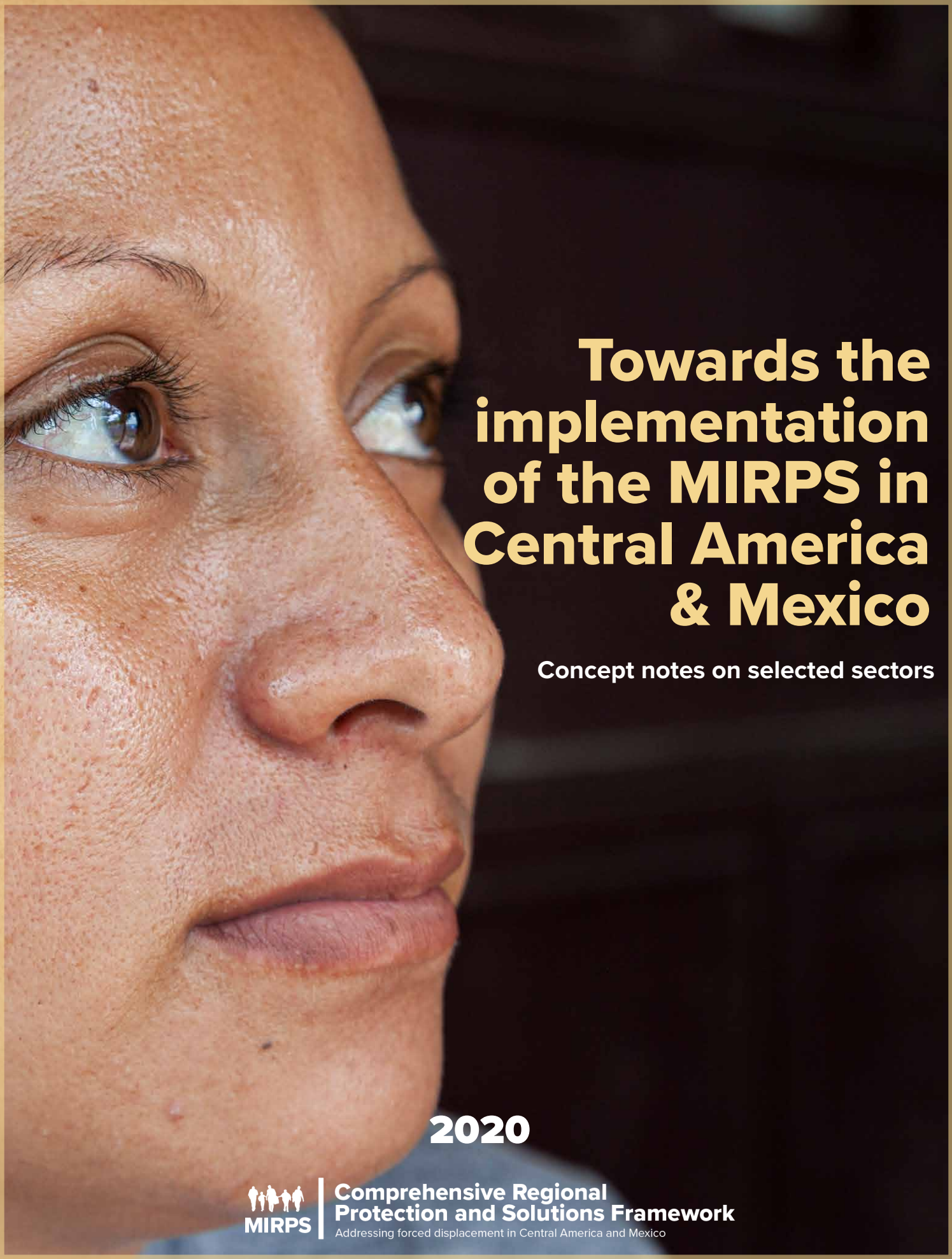


Towards the implementation of the MIRPS in Central America & Mexico

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

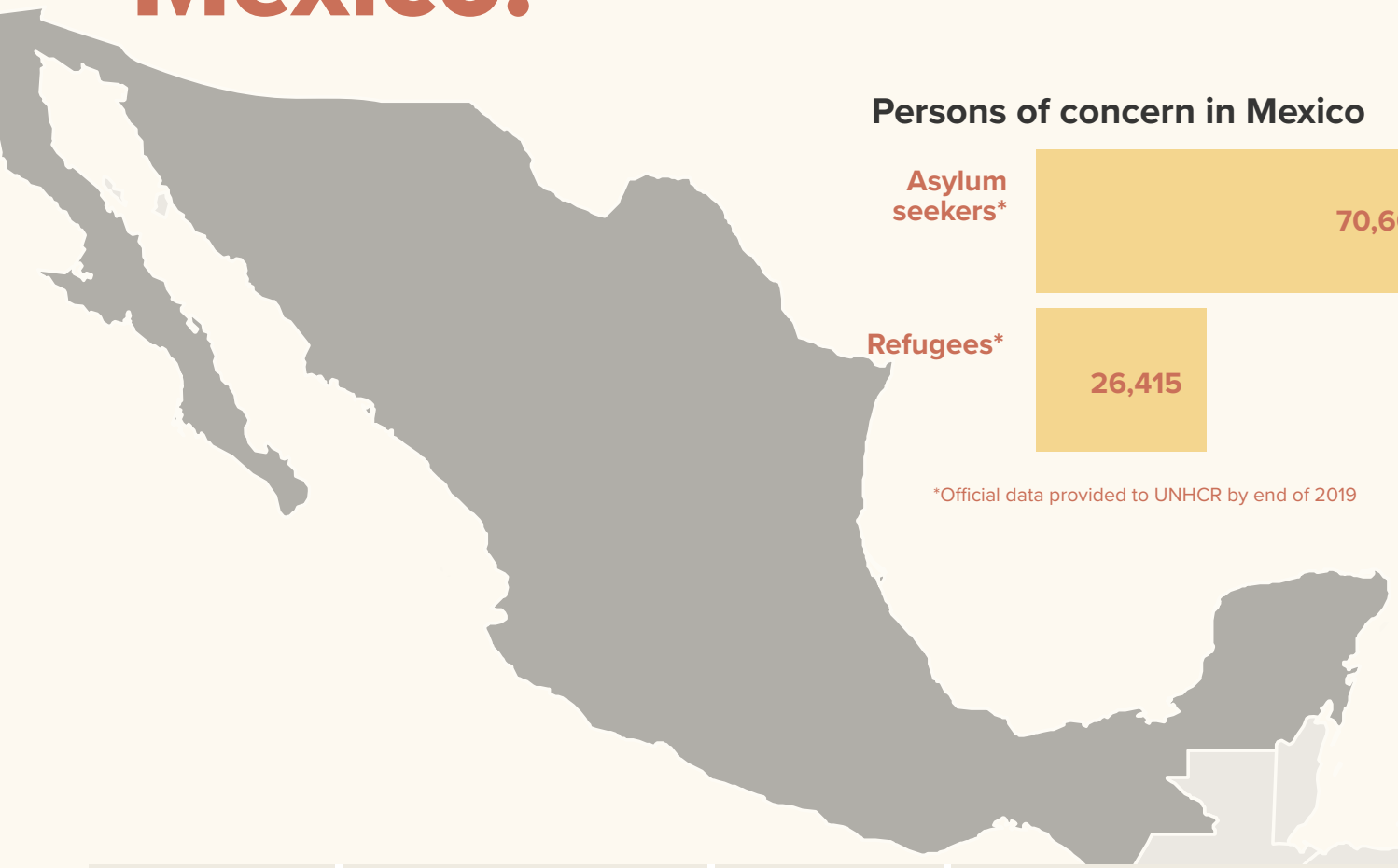
Protection
Total requirement $3,813,551
Total gap $1,345,162

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

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].

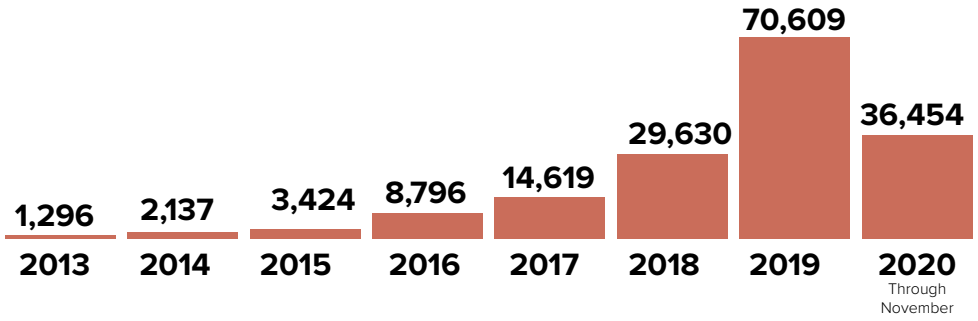
In recent years, (i) the social, political and economic situation of various countries in the region, (ii)the restrictive asylum and migratory policies of the United States; and (iii) the geographic location of Mexico, among other factors, Mexico has experienced an exponential increase in applications 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: Mexico **SECTOR: Education**

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

Executive Summary

The right to an education without discrimination for all people in Mexican territory is guaranteed by the concerned national legal framework, which support the educational inclusion of refugees and asylum seekers. Nonetheless, important challenges persist in terms of access, equity and educational quality, especially in the states of Chiapas and Tabasco, in southern Mexico, where 70% of the applications for refugee status from all over the country are concentrated. In this regard, this programme envisages support to the National Strategy for Inclusive Education and is aligned with the Sectorial Education Program 2019-2024, the National Development Plan 2018-2024 and the fulfilment of objective 4 of the Sustainable Development Goals.

The proposed initiative seeks to promote inclusive and resilient educational communities, supporting the Mexican State to strengthen the capacities installed in public schools in southern Mexico through: 1) Training of educational public servants; 2) Intervention in the sanitary conditions of schools and equipping schools to prepare them for the reopening of face-to-face classes; 3) Active detection of students who are out of school and the implementation of re-enrolment campaigns; 4) Training for teachers and managers to provide psychosocial support, and equitable service provision, and 5) Training and provision of equipment with connectivity for educational continuity and facilitation of a hybrid model of education.

DURATION
2021-2022

IMPLEMENTING ENTITIES
Secretariat of Federal Public Education (Under secretariat for Basic Education and Higher Middle Education, and Inclusive Education Program), Chiapas and Tabasco Education Secretariats, Mexican Refugee Aid Commission, United Nations Agencies: UNHCR, UNESCO, UNICEF, UNDP, and civil society

LOCATION
Southern Border of Mexico: Chiapas (Tapachula y Palenque), Tabasco (Tenosique)

BENEFICIARIES
DIrectors, teachers, children in the municipalities of Tabasco and Chiapas

ESTIMATED BUDGET
Total Required Financing: $7,042,800

1. Context of the education sector in Mexico

The Mexican regulatory framework is favorable to the right to education. Mexico is a signatory to several human rights instruments that affirm the right to education for refugee and asylum seekers, such as the Universal Declaration of Human Rights (art. 26), the CRC (art. 22), the Convention on the Statute of Refugees (art. 22), and the International Convention on Economic, Social and Cultural Rights, among others.

National regulations, starting with the third article of the Mexican Constitution, are consistent with this obligation to guarantee the right to education of all children and adolescents without discrimination. This commitment is reaffirmed in laws such as the recently reformed General Education Law (2019), the General Law on the Rights of Girls, Boys and Adolescents, and the Law on Refugees, Complementary Protection and Political Asylum. Consistently, in the national and sectoral planning instruments - National Development Plan 2019-2024 and Sectoral Education Program 2024 - the commitments contained in Sustainable Development Goal 4 are retaken, which seeks to guarantee inclusive, equitable and quality education, and promote lifelong learning opportunities for all. This implies a commitment to build education systems that are more resilient, inclusive and responsive to the needs of children affected by conflict and crisis, including refugees.

Despite the favorable regulatory framework for the inclusion of children and adolescents, challenges of coverage, equity and quality persist. There inequalities exist for certain subpopulations, because of social, economic or cultural conditions, or the combination of the three[1].

Significant challenges exist in providing appropriate learning environments for all children. Of the total number of primary schools surveyed, 31% showed structural damage in their facilities and 33% work with buildings that do not adhere to the established standard[2].

Before the arrival of the public health emergency caused by the COVID-19 pandemic, the educational scenario presented significant challenges. There are great disparities in the access and achievement of pertinent and relevant learning for different social groups, as mentioned in the Institutional Program 2020-2024 of MEJOREDU. Problems such as (i) school exclusion, (ii) over-age, (iii) educational backwardness, (iv) the challenges of multi-grade schools and (v) the need to guarantee sufficient and equitable educational financing, constitute important opportunities improvement for the country.

The Inclusive Education Framework

In Mexico, there are social, economic and geographic dispersion factors that represent a challenge to efforts to guarantee the right to education, and pose difficulties, especially for the population that suffers poverty and marginalization, but also for those who are in situations of vulnerability, such as migrants, indigenous people, as well as children and adolescents with some type of disability. These groups are at higher risk of dropping out of school.

The educational trajectory is not uniform and there are certain sections that require more attention, such as the initial years of each educational level. A significant level of dropout occurs in educational level transitions.

In the case of risk factors, grade repetition, poor results in subjects, late entry, absenteeism and extra-age[3], are the main factors to determine the retention of children and adolescents in school.

Family crisis situations, the illness of a family member and migration are factors that are related to regular attendance at primary school. Parents with a low level of education may also be more likely to prioritize financial and domestic obligations at the expense of school enrollment. This is particularly latent in families of asylum seekers and refugees still in migration and the haste to continue the journey are often factors that delay the enrollment of children and adolescents. In preschool and primary school, the population most at risk of leaving school is made up of people with some type of disability, as well as indigenous people, especially girls[4].

Economic barriers are usually significant in families with lower resources that dedicate a higher percentage of their income to education. This situation is more serious for migrant families, asylum seekers and refugees. The sometimes-hidden costs of education, related to transportation, clothing, school supplies, food, required fees, among others, tend to be obstacles in this regard. Given the economic constraints and the opportunity cost - especially at the end of secondary school and the beginning of Upper Secondary Education (USE) - child and adolescent labour are situations that can restrict the right to education. For all this, it is important that the requirements demanded by the school administration do not raise the cost of education[5].

In terms of accessibility, the lack of nearby schools, the dangers or insecurity that the transfer could represent are factors contributing to exclusion. Furthermore, the way in which the supply of services is structured, with very few options for educational continuity in certain communities, also represents a significant obstacle.

1 INEE (2019) Education Panorama of Mexico 2018. Indicators of the National Education System Basic and High School Education.
2 INEE (2019) Policies to strengthen the school infrastructure in Mexico, Executive documents of educational policy. Available at : https://www.inee.edu.mx/wp-content/uploads/2019/02/Documento5-infraestructura.pdf
3 Students older than the typical age for the school year they are in, generally caused by grade repetition or late enrolment.
4 UNICEF (2018), Girls and boys out of school. Available at : https://reliefweb.int/sites/reliefweb.int/files/resources/Ni%C3%B1as%20y%20ni%C3%B1os%20fuera%20M%C3%89XICO.pdf
5 Ibid.

Educational practices and the teaching environment, including the tendency to rely on a modality of repetition and memorization, together with limited opportunities for teacher training, together with precarious working conditions also negatively impacts the retention of students. In its most extreme cases, violence within the school can also be a determining factor of dropout[6].

The inclusion of refugee and asylum-seeker children in public education

The vast majority of people applying for refugee status and recognized refugees have Spanish as their mother tongue, with 89.4% and 95.5% respectively; But more and more people whose mother tongue is not Spanish are requesting protection as refugees in Mexico. This linguistic barrier represents an additional integration challenge, as well as a need for attention from the educational system for its inclusion[7].

The educational profile of persons who have most recently applying for refugee status have lower educational levels than those who arrived previously. In Mexico, the level of education of refugees is relatively similar to the level of education of the local population in Baja California, Chiapas and Tabasco, where the majority of the population aged 18 years and over have completed secondary school or a lower level[8].

Regarding access to education for asylum-seeking and refugee children and adolescents, the latest official data available is the Refugee Population Survey (ENPORE) carried out in 2017, which according to the survey a significant number of people, 67% of children and adolescents in school age did not attend any educational institution.

Although since then, different measures have been implemented to address some of the causes argued as obstacles to accessing formal education, such as the issuance of temporary CURP for people applying for refugee status since June 2018, or awareness and advocacy with educational institutions, challenges persist to guarantee the access and permanence of child applicants and refugees in school classrooms.

Investment in Public Education and in the south of Mexico

It is important to emphasize that the Mexican State, in the midst of a fiscal austerity policy prior to the pandemic, has increased investment in education by 2% by 2021, strongly betting on an expansion of the scholarship program and other educational policies. However, greater and better spending on education is required to face the pre-pandemic challenges, and urgent resources are required to prevent the health crisis from turning into an educational crisis with long-term effects on the most vulnerable population.

In southern Mexico, foreign students registered in the 2019-2020 school year only represent less than 0.18% in Chiapas and 0.12% in Tabasco. Although this distribution might appear very scattered and uniform, it is not. There are Mexican schools in the cross-border area where all or a large part of their enrollment is made up of foreign students. For example, the República Mexicana school in Tenosique has a 42% enrollment of students not born in Mexico. The Venustiano Carranza school in the municipality of Las Margaritas, the Álvaro Obregón school in Larraínzar or the José Vasconcelos Calderón school in Pantelhó, all have 100% of their enrollment corresponding to students not born in Mexico. This is not a unique phenomenon and is usually characteristic of schools in border areas.

In the particular case of the southern border, the scarcity of decent and well-paid job offers added to social inequality replicates the context that predominates in Central American migration in their respective countries of origin. Undoubtedly, the challenges of quality and equity in the Mexican educational system are not exclusive to asylum-seeking and refugee children and adolescents, but their situation of vulnerability puts them at a greater disadvantage in the exercise of their right to education.

These educational inequalities have been more pronounced in the context of school closings and the impact of the health emergency caused by COVID-19 on the education sector, with the National Educational System and society as a whole having to adapt to the modality of learning at home raised by the educational authorities.

Due to this inhomogeneous distribution, we believe it is important to focus interventions to consolidate inclusive and inclusive educational communities, which are consolidated as education centers in which no boy or girl is left out of school.

Given that the number of asylum-seeking and refugee students in Mexico is minimal compared to the total enrollment, it is important to maintain advocacy so that support programs for access and permanence, such as the Benito Juárez Scholarships, review their operating rules and allow requesting and refugee children and adolescents are admitted, or that educational services such as revalidation and accreditation are exempted for refugee and asylum-seeking children and adolescents.

6 Ibid.
7 Survey about the Refugee Population México 2017 (2019). Available at: https://www.gob.mx/comar/articulos/e-n-p-o-r-e?idiom=es
8 This trait varies according to the country of origin. In the case of people with Honduran, Guatemalan or Salvadoran nationality - who represent the majority of the asylum seeker and refugee population in southern Mexico - it is met. Nationals of Cuba or Venezuela present, on average, better educational profiles than their peers from host communities (ENPORE, 2019).

Education and COVID-19

On March 11, 2020, the World Health Organization (WHO) announced that SARS-CoV-2 (COVID-19) had reached a level of spread and severity that allowed it to be characterized as a pandemic.

Consequently, one of the measures that many countries implemented was the closure of schools, to prevent the massive spread of the disease. In this context, the great challenge facing each of the countries is to ensure that the closure of schools does not mean the suspension of the school year.

In Mexico, the SEP had announced a reference schedule for returning to classes at the beginning of the 2020-2021 school year. However, the school year began on August 24, through the distance learning program "Aprende en Casa II"[9], classroom classes being postponed until the public health traffic light system is green.

In Mexico, when deciding to return to face-to-face classes, various measures will be applied aimed at the well-being of the educational community, announced by the Secretary of Education: the activation of Participatory School Health Committees, access to soap and water in schools, access to health services and medical care for teachers, the use of face masks, the distance between entrances and exits to schools and recesses, alternate school attendance, maximizing the use of open spaces, the suspension of ceremonies that generate congregations, and the closure for a fortnight in schools in the first case of contagion that arises.

The Secretary of Education has stated that in the future a hybrid model will be maintained, alternating between distance and face-to-face education, considering the needs of each of the state educational systems. Thus, a gradual return is proposed, planning an alternation scheme. The latter will be done through an individualized diagnostic evaluation, which will be applied during the first three weeks back to school.

Lessons learned from previous interventions

From previous experiences on the topic, the following examples represent success factors in previous projects:

1. Active involvement of all actors. The prior mapping of actors, their recognition and participation in the design are vital for the successful implementation of policies. In the educational field, this is particularly relevant for actors in educational communities such as teachers, parents, students and managers, as well as actors that have a significant influence on the educational context, such as local authorities, trade union organizations and media. This requires a coordination effort between levels of government and between various institutions based on trust and commitment to common goals. This coincidence of will becomes even more evident in the midst of the public health emergency.

2. Mentoring and reinforcement for proper implementation. Awareness building, the dissemination of adequate information and permanent, close and field support ensure the development of capacities in a more experiential and applied way, and an execution that reduces the gap in the implementation of the standards.

3. Strengthen monitoring and evaluation mechanisms. For this, it is necessary to have quality and timely information that allows feedback on the design and management of the project. Whenever possible, it is important to join existing information/ data collection schemes and assess the cost of collecting new information and its usefulness.

4. Inclusion of refugees in existing support and inclusion mechanisms. As mentioned, creating parallel systems for refugees or asylum seekers tends to be inefficient and unsustainable over time. In this sense, and although it is not included in the proposed project, the capacity for generating evidence and advocacy is critical so that asylum-seeking and refugee children and adolescents can fully participate in other existing programs such as the Benito Juárez Scholarship Program, and the allocation of funds from other programs such as 'La Escuela es Nuestra' contemplates their enrollment to strengthen the capacities of public schools.

At the same time, it is important to highlight the potential for policy innovation and policy experimenting that non-governmental organizations or United Nations agencies often play. The path from pilot to policy becomes more relevant in this new scenario for all educational actors.

9 The response strategy of the Ministry of Public Education to the COVID-19 pandemic was called Learn at Home I, which was launched on April 20, 2020 and concluded with the 2019-2020 school year.

Complementary Initiatives

For the inter-institutional care of girls, boys and adolescents, the Comprehensive Protection Route for the Rights of Girls, Boys and Adolescents in migration situations was established, prepared by the working group of the Commission for the comprehensive protection of migrant girls, boys and adolescents and applicants for refugee status within the framework of the National System for the Comprehensive Protection of Girls (SIPINNA). With the aim of guaranteeing the rights of children and adolescents, various agencies met weekly to establish a referral pathway, with technical assistance and accompaniment from the Executive Secretariat of SIPINNA (SE-SIPINNA), UNICEF, UNHCR and IOM.

COMAR advises and provides information on educational inclusion in the Mexican educational system within its process of recognition of refugee status, and through its delegations in the national territory.

UNHCR supports people through cash-based interventions for inclusion and retention in the education system. More recently, and in the context of the health emergency, UNHCR has supported children and adolescents enrolled in public schools in Chiapas, Tabasco, Veracruz, Oaxaca and Baja California with packages of school supplies and other materials to ensure the educational continuity of the requesting refugee and asylum-seeking children and adolescents, as well as those from host communities.

2. Detailed Approach

General Objective:

Improve access to quality education services for migrant and refugee children and adolescents and host communities in Chiapas and Tabasco, in order to strengthen the capacities of public schools in the midst of the health emergency caused by COVID- 19.

The International Network for Education in Emergencies (INEE) recommends that the steps to follow for a resumption of school activities are the following steps:

1. Reopen schools safely

2. Implement leveling and remedial measures for educational re-linking

3. Re-enrollment of all students

4. Expand connectivity

In the proposal, result 1 seeks to close the gap in information and application of the existing regulations among educational personnel. Result 2 seeks to prepare for the reopening of schools based on the improvement of sanitary conditions. Result 3 strengthens the re-enrollment and accompaniment processes for the inclusion of children and adolescents outside of school. Result 5 aims to prepare teachers for leveling and educational remedial measures, while result 4 seeks to equip them and students with the devices and connectivity required to adapt to the new conditions of the hybrid model of education.

Specific objective 1

Strengthen the capacities of public servants of the SEP, both at the national and state levels, to ensure access to public education; and directors, supervisors and other educational personnel increase their knowledge regarding the right to education to guarantee the right to education of children and adolescents

Expected result 1

Directors, supervisors and other educational personnel increase their knowledge regarding the right to education and apply in a more favorable way to guarantee the right to education of children

Activities

1. Design and implementation of a tutored online course on educational inclusion, application of Agreement 286, School Access Route for children and adolescent asylum-seekers, refugees, student registration and withdrawal process, required documentation, placement processes and other relevant regulations for educational inclusion

2. Hold 5 meetings (4 local/state, 1 national) to discuss and disseminate the protocols, proper application of the regulations for access to the educational system, and good inclusion practices

Specific objective 2

Improve the sanitary conditions of schools for the reopening of classes, including compliance with the protocol for this purpose

Expected result 2

Educational centres increase their level of preparation for the reopening of schools, improving their sanitary conditions and have the supplies to return to classes

Activities

1. Diagnosis of the gap for compliance with water, sanitation and hygiene standards in schools (Wash in Schools)
2. Sanitary intervention, hygiene training
3. Provision of supplies for school safety filters: soap, masks, cleaning supplies
4. Evaluation of implementation of protocol compliance for back to school

Specific objective 3

Disminuir el número de NNA fuera de la escuela en las comunidades seleccionadas a través de búsqueda activa, canalización y acompañamiento para la matriculación

Expected result 3

Asylum seekers and refugees and children from the host community who are out of school are identified and enrolled in the education system

Activities

1. Active search for children outside of school
2. Support to enter the educational system
3. Training with teachers and directors about search guidelines and channelling mechanisms
4. Enrolment retention strategy

Specific objective 4

Strengthen the capacity of children, teachers and managers to guarantee pedagogical continuity and the hybrid model of education

Expected result 4

Children and teachers trained and with the necessary resources to guarantee pedagogical continuity and a hybrid model of education

Activities

Provision of tablets and laptops with internet plans + training

Specific objective 5

Strengthen the capacities of teachers and school administrators to provide psychosocial support, level students, focus the curriculum, and adapt to student needs

Expected result 5

Teachers have tools to provide psychosocial support, level students and readjust the curriculum to adapt to the needs of students

Actividades

1. Design of the training (definition of themes: protection guidelines, pedagogical strategies, leveling, EiE, self-care)

2. Implementation of training and support (mentoring)

3. Beneficiaries

Given that the Mexican educational system does not collect information on students that allows for identifying who are asylum seekers or refugees in their administrative records, a proxy variable has been used, the number of foreign students enrolled in the 2019-2020 school year .

Then, together with authorities and other relevant educational actors, the set of schools will be prioritized to be susceptible to interventions that help prepare them for the reopening of classes.

Expected result 1

1,200 educational public servants

Directors, supervisors, zone chiefs and other officials of the elected municipalities of Chiapas and Tabasco

Expected result 2

25,844 children, adolescents, teachers and managers
101 educational facilities

Children, teachers and managers who will be able to return to their educational centers complying with the sanitary filter protocols for the reopening of schools and offering a better learning environment

Expected result 3

10,000 children and adolescents

Children who are out of school are identified and referred for enrollment

Expected result 4

9,554 Students
500 Teachers
38 Directors

Expected result 5

538 Teachers-Directors

The educational establishments to be selected will be prioritized in conjunction with the educational authorities.

4. Estimated budget

The estimated budget for this project is USD $ 7,042,800, an estimated 147,890,000 Mexican pesos . Table 4 illustrates the amount required for each component:

RESULTS	REQUIRED FINANCING*
1: Directors, supervisors and other educational personnel increase their knowledge regarding the right to education and apply it in a more favorable way to guarantee the right to education of children and adolescents.	$65,000
2. Educational centers increase their level of preparation for the reopening of schools, improving their sanitary conditions and have the supplies to return to classes	$2,500,000
3: Children seeking asylum and refuge and from the host community who are out of school are identified and enrolled in the educational system	$300,000
4: Children and teachers trained and with the necessary resources to guarantee pedagogical continuity and a hybrid model of education	$3,855,000
5: Teachers have tools to provide psychosocial support, level students and readjust the curriculum to adapt to the needs of students	$322,800
TOTAL	**$7,042,800**

*Amounts in USD. Exchange rate: 21MXN to 1 USD.

To calculate the amounts that make up the indicative budget, referential amounts from educational projects recently financed by Education Can't Wait were used (see Annex 6). These amounts must be adjusted according to market conditions regarding the purchase of computer equipment and devices or supplies of personal protective equipment such as masks, masks, among others.

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

5. Stakeholders

INSTITUTION	MISSION	ROLE IN IMPLEMENTATION
Federal Public Education Secretariat	Its essential purpose is to create conditions that ensure access to an education of excellence with equity, universality and comprehensiveness, at the level and modality that require it and, in the place, where it is demanded.	Technical, strategic and operational
Chiapas Ministry of Education	Strengthen the state educational system, seek access to and retention in quality education of all types and modalities, adapted to the needs of the population, through efficient administrative management, which contributes to institutional improvement, social progress and development of the state of Chiapas	Technical, strategic and operational
Tabasco Secretary of Education	Endorse the population's full right to quality education, under conditions of inclusion, equity and substantive equality, which allows the increase of their knowledge, skills and attitudes, favoring the sustainable development of the state of Tabasco.	Technical, strategic and operational
Mexican Commission for Aid to Refugees	COMAR 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

INSTITUTION	MISSION	ROLE IN IMPLEMENTATION
UNHCR	Guarantee the protection of people who are forced to leave their countries due to persecution, violence and armed conflict, and find a lasting solution to their situation.	Technical, strategic and operational
UNICEF	To promote the protection of the rights of the child, to help satisfy their basic needs and to increase the opportunities that are offered to them so that they reach their full potential.	Technical, strategic and operational
UNDP	UNDP works to eradicate poverty and reduce inequalities and exclusion. Supporting countries to develop policies, partnerships, leadership skills, institutional capacities and resilience in order to maintain development progress.	Technical, strategic and operational
UNESCO	UNESCO seeks to establish peace through international cooperation in education, science and culture. UNESCO's duty is to reaffirm the humanistic missions of education, science and culture.	Technical, strategic and operational
Directors, supervisors and teaching staff	Carry out the planning, programming, coordination, execution and evaluation of the tasks for the operation of the schools in accordance with the applicable legal and administrative framework; generate a school environment conducive to learning; direct the continuous improvement processes of the campus; promote the fluid communication of the School with the educational community and develop the other tasks that are necessary for the expected learning to be achieved.	Technical, strategic and operational
Parents, guardians or representatives	Obligation of children to attend school; support the educational process of the children; assist the educational authorities in the activities they carry out; promote the participation of their daughters, sons or wards in the educational system.	Technical, strategic and operational
Civil Society and Implementing partners of UNHCR	Support in the design, implementation and evaluation of the project according to their capacities, competencies and institutional mandates.	Technical, strategic and operational

6. Cross-cutting themes

Educational staff will seek contact with students on a weekly basis, regardless of the student's age. The educational figures will prioritize time to talk with the student and their family, with special interest in girls and young women, young mothers, pregnant adolescents, children with disabilities, migrant children, refugees and asylum seekers, children and adolescents without parental care and other vulnerable groups. Additionally, this contact is part of a strategy to monitor the educational and protection situation of children and adolescents. The educational figures will document and report the information through the information management system for this purpose. This information will make it possible to adapt and adjust the response to the needs of girls and other vulnerable groups more efficiently and to advocate for these groups.

To address the digital divide, tablets and laptops will be delivered to teachers, administrators and students. Connectivity plans will also be delivered, including guides for psychosocial support and inclusive education to make calls and maintain communication with students and their families to address and identify problems of access to content, as well as to provide psychosocial support and protection.

7. Risks and Assumptions

RISK	POSSIBILITY OF OCCURRENCE	LEVEL OF IMPACT	MITIGATION STRATEGY
Large migratory flow and humanitarian response considerations could disrupt or require the planned schedule to be reconsidered.	High	High	Continuous monitoring of the migratory situation to make the necessary forecasts and adjustments to the project.
Austerity programs in various sectors do not involve the dismissal of teaching staff in schools.	High	High	The progress of the project must be made visible and communicated to create support and adherence, maintaining communication with educational authorities and important actors, to generate a high-level political commitment to the project.
Resistance on the part of educational actors for the implementation of the project	Medium	Medium	Promote the participation of the teaching union from the design of the project to preserve the viability and sustainability of the project
Connection or logistical problems that make the training of teachers and other officials, and their support staff, difficult.	Medium	Medium	Technological options such as applications for offline use, pre-installed content on the equipment, etc. should be considered.
Cultural resistance, fear of a pandemic or need for income prevent families from sending children to school	Medium	High	To mitigate this risk, families and community leaders must be involved from the beginning of planning.
High turnover of teachers, delivery delays, connectivity problems in the area.	Medium	Medium	Include in selection criteria, intention to stay in the project school for at least two years.
Risk of enrolling thousands of children and adolescents but not having a retention mechanism working.	Medium	High	In conjunction with the SEP: (i) advocate for the inclusion of refugee and asylum-seeking children and adolescents in existing pro-equity programs (inclusion in Benito Juárez scholarships, revision of the formula for provision of school texts and uniforms, school feeding policy) and, (ii) strengthen the existing early warning mechanism for the EMS level.
Families decide not to send their children to school due to the health situation.	Low	High	Monitor local epidemiological indicators and maintain communication with health authorities and families to provide relevant and timely information.
Problems in the diagnostic visits due to health emergencies, delays in the implementation of improvements, delays in purchasing supplies, difficulties in the provision of water to the educational center.	Low	Medium	Implement the necessary protection measures during visits and, in the case of supplies and purchases, adjust the schedule to the existing purchase times
Stress and exhaustion of the emergency situation do not allow for the incorporation of new methodologies, problems in conducting the monitoring remotely.	Low	High	Maintain adequate protection. Adjust accompaniment modalities (face-to-face or remote) as possible. Emphasis on self-care aspects in teacher training.

8. Monitoreo y evaluación

The monitoring and evaluation will be overseen by the United Nations agencies (UNESCO, UNHCR, UNICEF, UNDP) in coordination with the federal SEP and state SEP of Chiapas and Tabasco. Taking advantage of the experience and field knowledge of civil society actors is always welcome. It is important that the monitoring framework is connected to the project management to provide feedback and adjust the operation as necessary. It is also imperative that educational figures at the operational and local level are active parts of the monitoring and evaluation process to develop these capacities that are central to the notion of project sustainability.

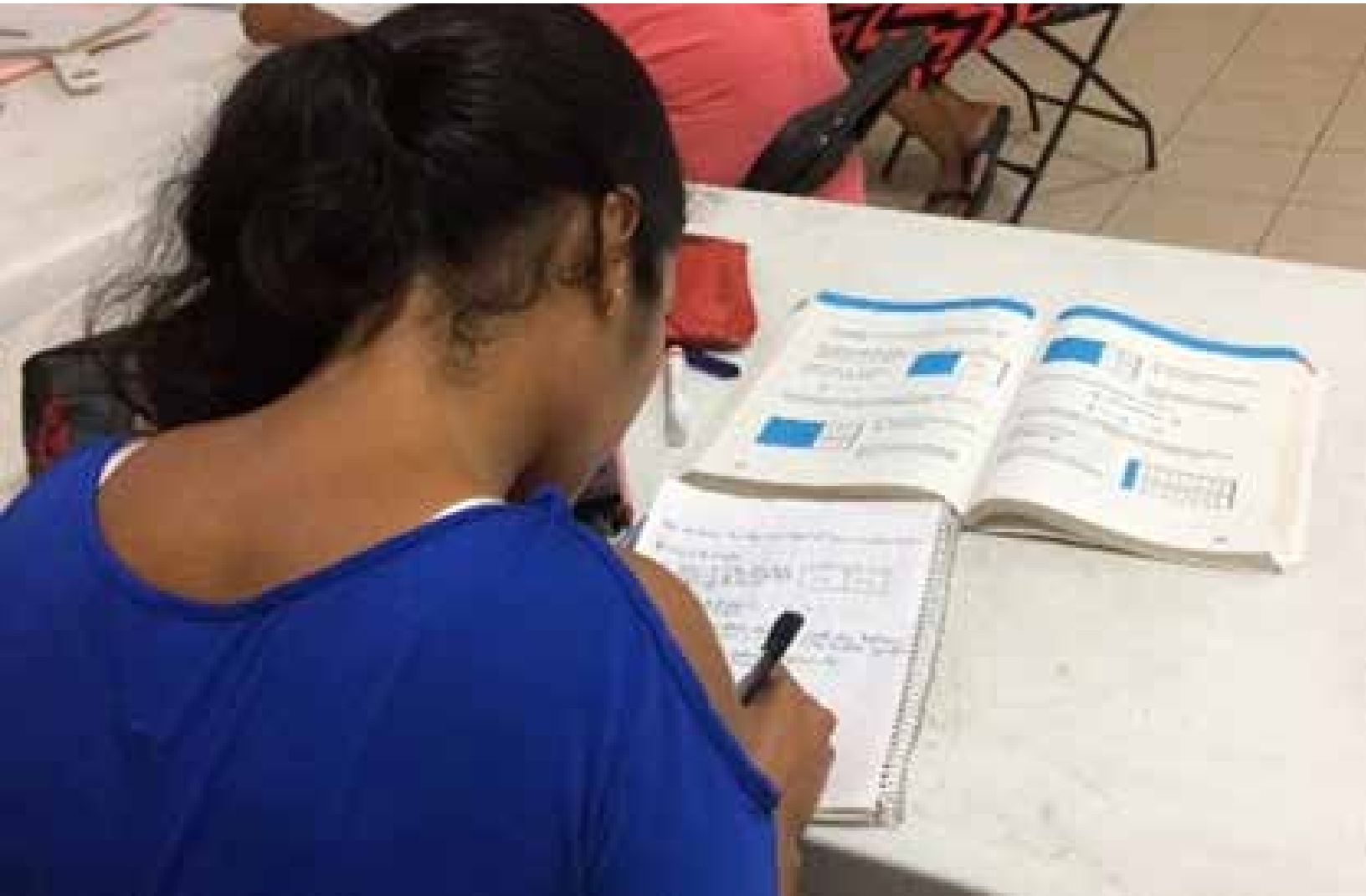
Challenges

- A limitation was the identification of sources, finding information and systematized databases on the population of interest.
- Another important challenge is to involve the governing institutions of the sector from the project design stage. This has been challenging before and the health emergency context proved even more challenging.

Recommendations

Likewise, it is recommended to expand the quantification exercise to help make visible the areas that require more financial support. Spaces such as the Inter-Institutional Working Group on Refugee and Complementary Protection, with its thematic working group on education, or the scope of discussion about the implementation of the National Strategy for Inclusive Education should have a space to strengthen the initiatives of the SEN aimed at guaranteeing the right to education for all children.

Additionally, the MIRPS space can serve the harmonization and contact for the articulation of educational systems in the cross-border area, placing emphasis, for example, on better coordination of the revalidation and recognition of studies, sharing best practices or promoting contact between schools of different countries, among others.



Annex 1 –Logical framework and estimated budget

Objectives / Activities	Indicator	Baseline	Goal	Means of Verification	Term	Financing Required
General Objective: Improve access to quality education services for children and adolescents seeking asylum and refugees and from host communities in Chiapas and Tabasco, amid the health emergency caused by COVID-19.						
Specific Objective 1 Strengthen the capacities of public servants of the SEP, both at the national and state level, to ensure access to public education; and managers, supervisors and other educational personnel increase their knowledge regarding the right to education and apply it in a more favorable way to guarantee the right to education of children and adolescents	Number of supervisors, managers, zone managers and other SEP officials trained and who pass the course	0	1200	Course enrollment records, final evaluations	Semester I	$ 65,000
Activity 1.1 Design and implementation of a tutored online course on educational inclusion, application of Agreement 286, School Access Route for asylum seeker and refugee children and adolescents, registration and retention of students, required documentation, placement processes and other relevant regulations for educational inclusion.	Number of supervisors, managers, zone managers and other SEP officials trained and who pass the course	0	1,200 (800 women, 400 men)	Course enrollment records, final evaluations	Semester I	$ 48,000
Activity 1.2 Holding 5 meetings (4 local / state and 1 national) to discuss and disseminate protocols, proper application of the regulations for access to the educational system, and good inclusion practices.	Number of meetings -virtual or face-to-face- held[21]	0	5	Report on the identification and dissemination of best practices	Semester I	$17,000
Specific Objective 2 Improve the sanitary conditions of schools for the reopening of classes	Children, teachers and directors that have schools that meet minimum health standards for the reopening of classes	0	25844	Local health authority report on protocol compliance by school	Semester IV	$ 2,500,000
Activity 2.1 Evaluation of the gap for compliance with water, sanitation and hygiene standards in schools (*Wash in Schools*)	Number of schools that have a Wash in Schools evaluation	0	101	Health evaluations reports by school, meetings with	Semester I	$65,000

				directors for joint review		
Activity 2.2 Sanitary intervention, hygiene training	Number of schools that have interventions in their sanitary conditions	0	101[22]	Work reports by intervened educational establishment, photographic record	Semester III and IV	$2,400,000
	Number of persons training in Water, Sanitation and Hygiene for schools		23,260 (10,467 men and 12,793 women)	Training records, reports		
Activity 2.3 Provision of supplies for school safety filters: soap, masks, cleaning supplies, among others.	Number of children and adolescents, teachers and managers who have sufficient inputs for the implementation of security filters of the SEP protocol	0	25,844	Certificates of delivery receipt of supplies	Semester I	$30,000
Activity 2.4 Evaluation of implementation of protocol compliance for back to school	Percentage of diagnosed schools that pass the review of health protocols	0	90%	Local health authority report on protocol compliance by school	Semester IV	$5,000
Specific objective 3 Reduce the number of children and adolescents out of school in the selected communities through active search, channeling, and support for enrollment	Number of identified children and adolescents who are enrolled in school at the end of year 2	0	80%	Administrative records SEP	Semester IV	$ 300,000
Activity 3.1 Active search for children outside of school	Number of children and adolescents seeking asylum / refugees and from the host community who are out of school are identified	0	10000	Enrollment record of identified children	Semester I and II	$170,000

Activity 3.2 Support to enter the educational system	Number of children and adolescents enrolled in the educational system Number of children and adolescents who are enrolled in school	0	7000	Accompanying report for re-enrollment in the respective school or educational service	Semester I, II and II	$100,000
Activity 3.3 Training with teachers and directors about search guidelines and channeling mechanisms	Number of school teams trained in search and re-enrollment guidelines	0	538	Training Report	Semester II and III	$30,000
Activity 3.4 Enrollment retention strategy[23]	Percentage of children and adolescents identified and re-enrolled that remain in school at the end of the year II	0	80	Administrative records of schools,	Semester III and IV	$-
Specific objective 4: Strengthen the capacity of children, teachers and managers to guarantee pedagogical continuity and the hybrid model of education	Number of children, teachers and managers who have computer equipment and connectivity plans	0	10092	Delivery-receipt certificates	Semester II	$ 3,855,000
Activity 4.1 Provision of tablets with internet plans + training for managers	Number of children and adolescents who have the training and resources to continue the hybrid education model	0	9554	Delivery-receipt certificates, attendance record	Semester II	$3,343,900
Activity 4.2 Provision of tablets with internet plans + training for managers	Number of children and adolescents who have the training and resources to continue the hybrid education model	0	500	Delivery-receipt certificates, attendance record	Semester II	$475,000

Activity 4.3 Provision of tablets with internet plans + training for managers	Number of children and adolescents who have the training and resources to continue the hybrid education model	0	38	Delivery-receipt certificates, attendance record	Semester II	$36,100
Specific objective 5 Strengthen the capacities of teachers and school administrators to provide psychosocial support, level students, focus the curriculum and adapt to the needs of students	Number of teachers and managers trained	0	538	Training evaluation reports	Semester III	$ 322,800
Activity 5.1 Training design (definition of themes: protection guidelines, pedagogical strategies, leveling, EiE, self-care)	Number of teachers trained	0	500	Mentoring reports, teacher self-evaluation	Semester I	$25,000
Activity 5.2 Implementation of training and support (*mentoring*)	Number of teachers and managers mentored	0	538	Mentoring reports, teacher self-evaluation	Semester II and III	$297,800
TOTAL						**$7,042,800**

Amounts in USD. Exchange rate: 21 MXN to 1 USD

Annexes available electronically:

Annex 2: Context of the education sector in Mexico

Annex 3: Calculation of the average cost of access of asylum seekers and refugees to the NES in 2021

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