and social actors, in order to contribute to achieving a better quality of life.	Leads the implementation strategy in order to improve health services for victims of forced displacement due to violence, through the execution of protocols and models of specialized care.
Ministry of Justice and Public Safety (MJSP, by its Spanish acronym)	Governing body in charge of coordinating public safety in the country to improve developmental conditions and peaceful coexistence among the population through strategies to fight against crime and violence.	Contributes to the efforts of the MINSAL by coordinating their efforts to provided assistance for victims of forced displacement in the healthcare area through two institutions: The National Directorate's Specialist Unit for the Assistance of Forced Migration Victims (DNAVMF) and its OLAVMFs, for cases of internally displaced people, and the Department of Migration and Foreign Affairs (DGME, by its Spanish acronym), for cases of deported people with needs of protection requiring assistance by MINSAL.
National Health Institute (INS, by its Spanish acronym)	Its mission is to find scientific solutions to the major health problems of the population. Hence, it leads, coordinates and controls the institutional development processes with the aim of creating fields of health research using available databases, national health surveys, the creation of strategic health charts (of management, media and health strategies) and the development of specialized labs.	Supports the MINSAL with the transmission and dissemination of scientific knowledge and information for strategic decision making in the health sector.
Salvadoran Agency for International Cooperation (ESCO)	Institution responsible for managing, negotiating, and administering the distribution of technical and non-refundable financial cooperation to every public institution in each sector, according to the orders of the executive branch.	Attends to the management of resources and discussions with potential cooperation partners, guaranteeing their compliance with the national priorities.
Salvadoran Institute for the Development of Women (ISDEMU)	Organization in charge of formulating, directing, executing, and police compliance with the national policy on women, and to promote the protection and comprehensive development of women.	Coordinates actions for the benefit of women who have been victims of violence within assistance and protection frameworks and their access to healthcare services.
Salvadoran Institute for the Integral Development of Children and Adolescents (ISNA)	Institution responsible for initiatives concerning the promotion and dissemination of the rights of children and adolescents, including primary prevention of violence.	Contributes to establishing strategies and initiatives to guarantee access to healthcare services for children and adolescents who have been forcibly displaced.
National Council for Children and Adolescents (CONNA)	Highest authority of the National System of Integral Protection for the rights of children and adolescents.	Contributes to establishing strategies and initiatives to guarantee access to healthcare services for children and adolescents who have been forcibly displaced.
Salvadoran Institute of Social Security (ISSS)	Social security institution in charge of providing integral healthcare and economic benefits to rightful claimants with quality and warmth, based on the principles of social security.	Contributes to the efforts of MINSAL by coordinating the work they perform in relation to the assistance provided for victims of forced displacement in the healthcare area through the execution of protocols and models of specialized care.
Solidarity Fund for Health (FOSALUD, by its Spanish acronym)	This institution, which is part of the Integral National Health System, provides integral healthcare services on extended timelines in prioritized areas by developing and implementing programs that improve the quality of life of the population.	Contributes to the efforts of MINSAL by coordinating the work they perform in relation to the assistance provided for victims of forced displacement in the healthcare area through the execution of protocols and models of specialized care.

Salvadoran Institute for Teacher's Welfare (ISBM, by its Spanish acronym)	Body that manages the Special Health Program, the coverage of professional risks, and other economic and social benefits in favor of public teaching officials and beneficiaries.	Contributes to the efforts of the MINSAL by articulating the work they perform in relation to the assistance provided for teachers that may be at risk or have been victims of forced displacement in the healthcare area through the execution of protocols and models of specialized care.
Military Health Command (COSAM, by its Spanish acronym)	Responsible for supporting the Combat Health Service of the Armed Forces and is in charge of directing and executing programs on health assistance, supply and maintenance of specific materials, and management and administration of resources.	It supports the MINSAL in strategic health areas of the country, by giving complementary support for the promotion of various initiatives.
Committee for the Determination of the Refugee Status (CODER, by its Spanish acronym)	Body in charge of determining refugee status, as well as guaranteeing the right of any foreigner to seek and receive refuge within the national territory in order to safeguard his or her life, personal integrity, liberty, safety, and dignity.	Coordinates actions for the benefit of refugees and asylum seekers in agreement with the local integration model, including access to healthcare services.

Additionally, other pertinent organizations of international cooperation may be added to this group, such as United Nations system agencies, funds, and programs, and civil society and private sector organizations who are interested in contributing to the initiative. A coordinated effort among institutions such as the UNHCR, PAHO/WHO, the UNDP, the ICRC, World Vision, UNFPA and other partners, will be fundamental for the efficient development and implementation of this initiative, as a way of incorporating their contributions in terms of their mission.

6. Cross-cutting themes

Considering the conditions that forced displacement implies, it is important to ensure that the planning and execution of these initiatives is carried out within a strategic and integrating framework, broadening sectoral understanding. To achieve this goal, there must be a systematic focus on age, gender, and diversity (AGD), and sexual and gender-based violence (SGBV) in the assistance of the target population so as to respond to their needs. Likewise, it will be important to prioritize efficient psychosocial assistance for girls and women, as well as for young people, as well as protection measures, such as the ones considered at the COVID-19 Humanitarian Response Plan by the United Nation's Humanitarian Team in the country.

7. Risks and assumptions

In the developmental stage of the intervention, there might be some situations that may compromise the achievement of goals. Some mitigating measures have been determined for these cases, considering their probability and intensity:

RISKS	PROBABILITY OF OCCURRENCE	INTENSITY OF RISK IMPACT	MITIGATING STRATEGY
Change in MINSAL's planning/priorities, due to the COVID-19 outbreak.	Medium	High	The Ministry appoints a specific team dedicated to implementing these initiatives.
Difficulties in interinstitutional coordination to implement the specialized protocol in the Health System, especially at the community level.	Medium	High	MINSAL will appoint a team specializing in promoting the initiative, which will need to determine focal points within each of the institutions and at a both central and community levels to ensure there are periodic meetings and exchange processes.
Delays in implementing the proposed activities.	High	Medium	A focal point in each organization of the interested parties for the coordination and implementation of activities.
Delays in the initiative because of changes of personnel at MINSAL and relevant institutions	Medium	Medium	MINSAL will establish a mechanism of coordination with defined roles and responsibilities so that the newly appointed officials at the institutions can resume actions.

8. Monitoring and evaluation

The initiative will be led by a MINSAL team which will be in charge of monitoring and managing the evaluation of the intervention. This team may coordinate at a multi-functional level with relevant entities to ensure the tracking and integral evaluation of the implemented activities. They will have to prepare periodic reports on the advances for the interested parties, taking into account, among other things, the following elements, based on the logical framework and the annual plan:

- Degree of indicator and product advancement according to established annual goals;
- Monitoring of risks, both updated and new, with possible scenarios or mitigating measures for each case;
- Project achievements and milestones, main challenges, contingencies or delays which jeopardized the achievement of goals, and corrective measures;
- Gender-based analysis and revised gender-based mainstreaming strategy/actions/products;
- Lessons learned, successful experiences or difficulties, actions, changes, and solutions;
- Monitoring visits, workshops, and follow-up meetings;
- Visibility and communication activities; and
- Other relevant activities.

Annex 1 – Logical Framework and Estimated Budget

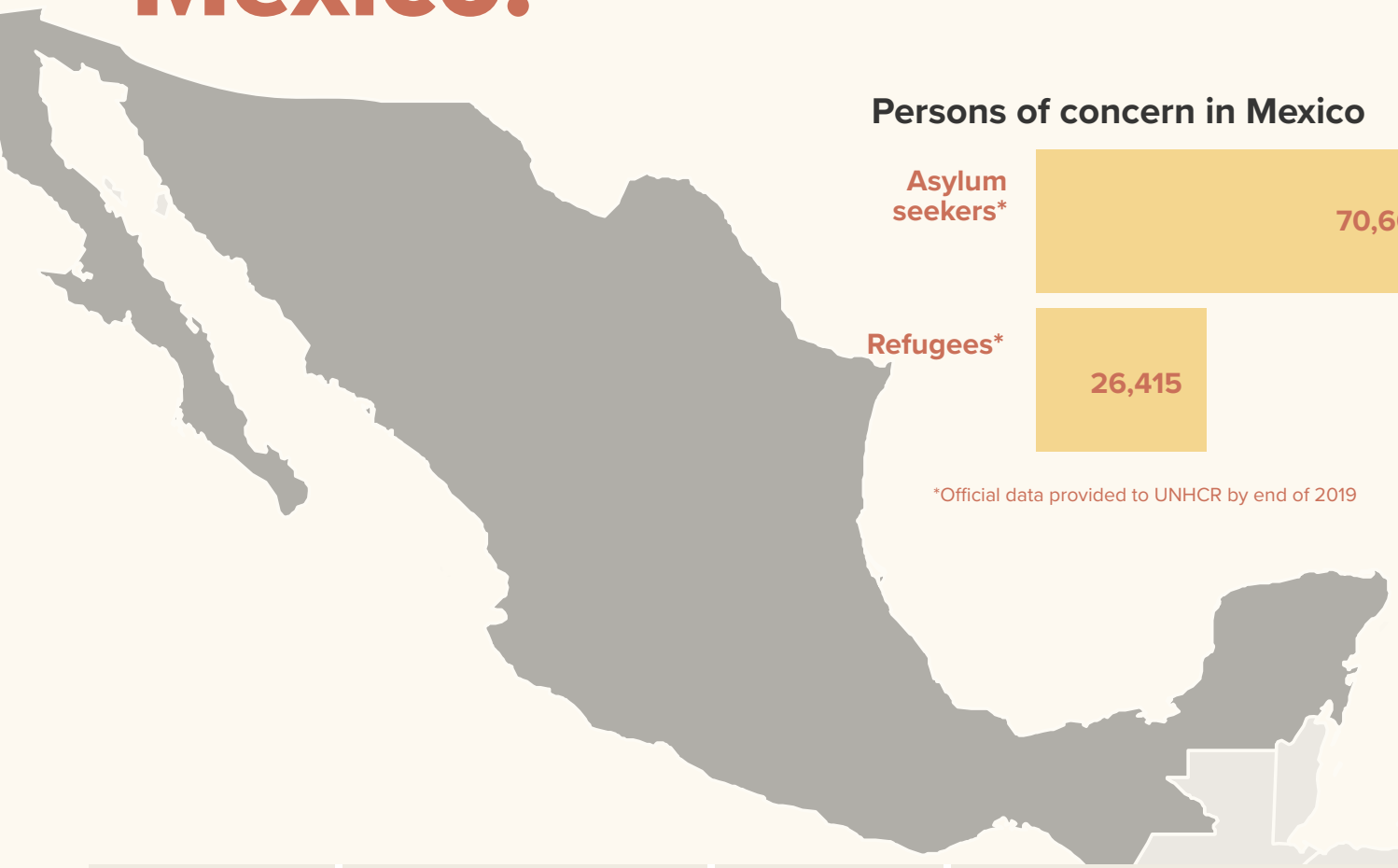
Results/Activities	Indicator	Unit of Measure	Baseline (Dec. 2020)	Goal (Dec. 2022)	Source and Means of Verification	Duration	Required Financing	National Financing	Financing Gap
General objective: Improve medical, psychosocial, specialized and efficient care tailored to the needs of victims of forced displacement through the Salvadoran National Health Service, by means of high-quality and comforting services, that support their dignity, inclusion and respect for human rights.									
Specific objective 1: Provide comprehensive healthcare (medical and psychosocial) tailored to the profiles of people affected by forced displacement, with a focus on women, children and adolescents, in order to guarantee efficient and effective assistance.									
R1. The comprehensive healthcare (medical and psychosocial) provided by the National Health System efficiently responds to the needs of the forcibly displaced population.	# of displaced people receiving assistance in the healthcare network, according to their medical and psychosocial needs.	Number of people, number of women, number of children and adolescents (NNA, by its Spanish acronym) (disaggregated by age and sex)	0	4,000 individuals (3000 women, 2500 NNA, of which 1,700 are girls y teenage girls)	Reports of the National Health System, SUIS and SIMMOW Information Systems, monitoring reports	2021-2022			
A1.1. Adoption of the comprehensive assistance protocol for forced displacement victims in the health system, and implementation of institutional direction and monitoring mechanisms for continuous tracking and updating.	# of work sessions for the adaptation of the protocol at a national level	Number of sessions	0	5	Minutes and/or reports of meetings held, photographs, attendance lists, protocol with an arranged monitoring system	2021	$13,750	$0	$13,750
	# of monitoring reports elaborated by participating focal points	Number of reports	0	4	Minutes and/or reports of meetings held, photographs, attendance lists, reports prepared every semester	2021-2022	$133,253	$133,253	$0
A1.2. Design, layout and printing of the comprehensive attention protocol, including guidelines and methodological means for its implementation (3,000 copies).	# people accessing the prepared and distributed material	Number of people	0	3,000	Publications and material for dissemination distributed, number of printed and	2021	$8,000	$0	$8,000

					distributed materials, number of downloads on published pages				
A1.3. Development of social training to facilitate the application of the comprehensive assistance protocol by the staff of institutions that make up the National Health System.	# of socialization workshops held for the dissemination of the comprehensive assistance protocol	Number of workshops	0	12	Agenda of workshops completed, photographs, attendance lists	2021-2022	$90,000	$0	$90,000
A1.4. Design and implementation of a continuous training program on forced displacement for the staff of institutions belonging to the National Health Systems and other interested parties, such as the ISSS, the INS, the ISDEMU, etc.	# officials participating in the training	Number of public workers (disaggregated by sex)	0	100	Designed, validated and implemented training program, reports on training conducted, photographs and publications in social networks	2021-2022	$20,000	$0	$20,000
A1.5. Design and implementation of information campaigns in the health care system for its users.	# people having access to the information of campaigns	Number of people	0	3,000	Publications and material for dissemination distributed, number of printed and distributed materials, number of downloads on published pages	2021-2022	$40,000	$0	$40,000
SO 1 SUBTOTAL:							**$305,003**	**$133,253**	**$171,750**
Specific objective 2: Improve psychosocial and psychological care within the national health network to address causes and consequences of forced displacements, including gender and sexual-based violence, in respectful and decent conditions.									
R2. Improved psychological/psychosocial care to forced displacement victims through the implementation of a specialized model that provides the necessary tools for its best approach.	# people forcibly displaced receiving psychological and psychosocial care	Number of people (disaggregated by gender and age)	0	1,000 (650 women and 350 men; 400 NNA)	Reports of the National Health System, SUIS and SIMMOW Information Systems, monitoring reports	2021-2022			

A2.1. Creation of a model that addresses causes and consequences of forced displacements with psychological and psychosocial care within the public health network.	# health centres participating in the revision and creation of the model	Number of centres	0	10	Minutes and/or reports of meetings held, photographs, attendance lists, model revised/created, which are arranged and approved by the National Health System	2021	$12,000	$0	$12,000
A2.2. Conduct work sessions in order to identify and improve the psychological and psychosocial care and follow-up method for displaced people who survived gender and sexual-based violence.	# of work sessions for the adaptation of the protocol at a national level	Number of sessions	0	10	Minutes and/or reports of meetings held, photographs, attendance lists	2021	$17,958	$9,958	$8,000
A2.3. Development of informative events about psychological and psychosocial care models to facilitate its implementation, including psychosocial and psychological care for displaced individuals who survived gender-based and sexual violence.	# informative workshops among the personnel in charge of the implementation of the care model	Number of workshops	0	12	Agenda of workshops completed, photographs, attendance lists	2021-2022	$3,750	$0	$3,750
A2.4. Design and implementation of a training program on rights, quality and comforting services, and workshops on self-care and psychological first aid for support staff.	# officials participating in the training	Number of public workers (disaggregated by sex)	0	100	Designed, validated and implemented training program, reports on training conducted, photographs and publications in social networks	2021-2022	$20,000	$0	$20,000
SO 2 SUBTOTAL:							**$53,708**	**$9,958**	**$43,750**
TOTAL							**$358,711**	**$143,211**	**$215,500**

Amounts in USD.

Mexico.



Persons of concern in Mexico

Asylum seekers*	70,609
Refugees*	26,415

*Official data provided to UNHCR by end of 2019

SECTOR	DESCRIPTION	IMPLEMENTING ENTITIES	TOTAL REQUIRED FINANCING
Education	Strengthen schools in the public education system (basic education and higher middle education) in communities hosting refugees and asylum seekers in southern Mexico	Relevant education Secretariats and Subsecretariats, COMAR, UN Agencies and civil society	Total Required Financing $7,042,800
Health	Strengthening first level health care in three priority areas: 1. Women's health 2. Mental health 3. Chronic diseases	Ministry of Health, Mexican Commission for Refugee Assistance at the federal and state level, civil society, United Nations Agencies such as UNHCR, PAHO-WHO and UNDP	Total Required Financing $1,246,358

Context

n 2019, the population of Mexico was 126,577,691 inhabitants. With respect to the distribution of population within the country; 77.8% of persons live in urban zones and 22.2% in rural zones. For Chiapas, 51% of persons live in urban zones and 49% in rural zones; here we see how the population living in rural areas is higher than the national average, which account for the high levels of poverty in the state. In Tabasco, 57% of persons live in urban zones and 43% in rural zones[1,2,3].

The percentage of the population living in poverty decreased from 45.5% to 41.9% between 2012 and 2018. Contrary to this tendency, in both states, the percentage of the population in poverty grew in this period. Contraria a esta tendencia, ambos estados aumentaron el porcentaje de la población en condiciones de pobreza en este periodo, at 76.,4% in Chiapas and 53.6% in Tabasco.

Chiapas has 4 times as many indigenous language speakers (3 years old or older) than the country's average: 28 for every 100 habitants in Chiapas speak some form of an indigenous language compared with the national average of 7%. 36.15% of the population self-identifies as indigenous and 0.08% as afro-descendent. 29.34% of persons that speak an indigenous language, do not speak Spanish.

In Tabasco, 3% of 3-year-olds and older are speakers of an indigenous language, below the national average. 25.77% of the population considers themselves of indigenous origin and 0.11% as afro descendent. Of the total of person who declared they speak an indigenous tongue, only 0.82% do not speak Spanish.

The average length of education in Mexico is 9.2 years. With respect to the average length of schooling by federal state, Chiapas is last place with an average of 7.3 years of education length (equivalent to a little more than the first year of high school). Tabasco is slightly above the national average, with 9.3 years of schooling.

In 2019, the Government of Mexico, through the Ministry of Finance and Public Credit (SHCP), has taken action to boost economic recovery, including: 1) the announcement of infrastructure investment for 297 billion pesos, equivalent to 1.3% of GDP; 2) the credit restructuring programme; and 3) the issuance of the first bond linked to the UN Sustainable Development Goals.

As a result of the economic recovery trajectory being conditioned by developments and response to COVID-19, by 2020 in health and economic emergency care, health and social protection spending increased by 2.5% and 5.6% real annually, in January and September, respectively. At the same time, operating expenses decreased by 3.3% real annually, showing greater efficiency in the exercise of public resources.

Forced displacement trends

Mexico is a country of origin, transit, destination and return. Historically, the total foreign population living in Mexico has been a very marginal population in terms of quantity; they make up no more than 1% of the population. In addition, Mexico has also been a recipient country for migrants and refugees[4].

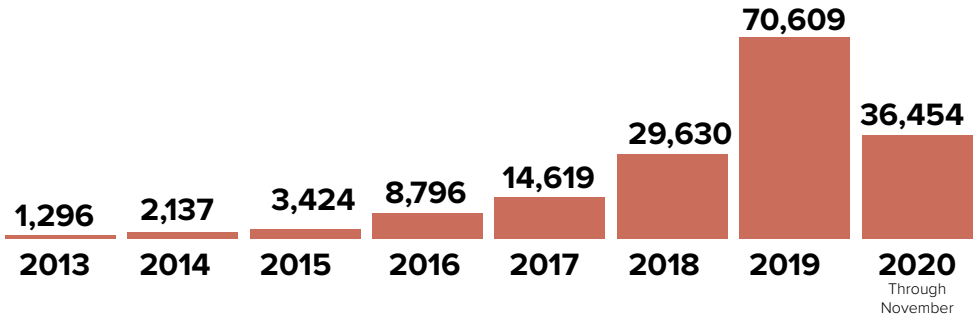
In recent years, (i) the social, political and economic situation of various countries in the region, (ii)the restrictive asylum and migratory policies of the United States; and (iii) the geographic location of Mexico, among other factors, Mexico has experienced an exponential increase in applications for recognition of refugee status as illustrated in the graph.

Up to March 2020, this trend remained upwards according to information from the Mexican Refugee Aid Commission (COMAR). However, as of April 2020, the number of applicants for refugee status began to decline dramatically due to the health emergency by COVID-19 and decisions to close borders and restrictions on the mobility of people taken by governments in many countries.

However, as of April 2020, the number of applicants for refugee status began to decline dramatically due to the health emergency by COVID-19 and decisions to close borders and restrictions on the mobility of people taken by governments in many countries. In the period from January to June 2020, a total of 20,496 persons applied for asylum in Mexico, compared with 31,499 persons that applied during the same period of 2019, and 10,285 that did so in the same period of 2018[5].

1 CONEVAL. Povery Report and 2020 Evaluation, Chiapas. Available at: https://www.coneval.org.mx/coordinacion/entidades/Documents/Informes_de_pobreza_y_evaluacion_2020_Documentos/Informe_Chiapas_2020.pdf
2 INEGI, (2015) Sociodemographic Panorama of Chiapas. Available at : http://internet.contenidos.inegi.org.mx/contenidos/Productos/prod_serv/contenidos/espanol/bvinegi/productos/nueva_estruc/inter_censal/panorama/702825082154.pdf
3 INEGI, (2015) Sociodemographic Panorama of Tabasco. Available at: http://internet.contenidos.inegi.org.mx/contenidos/Productos/prod_serv/contenidos/espanol/bvinegi/productos/nueva_estruc/inter_censal/panorama/702825082390.pdf
4 New Migration Policy 2018-2024 (2019). Available at : http://portales.segob.gob.mx/es/PoliticaMigratoria/Nueva_Politica_Migratoria
5 It is important to highlight the distinction between the number of people and the number of cases. A case can contain one or more people. Thus, the number of cases or requests does not necessarily reflect the number of applicants.

Graphic 1. Number of asylum seekers in Mexico (2013-2020)



While it is complex to anticipate the behavior of this trend because of the health situation and the predominant uncertain landscape, considering the reasons that trigger people's departure from their home countries, the flows are not expected to stop. For example, 84% of people who considered migrating in the past twelve months would consider retaking the trip when mobility restrictions have been normalized, which suggests that the pandemic has only postponed the projected migration flows[6]. This is consistent with the view shared by the authorities that there will be an uptick in migration flows once mobility restrictions are relaxed, as the conditions for forced displacement from countries of origin have not decreased[7]. This arrival of people puts pressure on the educational services of the southern border area and forces a process of planning and response from these services that consider these new demands. The states of Chiapas and Tabasco, in addition to Mexico City [8]are federal states that receive the highest numbers of asylum-seekers application. The COMAR in Chiapas and Tabasco received 63% and 72% respectively of applicants for refugee status in 2018 and 2019 respectively, as shown in the table 1.

Table 1. Number of people and applicants of refugee status in Mexico 2018 and 2019

	2018			2019		
DELEGATION	**CASES**	**PERSONS**	**%PERSONS**	**CASES**	**PERSONS**	**%PERSONS**
CDMX	6,134	8,458	29%	10,122	14,155	20%
Chiapas	9,383	16,640	56%	24,935	45,821	65%
Tabasco	1,213	2,070	7%	2,867	5,266	7%
Veracruz	1,638	2,462	8%	3,359	5,367	8%
TOTAL	18,368	29,630	100%	41,283	70,609	100%

The presence of children and adolescents among those seeking asylum has increased in recent years. Although the presence of all age groups is relatively similar, in recent years the significant increase in the volume of applications has caused an increase in the number of children and adolescents. Around 30% of applicants for refugee status are in the age range between 0 and 19 years. This equated to 381 children and adolescents[9] in 2013 and 5,2521 in 2018.

6 OIM (2020), Effects of COVID-19 on the Migrant Population. Available at: https://kmhub.iom.int/sites/default/files/publicaciones/sondeo-efectos_de_la_covid-19_junio_2020_final.pdf

7 COLEF (2020) Migrant and refugee populations in the context of the COVID-19 pandemic (videoconference). Available at: https://www.youtube.com/watch?v=QaN8TETPeFA&feature=em-lbrm

8 The central offices of COMAR in Mexico City. They concentrate the applications for refugee status received in more than 20 states of the Mexican Republic.

9 To define this age group, we use the World Health Organization definition of adolescence, which conceives it as the stage between 10 and 19 years of age. Thus, children and adolescents correspond to people between 0 and 19 years of age.

National response

In Mexico a broad legal framework for the protection for asylum-seekers and/or refugees, such as the Political Constitution of the United Mexican States; the Law on Refugees and Complementary Protection, as well as its regulations; the Global Compact on Refugees and the Comprehensive Regional Framework for Protection and Solutions (MIRPS), which protect their rights, such as that every person in Mexican territory has access to public education services in the country.

The MIRPS in Mexico

In the long tradition of regional cooperation to respond to the protection challenges derived from forced displacement and as a participating country, Mexico undertook within the MIRPS framework to address the following axes: 1: Reception and admission; 2: Immediate and persistent needs; 3: Support to host countries and communities and 4: Durable solutions.

This is through the implementation of 38 commitments detailed in the national Action Plan and under the direction of the national technical team (NTT). The NTT is formed by representatives of the Ministry of the Interior and the Ministry of Foreign Relations by COMAR through the Directorate of Interinstitutional Attention and Liaison and the Sub secretariat for Multilateral Affairs and Human Rights, through the General Directorate for International Human Rights and Democracy Policy.

With the objective of updating the national Action Plan, in the year 2019, the Interinstitutional Table on Refugee and Complementary Protection was reinstated, in which twenty agencies of the Federal Government participated. Specifically, the Roundtable updated the commitments. It was agreed to create thematic roundtables on priority topics such as Health, Education, Employment, Labor and Identity and Documentation, to promote the inclusion of the asylum-seekers and refugees in national policies. The impact that is sought with the changes made in the issues of education, health, employment, identity and others will be for the benefit of the refugee population in the short, medium and long term. The sessions of the Interinstitutional Roundtable and of related thematic roundtables have increased during 2020.

COUNTRY: México **SECTOR: Salud**

Strengthening first level health care in the state of Chiapas, Mexico

Executive Summary

Mexico has become a destination country for people seeking international protection. In Chiapas and Tabasco, 63% and 72% of the applicants for refugee status were received in 2018 and 2019 respectively. During the journey from their countries of origin to Mexican territory, people often face adversity and multiple types of physical, psychological and sexual violence.

In the 'National Development Plan (PND) 2019-2024', the government describes the need to position Universal Health Coverage (UHC) as a priority and seeks to guarantee that by 2024 all and all the inhabitants of Mexico can receive medical and hospital care, including the supply of medicines and healing aids, in addition to clinical examinations. Likewise, it seeks to improve and expand the health infrastructure, equipment and supply of medicines in medical and rehabilitation units, generating adequate and accessible conditions to provide quality health services to the entire population.

This programme seeks to strengthen the absorption capacity of health services, to ensure that refugee and aslyum seekers and refugees can access health care in Chiapas. The essential components of this initiative are to attention to women's health, mental health and chronic diseases. Through a comprehensive plan, it will promote the inclusion and integration of refugees and asylum seekers into health services in Chiapas.

DURATION
2 years (2021 and 2022)

IMPLEMENTING ENTITIES
Ministry of Health, Mexican Commission for Refugee Assistance at the federal and state level, civil society, United Nations Agencies such as UNHCR, PAHO-WHO and UNDP

LOCATION
Southern Border of México: Tapachula y Palenque, Chiapas

BENEFICIARIES
Refugees, asylum seekers and host communities in Chiapas

ESTIMATED BUDGET
Total required financing: $1,246,378

1. Health sector context in Mexico

The current administration that began on December 1, 2018, proposed a six-year projection to articulate national problems and identify solutions called 'National Development Plan (PND) 2019-2024' wherein the need to position Universal Health Coverage (CUS for its acronym in Spanish) as a priority is described.

The current government seeks to guarantee that by 2024 all inhabitants of Mexico can receive free medical and hospital care, including the supply of medicines and materials, as well as clinical examinations.

Particularly pillar II called "Well-being", in its objective 2.4 establishes "to promote and guarantee the effective, universal and free access of the population to health services, social assistance and medicines." This is framed in the principles of social participation, technical competence, medical quality, cultural relevance and non-discriminatory treatment"[1].

Likewise, it seeks to improve and expand the health infrastructure, equipment and supply of medicines in the medical and rehabilitation units, generating adequate and accessible conditions to provide quality health services to the entire population.

The way to operationalize this commitment to the CUS will be through the National Institute of Health for Wellbeing (INSABI for its acronym in Spanish), which will provide health services throughout the national territory to all people without entitlement to the Mexican Institute of Social Security (IMSS for its acronym in Spanish) or the Institute of Social Security and Services for State Workers (ISSSTE for its acronym in Spanish), Petróleos de México (PEMEX for its acronym in Spanish), Secretariat of the Navy (SEMAR for its acronym in Spanish) and / or private institutions[2].

The attention will be provided with the principles of social participation, technical competence, medical quality, cultural relevance, non-discriminatory, dignified and humane treatment.

In addition to these efforts, the General Health Law was amended last 2019 in its articles[2]:

- 77 bis 6. Of the free provision of health services, medicines and other associated supplies for people without social security.
- 77 bis 7. On the coverage and scope of the free provision of health services, medicines and other associated supplies for people without social security.
- 77 bis 29. Of the Health Fund for Well-being. The Health Fund for Well-being, is a public trust without an organic structure, constituted in terms of the Federal Law on budget and fiscal responsibility in a development banking institution, in that the Institute of Health for Wellbeing acts as trustee.

Due to these and other modifications, access to health services in Mexico is free and open to people who request it in Mexican territory. That is why it is important that the current government has a document that is the methodological - operational proposal for the implementation of Primary Health Care (APS for its acronym in Spanish) and that allows the reorganization and concrete implementation of the new model in the State Health Services (SESA for its acronym in Spanish), which adhere to the Federalization Agreement of health services.

The APS-I Mx has all the characteristics to guarantee the right to health protection[3]. This model becomes relevant, due to the epidemiological transition in the country where chronic diseases have become the main cause of death and morbidities.

Health needs in Mexico and Chiapas

In 2017, due to the epidemiological transition in Mexico, the first cause of premature death in Mexico was interpersonal violence (1,748.27), also for Chiapas (1,490.63)[4].

Regarding the years lived with disability both at the national and state level in Chiapas, it is due to Diabetes Mellitus. The second cause in the country was due to interpersonal violence (1,787.31), while for Chiapas it was chronic kidney disease (1,561.62)[5].

At the time of writing this report (November 4, 2020) due to the health crisis caused by COVID-19, Mexico is ranked third in the region of the Americas by number of deaths due to this virus. First, there is the United States with 228,998; followed by Brazil 159,844 and Mexico 91,753 deaths[6].

With regard to data provided by UNHCR Mexico, since 2018, the main health care needs of the refugee applicant population in Chiapas is due to chronic diseases. It is also observed that 10% of women who requested refugee status were pregnant and in need of sexual and reproductive health attention[7].

It is also observed that in all age and gender groups it is necessary to attend to people who are victims of sexual, physical and psychological violence, mainly populations at risk such as accompanied and unaccompanied children and

1 DOF. National Development Plan 2019-2024. Available at : https://www.dof.gob.mx/nota_detalle.php?codigo=5565599&fecha=12/07/2019
2 DOF. Decree by which various provisions of the General Health Law and the Law of the National Institutes of Health are amended, added and repealed. Available at: http://www.diputados.gob.mx/LeyesBiblio/ref/lgs/LGS_ref116_29nov19.pdf
3 Ministry of Health. Comprehensive and Integrated primary health care aps-i mx: the methodological and operational proposal. Available at: http://sidss.salud.gob.mx/site2/docs/Distritos_de_Salud_VF.pdf
4 IHME. Main causes of premature death in Mexico and Chiapas. Available at: https://vizhub.healthdata.org/gbd-compare/
5 IHME. Years lived with disability in Mexico and Chiapas. Available at : https://vizhub.healthdata.org/gbd-compare/
6 OPS-OMS. COVID-19 Information System for the Region of the Americas. Disponible en: https://paho-covid19-response-who.hub.arcgis.com/
7 Results of the consultancy "Mapping of institutional capacities and strengthening opportunities in host communities in southern Mexico".

adolescents, trans women and the LGBTI+ population[7].

Currently there are 369 registered people applying for refugee and refugee status in Mexico living with physical, visual and mental disabilities[8].

Health services capacity

According to available information, at the national and state level, the basic indicators in human resources for health are lower than those recommended by the World Health Organization.

Regarding the use of health services, in 2018, 58% of the population nationwide used the health services provided by the Ministry of Health; while in Chiapas it was 60%[8].

Table 1. Basic hospital resources for the general population in Chiapas, 2018

General Medicine Offices per 1,000 inhabitant	Specialty clinics per 1,000 inhabitants	Census beds per 100,000 inhabitants	Operating rooms for every 100,000 inhabitants
0.41	0.18	0.39	2.86
General doctors per 1,000 inhabitants	**Specialist doctors per 1,000 inhabitants**	**General nurses per 1,000 inhabitants**	**Specialist nurses per 1,000 inhabitants**
0.69	0.33	1.33	0.15

Cost of access to health services for applicants of refugee status in Mexico

In 2019, the total estimated cost for access to health services for applicants of refugee status in Mexico amounted to MXN 24,564,581.92, while in 2013, it was MXN 415,307.35[9].

These figures show the importance of increasing the state health budget, since it would have to be adjusted in the same proportion. For example, if the current budget for the health sector at the federal level were to be adjusted with these parameters, it would have increased 69% from 2013 to 2019 in terms of access for applicants[9].

Another implication of the arrival of people requesting refugee status in Mexico is that their arrival exacerbates the pre-existing challenges in the country, since it puts pressure on a health system that, in itself, is insufficient for the Mexican population. In addition, access to healthcare services is determined through formal employment and, in Mexico, the level of informal employment is very high (See annex 2).

Relevant interventions

Comprehensive and Integrated Primary Health Care Mexico (PHC-I Mx). The new model proposed by the current administration considers the strengthening of the First Level of Care with a direct focus on Primary Health Care (PHC), where the structure of the Integrated Health Services Networks (RISS, for its acronym in Spanish) will meet the restructuring of the Health Jurisdictions by converting them into Health Districts, a coordinating body of actions in their territory of responsibility, which will guarantee the efficient and continuous care of the local population.

Thematic table on health of the inter-institutional table on refugee and complementary protection. On June 30, 2020, the first session of the year of the 'Inter-institutional Table on Refugee and Complementary Protection' took place. The Undersecretary for Human Rights, Population and Migration, Alejandro Encinas Rodríguez, stressed that the purpose is to generate the necessary instruments to confront the health emergency due to the coronavirus (COVID-19) and comply with the international commitments that Mexico has signed in the Comprehensive Regional Framework for Protection and Solutions (MIRPS), as well as in the Global Compact on Refugees. In this session, the thematic tables were established including the table on health that will be chaired by the Ministry of Health, with the technical secretariat of COMAR.

8 INEGI. INEGI, Intercensal Survey 2015.Available at: https://www.inegi.org.mx/programas/intercensal/2015/
9 Unidad de Política Migratoria. Acceso a la salud de las personas solicitantes de la condición de refugio, refugiadas y beneficiarias de protección complementaria. Los costos económicos para el estado mexicano. Disponible en: http://www.politicamigratoria.gob.mx/work/models/PoliticaMigratoria/CEM/Publicaciones/Revistas/movilidades/movEs/espmov.pdf

Donations of personal protective equipment (PPE) and medical devices for reception areas in the south of the country. Since the beginning of the COVID-19 emergency, in coordination with INSABI and local health jurisdictions and hospitals, some needs were identified, such as insufficient protective equipment for medical personnel, as well as of mechanical ventilators to treat COVID-19 cases[10].

UNHCR mobilized resources from the international community to invest 5.7 million pesos for the purchase of medical supplies for hospitals and health centers in Chiapas, Tabasco, and Veracruz, the main states receiving refugees, whose health services serve both the local population, refugees and migrants. The materials, acquired with technical assistance from PAHO-WHO, were delivered to five municipalities: Tapachula and Palenque, in Chiapas; Tenosique and Villahermosa, in Tabasco; and Xalapa, in Veracruz[10].

LGBTI+ community applicants of refugee status from El Salvador, Guatemala and Honduras. This is a report published by Amnesty International, which describes the experience of requesting refugee status as people who identify themselves within the LGBTI+ community. In the same way, the challenges they face when they leave their countries of origin are detailed.

Médicos del Mundo (MdM). MdM's COVID-19 response project in Tapachula served approximately 1,168 people in the last six months. Its components included: medical and psychological care and health promotion. Mental health care was implemented both in person and remotely, and the target population was migrants, refugees, applicants of refugee status or persons in other mobility situations. The project also serve people and families affected by COVID-19. Of the psychological consultations given, 43% were conducted at a distance, which highlights the importance of keeping this type of care available despite the limitations.

Almost 70% of the people seen by MdM had a diagnosis of generalized anxiety, which is consistent with global trends regarding the increase of this condition during the pandemic. Through the health promotion component, the project provided information to the local population of Tapachula, in mobility and on the streets, on the prevention of COVID-19 and on how and when to seek medical attention. During these activities, other health, social, protection or humanitarian needs were detected and were channeled or addressed directly since these needs frequently exceeded the pre-existing capacities locally*

Lessons learned

• Refugees working in the health sector in Chiapas, Mexico

During May 2020, ten refugees and applicants of refugee status health professionals were hired in Mexico to contribute to the response to the COVID-19 pandemic. UNHCR has identified more than 100 refugee and applicants of refugee status health professionals in Mexico who could be integrated into health services as health professionals[11].

• Guidelines for the implementation of temporary care centers COVID-19 (CAT-COVID19) and mobile hospitals (EMT)

During the health emergency due to COVID-19, the Ministry of Health at the federal level installed temporary modules with the function of expanding the care capacity of health services[12].

• Qualitative research and reports that make Gender-Based Violence visible (GBV).

Women applicants of refugee status from El Salvador, Guatemala and Honduras face alarming levels of GBV, and this has a devastating impact on their daily lives[13,14]. Women flee mainly to protect themselves and their children from murder, extortion and rape.

10 Release. UNHCR joins the response to COVID-19 in southern Mexico with the delivery of medical supplies. Available at: https://www.acnur.org/es-mx/noticias/press/2020/7/5f04abd24/acnur-se-suma-a-la- respuesta-al-covid-19-en-el-sur-de-mexico-con-entrega.html

11 UNHCR statement. Available at: https://www.acnur.org/es-mx/noticias/historia/2020/6/5ede49054/al- paciente-le-brindo-todo-lo-que-este-en-mis-manos.html

12 Ministry of Health. Guidelines for the implementation of temporary care centers COVID-19 (CAT-COVID19) and mobile hospitals (EMT). Available at: https://coronavirus.gob.mx/wp-content/uploads/2020/04/Lineamientos_Centros_Atencion_Temporal.pdf

* Text written and authorized to share by MdM.

13 UNHCR. The Silence I Charge: Revealing Gender Violence in Forced Displacement, Guatemala and Mexico, Exploratory Report 2018. Available at: https://www.acnur.org/publications/pub_prot/5c081f094/el-silencio-que-cargo-revelando-la-violencia-de-genero-en-el-desplazamiento.html

14 Women on the run. First-hand accounts of refugee women fleeing from El Salvador, Guatemala, Honduras and Mexico. Available at: https://www.acnur.org/fileadmin/Documentos/BDL/2016/10666.pdf?file=t3/fileadmin/Documentos/BDL/2016/10666

2. Detailed approach

General objetive

Strengthen the health services of the first dregree of care for local people, refugees and applicants of refugee status in Chiapas in the period 2021-2022.

Prioritized topics

1. Women's health: Sexual and reproductive health, prenatal care, childbirth and postpartum
2. Mental health: Psychological and psychiatric care for victims of physical, psychological and sexual violence
3. Chronic diseases: Diagnosis, monitoring and control of diabetes mellitus and hypertension

Expected results: Strengthen the absorption capacity in first degree health services of applicants of refugee status and refugees in Chiapas during the period 2021-2022, in order to contribute to the improvement of health care.

Specific objective 1

Diagnose the absorption capacities in 11 health centers in Chiapas, 2015-2021of refugee and applicants of refugee status population

Expected result 1

Delivery of a report with the diagnosis of absorption capacities of the 11 health centers in Chiapas, with sociodemographic and epidemiological information on the local population, applicant for refugee status and refugees in the period 2015-2021.

Activities

The activities consist of analyzing public information systems and key actors. Indicators of the state health systems will be measured based on four axes: structure, process, results and leadership. This will be conducted in coordination with PAHO-WHO, UNDP, COMAR and the Ministry of Health.

- Activity 1.1: Characterize the sociodemographic and epidemiological profile of the local population, applicant for refugee status and refugees in 2015-2021
- Activity 1.2: Understand the installed and required capacity of the services in 11 health centers in Palenque and Tapachula
- Activity 1.3: Conduct missions to Palenque and Tapachula

Specific objective 2

Improve the infrastructure and supply capacity of health centers in Chiapas with an emphasis on three priority axes: women's health, mental health and chronic diseases in 2021-2022

Expected result 2

Donation of medical equipment, supplies, medical devices and Personal Protective Equipment (PPE) in 11 health centers in order to contribute to the improvement of services and health care for the local population, refugees and applicants for the refugee status, during the period 2021-2022.

Activities

The activities consist of the acquisition and donation of medical equipment, supplies, medical devices and Personal Protective Equipment (PPE) for the attention of the three priority axes in health for people seeking refugee status according to the needs of the centers of identified health.

For the coordination of these donations, the Ministry of Health will participate, sharing the situational diagnoses of the health centers that mostly receive the population requesting refugee status, as well as the local population. The actions will be implemented in conjunction with the State Health Secretariats, as well as with technical assistance from PAHO-WHO for the acquisition of supplements.

- Activity 2.1: Acquisition of medical equipment for women's health care in 11 health centers (4 in Palenque and 7 in Tapachula)
- Activity 2.2: Acquisition of supplies for women's health care in 11 health centers (4 in Palenque and 7 in Tapachula)
- Activity 2.3: Acquisition of supplies for sexual and reproductive health care in 11 health centers (4 in Palenque and 7 in Tapachula)
- Activity 2.4 Acquisition of medical equipment for mental health care in 11 health centers (4 in Palenque and 7 in Tapachula)
- Activity 2.5 Acquisition of supplies for mental health care in 11 health centers (4 in Palenque and 7 in Tapachula)
- Activity 2.6 Acquisition of medical equipment for control, care and monitoring of Diabetes Mellitus and Hypertension in 11 health centers (4 in Palenque and 7 in Tapachula)
- Activity 2.7 Acquisition of supplies for control, care and monitoring of Diabetes Mellitus and Hypertension in 11 health centers (4 in Palenque and 7 in Tapachula)
- Activity 2.8 Acquisition of medical devices and PPE for COVID-19 care in 11 health centers (4 in Palenque and 7 in Tapachula)
- Activity 2.9 Acquisition and installation of signs for health centers in the Haitian Creole language in 11 health centers (4 in Palenque and 7 in Tapachula)
- Activity 2.10 Bimonthly visits to beneficiary health centers in Palenque and Tapachula

Specific objective 3

Improve human resource capacity in health centers in Chiapas in 2021-2022

Expected result 3

Hiring of a professional in nursing, medicine, nutrition and psychology for each of the 11 health centers in order to contribute to the improvement of health care for the local population, refugees and applicants for refugee status, during the period 2021-2022.

Activities

The activities include the hiring of an interdisciplinary group of health professionals to increase the capacity of care in health centers of the first degree of care in the Sanitary Districts in Palenque and Tapachula. In order to achieve these contracts, it is necessary to coordinate with the health Sanitary Districts the identification of health centers that receive the majority of the population requesting refugee status to prioritize the establishments by geographic area and population concentration.

- Activity 3.1: Hiring of nursing professionals for 11 health centers in Palenque (4), Tapachula (11), 2021, 2022
- Activity 3.2: Professional contracting in medicine for 11 health centers in Palenque (4), Tapachula (11), 2021, 2022
- Activity 3.3: Professional hiring in psychology for 11 health centers in Palenque (4), Tapachula (11), 2021, 2022
- Activity 3.4: Professional hiring in nutrition for 11 health centers in Palenque (4), Tapachula (11), 2021, 2022

Specific objective 4

Design a proposal for a pilot program for job placement in the Mexican health system for health professional applicants of refugee status and refugees in 2021.

Expected result 4

Implementation of a pilot program in 2021 of labor insertion into the Mexican health system for applicants of refugee status and refugee health professionals.

Activities

UNHCR has worked with the identification of more than 100 refugee, refugee and / or refugee-seeking health professionals in Mexico.

It is intended that, in collaboration with the Ministry of Health, the National Institute of Health and Well-being, health professionals will be channeled to process the revalidation of titles and issuance of professional identification with the Ministry of Public Education, in order to join to health establishments according to the needs of the health authority.

- Activity 4.1: Propose a pilot program of labor insertion to the Mexican health system for applicants for refugee status and refugee health professionals.
- Activity 4.2: Absorb the costs of revalidation and professional license for health professionals applying for refugee status and refugees (100 people).
- Activity 4.3: Temporary accommodation for three months for 100 health professionals applying for refugee status and refugees
- Activity 4.4: Implementation of the pilot program for health professionals seeking refugee status and refugees in Chiapas.
- Activity 4.5: Bi-monthly field visits in Tapachula and Palenque.

Specific objective 5

Strengthen the processes of channeling, inclusion and health care in health services of the first degree of care in Chiapas, 2021.

Expected result 5

Implementation of courses and training by experts in health systems, process and registration of applications for refugee status, PHC and disability, aimed at health professionals and administrators in order to contribute to the improvement of health care for the local population, refugees and applicants for refugee status during the period 2021-2022.

Activities

For the activities of the objective, it is expected to have the support of COMAR, SSA and UNHCR to coordinate a training program on four priority topics:

1. Structure and operation of the Mexican health system. The thematic table on health of the Inter-Institutional Table under the leadership of the Ministry of Health, in conjunction with COMAR, with the support of UNHCR and PAHO / WHO will design and implement a course to strengthen knowledge and skills related to the structure and functioning of the national health system (to be confirmed).

2. Primary Health Care. In coordination with the federal and state Secretariat of Health of Chiapas and through the Virtual Campus of Public Health, a training period will be organized to strengthen the competencies of health personnel at the first degree of care in the health districts (to be confirmed),.

3. Attention focused on the health needs of applicants for refugee status in Mexico. An inter-institutional group of UNHCR, COMAR, PAHO / WHO (to be confirmed), design and implement a training course for officers in registration / protection / attention directorates and institutional linkage.

4. Adequate attention for people with disabilities and health needs. With the support of PAHO-WHO and the Mexico Coalition for the Rights of Persons with Disabilities (COAMEX), a training course will be given regarding technical knowledge on disability in Mexico.

• Activity 5.1 Basic virtual course of the Mexican health system for COMAR and UNHCR in collaboration with the National Institute of Public Health (40 people).

• Activity 5.2 Course on the process of requesting refuge and navigation of the Mexican health system for the Federal, State, and Municipal Health Secretariat (25 people)

• Activity 5.3 Activity Virtual course on PHC with health professionals in Palenque and Tapachula (15 people)

• Activity 5.4 Virtual training for officers of registration / protection / management of care and institutional linkage to provide care focused on the needs of the persons of concern (25 people)

• Activity 5.5 Training course for UNHCR and COMAR for adequate care of people with disabilities and their needs (25 people)

Specific objective 6

Promote the inclusion and integration of refugees and refugee applicants into health services in Chiapas through a comprehensive plan.

Expected result 6

Proposal of a comprehensive health care plan for the applicants of refugee status and refugee population, in order to contribute to the improvement of health care for the refugee population and those seeking refugee status.

Activities

Work in coordination with the Federal and State Secretariat of Health, as well as with COMAR, United Nations agencies such as PAHO-WHO and UNHCR to update the content of the Comprehensive Migrant Care Plan so that the applicant population is explicitly included of refugee and refugee status.

• Activity 6.1 Carry out a comprehensive health and COVID-19 care plan for the applicants of refugee status and refugee population through a hiring for a consultancy in the COMAR Care and Institutional Relations Directorate that allows the development and systematization of processes and mechanisms for referral to health services.

• Activity 6.2 Field visits to Tapachula and Palenque.

3. Beneficiaries

The beneficiaries of the proposed initiative are refugees, applicants for refugee status and the local community in Chiapas.

In 2019, of the total number of applicants for refugee status in Chiapas was 45,821, of which 2,828 of them (3% of the national total) expressed the need for COMAR's advocacy support to access public health services.

Of the total number of requests for accompaniment nationwide; 60% took place on the southern border of the country. This is based on information collected and shared by COMAR's Office of Attention and Institutional Liaison.

At the moment it is not possible to determine how many people for each priority group will be served, since there is a gap in the systematization of information at the national and state level.

Priority groups

1. Children and adolescents at risk. The health needs of children and adolescents who come to the country requesting refugee status require early childhood care, nutrition, vaccination and attention to acute respiratory diseases, acute diarrheal diseases, mental health, among others.

2. Women at risk. UNHCR has documented the reasons why women decide to leave their countries of origin. Likewise, the need to guarantee respect for health as a right and contribute to effective access to health services has been made visible[15,16,17]. Because they face different experiences during their trip and arrival in Mexico, the following points are identified:

- Access to comprehensive health care protocols by the health system for victims of sexual violence. There have been cases of women, including girls and adolescents who have been victims of sexual violence in their countries of origin or during their journey, so it is necessary to guarantee access to the corresponding health services.
- Access to family planning. Education for health, including sexual and reproductive health, is essential for women to perceive themselves as their own agents of action, so family planning represents a means by which informed decisions are made.
- Pregnancy, childbirth and the postpartum. In 2020, of the total number of women who applied for asylum in Mexico, 10% were pregnant. An increase in the number of pregnant women arriving in the country has been observed, including not only from Central America but also from Caribbean countries that sought refuge and who arrived in the country via Chiapas.
- Disclosure of GBV. It is identified that women (adolescents and adults) applicants of refugee status, international protection and refugees, as well as people belonging to the LGBTI+ community, experience a normalization of violence, since it frequently occurs in the communities from which they come[18].
- People with disabilities. Up through June 19, 2020, 369 applicants for refugee status and refugees living with disabilities were registered in Mexico.29 The main three types of disability that occurred were physical, mental and visual. Men seeking refugee status and refugee men are more affected by disability compared to women. The ages where it occurs with the highest prevalence are the economically productive ones (25 and 49 years).29 Of the total number of applicants for refugee status and refugees who registered having a disability, 10% were children between the ages of five and eleven.

3. LGBTI+ at risk or people with diverse sexual orientations and gender identities. This group of people has a gap in access to health services from their countries of origin, so upon arrival in the country a comprehensive approach to care for their psychological, physical and sexual health is required.

4. Elderly people at risk (68+). This group of people generally take different types of medications, among which chronic conditions are more common.

15 UNHCR. First-hand accounts of refugee women fleeing from El Salvador, Guatemala, Honduras and Mexico. Available at: https://www.acnur.org/fileadmin/Documentos/BDL/2016/10666.pdf?file=t3/fileadmin/Documentos/BDL/2016/10666

16 International Amnesty. No place that protects me: Asylum seekers in Mexico based on their sexual orientation and / or identity from El Salvador, Guatemala and Honduras. Available at: https://www.unhcr.org/en-ie/5a2ee6754.pdf

17 UNHCR. The Silence I Charge: Revealing Gender Violence in Forced Displacement, Guatemala and Mexico, 2018 Exploratory Report.Available at: https://www.acnur.org/publications/pub_prot/5c081f094/el-silencio-que-cargo-revelando-la-violencia-de-genero-en-el-desplazamiento.html

18 UNHCR. Situational context of refugees and migrants with disabilities in Mexico. Internal report, June 2020.

4. Estimated budget

OBJETIVE	REQUIRED FINANCING*
1. Diagnose the absorption capacities of the refugee and applicants of refugee status population in 11 health centers in Chiapas, 2015-2021	$38,572.00
2. Improve the infrastructure and supply capacity of health centers in Chiapas with an emphasis on three priority pillars: women's health, mental health and chronic diseases in 2021-2022	$263,142.85
3. Improve human resource capacity in 11 health centers in Chiapas in 2021-2022	$800,000.00
4. Design a proposal for a pilot program of labor insertion into the Mexican health system for health professional applicants of refugee status and refugees in 2021	$75,714.28
5. Strengthen the processes of channeling, inclusion and health care in health services of the first degree of care in Chiapas, 2021	$36,071.43
6. Promote the inclusion and integration of refugees and applicants of refugee status to health services in Chiapas, through a comprehensive plan.	$32,857.14
TOTAL	**$1,246,357.70**

* Note. The prices shown are current estimates under assumptions, they will be updated and adjusted based on the year of listing.
Amounts in USD. Exchange rate: 21 MXN to 1 USD.

Based on the results of the consultancy "Mapping institutional capacities of health services and strengthening opportunities in host communities in southern Mexico" led by UNHCR with technical advice from PAHO-WHO and UNDP, the sociodemographic and epidemiological conditions of the local population and applicants of refugee status in Chiapas were defined.

This study considered a quantitative and qualitative methodology to analyze the absorption capacities of the refugee and applicants of refugee status population in health facilities in Chiapas from 2019-2020.

The development of the initiative requires a second quantification phase to identify the current and planned financing of Mexican state institutions. This analysis will show the financing gap that requires eternal support to carry out the proposed activities.

a. Quantitative component

Statistical information systems were consulted to obtain national, state and municipal databases for the calculation of the proposed indicators for the local population, in the following areas of interest:

1. Health conditions
   a. Sociodemographic profile
   b. Epidemiological profile
2. Institutional capacities of health services
   a. Structure
   b. Process
   c. Results
   d. Leadership

Similarly, UNHCR's internal information systems were consulted for the sociodemographic and epidemiological characterization of the asylum-seeking population and identification of health needs.

b. Qualitative component

• Strategic documents of the United Nations System, as well as other international, regional, and national agencies / organizations were reviewed to identify rights, commitments, and strategies to improve access to health services for persons of concern to UNHCR.

• An analysis of the participatory diagnoses carried out by UNHCR from 2015 to 2019 was carried out, to identify health needs and solution strategies for people seeking refugee status.

• A mapping of key actors was carried out with the UNHCR offices in CDMX, Palenque and Tapachula, as well as with PAHO-WHO in CDMX and Chiapas, to identify the people who participated in a semi-structured interview.

• An interview guide for key stakeholders identified by UNHCR, PAHO-WHO and UNDP was designed to explore

the following categories of interest: significant health needs of refugee applicants and refugees, lessons learned from the response to the health emergency due to COVID-19, opportunities to improve the absorption capacity of health facilities and solutions to improve the care of people seeking refugee status in the short, medium and long term.

Additionally, COMAR and the Ministry of Health were consulted to determine the health needs of the asylum-seeking population, as well as financial needs in infrastructure, supplies, human and material resources..

Subsequently, the programs / activities and strategies that UNHCR currently implements in health matters were considered and work meetings were organized to learn more about the operation and their needs.

Technical considerations of the Official Mexican Standards

Finally, considering the three priority topics of this work (women's health, mental health and chronic diseases), the Official Mexican Standards were consulted that detail the requirements of infrastructure, equipment, supplies and health professionals required for the operation of the establishments. health care at the first degree of care.

Following, the standards consulted:

- NOM-005-SSA3-2018, which establishes the minimum infrastructure and equipment requirements for establishments for outpatient medical care.
- NOM-007-SSA2-2016, regarding the attention of women during pregnancy, childbirth and postpartum, and of newborns.
- NOM-015-SSA2-2010, related to the prevention, treatment and control of diabetes mellitus.
- NOM-030-SSA2-2009, for the prevention, detection, diagnosis, treatment and control of systemic arterial hypertension.

Prioritization: Health centers in Palenque and Tapachula, Chiapas.

Consultations were carried out within UNHCR with the offices of Tapachula and Palenque to identify the health facilities that receive the highest concentration of the population requesting refugee and refugee status in order to focus interventions in these centers.

Similarly, the same inquiry was made at COMAR's offices in Tapachula and Palenque. Regarding the Ministry of Health, a letter was sent to the Secretary of Health presenting the project and requesting a meeting, still pending a response.

Additionally, meetings were held with the coordinator of attention to the migrant population and natural disasters of Sanitary District VII in Tapachula. With respect to Palenque, a meeting to present the project was held with the head of the VI Health District and health establishments were also identified.

The municipalities where these health centers are located are:

Palenque	Benemérito de las Américas, Centro, Frontera Corozal, Pakal-Nah
Tapachula	5 de febrero, Huixtla, Mapastepec, Raymundo Enriquez, Santa Clara and Suchiate

Considerations and assumptions for cost estimates

The cost estimates were made for 11 health centers distributed between Palenque (4) and Tapachula (7), as a first exploratory exercise for the activities related to the acquisition of equipment, supplies and supplements, as well as the hiring of health professionals .

The amounts will be adapted depending on the real needs of each health center once the situational diagnoses of the health centers located in Health Districts VI and VII are shared, in order to identify the installed and required capacity. Once the characteristics of each health center are known in terms of infrastructure, assigned personnel and inventory of supplies, the national investment will be known.

The estimated costs for the case of the diagnosis of installed capacities of health services in Chiapas are based on the current

20 DOF. NOM-005-SSA3-2018, Que establece los requisitos mínimos de infraestructura y equipamiento de establecimientos para la atención médica de pacientes ambulatorios. Disponible en : https://dof.gob.mx/nota_detalle.php?codigo=5596456&fecha=09/07/2020#:~:text=Esta%20Norma%20tiene%20por%20objeto,proporcionen%20servicios%20a%20pacientes%20ambulatorios.
21 DOF. NOM-007-SSA2-2016, Para la atención de la mujer durante el embarazo, parto y puerperio, y de la persona recién nacida. Disponible en : https://www.dof.gob.mx/nota_detalle.php?codigo=5432289&fecha=07/04/2016

consultancy called “Mapping of institutional capacities of health services and opportunities for strengthening in host areas of southern Mexico”.

Regarding acquisitions, the minimum necessary infrastructure was taken into account in accordance with Mexican regulations to provide medical and community care services in health center[19,20,21,22] with technical support from PAHO-WHO. On the other hand, the information was supplemented from the donations that UNHCR has made to the health sector in Chiapas.

In the case of the hiring of health professionals, the salary and salary tabulator was used for the personnel of the medical, paramedical and branches at the end of May 20, 2020[23].

In the same way, in the proposal of a pilot program in 2021 of labor insertion into the Mexican health system for people seeking refugee status and refugee health professionals, the estimates were made from the call for recruitment of health professionals. health to respond to the health emergency due to COVID-19.

In this regard, UNHCR worked on the identification and channeling of applicants of refugee status who could join the workforce of public health services.

Finally, for the issues of national, state and municipal training to improve the processes of channeling to health services, the costs per participant of the Update Program in Public Health and Epidemiology of the National Institute of Public Health as well as the annual program of trainings at UNHCR Mexico.

5. Stakeholders

INSTITUTION	MISSION	ROLE IN IMPLEMENTATION
Federal, state National Institute of Health and Welfare	Provides the free provision of health services, medicines and other supplies associated with people without social security, guaranteeing the right to social protection in health for everyone established by the Political Constitution of the United Mexican States.	Technical, strategic and operational
Federal, state, local Ministry of Health and health districts	General law of health. Article 10. The Ministry of Health will promote the participation, in the National Health System, of health service providers from the public, social and private sectors, as well as their workers and users of the same. Likewise, it will promote the coordination with suppliers of health supplies, in order to rationalize and ensure the availability of the latter.	Technical, strategic and operational
Federal, state Mexican Commission for Refugee Assistance	Manages services in order to meet the temporary needs presented by users from the beginning of the refugee status recognition procedure, or until integration is achieved.	Technical, strategic and operational
National and regional Pan American Health Organization-World Health Organization	It requests its member countries to send promptly and regularly to the Office all data related to the sanitary status of their ports and national territory. You get all the help you can to do complete scientific studies of contagious disease outbreaks that may occur in countries. It provides its greatest help and experience in order to obtain the best possible protection for the public health of the countries in order to achieve the elimination of the disease and to facilitate trade between nations. Seeks to build and maintain strong and resilient health systems, emphasizing governance and financing in the field of health, health policies, strategies and plans, organization, integrated services, focused on the needs of people and good quality; as well as the improvement of access and rational use of safe, effective and good quality medicines, medical products and health technologies; and in the sufficient and adequate availability of competent, culturally appropriate, well regulated and distributed human resources for health.	Technical and strategic

19 DOF. NOM-005-SSA3-2018, establishing the minimum infrastructure and equipment requirements for establishments for outpatient medical care. Available at: https://dof.gob.mx/nota_detalle.php?codigo=5596456&fecha=09/07/2020#:~:text=Esta%20Norma%20tiene%20por%20objeto,proporcionen%20servicios%20a%20pacientes%20ambulatorios.
20 DOF. NOM-007-SSA2-2016, regarding attention of women during pregnancy, childbirth and the postpartum, and of the newborn. Available at: https://www.dof.gob.mx/nota_detalle.php?codigo=5432289&fecha=07/04/2016
21 DOF. NOM-015-SSA2-2010, related to the prevention, treatment and control of diabetes mellitus. Available at: https://www.dof.gob.mx/nota_detalle.php?codigo=5432289&fecha=07/04/2016
22 DOF. NOM-030-SSA2-2009, for the prevention, detection, diagnosis, treatment and control of systemic arterial hypertension. Available at: https://dof.gob.mx/nota_detalle_popup.php?codigo=5144642
23 Secretariat of Finance and Public Credit. Tabulator of wages and salaries for the personnel of the medical branch, paramedical and branches at the end. Available in: http://www.dgrh.salud.gob.mx/Servicios/TABULADOR_2020.pdf

INSTITUTION	MISSION	ROLE IN IMPLEMENTATION
National and regional UNHCR, the UN Refugee Agency	Ensure that all people with international protection needs have the right to request refugee status and find protection; seek durable solutions for refugees and beneficiaries of complementary protection, especially through integration in Mexico.	Technical, strategic and operational
National United Nations Development Program	Support countries to achieve sustainable development by eradicating poverty in all its forms and dimensions, accelerating structural transformations for sustainable development, and building resilience in crisis.	Technical, strategic and operational
Local: Médicos del Mundo	It works to realize the right to health for all people, especially for vulnerable populations, excluded or victims of natural disasters, famines, diseases, armed conflicts or political violence.	Strategic and operational
Local: Doctors without borders	Provides humanitarian assistance with provision of urgent medical care and the option to speak out publicly about the suffering that populations face and the barriers that stand in the way of effective care delivery.	Strategic and operational
Local: Una Mano Amiga	Generate teaching-learning processes in comprehensive sexual health among the populations most at risk to prevent STIs, HIV and AIDS. Advocates at the local, state and national levels to ensure access to prevention, care and treatment free of stigma and discrimination for the populations most at risk. They contribute to the promotion and defense of human rights related to HIV / AIDS, STIs and sexual diversity in the populations most at risk (PEMAR).	Operational

6. Cross-cutting themes

COVID-19. The response to the COVID-19 emergency continues to be a priority within the Ministry of Health. To this day (November 4, 2020) most of the states are still at red and orange traffic lights. This is why it is relevant to continue supporting the health authority in caring for this disease.

Other transmissible diseases. It is important to continue providing attention to other diseases that have a high prevalence in the local population and applicants for refugee and refugee status in Mexico, such as Chikungunya and Dengue, since the southern border due to the humid climate is a place of high occurrence of cases.

Food and nutrition security. Guaranteeing access to adequate and sufficient food contributes to an adequate nutritional status, which is a protective factor for the development of infectious and chronic diseases.

Gender Based Violence. The number of women leaving their home countries for GBV reasons has increased in recent years. Similarly, because of the journey they travel to get to Mexico, they are victims of different forms of violence, which is why it is necessary to incorporate health into all policies with a gender perspective.

Vaccination. The most cost-effective preventive public health intervention is vaccination, as it prevents diseases, disabilities, and deaths from preventable diseases. This, to ensure that people who require them have access, as well as prevent repeated vaccination that can seriously affect the immune system.

7. Risks and assumptions

RISK	PROBABILITY OF OCCURRENCE	INTENSITY OF IMPACT	MITIGATING STRATEGY
Insufficient budget for the national health sector, particularly for the third level of health	Medium	High	Seek to guarantee a labeling in the health budget for the population requesting refugee and refugee status through a coordinated process between COMAR, UNHCR and PAHO-WHO
Lack of attention to health needs other than COVID-19	Medium	High	In coordination with the Mexican Commission for Refugee Aid, UNHCR and PAHO-WHO, a person is appointed to follow up with the Ministry of Health
Decrease in the COMAR budget of 14.34% for 2021, compared to that authorized in 2020	High	High	Accompany the processes required by COMAR for advocacy for an increase in the budget. Search for international financing

8. Monitoring and evaluation

The activities will be carried out once the participation of each member has been confirmed, ideally in coordination with the heads of Sanitary Districts VI and VII in Palenque and Tapachula respectively, municipal Health Secretariats, technical advice from PAHO-WHO and collaboration from COMAR .

UNHCR will keep a record of the interventions carried out in conjunction with the State Secretariat of Health, as well as municipal, in conjunction with PAHO-WHO.

Annex 1: Logical Framework and Estimated Budget

Activity	Indicator	Baseline	Target	Means of verification	Duration	Required Financing 2021	Required Financing 2022	TOTAL Required Financing
General objective. Strengthen primary level of care for local people, refugees and refugee applicants in Chiapas in the period 2021-2022								
Specific objective 1: Diagnosing the absorption capacities of the refugee and applicants of refugee statuspopulation in 11 health centres in Chiapas, 2015- 2021.								
Activity 1.1 Characterize the sociodemographic and epidemiological profile of the local population, refugees and applicants of refugee status in the period 2015-2021.	Sociodemographic and epidemiological profile of the local population, refugees and applicants of refugee status by year, disaggregated by municipality	Consultancy report "Mapping of institutional capacities of health services and strengthening opportunities in host communities in southern Mexico" and situational diagnoses of each health centre	Delivery of the diagnostic report	Databases of dynamic cubes, Databases of the National Institute of Statistics and Geography and Situational Diagnoses of each health centre	2021	$ 17,143.00	$ -	$ 17,143.00
Activity 1.2 Identify the installed and required capacity of services in 11 health centres in Palenque and Tapachula	By health centre:: Number of professionals assigned and required, disaggregated by sex Number and type of equipment and medical supplies installed and required Number of clinics by specialty Number of applicants for refugee status attended by service disaggregated by sex and age group Total number of people served by service disaggregated by sex and age group			Databases of dynamic cubes and situational diagnoses of each health centre	2021	$ 17,143.00	$ -	$ 17,143.00
Activity 1.3 Missions to Palenque and Tapachula in 2021	Number of missions carried out by municipality per year	Currently no missions are carried out	Four missions per municipality	Travel log	2021-2022	$ 4,286.00		$ 4,286.00
SUBTOTAL SO 1						**$ 8,572.00**	**$ -**	**$ 38,572.00**
Specific objective 2: Improve the infrastructure and supply capacity of health centres in Chiapas with an emphasis on three priority axes: women's health, mental health and chronic diseases in 2021-2022.								
Activity 2.1 Acquisition of medical equipment for women's health care in 11 health centres (4 in Palenque and 7 in Tapachula)	Type and number of equipment donated per health centre per year	Consultancy report (Objective 1.1)	Contribute to the response capacity in medical	Inventory of health centres, UNHCR donation certificates	2021	$ 41,904.76	$ -	$ 41,904.76

Activity 2.2 Acquisition of supplies for women's health care in 11 health centres (4 in Palenque and 7 in Tapachula)			supplies 2021-2022		2021-2022	$ 20,952.38	$ 20,952.38	$ 41,904.76
Activity 2.3 Acquisition of supplies for sexual and reproductive health care in 11 health centres (4 in Palenque and 7 in Tapachula)					2021-2022	$ 2,619.05	$ 2,619.05	$ 5,238.10
Activity 2.4 Acquisition of medical equipment for mental health care in 11 health centres (4 in Palenque and 7 in Tapachula)					2021	$ 15,714.29	$ -	$ 15,714.29
Activity 2.5 Acquisition of supplies for mental health care in 11 health centres (4 in Palenque and 7 in Tapachula)					2021-2022	$ 1,571.43	$ 1,571.43	$ 3,142.86
Activity 2.6 Acquisition of medical equipment for the control, care and monitoring of Diabetes Mellitus and Hypertension in 11 health centres (4 in Palenque and 7 in Tapachula)					2021	$ 41,904.76	$ -	$ 41,904.76
Activity 2.7 Acquisition of supplies for control, care and monitoring of Diabetes Mellitus and Hypertension in 11 health centres (4 in Palenque and 7 in Tapachula)					2021-2022	$ 20,952.38	$ 20,952.38	$ 41,904.76
Activity 2.8 Acquisition of medical devices and PPE for COVID-19 care in 11 health centres (4 in Palenque and 7 in Tapachula)	Type and number of medical devices and PPE donated by health centre per year		Contribute to responsiveness in medical devices and PPE, 2021		2021	$ 52,380.95	$ -	$ 52,380.95
Activity 2.9 Acquisition and installation of signs for health centres in the Haitian Creole language in 11 health centres (4 in Palenque and 7 in Tapachula)	Number of signs delivered / installed in health centres in Palenque, Tapachula and Tenosique per year		Ten signs installed per health centre		2021	$ 10,476.19	$ -	$ 10,476.19
Activity 2.10 Bimonthly visits to beneficiary health centres in Tapachula, Palenque	Number of missions carried out by municipality per year	Currently no missions are carried out	A bimonthly visit per municipality 2021-2022	Travel log	2021-2022	$ 4,285.71	$ 4,285.71	$ 8,571.42
SUBTOTAL SO 2						**$212,761.90**	**$ 50,380.95**	**$ 263,142.85**
Specific objective 3. Improve human resource capacity in 11 health centres in Chiapas in 2021-2022								

Activity 3.1 Hiring of nursing professionals for 11 health centres in Palenque (4), Tapachula (7), 2021, 2022	Number of nursing professionals hired per health centre per year, disaggregated by sex	Consultancy report (objective 1.1)	Contribute to the response capacity of health professionals, 2021-2022	Health professional contract	2021-2021	$104,761.90	$ 85,714.29	$ 190,476.19
Activity 3.2 Professional contracting in medicine for 11 health centres in Palenque (4), Tapachula (7), for two years, 2021, 2022	Number of medical professionals hired by health centre assigned per year, disaggregated by sex				2021-2022	$125,714.29	$102,857.14	$ 228,571.43
Activity 3.3 Professional hiring in psychology for 11 health centres in Palenque (4) and Tapachula (7) for two years, 2021, 2022	Number of psychology professionals hired by health centre per year, disaggregated by sex				2021-2021	$104,761.90	$ 85,714.29	$ 190,476.19
Activity 3.4 Professional hiring in nutrition for 11 health centres in Palenque (4) and Tapachula (7), for two years, 2021, 2022	Number of nutrition professionals hired at the health centre per year, disaggregated by sex				2021-2021	$104,761.90	$ 85,714.29	$ 190,476.19
SUBTOTAL SO 3						**$439,999.99**	**$360,000.01**	**$ 800,000.00**
Specific objective 4: Design a proposal for a pilot program for job placement in the Mexican health system for health professionals applicant of refugee status and refugees in 2021								
Activity 4.1 Propose a pilot program of labor insertion to the Mexican health system for applicants for refugee status and health professional refugees.	Percentage of progress of the pilot program	There is currently no pilot program for job placement	Pilot program delivery	Report and annexes delivered to UNHCR	2021	$ 28,571.43	$ -	$ 28,571.43
Activity 4.2 Absorb the costs of revalidation and professional license for refugee health professionals and applicants for refugee status (100 people in 2021).	Number of professional certificates revalidated per year. Revalidation costs of professional certificates per year	UNHCR's internal information system	100 certificates revalidated in 2021	UNHCR Mexico's internal information systems in 2021	2021	$ -	$ -	$ -
Activity 4.3 Temporary accommodation for three months for 100 health professionals seeking refugee status and female refugees in 2021	Number of people benefited by temporary accommodation per year (100), disaggregated by sex		Contribute to the response capacity in human resources for health 2021-2022		2021	$ 42,857.14	$ -	$ 42,857.14
Activity 4.4 Implementation of the pilot program for health professionals seeking refugee status and refugees to health services in Chiapas.	Number of applicants of refugee status/ refugees joining the health services in Mexico, disaggregated by sex		Contribute to the response capacity in human resources for health 2021-2022			$ -	$ -	$ -

Activity 4.5 Bi-monthly site visits in Tapachula and Palenque, 2021	Number of missions carried out by municipality per year	Currently no missions are carried out	A bimonthly visit per municipality	Travel blog	2021	$ 4,285.71	$ -	$ 4,285.71
SUBTOTAL SO 4						**$ 75,714.28**	**$ -**	**$ 75,714.28**
Specific objective 5: Strengthen the processes of channeling, inclusion and health care in health services of the first degree of care in Chiapas, 2021.								
Activity 5.1 Basic virtual course of the Mexican health system for COMAR and UNHCR in collaboration with the National Institute of Public Health (40 people in 2021).	Total number of people who successfully completed the course.	Training log (HR)	80% of participants complete the course	Attendance list and / or certificates delivered	2021	$ 8,571.43	$ -	$ 8,571.43
Activity 5.2 Course on the process of requesting refuge and navigation of the Mexican health system for the Federal, State, and Municipal Health Secretariat (25 people in 2021)					2021	$ 7,142.86	$ -	$ 7,142.86
Activity 5.3 Virtual course on PHC with health professionals in Palenque and Tapachula (33 people in 2021, three per health centre)					2021	$ 7,857.14	$ -	$ 7,857.14
Activity 5.4 Virtual training for registration / protection / care management officers and institutional linkage to provide care focused on the needs of persons of concern (25 people in 2021)					2021	$ 7,142.86	$ -	$ 7,142.86
Activity 5.5 Training course for UNHCR and COMAR for adequate care of people with disabilities and their needs (25 people in 2021)					2021	$ 5,357.14	$ -	$ 5,357.14
SUBTOTAL SO 5						**$ 36,071.43**	**$ -**	**$ 36,071.43**
Specific objective 6: Promote the inclusion and integration of refugees and applicants for refugee status to health services in Chiapas, through a comprehensive plan.								
Activity 6.1 Carry out a comprehensive health and COVID-19 care plan for the applicants of refugee status and refugee population through a hiring for a consultancy in the COMAR Directorate of Care and Institutional Linkage that allows developing and systematizing	Percentage of progress of the comprehensive plan	There is currently no comprehensive plan	Comprehensive plan delivery	Report and annexes delivered to UNHCR	2021	$ 28,571.43	$ -	$ 28,571.43

processes and mechanisms for referral to health services.								
Activity 6.2 Field visits to Tapachula and Palenque, 2021	Number of missions carried out by municipality per year	Currently no missions are carried out	Four missions per municipality	Travel log	2021-2022	$ 4,285.71	$ -	$ 4,285.71
SUBTOTAL SO 6					2021	**$ 32,857.14**	**$ -**	**$ 32,857.14**
TOTAL						**$835,976.74**	**$410,380.96**	**$1,246,357.70**

Annexes available electronically:

Annex 2: Legal-programmatic framework

Annex 3: Quarterly estimated economic cost for access to health services for persons seeking refugee status, 2013-2019