

CHILDREN ON THE MOVE

in Latin America and the Caribbean:
Review of evidence



Children on the Move in Latin America and the Caribbean: Review of the evidence

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Foreword

More than ever before, children are on the move in Latin America and the Caribbean. One in four people on the move in the region are children. Many are moving with their families, while others travel on their own. They are fleeing violence, looking to reunite with their families, or seeking education and other opportunities for a better life.

All children, regardless of where they are and where they come from, have rights – the right to an identity, to protection, to health care, to education, and to water and sanitation. This review shows that these rights are not always realized for child migrants and refugees. Children on the move face difficulties accessing services, may be subjected to discrimination, struggle to confirm their legal identity, and often have their migration plans disrupted.

All countries in the region have committed to the Convention on the Rights of the Child, that is, to ensure the rights recognized therein for all children and adolescents without discrimination of any kind. However, when children move from one country to another, or even within a country's borders, guaranteeing their rights involves a wide range of challenges that may put their safety and well-being at risk.

This review of evidence on the situation of children and adolescents on the move in Latin America and the Caribbean examines their needs in communities of origin, in transit, at their destination and upon return. It identifies the gaps in education, health, protection, and other basic services. It then looks at the interventions that have been proven successful in the region to respond to these needs, indicating clear programme solutions.

We share this review of evidence with the aim of providing better responses for children on the move in Latin America and the Caribbean. No matter where they are on their migration journey, they have the same rights as any other child. As they move across the region, it is up to all of us to make sure they are protected and have opportunities to thrive.



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Contents

CLICK ON THE HOME BUTTON
TO GO TO CONTENTS PAGE

Foreword	2
Acknowledgements	3
Acronyms and abbreviations	8
Glossary	10
I Introduction	12
1.1 The scale and diversity of children's mobility in LAC	13
1.2 Key factors underpinning human mobility in LAC	15
1.3 The overall policy context	18
1.4 Methodology and scope	26

PART I

2 Movement from Haiti to neighbouring countries	30
2.1 Main movement patterns	31
2.2 Patterns of movement from Haiti to the Dominican Republic	32
2.3 The legal framework	33
2.4 Settlement in the Dominican Republic	35
2.5 Return to Haiti	40
3 Venezuelan movement to Colombia, Ecuador, Peru and Caribbean countries	42
3.1 Main movement patterns	43
3.2 Children's experiences in transit from Venezuela	47
3.3 Settlement in Colombia	49
3.4 Settlement in Ecuador	61
3.5 Settlement in Peru	67
3.6 Settlement in Caribbean countries	75
4 Movement to and between Argentina, Bolivia, Brazil, Chile and Uruguay	80
4.1 Argentina	81
4.2 Bolivia	86
4.3 Brazil	91
4.4 Chile	99
4.5 Uruguay	108



5 Mexico and Central America	114
5.1 Main movement patterns in Mexico and Central America	114
5.2 Children's experiences during transit	121
5.3 Children who settle in Mexico or Central America	128
5.4 Return migration and repatriations to Mexico and Central America	138

PART II

6 Programmes supporting children and families in situations of human mobility	144
6.1 Introduction	144
6.2 Initiatives supporting children and families in communities of origin	146
6.3 Initiatives supporting children and families in transit	151
6.4 Initiatives supporting children and families settling in host and destination countries	164
6.5 Initiatives supporting returnee children and families	171
7 Conclusions and evidence gaps	180
7.1 Key cross-cutting observations	180
7.2 Evidence of the effectiveness of initiatives to support children in contexts of human mobility	183
7.3 What factors contribute to initiatives' (in)effectiveness?	194
7.4 Programmes' alignment with the needs of children on the move	195
7.5 Final observations and recommendations	198

References	200
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Annexes	229
Annex 1 Methodology	229
Annex 2 Summary data of flows of children on the move	234
Annex 3 LAC States party to international conventions	236
Annex 4 Summary on service access	238
Annex 5 Evaluations	251



Contents

TABLES

Table 1: Selected United States migration laws, policies and initiatives affecting the LAC region (July, 2022)	24
Table 2: Key limitations of the study and mitigation mechanisms	29
Table 3: Food security and living conditions among the Haitian-descendent population in Dominican Republic – summary of study findings	35
Table 4: Data on children moving from Mexico and Central American countries for which data is available (2019–2021)	116
Table 5: Selected bilateral agreements between the United States, Mexico and Central American countries related to migration	117
Table 6: Summary data on children in transit in Central America and Mexico, 2020 onwards (countries with available data)	120
Table 7: Data on children settling in Mexico and Central America up to 2021 (countries with available data)	128
Table 8: Data on children returning to Mexico and Northern Central America in 2019–2021	138
Table 9: Repatriation of Mexican children from the United States (2017–2021)	139
Table 10: Number of assisted returns from Mexico of children aged 0–17 years old by nationality and age (January–December 2021)	141
Table 11: Illustrative examples of recent activity (2018–2021) to strengthen policies and procedures for children on the move	160
Table 12: Overview of approaches to address violence against children on the move (unevaluated)	163
Table 13: Emphases of evidence, insights and knowledge gaps by ‘stage’ of migration process	184
Table 14: Insights on the effectiveness of initiatives by sector and programming gaps	186
Table 15: Key insights and knowledge gaps: Different groups of children	192
Table 16: Key factors that contributed to or undermined programme effectiveness	194



FIGURES

Figure 1: Major movement patterns discussed in this report	13
Figure 2: Factors influencing children's experiences of human mobility	15
Figure 3: Main patterns of movement from Venezuela to other LAC countries (as of 12 Dec 2022)	44
Figure 4: Percentage of children aged 5–17 enrolled in school by length of residence in Colombia	52
Figure 5: Participation in the health insurance system by length of residence in Colombia	56
Figure 6: Return of children from Mexico and the United States to El Salvador, Guatemala and Honduras (2016–2020)	140
Figure 7: Distribution of initiatives discussed in Chapter 6 (both with and without evaluations)	145
Figure 8: Thematic distribution of initiatives discussed in Chapter 6	145

BOXES

Box 1: Progress in laws and policies to protect children on the move in transit and settlement in Mexico	119
Box 2: Anti-black racism affecting migrants in Mexico	125
Box 3: Community development activities in areas with high levels of emigration	147
Box 4: Communication activities – safer migration	149
Box 5: Examples of activities supporting comprehensive support centres	152
Box 6: Project example: Child-friendly spaces in shelters	153
Box 7: Certified education programme for children in extended transit	158
Box 8: Initiatives raising refugees' and migrants' awareness of their legal rights and how to access services	164
Box 9: Multi-component emergency education programme for Venezuelan children in Brazil, Colombia, Ecuador and Peru	167
Box 10: Examples of activities supporting social integration	170
Box 11: Example of UNICEF technical assistance to support returnee children	172
Box 12: Support to reception centres for returnee children	174



Acronyms and abbreviations

ACA	Asylum Cooperation Agreement (United States)
ACNUR	Agencia de la ONU para los Refugiados
BBC	British Broadcasting Corporation
CA-4	Convenio Centroamericano de Libre Movilidad (Central America-4 Free Mobility Agreement)
CARICOM	Caribbean Community
CBP	Customs and Border Protection (United States)
CCSS	Caja Costarricense del Seguro Social (Costa Rican Social Security Fund)
CDC	Centers for Disease Control and Prevention (United States)
CDH-UCAB	Centro de Derechos Humanos de la Universidad Católica Andrés Bello (Centre for Human Rights at Andrés Bello Catholic University) (Venezuela)
CEPAL	Comisión Económica para América Latina y El Caribe (Economic Commission for Latin America and the Caribbean)
CONARE	Comitê Nacional para os Refugiados (National Committee for Refugees) (Brazil)
COMAR	Comisión Mexicana de Ayuda a Refugiados (Mexican Commission for Refugee Assistance)
CSME	CARICOM Single Market and Economy
DARA	Development Assistance Research Associates
DCF	Danielle Children's Fund
DIF	Sistema Nacional para el Desarrollo Integral de la Familia (National System for Integral Family Development) (Mexico)
DRC	Danish Refugee Council
ECW	Education Cannot Wait
ENCOVI	Encuesta Nacional de Condiciones de Vida (National Survey of Living Conditions) (Venezuela)
ENPOVE	Encuesta Dirigida a la Población Venezolana que Reside en el País (Study of the Venezuelan Population Resident in Peru)
EPEC	Encuesta a Personas en Movilidad Humana y en Comunidades de Acogida en Ecuador (Survey of People on the Move and Host Communities in Ecuador)

ETPV	Estatuto Temporal de Protección para Migrantes Venezolanos (Temporary Protection Statute for Venezuelan Migrants) (Colombia)
FONASA	Fondo Nacional de Salud (National Health Fund) (Uruguay)
GBV	gender-based violence
GEIH	Gran Encuesta Integral de Hogares (Large-scale Comprehensive Household Survey) (Colombia)
GIFMM	Grupo Interagencial Sobre Flujos Migratorios Mixtos (Inter-agency Group on Mixed Migration Flows) (Colombia)
GTRM	Grupo de Trabajo para Refugiados y Migrantes (Working Group for Refugees and Migrants) (Ecuador and Peru)
IDAC	International Data Alliance for Children on the Move
ICBF	Instituto Colombiano de Bienestar (Colombian Institute for Family Wellbeing)
IDEHPUCP	Instituto de Democracia y Derechos Humanos de la Pontificia Universidad Católica de Perú (Institute for Democracy and Human Rights at the Pontifical Catholic University of Peru) (Peru)
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
INEI	Instituto Nacional de Estadística y Informática (National Institute of Statistics and Information) (Peru)
INIDE	Instituto Nacional de Información de Desarrollo (National Institute of Information Development) (Nicaragua)
INM	Instituto Nacional de Migración (National Institute of Migration) (Mexico)
IOM	International Organization for Migration
IPE	Identificador Provisorio Escolar (Provisional School Identification number) (Chile)
IPPF	International Planned Parenthood Federation
LAC	Latin America and the Caribbean
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (+ denotes that the acronym is non-exhaustive and can also include other identities)
MERCOSUR	Southern Common Market
MHPSS	mental health and psychosocial support

MIRPS	Marco Integral para la Protección y Soluciones (Comprehensive Regional Protection and Solutions Framework)
MMC	Mixed Migration Centre
MJSP	Ministério da Justiça e Segurança Pública (Ministry of Justice and Public Security) (Brazil)
MPC	multipurpose cash transfer
MPP	Migrant Protection Protocols (United States/Mexico)
MSF	Médicos Sin Fronteras (Doctors Without Borders)
NEPO	Núcleo de Estudos de População (Centre for Population Studies) (Brazil)
NES	Número de Identificación Establecido por la Secretaría (Identity Number Established by the Secretary) (Colombia, education system)
NGO	non-governmental organization
NRC	Norwegian Refugee Council
OBMICA	Centro para la Observación Migratoria y el Desarrollo Social en el Caribe (Observatory on Migration and Social Development in the Caribbean) (Dominican Republic)
OBMigra	Observatório de Migração (Migration Observatory) (Brazil)
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OIM	Organización Internacional para las Migraciones / Organização Internacional para as Migrações (International Organisation for Migration)
OIT	Organización Internacional del Trabajo (International Labour Organization)
OVM	Observatorio Venezolano de Migración (Venezuelan Migration Observatory)
PEP	Permiso Especial de Permanencia (Special Stay Permit) (Colombia)
PROBEM	Programa Binacional de Educación Migrante (Binational Migrant Education Program) (Mexico)
PTP	Permiso Temporal de Permanencia (Temporary Residence Permit) (Peru)
PUCP	Pontificia Universidad Católica del Perú (Pontifical Catholic University of Peru)
R4V	Plataforma de Coordinación Interagencial para Refugiados y Migrantes de Venezuela / Plataforma Regional de Coordenação Interagencial para Refugiados e Migrantes de Venezuela (Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela)

RIADIS	Red Latinoamericana de Organizaciones No Gubernamentales de Personas con Discapacidad y sus Familias (The Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families)
RMRP	Refugee and Migrant Response Plan (Venezuela)
RUT	Rol Unico Tributario (Unique Taxpayer Number) (Chile)
SEP	Secretaría de Educación Pública (Ministry of Public Education) (Mexico)
SICA	Sistema de la Integración Centroamericana (Central American Integration System)
SISBEN	Sistema de Identificación de Potenciales Beneficiarios de Programas Sociales (Identification System for Potential Beneficiaries of Social Programmes (Social Registry) (Colombia)
SISFOH	Sistema de Focalización de Hogares (Social Registry) (Peru)
SJM	Servicio Jesuita a Migrantes (Jesuit Migrant Service)
SUS	Sistema Unificado de Saúde (Unified Health System) (Brazil)
TPS	Temporary Protected Status
TVRH	Tarjeta de Visitante por Razones Humanitarias (Visitor Card for Humanitarian Reasons) (Mexico)
UNDESA	United Nations Department of Economic and Social Affairs
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNICEF LACRO	United Nations Children's Fund Latin America and Caribbean Regional Office
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
USDOL	United States Department of Labor
VERHU	Visa de Excepción por Razones Humanitarias (Exceptional Visa for Humanitarian Purposes) (Ecuador)
WASH	water, sanitation and hygiene
WFP	World Food Programme

Glossary

ASYLUM-SEEKER: An individual who has sought international protection from persecution or serious harm and whose claim for refugee status has not yet been determined (UNHCR, n.d.c).

BEST INTEREST PROCEDURES: A formal process with specific procedural safeguards and documentation requirements that is conducted for certain children of concern to UNHCR, whereby a decision-maker is required to weigh and balance all the relevant factors of a particular case, giving appropriate weight to the rights and obligations recognized in the Convention on the Rights of the Child and other human rights instruments, so that a comprehensive decision can be made that best protects the rights of children (UNHCR, n.d.c; UNHCR et al., 2021).

CHILDREN ON THE MOVE: All child migrants and refugees, whether they have crossed international borders or not. This includes internal migrants, as well as internally displaced persons, asylum seekers and refugees (UNICEF, 2017).

FAMILY REUNIFICATION: The process of bringing together families, particularly children and elderly dependents with their care-providers for the purpose of establishing or re-establishing long-term care (UNHCR, n.d.c).

HUMAN MOBILITY: A complex process that involves people's movement from one place to another for diverse reasons. It can be voluntary or forced, and people may remain in the place of destination for a short or long period of time, be in transit, or practise circular migration. It encompasses all forms of human movement, such as internal migration, international migration, forced migration and human trafficking, as well as the effects on communities of origin (UNHCR, n.d.c).

HUMAN TRAFFICKING: As per Article 3 of the Palermo Protocol (United Nations, 2000), human trafficking refers to:

(a) The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;...

(b) The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons' even if this does not involve any of the means set forth in subparagraph (a) of this article;

(c) 'Child' shall mean any person under eighteen years of age.

INTERNAL DISPLACEMENT: Persons or groups of persons are considered to be internally displaced when they have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of – or in order to avoid – armed conflict, generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed internationally recognized state borders (OCHA, 2004).

INTERNATIONAL PROTECTION: This is the protection a state offers a foreign national because her or his human rights are threatened or violated in the country of nationality or habitual residence, in which she or he was unable to obtain adequate protection because it was not accessible, available, and/or effective. International protection begins by ensuring admission to a country of asylum and procedures for applying for refugee status, as well as ensuring respect for a person's fundamental rights, including the right not to be forcibly returned to a country where she or he may be in danger (principle of non-refoulement). International protection ends only with the achievement of a lasting solution, such as local integration in the host country. In the context of international humanitarian law, this notion may also cover other statutes in addition to refugee status (UNHCR, n.d.c).

IRREGULAR MIGRATION: When a person lacks legal permission to be in a transit or host country. This may be due to the infringement of a country's admission conditions, expired documents or failure to comply with an expulsion order (UNHCR, n.d.c).

MIXED MOVEMENTS: Movements of people who travel together, generally irregularly, along the same routes and using the same means of transport, but for different reasons. These people have different needs and profiles and may include, for example, asylum seekers, refugees, victims of trafficking, unaccompanied or separated children and irregular migrants (UNHCR, n.d.c).

REFUGEE: According to Article 1A (2) of the 1951 Convention Relating to the Status of Refugees (as modified by the 1967 Protocol) a refugee is a person, who "owing to well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions is outside of the country of his nationality and is unable or owing to such fear, is unwilling to avail himself of the protection of that country" (UNHCR, n.d.b).

REGULAR MIGRATION: When a person has legal permission to be in a transit or host country as a result of following the country's admission conditions and procedures and having valid documents (UNHCR, n.d.a).

REGULARIZATION: Refers to a state's policy response to the presence of irregular migrants residing in the country, which leads to the stabilization of a migrant's status within a country (IOM, n.d.b).

SEPARATED CHILD OR ADOLESCENT: A person under 18 years of age outside her or his country of origin or habitual residence who is separated from both parents, or from her or his previous legal or customary primary caregiver, but not necessarily from other relatives. They may be separated at any point during the mobilization process (UNHCR, n.d.c).

STATELESSNESS: A person who is not considered as a national by any state. As defined in the 1954 Convention relating to the Status of Stateless Persons, a stateless child is a person under the age of 18 who is not considered a national by any state under its legislation. Children lacking a birth certificate or other identity document may be at risk of statelessness (UNHCR, n.d.c).

UNACCOMPANIED CHILD OR ADOLESCENT: A person under 18 years of age outside her or his country of origin or habitual residence who has been separated from both parents and other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so (UNHCR, n.d.c).

1 | Introduction

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Since the mid-2010s, Latin America and the Caribbean (LAC) has experienced a rapid increase in human mobility. Children typically make up around a fifth to a quarter of people on the move in LAC: in 2019 children aged 0–17 constituted 19 per cent of migrants in LAC; in 2021, children made up an estimated 26 per cent of people forcibly displaced internationally in the Americas (Migration Data Portal, 2021a; UNHCR, 2022).

This upsurge in migration and displacement in the region has spurred substantial response efforts, aimed variously at developing a more supportive policy environment, meeting the immediate needs of migrants and refugees, managing flows in areas experiencing large numbers of people in transit, and assisting with integration into new countries. It has also led to an explosion of research aiming to understand the experiences, needs, challenges and aspirations of people on the move.

This report aims to synthesize recent evidence concerning the experiences and needs of children affected by human mobility in the region, and on how far programmes and policies are meeting those needs. It is motivated by a desire on the part of the United Nations Children's Fund Latin America and Caribbean Regional Office (UNICEF LACRO) to promote proven responses to human mobility that genuinely respond to the needs of children and families: in their communities of origin, in transit, as they settle in new countries, or if they return to their countries of origin.

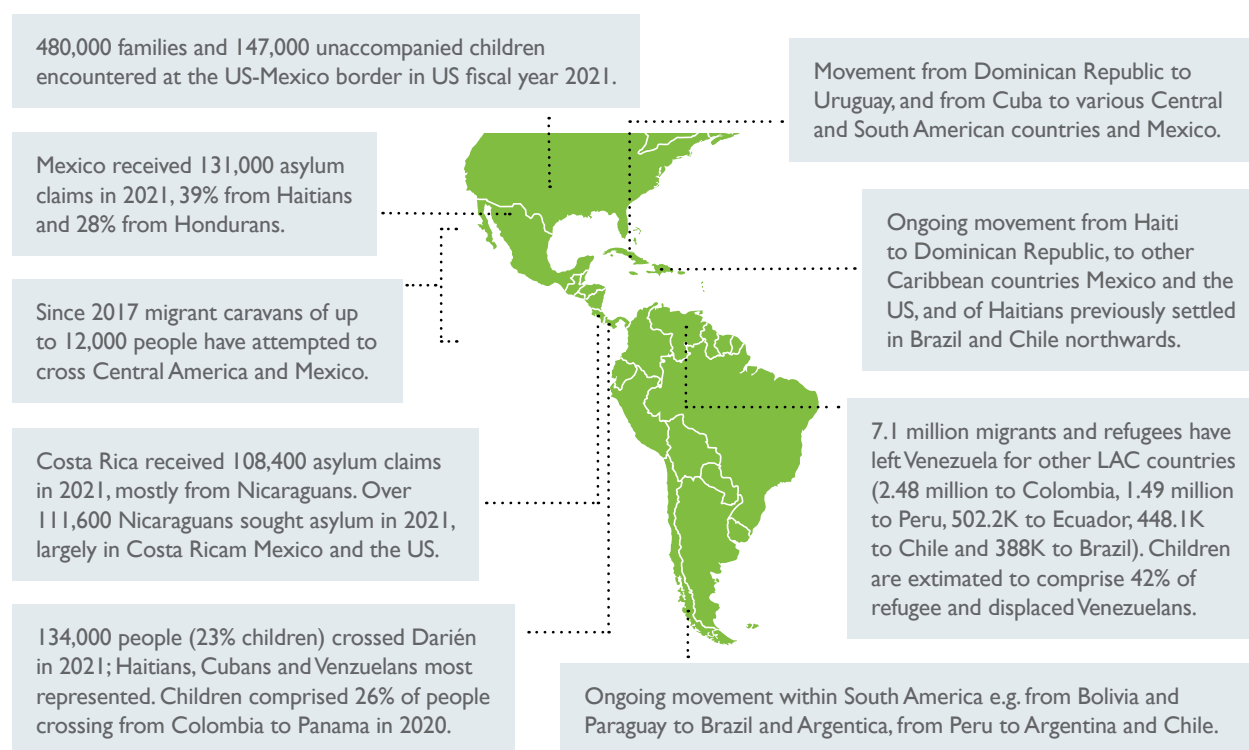
This chapter sets the scene for those that follow. It starts with an overview of the scale and diversity of children's mobility in the region, the main reasons for the upsurge in movement and the main regional and subregional policy frameworks. It also presents the methodology on which this report is based and outlines the structure of subsequent chapters.

1.1 | The scale and diversity of children's mobility in LAC

Figure 1 depicts some of the main international mixed movements within the region, presenting quantitative data on the numbers of children, where available. Each chapter focusing on a subregion discusses patterns of movement and the numbers concerned in more depth. Further data on the numbers of refugee and migrant children living in different countries of the region are available in Annex 2.

Over recent decades, LAC has been – and continues to be – a region with considerable emigration to North America and Europe (IOM, 2021h). It has also experienced considerable internal and intercountry movement, some of which is discussed in Chapters 2–5. In addition to these long-standing movement patterns, over the past decade, three other sets of mixed movements have grown in prominence: the movement of over 7.1 million refugees and migrants from Venezuela (Chapters 3 and 4), over 5.99 million of whom have migrated to other LAC countries; movements from, within and through Central America and Mexico, with Mexico increasingly becoming a destination for

Figure 1: Major movement patterns discussed in this report



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

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

refugees and migrants from elsewhere in the region, and movement patterns within Central America becoming increasingly complex (Chapter 5); and movement from Haiti, and of Haitians (including many who had previously resided in South America), within the northern Caribbean, and through Colombia into Central America (Chapters 2, 4 and 5).

These movements and their effects on children are relatively well-documented and are the primary focus of this report. Other movements, particularly those that have accelerated since 2020–2021, such as movement from Cuba, and increasing numbers of migrants and refugees from other continents, particularly Africa and Asia (Yates, 2019), are much less well-documented and evidence on children's experiences is sparse.¹

As will be discussed in Section 1.3, over the past few decades, free mobility agreements have been established in various subregions. These expand opportunities for safe and legal movement, and for children of families moving within these frameworks to access services in their countries of destination. This study found very little discussion of issues facing children moving through these pathways. Instead, the literature, and this report, focuses on children and families who are largely moving irregularly, and/or who are displaced internationally, and where this movement leads to new challenges for the fulfilment of children's rights. The focus is on international movement.²

Children's experiences of migration and displacement in LAC are very diverse and encompass:

- **Movement for a range of reasons and in diverse circumstances:** This includes forced displacement due to violence, persecution or disasters, and migration to reunite with family members or in search of a better life.
- **Movement in varied groups or alone:** This includes children moving with family members, peers or unaccompanied; as part of 'caravans', small groups or individually; and the experiences of 'second generation' children born to migrant or refugee parents.
- **Hugely variable distances:** Movement may be within countries, to neighbouring countries and across the continent, both through safe areas and areas that present considerable risks (e.g., sea, jungle, areas controlled by organized crime and armed groups).
- **Movement by different means of transport:** Risks are particularly associated with journeys in small boats, people stowed onto trains and journeys on foot.
- **Movement of all lengths:** Journeys vary from short-term 'pendular' movements across borders on ancestral lands to access services or to trade, to temporary migration or displacement, to permanent settlement in a new country.

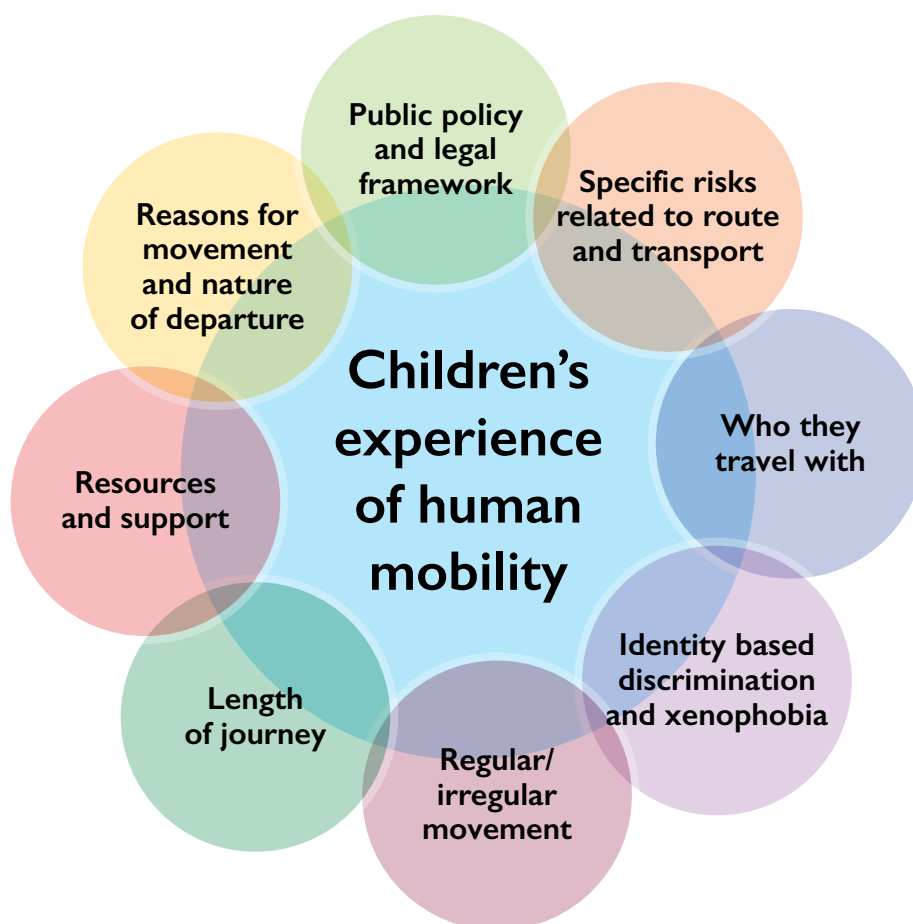
As well as these factors, children's experiences are also influenced by the prevailing policy environment, and specifically the extent of safe and regular pathways for movement, and opportunities to regularize status; the quality, appropriateness and availability of services at particular points in the process – both for children and families in transit, and those settled in a new country; the social environment, and in particular the extent of xenophobia, racism and other forms of discrimination, and their individual situation, including their identity

¹ During the first three months of fiscal year 2022, 1,053 Cubans and Haitians were apprehended by the United States Coast Guard, illustrating the increase in these movements to the United States (MMC, 2022a).

² For evidence on how children are affected by internal migration and displacement, and on the experiences of children with absent migrant parents (who 'stay behind' when parents migrate), please see companion briefs by Marcus et al. (2023a, 2023b).

(e.g., age, gender, ethnicity); and their family situation, including the resources they are able to mobilize to support them on their journeys (see *Figure 2*). Though few studies discuss all these dimensions, the presentation of evidence in subsequent chapters seeks to illustrate the effects of these factors on children's experiences.

Figure 2: Factors influencing children's experiences of human mobility



1.2 | Key factors underpinning human mobility in LAC

Why is LAC experiencing such an upsurge in migration and displacement? Most discussion of the factors underlying migration and displacement in LAC focuses on large-scale forces, such as economic trends and climate change, and their effects on the population as a whole, rather than specifically on children.³ This section provides a brief summary to set the context for subsequent sections. Country-specific details are discussed in the relevant sections. Much of the analysis is based on evidence from Mexico and Northern Central America, where the volume of research has been greatest.

Economic inequalities: Regional and intercountry inequalities in economic opportunities have long underpinned migration from and within the region. Movement from Venezuela has largely resulted from the country's economic crisis since the mid-2010s (see Chapter 3 for

³ This evidence is summarised in more detail in Marcus et al. (2022a) and in various reports, such as UNHCR (2022) and IOM and WFP (2022).

more details of its impacts on children). Per capita incomes in El Salvador, Guatemala and Honduras are 15–30 times lower than in the United States of America, fuelling continued migration despite a challenging policy environment. Indeed, a recent study by the World Food Programme and International Organization for Migration (IOM and WFP, 2022) found that 75 per cent of households with a member who had migrated in the previous five years reported that they did so in search of better work opportunities and levels of pay.⁴

Studies undertaken with children and young people from Central America also highlight the importance of better economic opportunities. Of the 204 children identified by IOM and WFP (respectively representing 6 per cent of male migrants and 5 per cent of female migrants), 52 per cent had moved for economic reasons (IOM and WFP, 2022). The economic stresses generated by the COVID-19 pandemic have also fuelled migration, both of children and adults: in 2021, the United States Border Patrol reported around 114,000 encounters with unaccompanied children from Guatemala, Honduras and El Salvador on the United States–Mexico border. This is 1.7 times more than in 2019, before the pandemic (Save the Children, 2022).

Regional inequalities and high levels of poverty are increasingly exacerbated by climate-related shocks and stresses (REDLAC, 2021; Horwood, Frouws and Forin 2019). In Mexico, Central America, some Caribbean countries (e.g., Haiti) and parts of South America (e.g., Peru and Chile), climate change is increasingly identified as a factor that contributes to the increase in domestic and international migration in search of better opportunities and living conditions (Nexus Interamerican Consulting Services, 2021d; Bergmann et al., 2021).

Effects of climate change: The Food and Agriculture Organization of the United Nations (2019) reports that in the last quarter of 2018, 2.2 million people suffered crop losses mainly due to drought in the Central American Dry Corridor, covering El Salvador, Guatemala,

Honduras and Nicaragua; droughts in Haiti have affected 4.4 million people, or half the population, over the past two decades (OCHA, 2020). Increasingly frequent and severe weather events are also contributing to displacement, with the small island states of the Caribbean being among the most vulnerable (Bleeker et al., 2021; OCHA, 2020). During 2020, the North Atlantic Ocean was hit by 30 cyclones, which affected 8.3 million people in Honduras, Guatemala and Nicaragua. Many of those affected by the years of drought and these hurricanes joined the first migrant caravan that departed from San Pedro Sula in Honduras in 2021 (International Displacement Monitoring Centre, 2021).

Over the last decade, the impacts of natural phenomena such as El Niño have increased, and the loss of 30 per cent of Andean glaciers also had a significant impact on water safety, agriculture and rural livelihoods in parts of South America (Bergmann et al., 2021). For example, in Peru, half the national territory and one third of the population is exposed to recurring hazards, with over 9 million people frequently facing heavy rains, floods and landslides. In Peru, in 2017 alone, 2,870 schools were damaged due to natural disasters – more than triple that of any previous years – leading to displacement in search for educational opportunities for children (Bergmann et al., 2021).



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⁴ This study was based on a survey of 4,998 households in 12 departments in El Salvador, Guatemala and Honduras, 24 per cent of which reported that a member had migrated in the previous five years.

Although the relationship between climate change and migration is complex, these stresses are likely to intensify and could render several Caribbean islands uninhabitable at 1.5 degrees of warming (Francis, 2019). The World Bank (2018) projects an average of 1.4 to 2.1 million ‘climate migrants’ by 2050 in Mexico and Central America, (equivalent to 0.7 per cent to 1.4 per cent of the subregion’s population and between 2 million and 13.2 million people (or between 0.44 per cent and 2.89 per cent of the population) in South America, depending on how far climate-friendly policies are implemented.

Fleeing violence: Studies from parts of the region (e.g., Colombia, El Salvador, Guatemala, Haiti, Honduras and Mexico) highlight the impact of violence on forced displacement and migration; several of these studies highlight violence or threats of violence against children as specific reasons for movement, both internally and internationally (Amnesty International, 2020; Comisión Interinstitucional para la Protección de Personas Desplazadas por la Violencia, 2015; Save the Children, 2022; MMC, 2022a).⁵ Worsening insecurity and violence in Haiti has led to increasing numbers of people attempting to leave by sea for other Caribbean countries or the United States, leading to growing numbers of shipwrecks and children drowning (MMC, 2022a).

By the end of 2019, nearly 800,000 people from El Salvador, Guatemala and Honduras had migrated (either within their countries or across international borders) to escape escalating levels of gang violence and persecution, among other factors. Between 2013 and 2018, many parents sent their children to other countries to protect them from recruitment into gangs or targeted violence at the hands of gangs and armed groups. As violence in communities has shifted to target entire families, more families began fleeing together (Families on the Run 2020). In a much-cited study, Clemens (2021) quantifies the relationship between violence in Northern Central America and migration of children to the United States. This study analyses data concerning 178,825 children from 893 municipalities in El Salvador, Guatemala and Honduras who were apprehended by the United States Government between 2011 and 2016. It found that in the average municipality, for every 10 additional homicides in children’s city of origin, there were an associated 3–6 cumulative additional child-migrant apprehensions across the study period.

In Northern Central America and parts of Colombia, sexual assault, the risk of being coerced into sexual relationships with gang or drug cartel members, or members of armed groups, and fear of the consequences of refusing their advances, contribute to migration, particularly among adolescent girls and young women (International Displacement Monitoring Centre, 2022; de los Santos, 2021). Data from the mid-2010s indicates that 40 per cent of girls seeking asylum in the United States reported being abused at home, compared with 16 per cent of boys (UNHCR, 2014b).

In various studies from Mexico, Honduras and other Central American countries, children have indicated that gang members intimidate them on their way to school or that refusing to join a gang made them or their family a target of gang violence (Acharya and Clark, 2021; Anastario et al., 2015; Cardoso, 2018; UNHCR, 2014b; Save the Children, 2022). Save the Children’s (2022) study of children’s decision-making about migration in El Salvador, Guatemala and Honduras⁶ highlights boys’ particular vulnerability to recruitment and increased risk of homicide if they refuse to comply with gang demands. It also found different reasons for movement in different locations: while rural children intended to move largely because they aspired to opportunities

“The gangs like to follow people and several times they followed me because they wanted to rape me. They tried to kidnap me and my brother to get money from my dad.”

Adolescent Central American girl,
[Cardoso, 2018, p. 147]



5 This violence can also deter children from leaving. Participants in El Salvador in Save the Children’s (2022) study of decision-making around migrating or staying reported that having to pass through a violent (gang controlled) area could be enough to deter them from migrating.

6 This study interviewed 114 children across the three countries, aged 7–17. Eight young people aged 18–19 were also interviewed.

not available in their home areas, for urban children, a combination of insecurity and aspiration motivated them to migrate.

Family reunification: Although migration patterns vary considerably by subregion, and with children's age, where parents have moved ahead of their children, family reunification is often an important motivation for movement. Data from the 2019 Encuesta Nacional de Condiciones de Vida (ENCOVI, National Living Standards Survey) in Venezuela shows that family reunification was the most important reason for children leaving the country in 2019, though among adolescents it was secondary to movement for work (OVM, 2021). After three decades of migration from Northern Central America, about 1 in 5 Salvadorans and 1 in 15 Guatemalans and Hondurans live in the United States, making the United States the desired destination for most children and families leaving the subregion (IOM and WFP, 2022). IOM and WFP (2022) found that 24 per cent of children who had attempted to migrate were primarily motivated by the desire to reunite with family members. Studies undertaken with children repatriated to El Salvador and Honduras found that family reunification was their most commonly cited reason for attempting to reach the United States (Anastario et al., 2015; Casa Alianza Honduras, 2016). In Casa Alianza Honduras's study, 58 per cent of the 119 children interviewed stated that they were considering migrating to the United States again because their parents were living there (Casa Alianza Honduras, 2016). Relatedly, children in Save the Children's (2022) study reported that not wanting to be far away from family was an important deterrent to migration.

1.3 | The overall policy context

In recent years the regional legal and policy framework has changed rapidly, reflecting political and policy changes introduced in response to changing patterns of migration and forced displacement. This section briefly presents some of the main policies and agreements that influence movement within LAC. Each chapter also discusses specific subregional or national laws, policies and agreements that affect children. The section starts with regional free movement agreements, then discusses the extent to which countries in the region have acceded to key international conventions on refugee rights and on the prevention of trafficking. It then outlines key United States policies that have affected movement within the region in recent years.

1.3.1 SUBREGIONAL FREE MOVEMENT AGREEMENTS

Subregional free movement agreements facilitate regular movement, in particular migration for work, with an emphasis on skilled professionals (as in the CARICOM Single Market and Economy) and formal sector work (as in MERCOSUR). By providing regular pathways, they reduce some of the risks associated with irregular migration. As the following descriptions show, currently none of these agreements facilitate lower-skilled or seasonal work, but they provide a framework that could be developed in the future. Each agreement has specific provisions in relation to children.

MERCOSUR: The formation of the Southern Common Market (MERCOSUR) has given citizens of member countries the right to free movement, residency and employment with reduced regulation. MERCOSUR comprises four members (Argentina, Brazil, Paraguay and Uruguay)⁷ and seven associate members (Bolivia, Chile, Colombia, Ecuador, Guyana, Peru and Suriname). The free movement agreement stipulates that people from MERCOSUR countries can move through

7 Venezuela is also a full member of the bloc but its rights and duties are currently suspended (MERCOSUR, n.d.).



Children are required to present their passports as a safeguard against trafficking, and must be accompanied by their parents or carry notarized permission to prove to border agents that their journey is not contravening parental authority.

member and associated countries without a passport or visa for up to a period of 90–180 days in any given year (details vary by country). This is intended to facilitate tourism and trade, but does not grant access to social services, as the movement is intended to be short-term. Migrants intending to stay for longer must apply for temporary residence, which then grants them full access to public social and health services that are available to citizens. Although the application procedure is simpler than for other migrants, to gain a temporary residence permit, applicants need to present a valid passport, have no criminal records, declare the intent of their stay and a local address, as well as pay costly fees (MERCOSUR, 2019) – for example, Ecuador charges US\$250 for this procedure. Once granted, a temporary residence permit is valid for two years and can be renewed, or holders can apply to convert it into a permanent residence permit after this period. The costs of regular residence remain prohibitive for poorer people, however, and are likely to push migrants, especially children and adolescents who travel alone, into irregular movements.

Andean Community: Decision 878, a free movement agreement signed in 2021, allows citizens of Bolivia, Colombia, Ecuador and Peru to live, work and move freely between these four countries, if they have evidence of a job and means to support themselves. They may enter member countries for up to 180 days as a tourist and Decision 878 simplifies routes to legal residency. Members of Andean Community states may enter other member states with a national identity card, rather than a passport (Biz Latin Hub 2021).

CA-4: The Central America-4 Free Mobility Agreement (CA-4), established in 2006, allows the free transit of nationals of the signatory countries (El Salvador, Guatemala, Honduras and Nicaragua), without passports and with expedited migration procedures. Foreign nationals who enter one of the signatory countries can travel to other member states by land without having to obtain additional permits or to undergo checks at border checkpoints (IOM, n.d.a). The agreement excludes migration for work and for transit to other regions, although it has been used by migrants in transit to the United States (Faret et al., 2021). Children are required to present their passports as a safeguard against trafficking, and must be accompanied by their parents or carry notarized permission to prove to border agents that their journey is not contravening parental authority. The United States has called on CA-4 Governments to revise the agreement with the aim of restricting the formation of migrant caravans (OIT, 2016c).

CARICOM Single Market and Economy (CSME) and the Organisation of Eastern Caribbean States free movement area: The CSME formally came into being in 2006, following a revision to the Treaty of Chaguaramas, which founded the Caribbean Community (CARICOM). Article 45 of the revised treaty commits member states to the goal of free movement of nationals within CARICOM through a phased approach for implementation (IOM, 2019a). It has facilitated movement of skilled professionals as well as movement of goods and services (CARICOM, n.d.). Like the other free movement agreements in the region, it thus provides regular migration pathways for some groups and allows visa-free travel for tourism to nationals of member states. It has also facilitated provision of temporary residence permits following disasters (Francis, 2019). In recent years, some countries (e.g., Guyana) have reintroduced visas for nationals of some countries (e.g., Haiti), as an attempt to reduce irregular movement (see Chapter 2). The Organisation of Eastern Caribbean States economic union (a subgrouping within CARICOM) grants free movement (including for work) to nationals of its protocol member states. In February 2019, all CSME participating member states signed the Protocol of Contingent Rights, which delineates the rights of nationals from

participating member states, their spouses and their immediate dependent family members to access social services, including education and health care, as they move within the CSME (IOM, 2019a).

1.3.2 INTERNATIONAL LEGAL FRAMEWORK AND VOLUNTARY COMMITMENTS

All countries in mainland Latin America are signatories to the 1951 Convention on the Status of Refugees and to the 1967 Protocol on the Status of Refugees. In addition, most are signatories to the non-binding Brazil Declaration of commitment to strengthening the protection of refugees and displaced and stateless people in the Americas.⁸ Likewise, all mainland Latin American states are signatories to the 1954 Convention on the Status of Stateless Persons, the 1961 Convention on the Reduction of Statelessness or both. By contrast, five Caribbean states are not parties to either Refugee Convention and nine are not parties to either Convention on Statelessness.

For comparison, almost all countries in the region, for which data are available, are parties to the 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons (the Palermo Protocol). The least signed conventions with respect to children on the move is the 1990 International Convention on the Rights of Migrant Workers and their Families (see Annex 3). Although the existence of a supportive legal framework is no guarantee of the rights of refugee and migrant children and their families, it increases the likelihood that their rights will be upheld in domestic legislation and through related policies and programmes.

Sustainable Development Goals: While many of the Sustainable Development Goals targets are relevant to the well-being of children on the move, Goal 10.7 outlines a specific target to “facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.” As of 2019, 79 per cent of governments in LAC reported having in place policies that met this target (UNDESA, 2020b).

Global Compact on Refugees: The Global Compact on Refugees, agreed in 2018, is an international framework to develop more predictable and equitable responsibility-sharing to respond to refugees. It provides a blueprint for governments, international organizations and other stakeholders to ensure that host communities get the support they need and that refugees can lead productive lives. It aims to ease pressures on host countries, enhance refugees’ self-reliance, expand access to third countries for resettlement and support conditions in countries of origin to enable return in conditions of safety and dignity. The framework also calls on all stakeholders to support efforts to tackle the root causes of large-scale refugee situations. An integral part of the compact is the Comprehensive Refugee Response Framework, which sets out principles for programmes of action. With respect to children and young people these include: supporting integrated and age-sensitive services for refugee and host community children; investing in national child protection systems and cross-border cooperation and regional partnerships to provide a continuum of protection, care and services for at-risk children; and strengthening the capacity of relevant authorities to undertake best interests procedures to inform decisions that concern refugee children, as well as other child-sensitive procedures and family tracing (United Nations, 2018a, pp. 29–30).

8 The Brazil declaration marks 30 years of the Cartagena Declaration on Refugees and outlines a strengthened framework for cooperation (UNHCR, 2014a). A definitive list of countries that attended the Brasília meeting that led to the declaration is not available.

Global Compact for Safe and Orderly Migration: The Global Compact for Safe and Orderly Migration (United Nations, 2018b), a non-binding framework, expresses United Nations Member States' collective commitment to improving cooperation on international migration. It consists of 23 objectives to address challenges related to contemporary migration. With respect to children, the compact "upholds the principle of the best interests of the child at all times, as a primary consideration in all situations concerning children in the context of international migration, including unaccompanied and separated children" (ibid., p. 6). It commits to identification of migrant children, and their referral, if unaccompanied or separated, to child protection authorities and other relevant services; to appointing competent and impartial legal guardians, protecting family unity and treating "anyone legitimately claiming to be a child ... as such unless otherwise determined through a multidisciplinary, independent and child-sensitive age assessment" (ibid., p. 21); and to implementing measures to reduce statelessness, including via birth registration (ibid., p. 12), and to ending detention of children in a migration context (Objective 13; ibid., p. 22).

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

Marco Integral para la Protección y Soluciones (MIRPS, Comprehensive Regional Protection and Solutions Framework):

In line with commitments under the Global Compact for Refugees (2018), the San Pedro Sula Declaration (2017) and the New York Declaration (2016), MIRPS has been developed to support regional cooperation among Central American countries and Mexico.⁹ It aims to: improve mechanisms for reception and admission; respond to immediate and persistent humanitarian and protection needs; support host countries and communities; and enhance opportunities for durable solutions to the needs of refugees and asylum seekers in the region (MIRPS n.d.). A review of participating countries' national action plans shows that six (Belize, Costa Rica, El Salvador, Guatemala, Honduras and Mexico) have made commitments to enhancing the integration of refugee and asylum-seeking children in national education systems,¹⁰ and four (Costa Rica, El Salvador, Guatemala and Mexico) have made specific commitments to enhancing child protection.

Quito Process: The Quito Process coordinates the response to human mobility from Venezuela, and in particular, the social and economic integration of Venezuelans into host states. With respect to children, signatories to the Quito II plan have committed to promoting children's rights, access to health and education services and preventing statelessness. The sixth meeting, in Santiago, mandated the development of a regional coordination instrument for the protection of migrant and refugee children, resulting in the development of an operational guide. The seventh meeting, in Lima, also urged participating states to consolidate a network of focal points for child and adolescent protection systems, based on the operational guide, and to 'promote and formulate the spaces and technical instruments that are necessary to strengthen the capacities of children, migration and refugee authorities and information exchange and communication channels to provide comprehensive assistance to children and adolescents in the face of the different risks in which they may be immersed in the context of human mobility'.¹¹ Signatories to the Lima

9 The initiative is designed as a means to implement the Comprehensive Refugee Response Framework (UNHCR and RIADIS, 2021). All Central American countries other than Nicaragua are part of the initiative.

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

11 <https://www.procesodequito.org/sites/g/files/tmzbd1466/files/2021-05/DECLARACION%20CONJUNTA%20DE%20LA%20VII%20REUNION%20CAP%20LIMA.%20ENGLISH.pdf>, accessed 13/09/2022

Declaration were: Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Guyana, Mexico, Panama, Paraguay, Peru and Uruguay.

Summit of the Americas: The Summit of the Americas that took place in June 2022 resulted in the Los Angeles Declaration.¹² Though non-binding, it commits signatories to expanding legal migration pathways, supporting immigrant integration, investing in migration management and coordinating responses to mass migration movements and displacement crises. Specifically, this involves investing in addressing the root causes to reduce migration pressures, and supporting integration of

¹² The declaration was signed by representatives of the following countries: Argentina, Barbados, Belize, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, the United States and Uruguay.



migrants and refugees, so that they and recipient countries can prosper (and to reduce onward migration). The declaration also calls for extending temporary labour pathways, finding options for family reunification and increasing efforts to provide humanitarian protection, and to reduce the need for irregular movement. Participating governments agreed to enhance their individual migration management capabilities and increase information-sharing and coordination across borders, to address smuggling networks, combat human trafficking, conduct returns in ways that respect the dignity of those returned, and avoid deporting people with valid protection claims. Finally, to strengthen preparedness for future movements, the countries agreed to create an early-warning system to alert each other to large cross-border movements (Selee, 2022).

Table 1: Selected United States migration laws, policies and initiatives affecting the LAC region (July, 2022)

POLICY/ LAW/ INITIATIVE	DETAILS
Migrant Protection Protocols (MPP), also known as 'Remain in Mexico'	<p>Main details</p> <ul style="list-style-type: none"> ■ Initiated in January 2019. ■ Returns migrants who have entered through land border crossings to Mexico. ■ Allows the transfer to Mexico of non-Mexican migrants and asylum seekers who entered via land irregularly to await their United States immigration court hearings and final adjudication. ■ Used to return 70,000 migrants to Mexico between January 2019 and December 2020 (American Immigration Council, 2021). <p>Changes</p> <ul style="list-style-type: none"> ■ Expanded to include nationals of Brazil in January 2020 and nationals of all Western hemisphere countries (other than Mexico) from December 2021. ■ In August 2021, the Secretary of Homeland Security issued a memorandum determining the termination of MPP. ■ In December 2021, MPP was reinstated on the order of a federal court in Texas. ■ During the 'winding down' of MPP under the Biden administration, 13,000 asylum seekers sent to Mexico have been admitted to the United States to await hearings (American Immigration Council, 2021). ■ In June 2022 the Supreme Court judged that the Department of Homeland Security (DHS) has the authority to terminate the programme; the DHS announced its intention to do so as soon as legally permissible (Congressional Research Service, 2022).
Temporary Protected Status (TPS)	<ul style="list-style-type: none"> ■ A temporary immigration status created by the Immigration Act of 1990. ■ Provides time-limited residence and work permit (and protection against deportation) to nationals of designated countries experiencing conflict, environmental disaster or extraordinary temporary conditions that prevent nationals from returning to their countries in safety (US Citizenship and Immigration Services, 2022). Existence of TPS for particular countries, and planned changes, can affect movements; for example, a new TPS for Haitians continuously resident in the United States from 3 August 2021 led to a substantial increase in Haitians crossing Mexico and Central America aiming to reach the United States before this date (United States Citizenship and Immigration Services, 2021b). ■ As of March 2022, TPS was in force for El Salvador, Haiti, Honduras, Nicaragua and Venezuela, as well as some non-LAC countries (US Citizenship and Immigration Services, 2022).

1.3.3 UNITED STATES LAWS AND POLICIES AFFECTING OVERALL MOVEMENT IN THE REGION

United States laws, policies and initiatives around migration exert a substantial influence on patterns of migration in the region. Indeed, some analysis suggests that while border enforcement strategies have substantially deterred the migration of undocumented adult migrants, they may have provided incentives for children and families to migrate, in the absence of effective policy strategies that successfully manage the dual demands of border control and humanitarian protection of vulnerable migrants (Capps et al., 2019). Table I summarizes some of the main policies and initiatives that have affected migration in LAC

POLICY/ LAW/ INITIATIVE	DETAILS
Title 42	<p>Main details</p> <ul style="list-style-type: none"> ■ Public health order invoked in March 2020, which halted immigration processing at United States borders, including asylum claims, and enabled United States Customs and Border Protection (CBP) to summarily expel unauthorized individuals on public health grounds (Gramlich and Scheller, 2021; UNICEF, 2021b) ■ Title 42 was due to be lifted in May 2022 but a legal challenge meant it remained in force at the time of writing (June 2022). ■ People from countries covered by MPP were sent to Mexico (Secretaría de Relaciones Exteriores, 2021), some being driven by bus to the nearest port of entry and told to walk back to Mexico, often without their belongings (American Immigration Council, 2022) and often ending up living in camps along the border (Limoges 2021; Al Jazeera 2022). For example, two of the largest camps that have sprung up in northern Mexico are in Reynosa (border with McAllen, Texas) and in Tijuana (border with San Diego, California). It has been estimated that both camps are home to at least 2,500 people each (El País, 2021). ■ Those from countries not covered by MPP were held in United States Immigration and Customs Enforcement or CBP detention and flown back to their home countries. <p>Specific effects on children</p> <ul style="list-style-type: none"> ■ Between October 2020 and September 2021, CBP registered over 1,734, 686 encounters (statistics include both Title 8 ‘Apprehensions’, Title 8 ‘Inadmissibles’ and Title 42 ‘Expulsions’), including 479,728 members of families with children and approximately 146,925 unaccompanied children, who were transferred to Northern Central America and Mexico without access to regular immigration processing, asylum, health and protection screenings (CBP, 2022). ■ CBP transferred over 650 families children to ICE custody to be repatriated directly to their home countries (National Center for Youth Law, 2020). ■ CBP used Title 42 to turn away and expel nearly 16,000 unaccompanied children (CDC, 2021a, b), though, as of March 2022, the order no longer applies to unaccompanied children (CDC, 2022).

in recent years.¹³ Specific bilateral agreements between the United States and countries of the region are discussed in the relevant chapters.

Before turning to the evidence on human mobility in four subregions, the following section summarizes the methodology, scope and structure of the report.

1.4 | Methodology and scope

1.4.1 METHODOLOGY

The report is based on a rapid but extensive review of evidence, carried out between October 2021 and February 2022, and additional documents incorporated up to June 2022. It seeks to answer the following questions:

1. What are the key patterns and trends in migration and forced displacement of children in LAC, and what is driving them?
2. What are the key challenges different groups of children face at different stages of migration or displacement (in communities of origin, in transit, when settled, and if they return to their countries of origin) and why?
3. How does the legal and/or policy context exacerbate or mitigate these challenges?
4. What are the key programme responses and what evidence is there of their effectiveness?
5. How far are programme responses aligned with the needs of children on the move?
6. How far are programmes rights-based and gender-responsive?
7. For both movement patterns and responses, what are the key knowledge gaps?

It draws on:

- Structured searches of academic databases (EBSCO, Web of Science, Scopus, Biblat, Redalyc, SciELO), Google and Google Scholar
- Searches of websites of key international organizations, government agencies, think-tanks and civil society organizations, and of selected journals and media outlets
- Searches and capture of data from migration-focused data portals and government statistics portals
- Follow-up of sources referenced in the literature found, or from links on relevant websites
- Consultations with selected UNICEF country offices to fill gaps
- Documents provided by UNICEF country offices

Searches were carried out in English, French, Portuguese and Spanish. Documents in any of

¹³ Chapter 5 outlines the implications of bilateral agreements between the United States, Mexico and Northern Central American countries on migrants and refugee children in that subregion.

these four languages were screened for relevance to the key research questions and insights on agreed themes were synthesized accordingly. Methodologically, the first part of the report (Chapters 1–5) involved a conventional literature review, with efforts to draw upon sources that were both reliable and recent (within the period 2011–2022, with preference given to studies from 2015 onwards). Annex 1 outlines search strings and a list of websites searched.

Recognizing from the outset that relatively few impact evaluations of relevant initiatives were likely to be available, the analysis of projects and programmes in Chapter 6 also drew on performance evaluations. With the exception of two cross-country evaluations of UNICEF responses to migration in Central America and Mexico, and the Venezuelan ‘outflow’, the evaluations found were typically skewed towards certain types of activity (multi-sectoral humanitarian responses, with a focus on materials delivered, cash transfers and livelihood programmes). They thus provided only a partial picture of the range of activity in the region aiming to meet the diverse needs of children and families affected by human mobility. To provide a fuller picture, Chapter 6 also draws on project descriptions and case studies. Like the evaluations, these were classified according to the phase/stage of movement (work in communities of origin, supporting children and families in transit, on settlement and on return to countries of origin) and theme.

As well as reflecting the range of programme activity in the region, Chapter 6 examines the factors that contribute to effectiveness or ineffectiveness in meeting the needs of children and their families affected by human mobility. By no means all the studies reviewed included such analysis, but where they did, the report synthesizes key insights.

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1.4.2 SCOPE AND TERMINOLOGY

As noted in Section 1.1, the report focuses on international movement within the LAC region; the experience of children from LAC countries in North America, Europe or other destinations is beyond its scope.

Wherever possible, the report draws on qualitative studies that highlight children's perspectives. While the authors have made every effort to include up-to-date data, sourcing all data on migration and displacement trends from government and United Nations organizations' databases was outside the scope of the project, so at points the report draws on data referenced in secondary sources.

The glossary provides definitions of the key terms used in this report. Please note that in accordance with the United Nations Convention on the Rights of the Child, the term 'child' refers to people aged under 18. For simplicity, the report generally refers to children, differentiating by age group, gender or other characteristics as appropriate. It uses the term adolescents when specifically referring to the 10–19 age group.

Data presented in this report are usually rounded to whole numbers, except in the case of very small numbers.

1.4.3 LIMITATIONS

As a desk-based synthesis of evidence from a large and diverse region with varied and rapidly changing patterns of migration and forced displacement, this report inevitably faced some limitations. The most important of these are summarized in Table 2.

The strengths of, and gaps in, the literature are discussed in more depth in Chapter 7.

1.4.4 STRUCTURE

Part I of the report is organized by subregions/migration corridors. Chapters 2–5 discuss the evidence on international movement of children in the following corridors and regions. Chapter 2 focuses on movements from Haiti to the Dominican Republic and other neighbouring countries, and briefly also covers movement from other Caribbean countries. Given the large number of countries hosting Venezuelan refugees and migrants, two chapters cover both Venezuelan and other movement in South America: Chapter 3 focuses on Venezuelan migrants and refugees in Colombia, Ecuador, Peru and the Caribbean, while Chapter 4 outlines evidence of both Venezuelans and other migrants and refugees in Argentina, Bolivia, Brazil, Chile, and Uruguay. Chapter 5 synthesizes evidence on children on the move within and through Central America and Mexico. Transcontinental migration, such as Haitian movement to South America in the early 2010s and more recently to and through Central America and Mexico, is discussed in the respective subregional sections. In each chapter focusing on a subregion, the report presents evidence on communities of origin (where available), transit, settlement and return.

In Part II, Chapter 6 maps programme responses and examines evidence of their effectiveness. It is organized by activities in communities of origin, supporting children and families in transit and on initial settlement, during long-term settlement, and on return to their country of origin. Chapter 7 synthesizes the key insights and areas of knowledge gaps. Annex 1 outlines the methodology in more detail and Annex 2 presents key overview data on children on the move in the region. Annex 3 shows the extent to which

countries have signed or acceded to the main international conventions on refugees, migration, trafficking and statelessness in the region. Annex 4 summarizes provisions for regularization, whether immigration detention of children is permitted, and children's entitlement to health, education and social protection services. Annex 5 presents details of initiatives with some impact or evaluation evidence.

Table 2: Key limitations of the study and mitigation mechanisms

ISSUE	CHALLENGE	HOW ADDRESSED
Desk-based study	Emerging or highest priority issues not necessarily reflected in literature.	Expert review and consultations with UNICEF staff.
Volume of literature	Large volume of literature on context, data and patterns of movement beyond scope of this assignment to fully review.	Approximately 450 academic and grey sources reviewed for Part I of the report and 158 for Part II.
Rapidly changing situation	Data and evidence becoming out of date over the period of the study.	Continued updating through newly published research and media stories.
Inconsistency in type of studies	Literature on specific topics or areas often skewed to either academic or grey literature.	Grey literature used for data on trends, patterns, policy analysis and evidence of initiatives. Academic studies used where available, mostly to provide nuanced details on children's experiences.
Extent of child focus and disaggregation of data	Quantitative data is not always disaggregated by age and sex, especially for movements outside the international community's 'spotlight'. ^a Qualitative studies incorporating children's perspectives unavailable for all topics and geographical regions.	Where age-disaggregated data is unavailable, general population level data is used. Children's voices are quoted where available.
Precision in the use of terminology	Studies are not always clear whether they refer to migrants, refugees, asylum seekers or people in refugee-like situations.	Where distinctions are not clear in source materials, the review refers to 'children on the move', 'mixed movements' or 'migrants and refugees'.
Geographical skewing	Greatest volume of evidence from Mexico and countries hosting Venezuelan refugees and migrants. Least evidence available from Caribbean countries.	Follow-up with UNICEF offices to attempt to fill geographical gaps.
Small number of impact evaluations	Limited evidence on the impact of initiatives.	Use of project information from the region and reflections from studies of similar types of initiatives in other regions.

^a Over time the efforts of the International Data Alliance for Children on the Move (UNICEF, 2022) may help rectify some of these gaps.

PART I

2 | Movement from Haiti to neighbouring countries

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AT A GLANCE

Although Haiti is a country of origin for one of the most major, multi-faceted and long-standing migration flows in the continent over the last decade, most child-focused research focuses on settlement in the Dominican Republic. This literature spans recent migrants to children whose families have been in the Dominican Republic for several generations. It highlights the role of citizenship and migration status as a critical determinant of children's access to services and well-being.

Both recent migrant children and Dominican children of Haitian descent have lower levels of school enrolment and live in more precarious housing conditions, with less access to safe water and sanitation than Dominican citizens. Their conditions are generally also poorer than those of Venezuelan refugees and migrants in the Dominican Republic. The literature also highlights protection risks, including trafficking of children across the Haitian-Dominican border, and within the Dominican Republic to work in agriculture, and for sexual exploitation, and the risk of assault in transit.

Studies are also starting to focus on children of Haitian origin, often born in Brazil or Chile, traversing South and Central America and Mexico. These studies are discussed in Chapters 4–5. A few studies also report the situation of children expelled from the United States, Dominican Republic and other Caribbean countries. These studies highlight health care and protection challenges, and issues of citizenship and statehood for children of Haitian parents born in South America (with different nationality to their parents).

The numbers of children who form part of flows from Haiti to South American countries, such as Guyana, Suriname and Colombia, and other Caribbean countries, such as the Bahamas, are unclear and the issues they face not well-documented. Children under five years form a high proportion (77 per cent) of Haitian children moving through the Darién Gap, in Panama, with their families.

2.1 | Main movement patterns

A number of related factors underlie the large-scale movement of Haitians throughout the region over the past decade. Haiti is the poorest country in the Western hemisphere, and has experienced widespread gang-related insecurity and violence over many years. Temporary and long-term movement to the Dominican Republic dates back decades, with Haitians forming much of the sugar industry workforce from the 1950s. Haitians continue to play a key role in the agricultural workforce, both staying long-term in certain areas, and moving seasonally for farm-based work (Waddick, 2020).

The 2010 earthquake, which killed over 222,700 people, also displaced 1.3 million (OCHA, 2020). In its wake, Haitians were offered humanitarian visas (for example in Brazil), and/or moved to take up economic opportunities elsewhere. For example, an estimated 85,000 Haitians moved to Brazil between 2010 and 2017, in part to take up construction work ahead of the 2014 World Cup and the 2016 Summer Olympics (Yates, 2021). More recent disasters, such as Hurricane Matthew in 2016 and the earthquake of 2021, have displaced thousands more (Yates, 2021).

A combination of deteriorating economic situations, exacerbated by COVID-19, rising xenophobia, and more restrictive visa regimes (for example in Chile) has led increasing numbers of Haitians to leave Brazil and Chile and move across the continent towards North America, a journey that can take months or years (Yates, 2021).¹⁴ The precise numbers of children or adults involved are not available, though data on children of Haitian origin crossing the Darién Gap in Panama and claiming asylum in Mexico give some indication of the scale of movement (see Chapter 5). Given difficulties in entering the United States since September 2021, and in crossing Mexico, there is some evidence of Haitians with residence in Brazil and Chile starting to return to those countries, usually by air (MMC, 2022b).

The economic and security situation in Haiti has continued to deteriorate, particularly following the assassination of President Jovenel Moïse in July 2021. The Government has lost control of strategic areas to armed gangs, including two main routes connecting Port-au-Prince to the rest of the country (DiPierro-Obert and Dupras-Tobias, 2022). Extremely high levels of violence both terrorize the population and have led to substantial internal displacement, with around 19,000 people displaced due to violence. Violence has worsened an already severe humanitarian crisis, with “no schools, no police, and no health services, not even emergency care” in the “lawless zones” (ibid.).

As well as displacing people internally, this violence fuels efforts to flee to other countries (IOM Haiti, 2022a, 2022b). Increasingly restrictive policies affecting Haitians in the Dominican Republic have increased irregular movements across the border, with associated risks, but have also led to increased expulsions of Haitians from the Dominican Republic (see Section 2.4). Increasingly, Haitians are attempting to leave by sea – for example, in the first three months of United States fiscal year 2022 (1 October 2021 – 30 September 2022), 2,284 Haitians were apprehended by the United States Coast Guard. There is evidence from news reports of increasing numbers of shipwrecks, with children among those drowned (MMC, 2022a).

Haiti’s membership of CARICOM (though it has not implemented all free movement provisions) has facilitated movement to Guyana and Suriname (Chabrol, 2021), in particular, both as destinations, or as starting points for journeys elsewhere in South America or through Colombia to Central America, Mexico and the United States. The scale of Haitian

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¹⁴ Analyses of Haitian migration rarely discuss how conditions in communities of origin specifically affect children. Situation analyses of the humanitarian situation in Haiti and challenges children face do not make direct links to patterns of migration. This means that detailed studies on conditions in migrants’ communities of origin are rare.

movement through Guyana has led to the Government of Guyana to reimpose visas for Haitian citizens.¹⁵ Mexico has become an increasingly important destination for Haitians, with 51,827 people of Haitian nationality seeking asylum in 2021 (COMAR, 2022).

This chapter principally presents evidence on the experiences of children of Haitian descent in the Dominican Republic, for which there is a substantial body of evidence. The experiences of Haitian children on the move in South America are discussed in Chapter 4, while Chapter 5 discusses their experiences in Central America and Mexico. This chapter also includes some limited information about movement of children from Haiti to other destinations in the Caribbean.

2.2 | Patterns of movement from Haiti to the Dominican Republic

The Dominican Republic is both a country of origin and destination for migrants, refugees and forcibly displaced people, with among the highest inflows and outflows in the Caribbean. This section focuses on its role as a destination. In 2020, 496,112 Haitians lived in the Dominican Republic (Migration Data Portal, 2021b). In the Dominican Republic, data from the Oficina Nacional de Estadística (National Statistics Office) from 2017 show that the country was also home to 277,046 descendants of Haitian migrants (Waddick, 2020). As of early 2021, 13 per cent of migrants in the Dominican Republic were children under 18.¹⁶

Reflecting both historical and more recent patterns of movement, the Haitian population is concentrated in the border provinces and is more likely to live in rural areas (including settlements on company land, known as *bateyes*) compared to people of Dominican ancestry (Arps and Peralta, 2021; Coulange Méroné and Torres Cantalpie, 2020). With the relative decline of the sugar industry, many long-term migrants have moved to urban areas. More recent migrants have also moved directly to urban centres and tourist resorts and work in construction, business, service provision, and the informal sector (Arps and Peralta, 2021).

Children have formed part of these flows, moving with families, unaccompanied or with other adults. As Girard (2017) and UNICEF and Instituto Nacional de Migración (INM, National Institute of Migration) show, family reunification is also an important driver for children who have remained with relatives in Haiti while their parents have moved to the Dominican Republic in search of work (UNICEF and INM, 2021). Others move independently for work, largely in agriculture, or on the streets of urban centres (OBMICA, 2020; Scanlan, 2018). Though no information on numbers could be found, some children are also trafficked for domestic work or work in agriculture (OBMICA, 2020).

Though few studies discuss children's experience in transit in depth, the risks and challenges they face are starting to be made visible. For example, a study by Centro para la Observación Migratoria y el Desarrollo Social en el Caribe (OBMICA, Observatory on Migration and Social Development in the Caribbean) of unaccompanied children moving between Haiti and the Dominican Republic notes that they face (unspecified) risks while begging rides on public transport (OBMICA, 2020). Children (and adults) crossing the border at unofficial points face risks of violence, kidnapping and extortion, as gangs and organized criminals have spread to the border areas (Dominican Today, 2022).

Children (and adults) crossing the border at unofficial points face risks of violence, kidnapping and extortion, as gangs and organized criminals have spread to the border areas.

15 At the time of publication of a IOM (2019) study of free movement in the Caribbean, Haitian nationals had an automatic right of entry to Dominica, Grenada, Guyana, Montserrat, Saint Vincent and the Grenadines, and Suriname.

16 Data from <https://data.unicef.org/resources/migration-and-displacement-country-profiles-mdcp/> (accessed 10 August 2022).



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Migration flow monitoring conducted by IOM at the Haitian-Dominican border finds substantial ongoing movement in both directions; over half of crossings are of people crossing on a daily basis for trade, etc. One monitoring study in August 2021, however, found 439 unaccompanied children entering Haiti and 107 leaving (IOM Dominican Republic, 2021). A study of migration and trafficking of children from north-eastern Haiti found that children also regularly cross the border between Ouanaminthe and Dajabon, sometimes bribing border guards to let them cross.

2.3 | The legal framework

In 2010, the Constitution of the Dominican Republic was changed to deny citizenship to anyone born in the country after 1929 to parents without legal residency. In 2013, the Constitutional Court ruled that the new restrictions applied retroactively and annulled the citizenship of over 200,000 individuals who could not demonstrate that their parents had legal residency at the time of their birth (Institute on Statelessness and Inclusion, 2021). These individuals became stateless, despite often being born in, and never having left, the Dominican Republic. Children born to undocumented parents of foreign descent in the Dominican Republic now receive a 'foreigner birth certificate', which, in principle, allows them to obtain Haitian or other citizenship at age 18, though there are substantial economic and administrative barriers to doing so. A foreigner birth certificate allows children to attend primary and secondary school, but not university; holders are barred from working in the formal economy and face restrictions on marrying legally and opening bank accounts (Waddick, 2020). Law 169-14, adopted in 2014 to ameliorate the effects of

the ruling, restored some rights to claim Dominican citizenship, but as of 2020, only half of those whose rights to claim Dominican citizenship were restored had been able to do so (Institute on Statelessness and Inclusion, 2021).

The Government's position is that there are no stateless persons in the Dominican Republic, given that people who have been barred from Dominican nationality are eligible to obtain Haitian citizenship. This is costly, however, and people often lack the relevant documents to prove their descent; the Institute on Statelessness and Inclusion (2021) estimates that 130,000 people have been made stateless as a result of these changes. In addition to its effects on children and adults of Haitian descent, these rules risk creating a significant population of stateless children of Venezuelan descent, given the scale of Venezuelan migration to the Dominican Republic (Waddick, 2020). A one-year time-limited plan intended to assist Venezuelan migrants and refugees in the Dominican Republic was announced in January 2021, though this will not grant residency (Amaral, 2021; Wooding and Petrozziello, 2021).

As of 2018, 35 per cent of the 847,979 people of foreign ancestry (born outside of the Dominican Republic or to foreign born parents) report not having any form of documentation (National Institute of Statistics data, cited by Waddick, 2020). Coulange Méroné and Torres Cantalpiedra's (2020, p. 14) qualitative research with 45 Haitian and Haitian-Dominican families living in the Dominican Republic found that some resorted to "methods outside established proceedings" to acquire documentation, such as purchasing the birth certificates or other documents of deceased Dominican children; registering Dominican families or other Haitian holders of Dominican identity documents as a child's 'legal parents'; and obtaining documents from local authorities that allow Dominican birth certificates to be issued. Spelling mistakes – or inconsistencies – for example, where Haitian names have been Hispanicized on some documents but not others – can result in documents being rejected, requiring multiple trips to civil registries that people living in poverty are ill-able to afford (Petrozziello, 2019).

In addition to the impacts on children's education and health discussed further on in this chapter, lack of documentation also prevents access to social protection; however, regularized migrants – under the Plan Nacional de Regularización de Extranjeros (National Plan for the Regularization of Foreigners) – report that they have also (wrongly) been denied access to assistance (Wooding and Petrozziello, 2021). Social assistance has been particularly critical during the COVID-19 pandemic, helping families to survive the collapse of livelihoods. Lack of access to state support in the context of much of the economy shutting down is likely to have contributed to large-scale voluntary return from the Dominican Republic to Haiti (see Section 2.5.1). During the first phase of the pandemic, the civil registration process was severely delayed, preventing eligible migrants from receiving documentation. In an attempt to address this, the Government has extended deadlines for registering births, opened civil registries across the country so they are more easily accessible and extended their opening hours (Institute for Statelessness and Inclusion, 2021).

In October 2021, a new law (285-04) gave businesses three months to register foreign workers, after which fines would be levied on employers of foreigners without the right to work. It also authorized immigration authorities to prevent the entry of people who could represent a drain on public finances, specifying that this included women who were six or more months pregnant (Curiel, 2021).

The Dominican Republic is a signatory to both the 1951 Convention and the 1967 Protocol on the Status of Refugees. As a United States Department of State (2021a) report shows, however, implementation is very limited. It is thus very unlikely that children fleeing violence in Haiti would be able to make a successful claim.

2.4 | Settlement in the Dominican Republic

2.4.1 FOOD SECURITY AND LIVING CONDITIONS

Several studies report high levels of poverty and poor living conditions among the Haitian-descendent population in the Dominican Republic. Table 3 summarizes key findings. Measures such as the tightening of laws to prohibit businesses hiring workers with irregular immigration status in October 2021 (Vargas, 2021; Presidencia de la República Dominicana, 2021) may push migrant families into even more precarious situations, and/or may drive some to return to Haiti.

2.4.2 EDUCATION

The education of both first-generation migrant children and children of Haitian descent in the Dominican Republic is constrained by barriers of documentation, provision of

Table 3: Food security and living conditions among the Haitian-descendent population in Dominican Republic – summary of study findings

STUDY AND METHODOLOGY	KEY FINDINGS
Arps and Peralta (2021): A comparison of the living conditions of Haitian immigrants living in <i>bateyes</i> (settlements on agricultural company land) and Dominicans of Haitian descent living in peri-urban and urban settlements, based on primary data collected from 91 households on the fringes of Puerto Plata city. Children constituted around half of these households' members.	<ul style="list-style-type: none"> ■ All participating peri-urban and 83% of urban households lived below the national poverty line compared with a national average of 25.5% (2017 data). Average rural/peri-urban household incomes were less than half of average urban incomes. ■ Two thirds of families reported lacking water supply for at least one day in the preceding two weeks, with water supplies more stable in urban areas. Rural and peri-urban families were at greater risk of using polluted river water, and urban families of relying on unsafe tap water. ■ Only 13% of rural/peri-urban households (compared with 93% urban households) had a toilet or latrine; others used nearby fields.^a ■ 30% of rural/peri-urban households reported not having enough food more than 10 times in the previous week. 36% of urban households reported not having enough food on 3–10 occasions in the previous week. Only 8% of households had a garden or livestock to produce food in either type of community. ■ 70% of rural respondents reported cooking on charcoal stoves, putting young children at increased risk of respiratory infections.
Morales (2021): Analysis of 2017 National Immigration Survey data, comparing Haitians and other migrants and refugees (primarily Venezuelans); Qualitative case study in Las Guaricanos area of Santo Domingo.	<ul style="list-style-type: none"> ■ Only 14.7% of Haitian households had a water connection of adequate quality, compared with 80.7% of immigrants from other countries. ■ Of Haitian households, 51.6% had an indoor toilet, compared with 98.6% of immigrants from other countries; 10.8% had no access to sanitation, compared with 1% of migrants from other countries. ■ Immigrant families who did not qualify for social assistance had started to move in together to share costs.^b

a The authors comment that this is a higher proportion than in other studies undertaken in *bateyes*, such as that by Suiter et al. (2017), who found that 0–15 per cent of households surveyed lacked sanitation.

b This may have both positive and negative impacts on children's welfare: the risk of overcrowding is increased, but sharing costs may increase the availability of food, and extra adults in the household reduces the risk of young children being left without care.

schools in *bateyes* (remote agricultural settlements with minimal infrastructure), family poverty and, for some, family livelihoods dependent on seasonal work. In 2010, only 55 per cent of Haitian children were enrolled in school, compared to 85 per cent of Dominicans of Haitian descent and 92 per cent of Dominicans (Coulange Méroné, 2019, cited in Waddick, 2020).¹⁷ Comparative data on educational performance could not be found in the sources reviewed. An analysis of national migration survey data from 2017 by UNICEF and INM (2021), however, shows that 64 per cent of boys and 74 per cent of girls reported being able to read and write.

The constitutional ruling in 2013 significantly decreased children of Haitian descent's likelihood of being enrolled in school by 5 per cent and increased the proportion who reported documentation as the main barrier to school attendance by 40 per cent (Amuedo-Dorantes et al., 2017). Although, in theory, students can register without a birth certificate, in practice, school staff often believe one is required and refuse to register children without it, or demand that they bring one within a certain time period, excluding them if they fail to bring it. Schools must register students in the Sistema de Información para la Gestión Escolar de la Republica Dominicana (the Ministry of Education's Information Management System), without which they cannot receive certification of their studies and schools do not receive funding for them. This ruling also disproportionately affects the poorest Dominican students, who are much less likely than their better-off counterparts to have birth certificates (Waddick, 2020).¹⁸

The interaction of migration patterns with these rules also indirectly undermines migrant children's access to education. Family poverty means students have to move frequently for temporary farm work, and may not be able to register at all (some *bateyes* lack schools or are not served by affordable public transport), or in the correct grade. If families move after December, a student cannot re-register that academic year. If students have to repeat grades, they are more likely to become overage and decide or be obliged to drop out (the Dominican education system does not allow children over 8 or 9 to begin first grade) (Waddick, 2020). Community advocates who help families navigate the system play a vital role in helping children enrol, since many of the poorest migrants lack clear information about school enrolment processes. Waddick's (2020) interviews with students, teachers and education administrators found that principals and teachers were not always aware of the regulations, and, as well as demanding proof of residency, in some cases incorrectly excluded students of Haitian descent from annual exams, leading to their dropout.

Fears of being detained for lack of documentation also deter children and adolescents of Haitian descent from attending school, particularly outside their immediate community. In addition, students without documents or with only a foreigner birth certificate cannot attend university, open a bank account, marry or obtain a formal job. This deters many from incurring the costs of education. Within the school system, there is also generally very limited support to help non-native speakers learn in Spanish, which also contributes to grade repetition. Furthermore, institutionalized racism and xenophobic discourse means that children of Haitian descent often face discrimination from students and staff. When overcrowded classrooms overwhelm teachers, they are less likely to make additional efforts to include undocumented or migrant students (Waddick, 2020).

Coulange Méroné and Torres Cantalpie (2020) report that in addition to the official Dominican school, many first-generation Haitian migrant children and Dominican children of Haitian descent attend unofficial Haitian schools in the afternoon/evening. These help students with their Dominican school homework and offer supplementary lessons

¹⁷ More recent disaggregated data could not be found for this review.

¹⁸ In the poorest and second poorest quintiles, 27 per cent and 12 per cent of people, respectively, have not had their births registered (UNICEF data, cited in Waddick, 2020).

Although, in theory, students can register without a birth certificate, in practice, school staff often believe one is required and refuse to register children without it, or demand that they bring one within a certain time period, excluding them if they fail to bring it.

consistent with the Haitian education system in Creole and French. These schools are not officially recognized and thus do not provide recognized certification for either system. They do, however, enable children to transition to the Haitian system in the event that they return to Haiti. They also facilitate parents working full days without childcare concerns.

2.4.3 HEALTH

A few studies have investigated the differences between the health of first-generation Haitian migrants and their children, Dominicans of Haitian descent (second or third generation), the Haitian population in Haiti and nationals of the Dominican Republic. Most of these are relatively old, however, and may not reflect the current situation. Data from studies undertaken in the 1990s and the early 2000s found substantially higher levels of diarrhoea and infant mortality among the Haitian immigrant population compared with the Dominican population as a whole (Arps and Peralta, 2021).

Comparing various indicators of maternal and child health care use, based on a Demographic and Health Survey undertaken in Haiti in 2012 and a Multiple Indicator Cluster Survey carried out in the Dominican Republic in 2014, Bouilly et al. (2020) found that on almost all indicators, Haitian migrants to the Dominican Republic fared better than their counterparts in Haiti but worse than the Dominican population. The poverty, overcrowding and inconsistent access to water and sanitation described in Section 2.4.1 are all likely to contribute to health inequalities between the Dominican population and the population of Haitian origin. These factors are exacerbated by restrictions on access to health care, and by the treatment that migrants, particularly those of Haitian origin, receive when seeking health care (Arps and Peralta, 2021).

A World Bank study (2020a) reports that rates of pregnancy among older adolescents (15–19) were twice as high among Haitian-born adolescents as among Dominican-born adolescents. This largely reflects higher poverty levels among the Haitian-born population; once poverty levels are controlled for, adolescent birth rates are lower among adolescents born in Haiti. Access to sexual and reproductive health services for women and adolescent girls is hindered by nationalist, anti-Haitian rhetoric raising concerns about the cost to the state of providing services to ‘Haitian migrant’ women. In September 2021, the State Migration Council banned pregnant women from entering the Dominican Republic, with the aim of “preventing a burden on public finances” (Vargas, 2021). If, as a result, migrant women and adolescent girls are driven to give birth without trained assistance, this increases the risk of maternal and infant morbidity and mortality.

Morales (2021) also cites reports of growing anxiety among migrant children in the Dominican Republic, resulting from evictions, overcrowding, family economic difficulties (including challenges in accessing enough food) and COVID-19 lockdowns. This was the only evidence found on mental health and psychosocial well-being issues related to migration.

Irregular migrants in the Dominican Republic have access to basic health care services free of charge, however, most are uninsured and live in poverty, which means they cannot afford secondary services, or to pay for prescribed medicines (which are not covered under the basic entitlement). The 2017 National Survey of Immigrants found that 86.9 per cent of the immigrant population, 95 per cent of people born in Haiti and 81 per cent of people of Haitian descent did not have health insurance (Morales, 2021). Studies report discriminatory attitudes of health care staff and people without insurance and/or of Haitian descent having to wait until insured citizens are treated first (Arps and Peralta, 2021; Morales 2021). Arps and Peralta argue that institutionalized racism is also manifested in the lack of investment in infrastructure in primarily Haitian areas.



Lack of health insurance may also have impeded immigrants', and particularly Haitians', access to COVID-19 tests, since health insurance is the main way to access these provisions (Morales, 2021). Morales found that information about COVID-19 was more likely to be transmitted through social networks in Venezuelan immigrant communities than in communities of Haitian origin. These differences may reflect language barriers and the relatively higher proportion of the Haitian population living in remote areas. Overt xenophobia and institutionalized discrimination initially threatened migrants' access to vaccinations, and migrants with irregular status were initially excluded from the vaccination programme. In practice, however, in some parts of the country, COVID-19 vaccinations have been made available to all adults, regardless of migration status (Wooding and Petrozziello, 2021).

2.4.4 CHILD PROTECTION

The review found fewer studies discussing child protection issues than those focused on health, education and legal rights. Child protection concerns are closely linked to the vulnerability associated with lack of documentation, which, as discussed in Sections 2.3 and 2.4.2, limits parents' livelihood options, increases levels of poverty, increases the importance of children's economic activities, and creates substantial obstacles to school enrolment and attendance. Together these factors increase the risk of children engaging in harmful and exploitative forms of work. Furthermore, lack of documentation can prevent labour inspectors verifying working children's ages (USDOL, 2021). Family separation – for example, if parents are repatriated to Haiti – increases children's vulnerability to the worst forms of child labour (ibid.). Haitian men and boys in the Dominican Republic are at risk of trafficking into forced labour in agriculture (Murray, 2020).

The porous border between Haiti and the Dominican Republic has also facilitated trafficking of Haitian children into various forms of hazardous and exploitative labour, including commercial sexual exploitation, domestic work, street vending and begging (USDOL, 2021; Zobeide, 2021). Scanlan (2018) highlights North-East Haiti as an area from which children are particularly likely to be trafficked. Likewise, there is some evidence of an increase in domestic trafficking of children in the Dominican Republic, from the interior of the country to coastal tourist areas (USDOL, 2021). As Girard (2017) shows, however, not all children engaged in these forms of work have been trafficked into them, or have been forced to do so – for some, especially undocumented migrants, these are the main livelihood strategies open to them and their families.

Girard's (2017) qualitative study of 18 young migrants, aged 9–17, who had moved to Sosúa, a resort in the Dominican Republic, after the earthquake of 2010, found that children with irregular status lived in fear of deportation, and of brutality at the hands of the authorities. Their street vending, begging, etc., was considered a nuisance and threat to public order, increasing their risk of harassment. Further, their undocumented status meant that they were powerless to report violence and abuse, with particularly negative effects on girls, who faced high levels of sexual abuse and exploitation. Boys of Haitian origin form the majority of this group of children living and working on the street (OBMICA, 2020). Girard's study also highlights the perspectives of older adolescents, who perceived relationships with tourists as a well-paying source of livelihood and a route to advancement. This reflects a context where child marriage is common (rates of child marriage in the Dominican Republic are among the highest in the world: in 2019, 32 per cent of young women aged 20–24 had gotten married or been in an early union before the age of 18).¹⁹

*Family separation
– for example,
if parents are
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Haiti – increases
children's
vulnerability to
the worst forms of
child labour.*

¹⁹ Data from https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=PT&ver=1.0&dq=DOM_PT_F_15-19_MRD+PT_F_20-24_MRD_UI5+PT_F_20-24_MRD_UI8+PT_M_15-19_MRD+PT_M_20-24_MRD_UI8.....&startPeriod=2016&endPeriod=2022 (accessed 20 May 2022).

Scanlan's (2018) study found that children moving from Haiti to the Dominican Republic (often to rejoin family members, for example during the school holidays) were at risk of being separated from the adults with whom they were travelling for lengthy periods of time, on suspicion that these were cases of trafficking. Because of difficulties obtaining birth certificates for children born in the Dominican Republic (and because they too may lack birth certificates), parents often pay smugglers/intermediaries to accompany their children when travelling between the two countries, believing that these intermediaries are more skilled at avoiding the authorities. They are often misidentified as traffickers, however. Scanlan's study recommends that: there should be more thorough interviewing of children to identify potential trafficking cases more precisely; the authority to do so should be delegated to specialist organizations; and documentation protocols should be developed that enable children to travel across the border with family members and/or for family reunification more easily.

2.5 | Return to Haiti

2.5.1 RETURN FROM THE DOMINICAN REPUBLIC

IOM data cited in Wooding and Petrozziello (2021) indicate that over 200,000 Haitians and people of Haitian descent returned to Haiti from the Dominican Republic between March and November 2020 in response to health and economic challenges and rising xenophobia and scapegoating in political discourse. One IOM estimate suggests that three quarters of regularized migrants lost their livelihoods during the COVID-19 pandemic – only those working in food production, distribution and personal services had remained employed (Wooding and Petrozziello, 2021).²⁰ Once deportations resumed in September 2020, over 20,000 Haitians with irregular migration status were deported (Institute on Statelessness and Inclusion, 2021).

Some repatriated Haitians and Dominicans of Haitian descent live in camps near the border, where schools and other basic services are not available. Repatriated children may not speak French or Haitian Creole, the languages of instruction in public Haitian schools (USDOL, 2021), and/or face issues in validating their studies in the Dominican Republic. Language issues and validation of qualifications affect older adolescents' opportunities as they transition into the workplace, and family livelihoods, with multiple effects on children's well-being (Coulange Méroné and Torres Cantalpiedra, 2020). Furthermore, both children who have been deported or have voluntarily returned are considered vulnerable to the worst forms of child labour (USDOL, 2021). A study by OBMICA (2020) found that Haiti's Institut du Bien-Etre Social et de Recherches (Institute of Social Welfare and Research) had very limited capacity to follow up unaccompanied children who had been returned to Haiti and to ensure they were reunited with their families and communities.

2.5.2 RETURN FROM THE UNITED STATES AND OTHER CARIBBEAN COUNTRIES

IOM data cited by Human Rights Watch (2022b) indicate that between 1 January 2021 and 26 February 2022, 25,765 people, including 4,674 children (around 18 per cent), were returned to Haiti by flight or boat. Between September 19, 2021 – when the IOM started collecting detailed data – and February 14, 2022, the United States returned about 2,300 children born abroad to Haitian parents, the majority of them in Chile. A total of 20,309 people were sent to Haiti from the United States (79 per cent of all repatriations),

²⁰ Corresponding data for irregular migrants is not available, but studies and media reports indicate that loss of livelihood has been a major reason for Haitians leaving the Dominican Republic (e.g., IOM Haiti, 2021)



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including 5,004 children. Unaccompanied children have not been flown back from the United States, but they have been among passengers on boats intercepted and sent back by the United States Coast Guard and by the Cuban and Bahamian authorities (ibid.).

Expulsions of children of Haitian descent but with citizenship of another country (primarily Chile and Brazil) have led the Haitian Government to start negotiations over whether and how to return mixed nationality families to the countries of these children's birth (Yates, 2021), but it is not yet clear how the situation will be resolved.

The increase in expulsions of Haitians from different countries has led to growing numbers of young children being returned to Haiti. IOM surveys with recently returned adult migrants conducted between September and December 2021 found that 30 per cent were living in households with children, 15 per cent with 0–2 year olds; 15 per cent of women respondents reported that they were pregnant or breastfeeding. These surveys found that many adult returnees (84 per cent) intended to remigrate, particularly to Brazil or Chile, or had already done so. The security situation, difficulties finding work and insufficient income or access to food were key reasons; among households with a pregnant or breastfeeding woman, insufficient income was strongly associated with intention to migrate again (IOM Haiti, 2022a).

IOM Haiti (2021) data suggest that 13 per cent of Haitians returned from Cuba in September–October 2021 were children, as were 9 per cent of returnees from the Bahamas and 7 per cent of returnees from Mexico. Some (the report does not state how many) were unaccompanied migrant children, who had been intercepted travelling by sea towards the United States and other Caribbean islands; some may have been trafficked. The report notes that, in a few cases, parents refused to receive their child back in their home, and the children were housed in a shelter. No further information is available about their living conditions, needs or subsequent reintegration. Situation analyses and IOM assistance reports, however, indicate that many returnees, including children, face (unspecified) health and protection difficulties (IOM Haiti, 2022b). Press reports suggest these concerns include malnourishment and skin diseases (UNICEF, 2021e).

3 | Venezuelan movement to Colombia, Ecuador, Peru and Caribbean countries

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AT A GLANCE

The humanitarian situation in Venezuela continues to limit many children's access to sufficient nutritious food, health care, education and security, and is recognised as a key driver of continuing movement, largely to neighbouring countries. This review did not find disaggregated data on the specific situations in different Venezuelan provinces and their relationship with migration and forced displacement.

Colombia, Ecuador, Brazil, Peru and Chile host the greatest numbers of Venezuelan migrants and refugees (over 2.48 million in Colombia and 1.49 million in Peru). Though overall numbers are much smaller in Caribbean countries, such as Trinidad and Tobago, and territories, such as Aruba and Curaçao, Venezuelan migrants and refugees form a higher proportion of the population on these islands (up to

15 per cent). In recent years children have started to comprise an increasingly significant proportion of movement from Venezuela.

Literature on Venezuelan child refugees and migrants focuses primarily on settlement in host countries and secondarily on the issues they face in transit. The poorest children and families typically face the most arduous journeys, with a greater proportion on foot, and insufficient food, water and shelter. Children crossing through *trochas* (unregistered border points), particularly adolescents, are at risk of extortion and physical and sexual violence. Children travelling with adult family members who are not their parents also risk separation from their groups at border points and long delays in their onward journeys and family reunification.

3.1 | Main movement patterns

3.1.1 BACKGROUND

Since 2014, the situation in Venezuela has been considered a complex humanitarian emergency, with deep economic recession; shortages of food, medicine and basic supplies; lack of access to basic services, such as electricity and water; the decrease in livelihoods; and deteriorating security (Plan International, 2020a). As a consequence, an estimated 7.13 million people have left Venezuela, with the majority (5.99 million) moving within LAC. Figure 3 shows the main patterns of movement from Venezuela.

This chapter focuses on Venezuelan movement to Colombia, Ecuador, Peru and the Caribbean. Experiences of Venezuelan children elsewhere in South America are discussed in Chapter 4 and those in Mexico and Central America in Chapter 5.

3.1.2 CONDITIONS IN REFUGEE AND MIGRANT CHILDREN'S COMMUNITIES OF ORIGIN

Most studies from Venezuela summarize the drivers of migration and forced displacement in terms of food shortages and unaffordability, the collapse of infrastructure and public services, and increasing insecurity and risk of violence.

As of June 2018, data from the Ministry of Food of Venezuela showed that 84 per cent of items in the basic food basket were not available in supermarkets (Save the Children, 2020). In poor neighbourhoods, 65 per cent of children were malnourished, with 13 per cent suffering from moderate or severe acute malnutrition. Within those same neighbourhoods, 28 per cent of pregnant women had moderate acute malnutrition and 21 per cent had severe acute malnutrition, implying multiple future health risks for their children. Although access to food in supermarkets has improved, particularly in urban areas, price increases in the context of static salaries resulted in many Venezuelans not being able to afford basic items, including food and water.

“ We had to try to sleep all day and just have one meal, I mean we’d have a little snack and dinner.”

(17-year-old Colombian returnee in Bogotá, previously living in Venezuela, Ceja Cárdenas et al., 2020, p31)



Children's access to services once settled varies by country, depending on their migration status and by sector. All host countries discussed in this chapter (apart from Trinidad and Tobago) permit access to primary and secondary education regardless of migration status; all provide free access to basic health care for children and pregnant women, but not necessarily for more complex care or medication; access to national social protection programmes generally requires regular migration status. Documentation-related barriers (actual or perceived) and lack of school places, however, are key barriers, particularly for recently arrived migrants and refugees; documentation-related barriers and costs are the main obstacles to accessing health services.

Qualitative studies mostly suggest that the situation of children has improved in their country of asylum or

destination, with greater access to food and greater overall security. Despite these improvements, some of the children interviewed also mentioned experiencing xenophobic and gendered discrimination in their host communities, and challenges related to low parental income, overcrowding and issues with integrating into new school systems.

The most commonly raised child protection issues in these studies are: the risk of sexual exploitation and trafficking; limited capacity among the relevant authorities to facilitate family reunification, leading to some children spending long periods in institutional care; and the importance of tailoring responses to children's age and situation, recognizing that many older adolescents are already parents and need access to work and support to live independently.

Figure 3: Main patterns of movement from Venezuela to other LAC countries (as of 12 Dec 2022)

5.99M APPROX. VENEZUELAN REFUGEES AND MIGRANTS IN LATIN AMERICA AND THE CARIBBEAN



7.13M TOTAL APPROX. VENEZUELAN REFUGEES AND MIGRANTS IN THE WORLD

The impacts of sanctions and the resulting economic crisis have had deeply harmful effects on public services. Before the pandemic, an estimated 1 million school-age children were not attending school, for multiple reasons, including hunger and lack of teachers. An estimated 65,000 teachers (60 per cent of the profession) have left the country, and hospitals lack both doctors and medicines (Save the Children, 2020). Diseases such as tuberculosis and malaria have surged; malaria by 797 per cent between 2010 and 2018 (Gil, 2022). Venezuelan migrants and refugees with disabilities interviewed

by the United Nations Refugee Agency and Red Latinoamericana de Organizaciones No Gubernamentales de Personas con Discapacidad y sus Familias (RIADIS, The Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families) reported the inability to access therapies as an important reason for leaving Venezuela (UNHCR and RIADIS, 2021).²¹

An estimated 1 million children have remained in Venezuela while their parents have migrated to other countries in the region, often with the intention that their children will join them later. As UNICEF Venezuela (2020) reports, living apart from their parents or primary caregivers increases children's risk of experiencing violence, psychosocial distress and neglect; it can also make it harder for children to obtain key documents, such as birth certificates (affecting their ability to travel to reunite with family members). It is also a factor contributing to children's unaccompanied movement for family reunification, which can be very hazardous, depending on how and with whom they travel (see Sections 3.1.3 and 3.2).²²

Qualitative studies undertaken with child migrants and refugees also highlight the level of insecurity and violence they face in Venezuela. Save the Children's (2020) study with adolescent Venezuelan girls who had moved to Colombia found that the constant threat of sexual violence limits girls' mobility and restricts their access to public space, both in Venezuela and in the communities where they settle. Both in Venezuela and subsequently – in transit and in host communities – older girls and young women reported trading sex for basic needs or engaging in informal or forced unions to provide for their families. Coupled with the lack of contraceptives and sexual and reproductive health services, this raises the potential for unwanted and high-risk pregnancies, sexually transmitted infections and unsafe abortions (ibid.). It is not only girls who face violence. Ceja Cárdenas et al.'s (2020) study of Venezuelan child and adolescent migrants also emphasizes broader risks, such as robbery – for example, of children known to receive remittances from migrant parents.²³

3.1.3 CHANGING PATTERNS AND REASONS FOR MOVEMENT FROM VENEZUELA

Up to 2017–2018, patterns of movement from Venezuela were dominated by professionals moving to secure work in neighbouring countries, and men outnumbered women, with families joining them later. Movement patterns are now more equally distributed by gender, and more displaced Venezuelans are travelling with family members. The greatest change was seen in Chile, where surveys indicate that the share of Venezuelans moving with family increased from 27 per cent in 2018–2019 to 42 per cent in 2020–2021 (Chaves-González, Amaral and Mora, 2021). Analysis by the International Labour Organization and United Nations Development Programme (ILO and UNDP, 2021) suggests that more educated migrants from Venezuela have historically moved to the Southern Cone countries (Argentina, Chile and Uruguay), Mexico, Panama and the Dominican Republic, travelling by plane, while poorer and less educated migrants travelled to Colombia, Peru, Ecuador, Brazil and Caribbean countries, by a combination of bus, boat and on foot. In the past year, however, as discussed in this chapter and in Chapter 4, an increasing number of poorer and less educated migrants have continued from Ecuador and Peru onwards to Chile, Bolivia and other destinations.

21 The study included interviews with 132 people with disabilities and their families, and 391 responses from these groups to an online survey. It also involved 38 interviews and 15 focus group discussions with representatives of government and humanitarian organizations.

22 For more detail, see companion brief by Marcus et al. (2023b).

23 Ceja Cárdenas et al.'s report draws on the voices of 40 children and adolescents, based on semi-structured interviews with adolescents aged 12–18 and focus groups with children aged 6–11 in which they drew pictures and talked about their experiences. Parents and representatives of organizations working with migrants and refugees were also interviewed. In each country, researchers interviewed a diverse (by age, gender, socioeconomic group and migration experience) set of children who had left Venezuela between 2017 and 2019.

One million children have remained in Venezuela while their parents have migrated to other countries in the region... this increases children's risk of experiencing violence, psychosocial distress and neglect; it can also make it harder for children to obtain key documents and travel to reunite with family members.

In Venezuela, the 2019 ENCOVI found that almost half of the children and adolescents who have left the country are from the 40 per cent of poorest households, 80 per cent were from food insecure homes and only 16 per cent were from homes that received remittances. The survey also found that 49 per cent of children who left Venezuela were aged 0–6 years, 21 per cent were aged 7–11 years and 30 per cent aged 12–17 years (OVM, 2021). Overall, 96 per cent of children aged 6 and under travelled with both parents or with their mothers. By contrast, among adolescents, 38 per cent travelled only with their mother, 24 per cent travelled alone and 17 per cent were accompanied by siblings or other people.²⁴ CDH-UCAB's (2021) study of unaccompanied and separated children also found that families sometimes separated once in Colombia, with members going to different destinations in search of work, or children joining up with other groups of migrants.

ENCOVI data also show that, while, overall, family reunification was the primary reason children left Venezuela, for adolescents, finding work and contributing financially to their households was the principal motivation (OVM, 2021).²⁵ CDH-UCAB's (2021) study reinforces these findings and highlights additional reasons, such as fleeing domestic abuse or escaping recruitment by armed groups, particularly in the Arco Minero del Orinoco region.

A study undertaken for the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V) distinguishes the following six groups of unaccompanied Venezuelan refugee and migrant children, all of whom face specific protection risks: adolescents moving to support their families; adolescents moving to reunite with family members, sometimes taking responsibility for younger siblings at the same time; adolescent girls in unions with young men, their partners, and sometimes children; children living in the streets in communities of origin or host communities; children who had been victimized by or feared victimization by organized criminals; and groups of children and adolescents moving in groups without a fixed destination (Mendoza Romero, 2022).

Unaccompanied and separated children on the move are more likely to move through unofficial crossing points (*trochas*) to avoid being returned to Venezuela, being forced to pay bribes because they lack the required documentation (e.g., a letter permitting them to cross the border without a parent) (Ceja Cárdenas et al., 2020), or being taken into institutional residential care, preventing them continuing to their destination (CDH-UCAB, 2021).

During the COVID-19 pandemic, the collapse in economic opportunities, rise in evictions of households who could no longer pay their rent and rise in discrimination led to some refugees and migrants returning to Venezuela, often through irregular routes. R4V data suggest that, of the 130,000 returnees during March–September 2020, 32,500 were children, 18,000 of whom had no documentation (López and Gutiérrez, n.d.). Many of those who managed to return faced severe challenges in Venezuela, with limited access to basic necessities (World Vision, 2020), as well as risks to child protection. As pandemic restrictions were lifted, many of these children and families have moved back to neighbouring countries (R4V, 2021h). There is also some evidence of incipient returns of Venezuelan migrants and refugees as the economy has started to improve (MMC, 2022a).²⁶

As noted in Chapter 1, the Quito Process promotes regional cooperation in support of Venezuelan migrants and refugees. Under this framework, many states in the region have

24 The report does not state whom the other 11 per cent travelled with.

25 36 per cent of adolescents aged 12–17 cited finding work as their primary motivation, followed by 32 per cent who cited family reunification (OVM, 2021).

26 Data on the proportion of children among these returnees was not available.

Unaccompanied and separated children on the move are more likely to move through unofficial crossing points (trochas) to avoid being returned to Venezuela, being forced to pay bribes because they lack the required documentation or being taken into institutional residential care.

developed specific regularization mechanisms for Venezuelans with irregular migration status alongside the visa options that are part of their migration management policies and asylum policies (Machado et al., 2021). These are outlined in the country-focused sections below and in Annex 4. Tightening of entry regulations since 2019 in Chile, Peru and Ecuador (Ceja Cárdenas et al., 2020), and in Mexico and Costa Rica in early 2022 (MMC, 2022a), have required Venezuelans to obtain visas and to use passports (rather than simply identity cards) for entry. These requirements may have redirected many migrants from regular to irregular routes, often empowering smugglers and traffickers in the process (Selee and Bolter, 2020), a situation exacerbated by COVID-19 related border closures. A joint needs assessment study by Grupo Interagencial Sobre Flujos Migratorios Mixtos (GIFMM, Inter-agency Group on Mixed Migration Flows) in June 2021 found that 54 per cent of the 2,621 Venezuelan adults interviewed had entered Colombia at unofficial crossings; during COVID-19 closures in the first six months of 2021 as many as 94 per cent had done so (GIFMM, 2021b).

3.2 | Children's experiences in transit from Venezuela

Qualitative studies undertaken with children who have moved to Colombia from Venezuela indicate that their journeys are often long, arduous and dangerous.²⁷ Typically, their journeys involve a combination of travel by bus and on foot, sometimes interspersed with rest in towns with relatives or in shelters. Those who are travelling on foot – *caminantes* – walk for days, sometimes weeks, without shelter or access to toilets (CARE International, 2019; Save the Children, 2020; Cárdenas et al., 2020).

Children's testimonies indicate that while migrants attempt to be as prepared as possible, and sometimes move when they receive remittances that allow them to do so, they face multiple demands on the funds they have, and difficulties meeting their basic needs for food, water and shelter. For example:

When you're traveling it's hard to deal with the hunger and exhaustion and everything, and it's worse when it's raining.

(14-year-old girl, Save the Children, 2020, p. 31)

A study by GIFMM (2021a), undertaken with 641 groups of migrants and refugees transiting into or through Colombia (68 per cent of whom were moving from Venezuela), found that interviewees highlighted the following five highest priority needs: clean water, food, transport, accommodation and medical care. A shocking 90 per cent of those interviewed had eaten less than three times the previous day and 27 per cent had eaten less than once. Further, 73 per cent had had to sleep in a public place. A total of 60 per cent had received some assistance during their journey, with food the most commonly received form of support (received by 74 per cent of respondents, while only 10 per cent had received cash transfers), indicating that humanitarian assistance en route is failing to reach a significant proportion of people on the move.



²⁷ This section draws on several such qualitative studies: Save the Children's (2020) study based on interviews and focus groups discussions with 21 Venezuelan adolescent girls in Maicao, half of whom identified as indigenous, in September 2019; Ceja Cárdenas et al.'s (2020) study based on the testimonies of 40 Venezuelan children and adolescents in Brazil, Colombia, Ecuador and Peru, collected between 2017 and 2019 (see footnote 22); PLAN International's mixed methods study, based on an online survey with 452 adolescent Venezuelan girls aged 10-19 in Colombia, Ecuador and Peru, 134 semi-structured interviews with girls from this sample aged 15 and over and 46 caregivers. All data collection took place remotely due to COVID-19; Mendoza Romero's (2022) study involved semi-structured interviews with 30 representatives of child protection services and international organizations in Brazil, Colombia and Venezuela.

Armed groups and other organized criminal entities control *trochas*, charging a fee to cross (around 5,000 Colombian pesos, equivalent to US\$1.50) (Ceja Cárdenas et al., 2020). Data collected by WFP (cited in Gutiérrez, n.d.) indicate that 65 per cent of Venezuelan migrants and refugees enter Colombia through unofficial crossing points and that 51 per cent had experienced economic violence (robbery or swindling). Serious physical and sexual violence is already reported in *trochas*:

Right there, in the trochas, they kill people, or they rape them, or they threaten them.

(12-year-old girl, Save the Children, 2020, p. 12)

If you pass that way and you don't have the money to pay the coyotes [smugglers], they rape you.

(12-year-old girl, Ceja Cárdenas et al., 2020, p. 37)

People crossing through *trochas* are invisible to the authorities, putting them at increased risk of trafficking (Mendoza Romero, 2022). This, however, is the only route open to people without documentation that will enable them to cross in a regular manner. Even children and adolescents crossing at official border points risk having to pay police bribes if not all papers are in order (Save the Children, 2020; Ceja Cárdenas et al., 2020):

I came with some of my aunt's neighbours and on the road almost all the police stopped me because I'm under age and I had to pay and pay – as no one had my surname, I couldn't say they were family – but luckily my mother gave me enough money.

(16 year old boy, Ceja Cárdenas et al., 2020, p34).

While crossing territories where armed groups operate, unaccompanied and separated children are at risk of specific dangers. Boys are particularly at risk of forced recruitment into armed groups, or of exploitation in drug and weapons smuggling or in making mines, while girls are at greater risk of sexual exploitation (potentially including trafficking) by these groups (CDH-UCAB, 2021). These risks – and the risk of being misdirected or deceived – mean people on the move must maintain a high degree of alertness at all times (Save the Children, 2020).

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Once *caminantes* enter Colombia, many of these risks continue. Armed groups continue to prey on refugees and migrants on the periphery of urban areas, and especially on the roads where unaccompanied and separated children and adolescents transit (CDH-UCAB, 2021). People travelling on to Ecuador or Peru face violence from xenophobic gangs (particularly noted on the route from Cali towards Ecuador) and similar risks in the *trochas* on the Colombia–Ecuador border. The fees armed groups demand for crossing into Ecuador must be paid in dollars, leading many children and adolescents to stay in Nariño begging or robbing to obtain the funds to cross, delaying their eventual reunification with family in Ecuador (CDH-UCAB, 2021). Surveys undertaken during 2021 with migrants and refugees moving into or through Colombia found that 29 per cent of groups of travellers had experienced violence en route, such as robberies, threats or intimidation, physical violence or degrading treatment. Such experiences were particularly common for groups travelling from Ecuador (GIFMM, 2021a).

Children traversing the Andes to reach destinations such as Bolivia and Chile also face dangers such as insufficient oxygen (due to the high altitude) and very cold temperatures overnight (Herrera, Montecino and Contreras, 2021).²⁸ Steep terrain and physically arduous journeys present additional challenges. As will be discussed in Chapter 5, children whose onward journeys involve crossing the Darién Gap face physical challenges related to crossing jungles and swamps, and attacks from both wild animals and humans – both organized crime and banditry. During 2021, new transit routes through Colombia developed (MMC, 2022a), increasingly used by Venezuelans moving north, as well as by people arriving from Caribbean countries (especially Cuba and Haiti) and moving from South American countries, including Ecuador, Chile and Brazil. New sea-based routes to Panama from Chocó province have resulted in shipwrecks, with reported deaths of migrants, including children (Deutsche Welle, 2022; MMC, 2022a).

3.3 | Settlement in Colombia

Historically, Colombia has been a country of origin for migrants to neighbouring countries, with 1 million Colombians moving to Venezuela (many of whom have returned to Colombia since 2015) and another 900,000 to Ecuador since the mid-1980s, fleeing violence (Carvajal, 2017). While at least 5 million people remain internally displaced within Colombia,²⁹ and although violence and insecurity continues in some regions, the country has rapidly become the prime host country for Venezuelan refugees and migrants (R4V, 2020).

By December 2022 2.48 million Venezuelans had moved to Colombia since the start of the crisis. Around 27 per cent of those entering Colombia between 2021 and 2022 were under 18.³⁰ Given the young profile of the adult population, it is unsurprising that there are also large numbers of young children: The GIFMM (2021b) joint needs assessment survey in June 2021 found that 56 per cent of the 2,061 households interviewed had a child under 5. Overall, the Venezuelan population in Colombia is geographically concentrated: in 2018, 93 per cent of the Venezuelan population in Colombia lived in 12 of the country's 33 departments. Bogotá hosted 20 per cent of the Venezuelan population, followed by the border regions of Norte de Santander, Arauca and La Guajira, with 10–12 per cent, and the coastal region of Atlántico, with 10 per cent (Profamilia and

28 This investigation reports 32 unaccompanied children arriving in Chile between September 2020 and April 2021 and 3,500 arriving with family members other than their parents.

29 Data from <https://data.unicef.org/resources/migration-and-displacement-country-profiles-mdcp/> (accessed 10 August 2022).

30 Latest data available at <https://www.migracioncolombia.gov.co/>, based on the period 5 May 2021–31 January 2022.

IPPF, 2019; Selee and Bolter, 2020). This dispersal reduces pressure on public services to some extent; it also increases the diversity of children's experiences and emphasizes the importance of understanding local conditions in developing responses to support children on the move.

While most of the literature focuses on movement from Venezuela to Colombia in response to the crisis in Venezuela, other international migration movements of children also raise challenges for fulfilling children's rights. These include localized cross-border movements, including to make use of health facilities, to attend school or for seasonal labour migration (Renna, 2020). An estimated 1.87 million people are involved in these 'pendular' movements (R4V, 2020).

3.3.1 LEGAL FRAMEWORK

This section briefly outlines the overall legal framework for Venezuelan migrants and refugees in Colombia and how it affects children's well-being. Although, as described in subsequent sections, children are able to access some services without regular status, regularization both extends their, and their families', access to a wider range of provisions and enables parents to access the formal labour market and jobs with better pay and conditions. The legal and policy framework for accessing education and health services are outlined in Sections 3.3.3 and 3.3.4.

Colombia is a signatory to both the 1951 Convention and 1967 Protocol on the Status of Refugees. In recent years, the Colombian Government has announced various measures to promote regularization of migrants and refugees from Venezuela; the existence of these options may explain the low numbers of Venezuelans making asylum claims.³¹ Following multiple rounds of renewal of the Permiso Especial de Permanencia (PEP, Special Stay Permit), the process was converted to an 'on-demand' process.

In March 2021, the Colombian Government announced the Estatuto Temporal de Protección para Migrantes Venezolanos (ETPV, Temporary Protection Statute for Venezuelan Migrants), which allows applicants to acquire a resident visa valid for up to 10 years (Machado, et al, 2021). Although a GIFMM joint needs assessment survey from June 2021 found that 83 per cent of children and 66 per cent of adults in their sample had irregular status, and that only 28 per cent of children under 6 had been pre-registered by their parents for ETPV, this is likely to have declined substantially over the subsequent year (GIFMM, 2021b).³² Government migration data indicate that 1,182,000 ETPVs were in process as of August 2021 (Migración Colombia, 2021), and, as of March 2022, almost 640,000 had been delivered (MMC, 2022a), which will help remove some of the barriers to services outlined in subsequent sections. In August–September 2021, 92 per cent of Venezuelans in Colombia interviewed by the Danish Refugee Council (DRC) reported being interested in obtaining an ETPV (ibid.).³³

To prevent statelessness, Colombian nationality was granted to 47,617 children born in Colombia to Venezuelan parents between August 2019 and August 2020. Resolución 8470 de la Registraduría Nacional (Resolution 8740 of the National Registry), announced in August 2019, is intended to facilitate registration of children of Venezuelan parents born in Colombia and at risk of statelessness (R4V, 2020).

31 UNHCR data (<https://data.unhcr.org/en/country/col>) indicates that, as of 31 December 2021, there were 1,297 registered Venezuelan refugees in Colombia and 15,811 new applications.

32 This study involved phone surveys with 2,161 respondents spread across 11 departments of Colombia.

33 Based on interviews with representatives of 408 households carried out in Baranquilla, Bogotá, Medellín and Riohacha (DRC, 2021b).

3.3.2 POVERTY, FOOD SECURITY, HOUSING AND BASIC INFRASTRUCTURE

Even before the COVID-19 pandemic, 40 per cent of Venezuelans in Colombia were living in poverty (Machado et al., 2021). The reasons for this were multiple and reflected difficulties in obtaining regular status (a gateway to formal sector employment with better pay and conditions), getting their qualifications recognized, employers' unfamiliarity with migrants' documentation, and also discriminatory laws and practices (Selee and Bolter, 2020). In parts of the country – including the border regions, home to a substantial proportion of migrants and refugees, poverty levels are higher: a World Food Programme poll published in February 2020 found 78 per cent of Venezuelans in the five Colombia–Venezuela border departments living below the poverty line (Machado et al., 2021).

While some qualitative sources (e.g., Save the Children, 2020) indicate that Venezuelan children report experiencing less hunger in Colombia than in Venezuela, food security continues to be a serious problem for Venezuelan migrants in Colombia and has been exacerbated by the COVID-19 emergency. For example, the GIFMM joint needs assessment from May 2020 showed that, before the COVID-19 crisis, 70 per cent of households with children had access to three meals per day. At the time of data collection, three months after the introduction of COVID-19 prevention measures, this proportion dropped to only 25 per cent; children in 15 per cent of these households consumed only one meal per day (R4V, 2020). A total of 44 per cent of adolescent Venezuelan girls in Plan International's (2020a) survey in Colombia, Ecuador and Peru reported having gone to bed hungry; some reported begging for food on the streets and/or having to rely on food donation centres. The GIFMM (2021b) joint needs assessment of June 2021 found that 54 per cent of households surveyed were food insecure, and that 59 per cent reported eating only twice a day; indigenous-headed households were the most likely (80 per cent) to be limiting food consumption.

The GIFMM (2020a) joint needs assessment of July 2020³⁴ showed that loss of income from formal and informal jobs as a result of COVID-19 has decreased the ability of Venezuelans in Colombia to access basic goods and services, such as food, health and education; 60 per cent of households reported having a source of income from employment, compared to 86 per cent before COVID-19; 42 per cent of households surveyed reported that a member had had to beg on the streets. A total of 12 per cent of respondents had had to leave their home because they could not afford to pay the rent, and another 23 per cent reported facing eviction, leading families to become homeless, or to share dwellings with other families, and to be at greater risk of overcrowding. Unsurprisingly, the highest three priorities of households interviewed were food (91 per cent), shelter (67 per cent) and work or income sources (54 per cent) (GIFMM, 2020b). These responses show the extent of the challenge Venezuelan migrants and refugees in Colombia face in meeting their basic needs.

Many migrant and refugee children live in multi-dimensional deprivation in Colombia. The GIFMM (2020a) joint needs assessment conducted in July 2020 found that 33 per cent of Venezuelan households in Colombia lacked access to improved water sources, 36 per cent lacked access to drinking water when required, and 46 per cent lived in neighbourhoods with environmental pollution. Children interviewed in both Plan International's (2020a) and Ceja Cárdenas et al.'s (2020) studies in Cúcuta and Riohacha (Colombian cities close to the Venezuelan border) reported living in informal settlements and makeshift shelters. These often lacked proper access to water and sanitation or rubbish disposal services, or official (safe) electricity connections. Girls and women in Save the Children's (2020) study in Maicao reported using plastic bags for toilets at night time as they were afraid to go

34 Based on phone interviews with 2,453 Venezuelan adults in 26 of the country's departments.

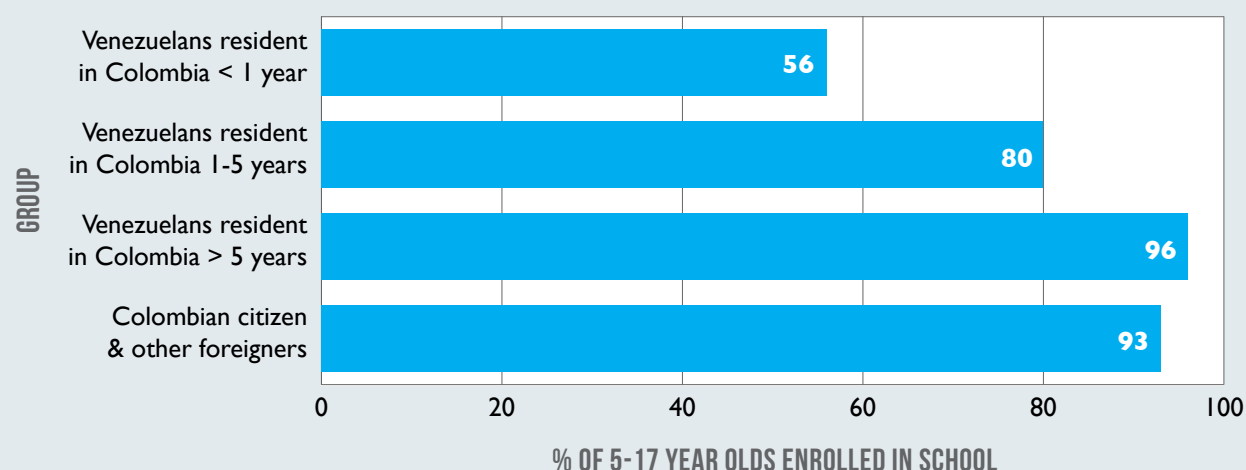
outside. Interviewees in Riohacha also mentioned feeling insecure as a result of drug-taking and robberies in the settlement; children interviewed in Bogotá also reported drug-taking and sexual harassment in the street, while others reported feeling safer in their new neighbourhoods than in Caracas (Ceja Cárdenas et al., 2020).

Migrants and refugees with regular status have access to the social assistance system if they are registered with the social registry (itself dependent on regular status), and have been able to apply during periodic calls to register with Familias en Acción (Families in Action), the national cash transfer programme (Machado, et al., 2021). This review did not find any data on the proportion of Venezuelan migrant children or families accessing cash transfers via Familias en Acción. Venezuelans did, however, account for 40,000 (or 2 per cent) of all recipients of the Solidarity Income made available to poor households during the COVID-19 pandemic. As with other social assistance measures, this required regular status (e.g., holding a PEP) and being registered with the social registry, Sistema de Identificación de Potenciales Beneficiarios de Programas Sociales (SISBEN, Identification System for Potential Beneficiaries of Social Programmes) (ibid.).

3.3.3 EDUCATION

Estimates based on the joint needs assessment conducted by GIFMM in June 2021 indicate that around 26 per cent of Venezuelan children in Colombia aged 6–17 were not enrolled in school, with enrolment rates lower for adolescents aged 16–17 (above the age of compulsory schooling). An analysis by the DRC (2021a), based on Gran Encuesta Integral de Hogares (GEIH, Large-Scale Comprehensive Household Survey) data from February 2020, shows that Venezuelan children who have been in Colombia for less than a year have the lowest rates of attendance, whereas, for Venezuelan-born children who have resided in Colombia for five years or longer, enrolment rates are slightly higher than for the Colombian population (see Figure 4). The study by DRC also found that Venezuelan children in Bogotá were on average 15 percentage points more likely to be enrolled in education than those living elsewhere in Colombia. The much lower enrolment rates for those who have been in Colombia for less than a year point to the need for focused efforts to support newly arrived refugees and migrants.

Figure 4: Percentage of children aged 5–17 enrolled in school by length of residence in Colombia



Source: Authors, based on analysis of GEIH data from February 2020 carried out by DRC (2021a).

As in most other countries of the region, migrant and refugee children may access primary and secondary education, regardless of their immigration status. It is preferred that students provide an apostilled³⁵ certificate of past studies, but if they do not have one, they can take an exam to determine their grade level, covering maths, language and social sciences. Both schools and migrant parents, however, lack correct information about registration processes. Even though schools have been directed to enrol students who lack identification documents and/or apostilled school records, and migrant and refugee children have been able to obtain unique student identification numbers since 2018, documentation remains a barrier (DRC, 2021a). In the June 2021 needs assessment survey by GIFMM (2021b), 29 per cent of households with children not enrolled in school gave the costs of schooling as a reason, while 28 per cent mentioned documentation.

In 2017, a system of unique identification numbers for Venezuelan students in Colombia was introduced. Obtaining a Número de Identificación Establecido por la Secretaría (NES, Identity Number Established by the Secretariat) allows children without valid identification to enrol in school and to graduate. To receive a NES, a child's parents must attest that they are in the process of trying to regularize the child's status (Machado et al., 2021). In addition, over the period 2018–2020, several resolutions strengthened the rights of migrant and refugee children with reduced documentation to enrol, sit exams and graduate; however, lack of knowledge of these changes on the part of schools, principals and families continue to deter adolescents from enrolling. As of 2021, documentation-related barriers were a major obstacle to adolescents accessing technical and vocational education and training, as without regular status, students could not graduate and receive certification valid in Colombia (DRC, 2021a). The rolling out of ETPVs should help further reduce documentation-related barriers.

Although Venezuelans in Colombia are relatively dispersed (as compared with Peru, for example where 85 per cent of Venezuelan students are enrolled in schools in Lima), a lack of school places is a substantial barrier to access (Selee and Bolter, 2020; Plan International, 2020a). Children interviewed in Bogotá in Ceja Cárdenas et al.'s (2020) study explained that some had spent months waiting for a school place to become available, without studying in the meantime, and that they could not necessarily find a place nearby. This can result in children becoming 'overage' and unable to re-enrol.³⁶ Parents interviewed as part of a forthcoming UNICEF evaluation (DARA, 2022)³⁷ highlighted that difficulties in accessing school places increase children's risk of hanging around on the streets and becoming involved in risky activities. Observations by the DRC (2021a) suggest that Venezuelan children are often assumed to lag behind their Colombian peers and are placed in a grade below their age, which can contribute to demotivation. Once enrolled, some of the adolescents in Ceja Cárdenas et al.'s (2020) study reported challenges arising from differences in the two school systems, with new subjects and curriculum content in Colombia; some also reported lack of engagement from teachers.

In 2019, school absenteeism among Venezuelan migrant children was six times higher than among Colombian children, with findings based on an analysis of the 2019 Encuesta Nacional de Calidad de Vida (Quality of Life Survey) in Colombia showing changes in place of residence as the main hurdle to education (IDAC, 2021). School closures and remote learning during the COVID-19 pandemic also disproportionately affected migrant and refugee adolescents, who were less likely to have access to digital devices. GIFMM

29 per cent of households with children not enrolled in school gave the costs of schooling as a reason, while 28 per cent mentioned documentation.

35 An apostille is an official government-issued certificate added to documents so they will be recognised when presented in another country. A lack of certification of previous studies in Venezuela, plus economic barriers, impede school graduates' access to higher education in Colombia (CHD-UCAB, 2021).

36 Colombian law prohibits children who are two or more years older than the 'normal' age for a class from enrolling (source: unpublished UNICEF report).

37 These interviews took place in informal settlements in La Guajira.

needs assessment report of July 2020 found that, during the COVID-19 emergency, of households from Venezuela that intended to stay in Colombia, 27 per cent with children aged 6–11 and 37 per cent with children aged 12–17 did not have access to formal learning activities (GIFMM, 2020a). Analysis of GEIH data carried out by DRC (2021a) shows that, while levels of Internet access at home are low for all children (only 40 per cent of Colombian children have such access), only 18 per cent of Venezuelan children aged 5–17 resident in Colombia for less than a year have access to the Internet at home.³⁸

A study by the International Rescue Committee (2020b) of children's learning levels in grades 1–5 in primary schools in Cúcuta found both Venezuelan and Colombian students' literacy skills below the expected benchmark level and their maths skills well below. Overall, Venezuelan students demonstrated slightly higher levels of fluency in reading and oral comprehension than Colombian students.³⁹ This study also investigated the levels of maths and literacy skills and socio-emotional learning among out-of-school Venezuelan children in Cúcuta. It found that out-of-school Venezuelans lagged behind their in-school Colombian and Venezuelan counterparts in all maths and literacy tasks, but that their levels of socio-emotional skills were higher. They also experienced significantly lower levels of victimization than Venezuelan students attending school in Cúcuta, especially younger children and children with disabilities. Instituto Colombiano para la Evaluación de la Educación (Colombian Institute for the Evaluation of Education) data from 2021, analysed by DRC (2021a), also suggests minimal differences in learning outcomes between Venezuelan students in Colombia and their Colombian counterparts.

Qualitative interviews with adolescents undertaken by Ceja Cárdenas et al. (2020) and Plan International (2020a) report xenophobic discrimination in schools. This is not universal: some adolescents reported that they felt accepted and welcomed, but others reported prejudice, especially initially. For example:

When I first entered [school] they called me veneca [derogatory term for Venezuelan], they bullied me. They said that I was veneca, that I was a muerta de hambre [someone starving, i.e., dirt poor].

[15-year old girl, Soledad, Colombia, Plan International, 2020a, p. 6]

3.3.4 HEALTH AND NUTRITION

Most of the evidence found relates to: maternal and child health and sexual and reproductive health; psychosocial well-being; and Venezuelan refugees' and migrants' access to the Colombian health care system.

Pregnant women and girls from areas of Venezuela close to the Colombian border commonly cross to Colombia to access maternal and child health services (CARE International, 2019). Indeed, 31 per cent of births to Venezuelan women in Colombia took place in the border department of Norte de Santander (Profamilia and IPPF, 2019); this implies a potentially substantial increase in the population of children under 5 years, with health, nutrition and educational needs. Girls under 18 represented 14 per cent of the migrant pregnant women

38 Although the percentage was almost double (35 per cent) for their counterparts resident in Colombia for more than five years, these levels are still low.

39 The learning assessment examined 1,219 students in grades 1–5 from 29 of Cúcuta's 63 public schools in operation at the time in November 2019 and 410 out-of-school Venezuelan children known to NGOs. Of the school students, 788 were Venezuelan and 431 were Colombian. The study used Early Grade Literacy Assessment and Early Grade Maths Assessment tools, and measures of 11 different aspects of socio-emotional learning. It does not state whether the differences found were statistically significant.



receiving care through the Colombian health system in 2021 (Gil, 2022). Data from six cities show an 80 per cent increase in the utilization of maternal and child health care services by migrant and refugee women over the period 2018–2019 (Profamilia and USAID, 2020). The majority of pregnant migrant women, however, only attend maternity services in the last trimester of their pregnancy, or for delivery, meaning that opportunities to address preventable health problems, for themselves or their children, are missed (Gil, 2022).

Many women and girls arrive in Colombia from Venezuela with pregnancy complications resulting from malnutrition and limited or no access to prenatal care. UNHCR and IOM data, cited by CARE International (2019), from Cúcuta (a border city) indicate that the number of children with low birth weight increased by 80 per cent during 2019. GIFMM's (2021) joint needs assessment of June 2021 found that 55 per cent of pregnant women interviewed reported eating only twice a day. Save the Children (2020) also reports an increase of acute malnutrition in children under the age of five in La Guajira province. CARE International (2019) reports pregnant women and newborns sleeping on the streets because of lack of shelter space. Newborn babies are also affected by growing rates of congenital syphilis, rates of which have increased among the Venezuelan migrant population in Colombia in recent years. Data from La Guajira and Norte de Santander provinces show that congenital syphilis and malnutrition are the leading causes of ill-health among young children of migrant mothers in Colombia (Gil, 2022).

IDAC (2021), using data from the 2019 Quality of Life Survey in Colombia, reports that pregnancy rates among adolescent Venezuelan girls in Colombia were double those of Colombian girls (but does not give the relevant figures). A study by Profamilia and IPPF (2019), of unmet sexual and reproductive needs in the border regions of Colombia, reports unplanned adolescent pregnancy rates of 19 per cent in La Guajira, 20 per cent in Cesar, 21 per cent in Norte de Santander and 35 per cent in Arauca, compared with a national adolescent pregnancy rate of 17 per cent. Adolescents interviewed in this study reported limited access to youth-friendly family planning services, as well as a lack of information about sexual and reproductive health more generally. Overall, 19 per cent of adolescent girls and young women aged 15–19 interviewed reported an unmet need for family planning. Many interviewees (across all age groups) were unaware that abortion is legal in Colombia. This study also found weaknesses in capacity and coordination, resulting in patchy provision of the minimum service package for sexual and reproductive health in crisis settings (Profamilia and IPPF, 2019).

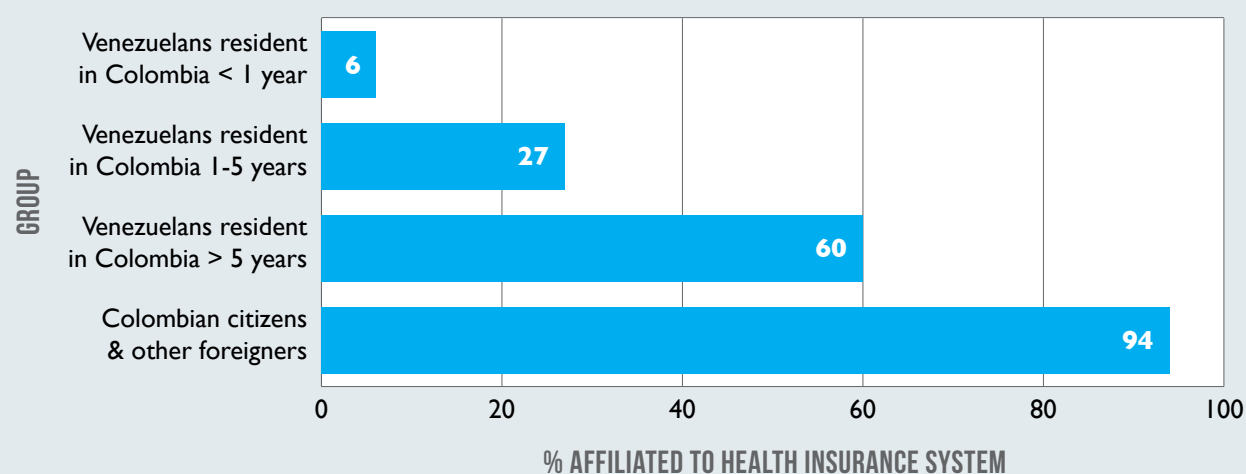
A GIFMM (2021b) joint needs assessment found that, of households with a sexual and reproductive health need, only 50 per cent were able to get health care, with the least access in Atlántico, Nariño and Santander. Save the Children's (2020) study also highlights the challenges Venezuelan adolescent girls in informal settlements in Colombia face in managing menstruation, with limited access to supplies, clean water, etc.

Access to the health care system

Refugees and migrants in Colombia have free access to the public health care system, which includes vaccinations, prenatal care, emergency care and collective interventions (public health interventions tailored to specific local risks). To access services beyond this, people must subscribe to public or private insurance or pay out of pocket (Chaves-González, Amaral and Mora, 2021). In practice, however, the regulations are not always well understood by health care providers (DRC, 2021a): refugees and migrants interviewed by Profamilia reported that they had been turned away from emergency care because they lacked insurance, driving them to self-medicate (Profamilia and USAID, 2020). Children interviewed in Ceja Cárdenas et al.'s (2020) and Plan International's (2020a) studies reported difficulties in finding the funds to pay for prescribed medicine.

People with regular status and asylum seekers are eligible for subsidized public health insurance, as are Colombians returning from Venezuela (Selee and Bolter, 2020). Eligibility is means-tested via SISBEN but, in practice, Selee and Bolter's (2020) research found that some municipalities were reluctant to give PEP holders access to subsidized health insurance, to avoid depleting funds. The GIFMM (2021b) joint needs assessment of June 2021 found that only 23 per cent of Venezuelan households had a member affiliated to the health system; of these, 89 per cent participated in the subsidized regime and 11 per cent in the contributory regime. Figure 5 shows how levels of participation in the health insurance system are related to the length of residence in Colombia – only 6 per cent of migrants and refugees who have lived in Colombia for less than one year have any health insurance, rising to 40 per cent among those living in Colombia for over five years.

Figure 5: Participation in the health insurance system by length of residence in Colombia



Source: Authors, based on analysis of GEIH data from February 2020 carried out by DRC (2021a).

More recent data, referring to changes associated with the introduction of the ETPV, could not be found for this review. In addition to barriers related to regularization, refugees and migrants interviewed by Profamilia identified the health insurance registration process as bureaucratic and often a lower priority than earning money, as well as a lack of accessible information about how to register (Profamilia and USAID, 2020). Information provided as part of the ETPV process may have started to redress these problems. Reflecting these barriers, the 2019 Quality of Life Survey in Colombia found that 80 per cent of Venezuelan children in Colombia were not registered in the national health system (IDAC, 2021), meaning that they could only access development and growth checks provided by non-governmental organizations (NGOs) (Gil, 2022). In 2019, one quarter of migrant or refugee children attended regular health check-ups, compared to three quarters of Colombian children (IDAC, 2021).

Although humanitarian organizations are providing some life-saving services, given the scale of need and capacity of local services, people with intersecting vulnerabilities – such as pregnant adolescents, lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) populations, and people with disabilities – are likely to be underserved, particularly in more remote informal settlements (CARE International, 2019). This said, Ceja Cárdenas et al. (2020) suggest that both health services and humanitarian organizations prioritize adolescent mothers for support, including health care, food, transport and shelter.

Mental health and psychosocial well-being

The evidence found on psychosocial well-being is largely based on qualitative studies and/or quantitative studies with small samples. Nonetheless, they do indicate some areas of concern. For example, 13 per cent of the girls interviewed in Plan International's (2020a) study of Venezuelan girls in Colombia, Ecuador and Peru reported symptoms of depression, related to fragmentation of their family group, the socioeconomic conditions they face, barriers to their right to education and their vulnerability to various forms of violence. Some of the testimonies in the qualitative studies reviewed (e.g., Ceja Cárdenas et al, 2020; Save the Children, 2020) refer to traumatic events en route (such as witnessing other children dying, or physical and sexual assault). This indicates that mental health and psychosocial support (MHPSS) activities in comprehensive support centres, reception centres and shelters, discussed in Chapter 6, are likely to be responding to a pressing need.

Qualitative studies, such as those undertaken by Ceja Cárdenas et al. (2020) and Save the Children (2020) additionally highlight the psychological effects of caring for younger siblings, and social isolation among older adolescents not attending school and among young adolescent mothers, who are often caring for young children with much diminished support networks compared with their community of origin.

3.3.5 CHILD PROTECTION

The literature reviewed highlights the following four main areas of concern: child marriage and sexual exploitation; child labour and trafficking; care of young children; and weaknesses in the child protection system's capacity to respond to children on the move.

Child marriage and sexual exploitation

Though no quantitative data are available, five studies raise concerns about the numbers of adolescent Venezuelan girls in unions with older men (CARE International, 2019; DARA, 2022; Mendoza Romero, 2022; Save the Children, 2020; World Vision, 2020). The high levels of poverty discussed in Section 3.3.2 are a key factor that contributes to migrant and refugee women and girls engaging in transactional sex as a survival strategy and/or entering relationships with older men who can provide financial support. Some studies suggest that the economic stresses caused by the COVID-19 pandemic have contributed to an increase in child marriage and early unions (World Vision, 2020). Age differentials, and girls' and young women's financial dependence on their partners, particularly if they have young children, can mean they are very vulnerable to abuse (CARE International, 2019; Save the Children, 2020). The risks are even higher for recent migrants and refugees with relatively limited knowledge of sources of support and social networks in Colombia.

Physical and sexual violence

The studies reviewed highlight pervasive GBV. A study by Consultoría para los Derechos Humanos y el Desplazamiento (Consultancy for Human Rights and Displacement) (2021, cited in Mendoza Romero, 2022) reports that sexual violence is one of the crimes that most affects migrants and refugees, with 66 per cent of those affected being under 18. Calderón-Jaramillo et al. (2020) suggest that a combination of high levels of poverty and insecurity and patriarchal social norms and beliefs that normalize GBV and gender stereotypes contribute to high levels of GBV, affecting both Venezuelan migrants in Colombia and host communities.



Plan International's (2020a) study with 452 Venezuelan adolescent girls in Colombia, Peru and Ecuador found that girls perceived the risk of sexual harassment on the streets as very high, and that as migrants they felt particularly at risk. Twenty-one per cent of participants said they had witnessed situations of violence or abuse. Thirteen per cent had witnessed verbal attacks against other adolescents. As one 15-year-old girl interviewed in Cúcuta reported:

I go out and they comment "Ah, since that girl is veneca [derogatory term for Venezuelan], she'll surely give herself away."

(Plan International, 2020a, p. 5)

The girls interviewed tried to avoid leaving their homes as much as possible to reduce these risks: 50 per cent said they felt unsafe when leaving their homes. Although most of the girls interviewed considered their homes to be safe, when multiple families are sharing a home, this increases girls' risk of facing various forms of violence, including sexual harassment when using communal bathrooms (Plan International, 2020a).

Studies by both Save the Children (2020) and Profamilia and IPPF (2019) identify a lack of investment in the system of protection and support to survivors of GBV, particularly outside the large cities. Where information about such services is made available to people on the move, it is often in support spaces near border control zones, and thus inaccessible to people entering through *truchas*. Furthermore, fears of reprisals or deportation deter many survivors, particularly those with irregular status, from reporting GBV (Save the Children, 2020).

Child labour and trafficking

An emerging body of evidence raises concerns about child labour among Venezuelans in Colombia (e.g., Brodzinsky, 2018; WECONOM, 2018). Plan International's (2020a) study of adolescent Venezuelan girls in Colombia found that 8 per cent were engaged in paid work.⁴⁰ Some girls reported not being paid or being paid less than what was agreed. At least 19 per cent of participants reported not receiving wages for the work performed; this appeared to be a particular problem for working adolescent girls in Colombia compared with the other two countries in the study (Peru and Ecuador). One study also mentioned that adolescents (age not specified) are invited to Colombia (Arauca) by relatives or friends to work on farms; no further evidence of the risks they face was available (Mendoza Romero, 2022).

Six studies report unaccompanied and separated children's risk of being trafficked or coerced into other worst forms of child labour (as defined by ILO Convention 182). In 2020, 73 cases of human trafficking were registered by the Colombian authorities, 30 per cent of whom were Venezuelan migrants and refugees (data on the proportion of children is not available) (R4V, 2020). The studies reviewed are based on qualitative interviews and identify three main patterns: deceptive offers of work and housing made to families in Venezuela that turn out to be false; traffickers preying on unaccompanied children and adolescents in transit; and deceptive and/or forced recruitment of children once settled in Colombia into sexual exploitation, illegal activity or hard labour.

Mendoza Romero (2022) reports that traffickers recruit women, children and adolescents in Venezuela, often moving them to Ecuador, largely for sexual exploitation. Various

⁴⁰ The data are not disaggregated by age, and further information on working hours is not provided, thus making it unclear how far these girls could be considered to be engaged in child labour.

studies, including those by CDH-UCAB (2021) and Mendoza Romero (2022), report traffickers identifying unaccompanied and separated children on walking routes across Colombia and in *trochas*. They either lure adolescents, offering promising-sounding work in Ecuador, Panama and Peru, or coerce them with threats to their safety. At *trochas*, in particular, some observers have noted an increased use of unaccompanied adolescent migrants and refugees for transporting packages containing drugs or weapons between Colombia and Ecuador, as they are less likely to be caught or imprisoned (Mendoza Romero, 2022). Mendoza Romero (2022) also found organized criminals targeting recent migrants and refugees in informal settlements on the outskirts of Colombian cities, offering children and adolescents payment for tasks such as transporting packages, sending and receiving messages, or acting as lookouts. In areas with coca production, her study found that unaccompanied adolescents are at risk of recruitment into activities related to the drugs trade (in Colombia and Ecuador), such as collecting coca leaves and/or being drawn into the drug-related economy if their parents obtained work in this sector. Younger children are also at risk of separation if left with other caregivers while parents are away working.

Several studies (Save the Children, 2020; CARE International, 2019) highlight that relationships between migrant and refugee girls and older men may lead to trafficking for sexual exploitation or domestic work, with girls under 14 at particular risk. Boys and LGBTQI+ people are also at risk from criminal networks catering to specific demands. Ceja Cárdenas et al. (2020) suggest the risk is greatest in border regions and areas visited by tourists, such as Cali, where there is demand for young adolescents in the sex industry. CDH-UCAB (2021) also reports that unaccompanied migrant and refugee girls in Colombia were more likely than boys to move around in response to offers of work, but that these offers were sometimes ways of entrapping them in human trafficking networks.

Care of young children

The GIFMM (2021b) joint needs assessment conducted in June 2021 found that 5 per cent of Venezuelan children under five years of age were cared for at parents' workplaces, since they had no one else to look after their young children, a percentage that rose to 12 per cent in Nariño. The survey also found that only 5 per cent of Venezuelan children in this age group were attending day care or an early education facility. The need for more provision of early childhood education and care facilities to support both Venezuelan and Colombian families emerged from a forthcoming evaluation of the support UNICEF has provided to people affected by the emergency in Venezuela (DARA, 2022), and is discussed further in Chapter 7.

Although the GIFMM (2021b) study found that only 1 per cent of children under 5 years were left with children or adolescents under 18, qualitative studies with children and adolescents report care of younger siblings as a challenge. When parents are out working all day, it is often older children – particularly, but not only, adolescent girls, depending on family composition – who take on caring responsibilities for younger children (Save the Children, 2020; Ceja Cárdenas et al., 2020):





When our little siblings get sick, it's difficult. We [girls] have to stay here and take care of them because the adults leave to work and try to find some money, they go to the market to beg for money.

[12 year old girl, Save the Children, 2020, p. 38]

I make my food by myself ... Sometimes I make arepas, when my little sister stops [eating] we start to play.

[10 year old Venezuelan boy, Bogotá, Ceja Cárdenas et al., 2020, p. 45].

CARE (2019) also found some instances of families having moved together, and of parents leaving their children to seek economic opportunities in other Colombian cities, with adolescent girls given the responsibility of looking after their younger siblings. It is not clear how common this is, or how soon families usually reunite when parents have found work.

Capacity of the child protection system

South American child protection systems were designed to respond to situations such as child abandonment, children living on the streets, maltreatment, exploitation and conflict with the law. The scale of human mobility has put additional pressure on systems that already had limited resources, infrastructure and capabilities, and which were ill-equipped to meet the specific needs of unaccompanied and separated children from other countries, and to respond to international protocols for the protection of migrant and refugee children (CDH-UCAB, 2021; Mendoza Romero, 2022). As in other countries of the region, substantial efforts have been made to harmonize procedures for attending to unaccompanied and separated children on the move with international law, and to develop systems' capacities to provide temporary care until families can be reunited. In Colombia, a defined pathway, the Proceso Administrativo de Restablecimiento de Derechos (Administrative Process for the Re-establishment of Rights), delineates the steps for responding to unaccompanied children. This pathway accommodates unaccompanied children in residential schools or with foster families while they are awaiting family reunification (Mendoza Romero, 2022).

Two studies suggest that Venezuelan adolescents who have moved to Colombia with the intention of supporting their families, are in transit to other countries in the region, or are already parents find the provisions of this pathway overly restrictive and try to avoid being identified by the authorities; this can lead unaccompanied adolescents to cross via *trochas* and avoid service points that have been set up to assist them. Mendoza Romero (2022) reports that if adolescents are not properly consulted and their best interests are not taken into account, they are likely to 'desert' temporary care. CDH-UCAB (2021) highlights delayed responses from Venezuelan consulates and other institutions as a continuing challenge in reuniting unaccompanied and separated children with families. Other challenges include the limited resources of the agencies tasked with responding to these groups of children on the move (with staff often having unmanageable workloads), a lack of travel budgets, as well as security difficulties that limit these children's ability to travel to some parts of the country. These agencies include zonal Instituto Colombiano de Bienestar Familiar (ICBF, Colombian Institute for Family Wellbeing) offices and the Family Commission and Child and Adolescent police (Mendoza Romero, 2022). Children interviewed in Ceja Cárdenas et al.'s (2020) study reported having to wait (in a shelter) for weeks until contact could be made with a relative who could accompany them on the next stage of the journey.⁴¹

⁴¹ In 2019, 1,641 Venezuelan children and adolescents, of whom 152 were unaccompanied, were under the protection of ICBF (CDH-UCAB, 2021).

Unaccompanied and separated refugee and migrant children are also at increased risk of ending up living on the streets and using drugs. Mendoza Romero (2022) explains that this hinders family reunification: the children concerned often do not want their families to see them in this situation, while families sometimes hesitate to reunite with children they feel unable to support with complex challenges such as drug use.

3.4 | Settlement in Ecuador

3.4.1 MAIN MOVEMENT PATTERNS

Ecuador is both a country of transit for Venezuelans moving towards Peru and Chile, and a destination.⁴² Most migrants and refugees moving by land from Colombia to Peru or Chile transit through Ecuador,⁴³ since the main road routes pass through the country, and because of the additional risks involved in crossing the Colombian–Peruvian border, an area with substantial armed illegal activity related to the drug trade (Dammert-Guardia et al., 2017). Because of tighter entry regulations and more limited opportunities to regularize than in Peru or Colombia (until June 2021, when a new regularization initiative was announced) (Human Rights Watch, 2022a), fewer Venezuelans have settled in Ecuador than in these two countries.

As of March 2022, there were an estimated 513,000 Venezuelans in Ecuador, making it the country with the third highest Venezuelan migrant and refugee population.⁴⁴ Not all Venezuelans intend to stay permanently in Ecuador, however: in a 2021 survey of over 2,000 Venezuelan families in various regions of the country, 92 per cent of respondents declared that they intended to continue living in Ecuador, while 3 per cent intended to move on and 6 per cent were unsure; 33 per cent of respondents were waiting for family members who were transiting through or coming to live in Ecuador in the next three months (GTRM Ecuador, 2021a). Venezuelan migrants and refugees have principally settled in the provinces of Guayas, Manabi and Pichincha (65 per cent) with 40 per cent in the city of Quito (World Bank, 2020b: 22). Some Venezuelan migrants remain in border towns such as Tulcán, or in rural areas where there is seasonal work (ibid.; Ceja Cárdenas et al., 2020).

Compared with children who have stayed in Colombia, children moving on to Ecuador generally undertake more of the journey by bus. Poorer children, however, typically walk more of the journey and are more likely to spend longer in transit in Colombia and within Ecuador, since they are more likely to have to stop to beg or earn money (Ceja Cárdenas et al., 2020, p.134).

The percentage of Venezuelans in Ecuador with a regular migration status has decreased over time. By mid-2018, it was estimated that around 44 per cent of Venezuelans in Ecuador did not have valid documentation to stay in the country; by 2020, the estimate rose to 72 per cent (Chaves-González, Amaral and Mora, 2021). As residence conditions have tightened, migrants who entered regularly but who have not met changing residence conditions or been able to afford the costs of renewing residence permits have moved into irregular status. More recent waves of migrants are typically poorer than migrants who arrived in 2015–2016, and they are less likely to have the correct documentation, which increases the risk of migrating irregularly (World Bank, 2020b). In 2021 Ecuador

42 It is also a transit country for Haitians and others moving through South America towards the United States (López Rivera and Wessel, 2018). No information about the numbers of children in transit through Ecuador, the length of their journeys or their needs was found in the sources reviewed. Ecuador is also a country of historical and current emigration (see Chapter 5 on the increased numbers of Ecuadorians traversing Mexico) – but no evidence on children within these migration flows was found in this review.

43 Data from <https://data.unicef.org/resources/migration-and-displacement-country-profiles-mdcp/> (last accessed 1 July 2022).

44 Data from <https://www.r4v.info/en/refugeeandmigrants> (last accessed 1 July 2022).

The scale of human mobility has put additional pressure on systems that already had limited resources, infrastructure and capabilities, and which were ill-equipped to meet the specific needs of unaccompanied and separated children from other countries

announced a plan to facilitate the regularization of Venezuelan migrants who are in the country without valid documentation. It was estimated that the plan would reach almost 50 per cent of all Venezuelan refugees and migrants in the country (then 430,000). Their regularization will allow them to access basic services, such as education and health care, as well as employment and self-employment (Giménez and Triviño, 2021).

Compared with the first wave of migrants and refugees, which was mostly composed of men or women moving without their families for work, family reunification has become, since 2018, an increasingly common reason for movement. Children and adolescents made up 40 per cent of the Venezuelan population in Ecuador as of May 2022 (ACNUR, 2022). Girls are overrepresented among unaccompanied adolescents. An organization working in Tulcán has noted that most unaccompanied girls are aged 15–17 and travel with their partners, who tend to be 3–4 years older (HIAS and UNICEF, 2021).

3.4.2 CHANGING LEGAL FRAMEWORK

As Miller and Panayotatos (2019) show, policies addressing Venezuelan migration have oscillated between increased restrictiveness and enhanced regularization opportunities. Before the Venezuelan crisis, Ecuador was home to the largest number of refugees in South America, primarily Colombians who had moved over an extended period to escape armed conflict. In 2017, according to UNHCR (2022), 73 per cent of asylum seekers in Ecuador were Colombian, 10 per cent were Venezuelan and 16 per cent were of other nationalities. By 2018, Colombians represented only 18 per cent of all asylum seekers, while Venezuelans represented 77 per cent. In 2022, this trend has remained, although with a slight increase in Colombian asylum seekers in the last year and a slight decrease in Venezuelan ones (*ibid.*). The country's emergency infrastructure has been primarily oriented towards disasters and thus has been ill-prepared for the migration and refugee flows it has received.

The Ecuadorian Constitution (2008) recognizes individuals' rights to migrate or seek asylum and also the equality of rights between migrants and nationals (Article 9). It also prohibits discrimination based on nationality or migration status (Article 3). The 2017 *Ley Orgánica de Movilidad Humana* (Human Mobility Law) incorporates the provisions of the Cartagena Declaration⁴⁵ and lays out commitments to non-refoulement, the non-criminalization of irregular migration, non-discrimination and integration. According to this law, foreigners in Ecuador are accorded the same rights and duties as citizens, including access to health care and education (Miller and Panayotatos, 2019). Ecuador is also both a signatory of the 1951 Refugee Convention and the 1967 Protocol Relating to the Status of Refugees.

Before 2017–2018, Ecuador was relatively open to arrivals from Venezuela, but after a surge of numbers in August 2018, the country started to require passports rather than identity cards (except for children). In 2018, the documentation requirements for both legal entry and for regularization were simplified. The high-profile murder of a pregnant Ecuadorian woman by her Venezuelan partner in January 2019, however, led President Lenin Moreno to declare that “while the country had opened the doors [to Venezuelans], the safety of Ecuadorians would not be sacrificed” (cited in BBC, 2019). In accordance, requirements were consequently tightened, including certification of an individual's criminal records for the past five years. As a result, Venezuelan movement to Ecuador through regular channels dropped in 2019, from 1,500–2,000 entries per day to just 40–

45 A regional agreement for the international protection of refugees and asylum-seekers. Signed in 1984. It expands the criteria on which asylum can be requested. Full text available at <https://www.refworld.org/docid/3ae6b36ec.html> (accessed 8 August 2022).

60 entries per day (La Verdad, 2019, cited in Selee and Bolter, 2020). Many Venezuelans were stranded at the Colombian border, and/or resorted to irregular crossings, with the associated risks of physical and sexual violence, robbery and extortion (Miller and Panayotatos (2019)). In 2019–2020, the Visa de Excepción por Razones Humanitarias (VERHU, Exceptional Visa for Humanitarian Purposes) was established, which regularized the immigration status of 40,407 Venezuelans who entered the country irregularly up to July 2019 (Chaves-González, Amaral and Mora, 2021), providing two year's residence with access to work, health care and education. The VERHU was also five times cheaper than a regular visa; however, it was discontinued after August 2020 (R4V, 2020).⁴⁶ In 2019, expired passports were allowed to be submitted for the first time for the regularization of a person's migrant status. During the COVID-19 pandemic, various other measures were adopted to ease regularization, such as allowing for applications, including those for family reunification, to be submitted by email, and eliminating fines in the case of lost regular status (Machado, et al., 2021). It is not yet clear what effect these measures have had on increasing the proportion of Venezuelans in Ecuador with regular status. R4V (2020) reports, however, that between October 2019 and August 2020 only 8,000 out of 38,734 children who requested a VERHU obtained one. In June 2021, President Lasso announced a new regularization initiative and visa type, the Visa de Residencia Temporal de Excepción para Ciudadanos Venezolanos (VIRTE, Temporary Exceptional Residency Visa for Venezuelan Citizens), which will be available from August 2022 (Human Rights Watch, 2022a). This visa will apply to Venezuelans who have entered the country regularly and will allow residence for up to 10 years.

Since November 2018, Ecuador has had a response protocol for children in contexts of human mobility, which is guided by the principle of best interests of the child and of right to family reunification. This protocol states that no child will be denied access to Ecuadorian territory (Gobierno de Ecuador, 2018). Implementation has, however, been flawed in some cases. The repercussions of a court case concerning three Venezuelan siblings, one of whom was under 18, who were denied entry into Ecuador when seeking to be reunited with their mother, has resulted in a Constitutional Court judgement that aims to update this protocol (ibid.).⁴⁷

While a few studies, such as that by Ceja Cárdenas et al. (2020), report on the challenges facing children in transit to or within Ecuador (discussed in Section 3.2), the majority of evidence relates to children settled in Ecuador. The following sections synthesize this evidence.

3.4.3 POVERTY, FOOD SECURITY AND HOUSING

The sources reviewed suggest that the majority of Venezuelan migrant households in Ecuador are living in precarious conditions, with particular implications for children's access to nutritious food. Data for 2019 show that 42.1 per cent of households with Venezuelan children and adolescents in Ecuador were living in multi-dimensional deprivation, meaning that they were deprived in relation to at least one of the following indicators: housing quality, access to services, economic dependency, critical overcrowding or children out of the educational system. In addition, 11.2 per cent lived in extreme poverty, meaning suffering from two or more deprivations (World Bank, 2020b).⁴⁸ This has been exacerbated by COVID-19: In a survey carried out in October

⁴⁶ See also Telesur (2020), Chaves-González et al. (2021) and Machado et al. (2021).

⁴⁷ Details of the court case are available at <https://portal.corteconstitucional.gob.ec/FichaRelatoria.aspx?numdocumento=2120-19-JP/21> (accessed 7 August 2022).

⁴⁸ The main source of information for this report was the Survey of People on the Move and in Host Communities in Ecuador (EPEC, see Section 3.4.5), which took place in 2019 and included more than 2,300 families.

2020 with 2,350 Venezuelan adults, an average of 42 per cent of Venezuelans in Colombia, Ecuador, and Peru reported their incomes falling by more than 50 per cent since March 2020 (Equilibrium CenDE, 2020a).⁴⁹ These precarious conditions are likely to be related to the difficulties Venezuelan adults face in the labour market, with almost 60 per cent of Venezuelans in the labour force in Ecuador working in the informal sector (World Bank, 2020b). By comparison, in Argentina, Chile and Uruguay equivalent levels are around 30–40 per cent.⁵⁰

These challenges result in high levels of food insecurity among the Venezuelan migrant population in Ecuador. In 2020, an estimated 300,000 Venezuelans were food insecure; 77 per cent of refugees and migrants in Ecuador (of 3,613 surveyed) reported regularly reducing food portions and the number of meals they ate (GTRM Ecuador, 2020). The joint needs assessment undertaken in May 2021 by the Grupo de Trabajo para Refugiados y Migrantes (GTRM, Working Group for Refugees and Migrants)⁵¹ found that 66 per cent of respondents had had to move to cheaper housing over the previous year; 76 per cent had to share their bathroom with people outside their family group, increasing the risk of the spread of disease and girls' vulnerability to sexual harassment (GTRM Ecuador, 2021a).

The existing social protection system offers limited support to Venezuelans in financial difficulties. The Bono de Desarrollo Humano (Human Development Bonus), a conditional cash transfer given to families in extreme poverty, is only available to nationals (Machado et al., 2021). This was also the case for temporary transfers during the pandemic (*ibid.*). Further, considerably fewer Venezuelan children access in-kind school-based programmes than their Ecuadorian counterparts. In 2019, while 61 per cent of Ecuadorian students were covered by the Programa de Alimentación Escolar (School Feeding Programme), 70 per cent had access to support for text books and 34 per cent for uniforms, the respective figures for migrant students were 20 per cent, 20 per cent and 6 per cent (World Bank, 2020b). In this context, cash transfers supplied by humanitarian agencies have fulfilled an important role, though only reaching around one tenth of Venezuelans in Ecuador (47,500) (Machado et al., 2021).

3.4.4 EDUCATION

The Ecuadorian Constitution allows access to education for all children and adolescents without identity documentation (World Bank, 2020b). The legal agreement MINEDUC-2017-00042-A allows students to enrol in a school at any moment of the school year and to change school easily in case of transit; it also grants children without school records the right to enrol in a school year based on their chronological age as long as they can present any documentation that proves that they were registered with basic services (such as health and education) in their original place of residence.⁵² A substantial number of Venezuelan children, however, are not accessing educational provision in Ecuador. Estimates vary, probably reflecting the timing of different rounds of data collection. For example, a study by the World Bank (2020b)⁵³ found that 56 per cent of the Venezuelan population of school age in Ecuador were out of school. Chaves-

49 By contrast, only 21 per cent of respondents reported such a fall in Chile.

50 In Chile, 31 per cent of Venezuelan workers had no contracts, according to data from the Pensions Superintendence of Chile. This reflects both the predominance of regular migration and of more educated Venezuelans migrating to Southern Cone countries such as Chile (Machado et al., 2021).

51 Based on a survey of 2,278 Venezuelans in Ecuador. This is not a representative sample, as joint needs assessments draw largely on recipients of services provided by GTRM agencies.

52 Available at <https://educacion.gob.ec/wp-content/uploads/downloads/2017/06/ACUERDO-Nro.MINEDUC-MINEDUC-ME-2017-00042-A-Normativa-regularizar-garantizar-ingreso-sistema-nacional-para-personas-con-rezago-escolar.pdf> (accessed 7 August 2022).

53 Based on the 2019 EPEC.

González, Amaral and Mora's (2021) analysis indicates that, while in 2018–2019, 32–67 per cent of Venezuelan children and adolescents were enrolled in schools, by 2020–2021, the proportion had risen to 53–82 per cent.

The World Bank's (2020b) study identifies lack of spaces (particularly at preschool level and for children aged 6–14 years) and lack of documentation (for 15–17 year olds) as the key barriers to school enrolment among the Venezuelan population in Ecuador. Although documents such as transcripts of previous schooling or parents' identity documents are not required to enrol, parents often believe that they are, and school officials reportedly sometimes demand them, whether through lack of knowledge or motivated by discrimination (Selee and Bolter, 2020). Since the legal agreement MINEDUC-2017-00042-A, children without transcripts are placed in a school year based on their chronological age but are required to take placement exams that evaluate their level of knowledge. While this test cannot demote students, it can hinder their progress. Unlike in Colombia, where the placement exam covers topics such as language, maths and science, the Ecuadorian placement exam includes questions about national history and geography, which can be difficult for newly arrived children to answer (ibid.).



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R4V data from 2020 indicate that 9 per cent of Venezuelan children and adolescents were out of school because they had a disability and were unable to find services to accommodate their specialized needs (cited in Chaves-González et al., 2021). Once children are attending school, and although school tuition is free, the costs associated with education are the main barrier to continuing (World Bank 2020b). In addition, families in extended transit in Ecuador, who are waiting until they have enough money to continue their journey, generally do not seek school places (Ceja Cárdenas et al., 2020).

Adolescents interviewed in Ceja Cárdenas et al.'s study (2020) highlighted the high quality of education they received in Ecuador. Many had fallen behind as a result of time out of school, and also found lessons to be at a higher level; some reported having to repeat years to catch up:

Classes were another huge shock when I arrived. In Venezuela, it seems, we were behind with the basic knowledge a child should have and when I arrived I knew nothing that they were covering in these classes, not maths, not history, and I'd never even seen English in my life.

[adolescent girl interviewed in Guayaquil, ibid., p. 109]



They also reported that in school in Guayaquil, in particular, they were not seen as foreigners by their classmates or teachers, and they felt well integrated. Data from the Encuesta a Personas en Movilidad Humana y en Comunidades de Acogida en Ecuador (EPEC, Survey of People on the Move and in Host Communities in Ecuador), however, indicate that 9 per cent of girls (but only 1 per cent of boys) had experienced discrimination in school (World Bank, 2020b).

3.4.5 HEALTH AND NUTRITION

The sources reviewed highlight levels of child malnutrition and access to health care. Other than very briefly, they do not cover issues such as maternal health, adolescent sexual and reproductive health, or children's psychosocial well-being.

The 2019 EPEC found that the migrant population (both children and adults) in Ecuador had better health indicators than the host population, largely reflecting the demographic makeup (with a dominance of young adults) among Venezuelan migrants. Although chronic malnutrition was a serious problem for both groups, of children under 5 years, 18 per cent of Venezuelan children and 25 per cent of Ecuadorian children were affected (World Bank, 2020b). Nutritional screening at the northern border conducted in 2018 found that 20 per cent of children under the age of two entering the country were stunted, 3 per cent were acutely malnourished and around 30 per cent suffered from anaemia (R4V, 2020). A report from UNICEF Ecuador (2020) notes that 16 per cent of children entering the country had chronic malnutrition and that 47 per cent did not have access to safe water during their journey.⁵⁴

Access to health care is offered to all migrants, regardless of status (Machado et al., 2021). The EPEC study found that less than 2 per cent of Venezuelans highlighted the lack of documents as a barrier that prevented them obtaining health care. A total of 61 per cent reported making use of public facilities, compared with 54 per cent of Ecuadorians in the study, (World Bank, 2020b), though fears about discrimination, costs and lack of documentation were deterrents for some Venezuelans (Machado et al., 2021). Women interviewed by Ceja Cárdenas et al. (2020) who had given birth in Ecuador reported that the medical care was free and appropriate. A 2020 Inter-American Development Bank study⁵⁵ of Venezuelans in Chile and Ecuador (Piérola, and Rodríguez Chatruc, 2020) found, however, based on 2018 data, that relatively few pregnant migrants and refugees access health care services in these countries outside of the time of labour, which potentially puts them and their children at risk (cited in Chaves-González, 2021). The EPEC survey showed that only 16 per cent of the Venezuelan population under three was accessing child care services, compared with 23 per cent of the Ecuadorian population (World Bank, 2020b; UNICEF Ecuador, 2020).

3.4.6 CHILD PROTECTION

The sources reviewed touch on two sets of issues related to child protection: child labour and trafficking, and gender-based and xenophobic violence.

Child labour and trafficking

The World Bank's (2020b) analysis, based on the EPEC, found equal rates of child labour in both host communities and among the Venezuelan population (the percentages are not given). Ceja Cárdenas et al.'s (2020) qualitative study with adolescents found two groups of Venezuelan migrant children working. Members of the first group were in school and worked at the weekends and during holidays, often helping their families in informal sector work; members of the second group had left school (either before leaving Venezuela or as a result of migrating) and were working full-time, either in street-vending

54 These figures are based on data collected by UNICEF Ecuador between August 2018 and April 2019 through 4,400 surveys in Rumichaca (Carchi Province) and San Miguel (Sucumbíos Province).

55 The figures cited here are the authors' calculations based on the 2018 Statistical Registry of Beds and Hospital Expenses (*Registro Estadístico de Camas y Egresos Hospitalarios*) in Ecuador, and the 2018 Hospital Expenses database of the Statistics Department in Chile (*Egresos Hospitalarios del Departamento de Estadísticas e Información de Salud*) in Chile.

or begging, and were typically poorer. While some of the adolescents engaged in street vending and begging reported solidarity and kindness from passers-by, others experienced insults and discrimination.

Of those families who reported in the GTRM joint needs assessment of May 2021 that they had adopted various strategies to cope with insufficient income, 3 per cent said they had sent a child to live in another household in exchange for domestic work (GTRM Ecuador, 2021a). A United States Department of Labor (USDOL, 2021) report documents the link between children on the move in Ecuador and labour exploitation, and includes reports of exploitation of children of several nationalities. Although not discussed in much depth, the report mentions incidents of Peruvian adolescents being recruited into forced labour in illegal mining, and of Colombian and Venezuelan children being vulnerable to street work, forced begging, and child labour in the fishing sector in the coastal region of Ecuador. It indicates that migrant and refugee girls, as well as indigenous and Afro-Ecuadorian children are particularly vulnerable to being trafficked into commercial sexual exploitation (a significant portion of which occurs near mining sites); and that children in the northern border regions of Ecuador – home to many Venezuelans in transit – are particularly vulnerable to recruitment into criminal gangs.

Gender-based and xenophobic violence

Miller and Panayotatos (2019) also highlight the widespread sexual exploitation of migrant and refugee women and girls in border regions, both by organized criminal networks and in more casual transactional arrangements to meet their basic needs while in transit or when settled in Ecuador (as discussed in Section 3.3 in relation to Colombia). Women and girls with irregular status are deterred from reporting abuse lest it affect their ability to stay in the country. Shelter provision for people experiencing abuse is limited and many (especially those who have entered irregularly) are unaware of their rights and available services (ibid.).

Adolescent Venezuelan girls and young women who took part in qualitative studies by Plan International (2020a) and Ceja Cárdenas et al. (2020) reported experiencing sexual harassment in public spaces, particularly when working as street vendors, but also more generally when going about their business. This may reflect stereotypes about Venezuelan women's and girls' sexual availability (Miller and Panayotatos, 2019). Indeed, girls in Ceja Cárdenas et al.'s study reported experiencing more misogynistic violence and harassment than xenophobia.

3.5 | Settlement in Peru

3.5.1 MAIN MOVEMENT PATTERNS

Venezuelans comprise 85 per cent of the foreign-born population in Peru (R4V, 2021d). The 1.42 million Venezuelans resident in Peru as of December 2022 represented over 3 per cent of the country's total population.⁵⁶ Children constitute an estimated 23 per cent of the Venezuelan population in Peru (IDEHPUCP, 2020). Most migrants and refugees enter the country through the border with Ecuador and settle in Lima, home to an estimated 75–85 per cent of the Venezuelan population (R4V, 2021a; UNICEF Perú, 2021). Around 30 per cent of Venezuelan migrants entering Peru do so with the intention of moving on to Chile or other destinations (ACNUR, 2021e).

56 Data from <https://www.r4v.info/es/refugiadosymigrantes> (accessed 20 December 2022).

In recent years, Peru has seen a very substantial increase in the proportion of groups entering with children, reflecting a reduction in the numbers of parents leaving children in Venezuela (UNICEF Perú, 2021).⁵⁷ By 2019, 45 per cent of groups had at least one child and 56 per cent had two or more (OIM and UNICEF, 2020). Of Venezuelan children entering Peru through a border control post at the northern frontier between September and December 2019, 42 per cent were below 5 years old, 34 per cent were aged 6–11 and 24 per cent were adolescents aged 12–17 (OIM and UNICEF, 2020). Around a quarter of Venezuelan children (27 per cent) entering Peru travel alone or under the care of relatives who are not their legal guardians, especially siblings and cousins (Bolívar and Rodríguez, 2021). Difficulties in crossing official borders for children travelling without official parental permission leads some groups to enter at unofficial crossings to avoid being separated (Chero, 2019), exposing them to the risks of extortion, robbery and violence (Rivadeneira Yriarte, 2021).

3.5.2 LEGAL FRAMEWORK

Like other countries in the region, Peru's responses to Venezuelan migration have combined both growing restrictions with efforts to promote regularization. In the early years of the Venezuelan crisis, the Peruvian authorities accepted a range of documents for Venezuelan migrants to access residence permits. As the crisis worsened in 2018, however, the border authorities started to require passports, and from July and August 2019, respectively, Venezuelans have needed a valid visa and proof of having passed through migration control in Ecuador, though children entering Peru for reunification are permitted to enter with a birth certificate (UNICEF Perú, 2021). Since then, 70 per cent of families attempting to move to Peru have been refused entry, including one third of children who had a parent already living in the country (ibid.).

With these restrictions, the number of Venezuelans with regular status entering Peru each month plummeted from 88,113 in June 2019 to 6,523 in January 2020. For example, a monitoring survey conducted in September 2019 found that 243 people, of whom 39 were children, were crossing the border irregularly every day, facing substantial risks of exploitation, abuse and robbery when crossing through *trochas* (UNICEF Perú, 2021). Following more restrictive entry measures, applications for asylum rose by 446 per cent (Chaves-González, Amaral and Mora, 2021). As of December 2021, 531,800 Venezuelans had sought asylum in Peru (R4V, 2021a). The huge number of applicants, and the view of the Peruvian state that not all Venezuelans automatically meet the Cartagena Declaration's definition of a refugee, means that the process is slow (Equilibrium CeNDE, 2021b), and to date only 1 per cent of applicants are granted asylum (UNICEF Perú, 2021).

To regularize the migration status of Venezuelans in Peru, between 2017 and 2018, the Government developed the Permiso Temporal de Permanencia (PTP, Temporary Residence Permit) scheme that gave access to the formal labour market, health care, education, and justice services, and that facilitated applications for permanent residence. In this period, an estimated 477,060 PTPs were granted to Venezuelans (Machado et al., 2021). Since July 2021, there is a new regularization mechanism for people who entered Peru before 20 October 2020, whether regularly (and whose visas have expired) or irregularly: the Carné de Permiso Temporal de Permanencia (Temporary Residence Permit Card). This document allows access to all services in Peru for a non-renewable period of a year, and individuals must request a change of their migration status to a more permanent category before the expiration of that document (ACNUR, n.d.).

⁵⁷ The proportion of Venezuelan parents leaving children in Venezuela fell from 50 per cent to 20 per cent between 2018 and 2019 (UNICEF Perú, 2021).

Responses to Venezuelan migration have combined both growing restrictions with efforts to promote regularization.

3.5.3 POVERTY, FOOD SECURITY AND HOUSING

As in other countries in the region, a high proportion of Venezuelan migrants in Peru face various forms of deprivation. The Encuesta Dirigida a la Población Venezolana que Reside en el País (ENPOVE, Survey Directed to the Venezuelan Population Residing in the Country) undertaken in 2018⁵⁸ found that 18 per cent of Venezuelans (compared to 13 per cent of Peruvians) lived in conditions of income poverty, 14 per cent lived in moderate poverty and 4 per cent lived in extreme poverty (Machado et al., 2021). COVID-19 restrictions hit migrants particularly hard, as 80 per cent of refugees and migrants work in the informal sector and lacked income during lockdowns (Equilibrium CenDE, 2020). Data on the proportion of the migrant population, and of children living in poverty, were not available at the time of writing.

With respect to housing, data from 2018 and 2019 indicate that 57 per cent of the Venezuelan population, compared with 6.3 per cent of the Peruvian population, lived in overcrowded conditions (more than three people per room), a figure that rose to 62 per cent of Venezuelan households with children and adolescents (INEI, 2018 and 2019 data cited in UNICEF Perú, 2021). In a survey undertaken by World Vision (2020) in April 2020,⁵⁹ 34 per cent of children and adolescents interviewed at the start of the pandemic reported that their families were forced to move to more affordable housing, while 32 per cent said they were at risk of eviction. The GTRM joint needs assessment of August 2021 found that 25 per cent of Venezuelans in Peru did not have access to water in their homes (R4V, 2021h). This is likely to be an underestimate, as the pandemic has pushed many migrants and refugees into overcrowded and unsanitary conditions, or to areas without access to basic services (GTRM Perú, 2020).

In a study by Acción Contra el Hambre (2022), conducted in April 2022 with 374 Venezuelan adults living in the Lima-Callao area, 75 per cent of the households surveyed reported having reduced the portions of food they ate over the previous week, and 48 per cent of adults reported eating less so that their children would have enough to eat. Further, 28 per cent of parents of children under five reported that their child had lost weight during the pandemic. In World Vision's (2020) survey in April 2020, 86 per cent of Venezuelan children interviewed in Peru reported not having enough to eat. The precarity of the Venezuelan population in Peru led to a significant increase in intention to transit to other countries, from 17 per cent in 2019 to 28 per cent during the COVID-19 crisis (Chaves-González, Amaral and Mora, 2021).

Under the terms of the Migration Legislative Decree 1350 (2017), migrants with regular status in Peru were entitled to register for social protection. The country's Sistema de Focalización de Hogares (SISFOH, Household Targeting System) makes cash transfers available to households in the poorest two socioeconomic quintiles. Registry with SISFOH is only possible for households where all members of the family have either a Documento Nacional de Identidad (National Document of Identification) or a Carné de Identidad para Extranjeros (Foreigner Identification Card) issued by the Government of Peru. Therefore, most migrants cannot access the national cash transfer programme, *Juntos* (Machado et al., 2021).

58 A sample of 9,847 people were interviewed across 3,697 households in the five cities where 85 per cent of the Venezuelan population in Peru lives.

59 This study collected data from 363 children in Bolivia, Brazil, Chile, Colombia, Ecuador, Peru and Venezuela online and in person.



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Children with irregular migration status must present a valid identity document within 45 days of school enrolment. This creates a particular barrier for poorer children and adolescents without documentation, whose families cannot afford the costs of new documents.

3.5.4 EDUCATION

Over half of the children arriving through the border post at Tumbes from September 2018 through December 2019 had experienced interruptions to their education, such as not starting or completing the school year (UNICEF Perú, 2021). Once in Peru, many experience substantial further barriers to continuing their education. These interruptions increase the risk of school repetition and dropout.

The right to education for all children, regardless of migration status, is established by the Peruvian Constitution, and by Ministerial Resolution 665-2018-MINEDU, which guarantees school enrolment with any kind of documentation, from birth certificates to passports. Children with irregular migration status must, however, present a valid document within 45 days of enrolment. This creates a particular barrier for poorer children and adolescents without documentation, whose families cannot afford the costs of new documents. For those who can afford it however, the barrier is exacerbated by the backlogs at migration offices (UNESCO, 2020). In practice, school directors have some discretion to admit students without documentation (UNICEF Perú, 2021). Students without transcripts of their previous studies must take a placement test to determine their grade. The costs and content of this test can vary substantially from school to school (ibid.).

Ministry of Education data indicate that, at the end of October 2021, around 118,172 Venezuelan students were enrolled, but that an estimated 69,321 of those with regular status alone (i.e., not considering those with irregular status) were waiting to be enrolled, and an additional 9,000 vulnerable refugee and migrant children had been forced to interrupt their studies (R4V, 2021h). At all levels of the education system, the enrolment of Venezuelan migrant children lags behind that of their Peruvian counterparts. Data collected in 2018 through the ENPOVE survey found that, at preschool level, only 25 per cent of Venezuelans but one third of Peruvians were enrolled; the respective data for primary

level were 46 per cent and 99 per cent, and 40 per cent and 94 per cent at secondary level (UNICEF Perú, 2021). At all levels, girls attend school at higher rates than boys, with the largest gender gaps at preschool and secondary level. Economic barriers were the most common reason for boys not attending; the most common reason why girls did not attend was their family's lack of knowledge of the education system (INEI, 2019). Equilibrium CeNDE's (2021a) survey of 515 Venezuelan adults in Peru, conducted in August 2021, found that 13 per cent households had a child aged 6–17 outside the education system.

In a UNHCR study in November 2019,⁶⁰ lack of school places was the most common reason given for non-enrolment – by 22 per cent of respondents (Selee and Bolter, 2020). An estimated 70 per cent of the school age Venezuelan population is in Lima, putting increased pressure on spaces (Selee and Bolter, 2020; UNICEF Perú, 2021). To make space for more students, the Ministry of Education expanded the second shift of the school day, held in the afternoon, in 112 schools in Lima. At first, this reform was intended to take place solely in schools with high concentrations of Venezuelans, but facing an outcry from Peruvians similarly affected by school capacity shortages, officials adjusted the plan to cover schools across the city. In addition, the Lima Aprende (Lima Learns) programme created additional capacity and linked students to vacancies. Overall, the programme has expanded by 76,000 places school provision across preschool, primary and secondary levels (UNESCO, 2020).

3.5.5 HEALTH AND NUTRITION

The sources reviewed cover a number of aspects of the health of migrant and refugee children in Peru, though in little depth. A study of Venezuelan children under 5 years old, passing through the migrant service point at Tumbes found that an average of 3 per cent were acutely malnourished, compared with a national average in Peru of 0.5 per cent (UNICEF Perú, 2021).⁶¹ Another study found that 35 per cent of Venezuelan children in Peru were suffering from anaemia in August 2018, as were 25 per cent in March 2019 (Vargas-Machucha et al., 2019). More recently, the GTRM joint needs assessment of August 2021 found that acute malnutrition among Venezuelan refugee and migrant children from Venezuela under 5 years old had increased to 5.4 per cent from 3 per cent in 2020 (R4V, 2021h). These figures reflect the food security challenges outlined in Section 3.5.3, which mean that around a third of Venezuelans in Peru regularly eat food with low nutritional value and with high amounts of sodium and sugar, as these are the cheapest meals available (R4V, 2020).

With respect to maternal and child health, 4 per cent of women crossing at Tumbes during flow monitoring in September–December 2019 were pregnant and almost half of them had not been able to access adequate antenatal care (OIM and UNICEF, 2020). The GTRM joint needs assessment for the 2022 Refugee and Migrant Response Plan (RMRP) (GTRM Perú, 2021) reported similar numbers of pregnant adolescents among the Venezuelan population under 18 being assisted by partner agencies in the first six months of 2021 as had been identified for the whole of 2020 (200). This may reflect a decline in the access to modern contraceptive methods.

Two sources specifically mentioned children's mental health. A study of 959 children crossing the Ecuador–Peru border between September 2018 and December 2019 found that they reported a range of emotional changes as a result of their movement, including

⁶⁰ Methodological details are not available.

⁶¹ This study, undertaken in August 2018 and March 2019 and comprising two rounds of data collection, determined the nutritional status, morbidity and type and frequency of food intake for 322 and 619 Venezuelan children (in the first and second round respectively) under the age of 5 (Vargas-Machucha et al., 2019).

headaches (61 per cent), changes in appetite (30 per cent), tearfulness (15 per cent) and irritability (103 per cent) (OIM and UNICEF, 2020). Similarly, the study conducted in April 2022 by Acción Contra el Hambre (2022) found that, among children under 15 years old, 52 per cent were reported to be behaving in ways that were not normal for them, 28 per cent were reported to be sad or indifferent, and 23 per cent were reported to play less.

Various studies have highlighted limited access to health care services among the Venezuelan population in Peru. The PTP allows access to basic health care services. Migrants with resident status who have a foreigner identity card have access to the Seguro Integral de Salud (SIS, Integrated Health System), which provides care to low-income and extremely low-income patients. Migrants who do not qualify on socioeconomic grounds, but who lack medical insurance, can also access the SIS (Machado et al., 2021). Since the COVID-19 pandemic, Peru has extended access to health care. Urgent Decree No. 017-2019121 automatically registered all the resident population without health insurance in the SIS, and Supreme Decree 002-2020-SA extended registration to any person with extremely vulnerable health conditions (such as HIV or severe disabilities).

Pregnant migrant women and children up to the age of 5 are eligible to access SIS.⁶² The majority of migrants, refugees and health service providers, however, are unaware of this right. Data from the Ministry of Health (March–August 2020) shows that around 60 per cent of pregnant Venezuelan women paid for private health care although they could have been treated for free (GTRM Perú, 2021). Various studies show that, despite the extension of the eligibility for the SIS, much of the Venezuelan population in Peru still lacks health care coverage. For example, Equilibrium CenDE's (2021a) survey in five cities across Peru in August 2021 found that 71 per cent of Venezuelans interviewed had no health insurance.⁶³ Likewise, a study of 374 Venezuelan families conducted in Lima-Callao in January 2022 by Acción Contra el Hambre (2022) found that 34 per cent of the migrant population surveyed had health insurance (mostly held by those with a residence permit).⁶⁴ According to this same study, among pregnant women, only 40 per cent had access to health care, and only 20 per cent of lactating women did. The most cited reasons for lacking access to health care are: lack of funds (57 per cent) and lack of documentation (30 per cent) (Equilibrium CenDE, 2021a). Other barriers include lack of information, fear of discrimination and not being treated properly (UNICEF Perú, 2021; R4V, 2020).

Children's access to health care is, however, higher. According to the study by Acción Contra el Hambre (2022), children under 5 had the highest coverage at 66 per cent. Yet, it also found that in March–April 2022, 58 per cent of children who were supposed to be vaccinated were not, 52 per cent did not receive weight and height controls and 49 per cent of children under 3 years of age did not receive iron supplements. Moreover, previous studies have found that coverage plummets from age 5, when children lose their right to facilitated access. The same barriers affect adolescents' and young people's access to sexual health services, with only 27 per cent of Venezuelan women and girls of reproductive age having access to contraception (Ministry of Health data, cited in R4V, 2021a). These cost barriers affect access to treatment – the ENPOVE survey, conducted in 2018, found that 63 per cent of Venezuelan children in Peru had not received any health care when sick; 46 per cent said lack of money was the main reason (ibid.).

Adolescents in reception centres complained about the lack of privacy and control over their lives.... some had also had their property stolen, while LGBTQI+ adolescents also mentioned experiencing homophobic insults from others in the shelter.

62 Legislative Decree 1164 grants health coverage to any pregnant women and children up to the age of 5. Access has been simplified so that a national identity document is no longer required (UNICEF Perú, 2021).

63 Based on a survey of 515 adults.

64 Among families with a Foreigner Permit, 49 per cent had access to health care, while in families with other documents only 23 per cent reported having access to health care (Acción Contra el Hambre, 2022).

3.5.6 CHILD PROTECTION

The sources reviewed focus primarily on children's experiences in reception centres, child labour and trafficking, and different forms of violence against children.

Unaccompanied adolescents' experiences in reception centres and shelters mirror those in Colombia and Ecuador, discussed in Sections 3.3 and 3.4. For adolescents who have moved with the aim of supporting their families, the 'protection' offered by these shelters can end up being perceived as a key obstacle to improving their lives:

I have been here [shelter in Tumbes] for two weeks ... I am waiting to see if my aunt from Trujillo comes to get me. They have written to her, but she hasn't replied yet. Here I am among four walls and I can't do anything. I want to get to work already. Every day is the same and I don't know what to do anymore. I don't have any money. ... I want to get out and follow the plans I have in mind to help my family.

(16 year old Venezuelan boy in Tumbes, Ceja Cárdenas et al., 2020, p. 134)



Adolescents in these reception centres also complained about lack of privacy and control over their lives, and having to follow routines set by the adults. Some had also had their property stolen, while LGBTQI+ adolescents also mentioned experiencing homophobic insults from others in the shelter. The majority of adolescents interviewed in Ceja Cárdenas et al.'s study (2020) reported that they wanted to leave as soon as possible.

ENPOVE data cited by UNICEF Peru (2021) indicates that a third of Venezuelans aged 12–17 in Peru worked, and that 70 per cent of these adolescents worked more than 36 hours a week – the maximum allowed in the *Ley del Código del Niño y el Adolescente* (Child and Adolescent Code). The survey found that 27 per cent of Venezuelan adolescents aged 12–17 years worked full-time and were not engaged in any form of education.

The GTRM joint needs assessment in 2020 (GTRM Perú, 2020) found that the collapse of livelihoods associated with the pandemic has led many children to accompany their parents to search for income on the streets of Peru. In other instances, children are left with neighbours or sent to live with relatives elsewhere while parents go to work; according to a study by World Vision (2020), 16 per cent of children reported being sent to another caregiver.

The GTRM Perú (2020) joint needs assessment for the 2021 RMRP also found that various pressures related to COVID-19 had directly and indirectly increased the risks of human trafficking, sexual exploitation, GBV, child labour and school dropout. A study carried out by OIM (2022c) found evidence of international and internal human trafficking centred around the borders between Peru and Ecuador, with a focus on sexual and labour exploitation, in bars and restaurants, for example, and forced begging. It found this risk is particularly acute for girls and women aged 16–25, and for Peruvian and Venezuelan girls and women, though some victims from other countries (Colombia and Ecuador) were also identified.⁶⁵ The study found that victims were mostly recruited through offers of fake jobs, scholarships, and business on social media. Likewise, another study by OIM (2022b) focusing on Tacna (near the Chilean border) found that fake job advertisements were the main means of recruitment, and that

⁶⁵ The findings are based on a mixed methods approach relying on available literature, datasets and 27 semi-structured interviews with key institutional actors.

most trafficking was for sexual and labour exploitation. Though the majority of victims were believed by respondents (officials and representatives of NGOs) to be 20–30, the study also found some reports of children being trafficked with their families or alone.

Violence against children

In 2019, the Programa Nacional contra la Violencia Familiar y Sexual (National Program against Family and Sexual Violence) registered 55,564 cases of violence against children under 18 years of age throughout the country, a third of which took place in Lima. UNICEF Perú (2021) argues that the weakness of the protection services makes it particularly challenging to address violence and maltreatment affecting migrant children and adolescents, particularly those with irregular status and those who do not live with their parents or other relatives. The sources reviewed did not present disaggregated data on violence experienced by children on the move. Qualitative sources, however, highlight sexual harassment and exploitation of girls, in particular, and some boys:



Here [men] disrespect you so much ... the man next door has a carpentry shop and ... one of the workers offered my mother money to go out with me. They thought I was a, I don't know, like a prepaid [a sex worker], something like that, so my mother told him that she was going to report him and he begged her not to because the man had already been reported for rape.

(16-year-old girl, Tumbes, Plan Internacional, 2020b, p. 5)

I didn't stay in Chiclayo because I got tired of whoring every day. It isn't what I wanted, I prefer something better to help my family.

(16-year old boy, Ceja Cárdenas et al., 2020, p. 135)

A survey of 475 households undertaken in the San Martín de Porres area of Lima in 2019 found that 30 per cent of Venezuelan children and adolescents interviewed had experienced aggression, particularly insults, teasing or threats from their peers. Forty-five per cent had also experienced aggression from an adult (UNICEF Perú, 2021).

Children and their families face an increasingly xenophobic environment in Peru. ENPOVE data shows that 21 per cent of Venezuelan children aged 5–17 and 35 per cent of adult migrants report experiencing discrimination at least once, a proportion that rose to 28 per cent among adolescents. Across the sample, girls were more likely to report experiencing discrimination than boys (23 per cent versus 18 per cent) (UNICEF Perú, 2021). Public opinion surveys⁶⁶ conducted by the Pontificia Universidad Católica del Perú (PUCP) found that the proportion of Peruvians who believed that the Government should restrict entry of Venezuelans rose from 17 per cent in 2018 to 30 per cent in 2019, and the proportion who thought that many Venezuelans are involved in criminal activities rose from 55 per cent to 81 per cent over the same period (PUCP, 2020). Although 80 per cent of Peruvians understand the reasons why Venezuelans decide to move, 70 per cent report that they also feel threatened by the increased numbers of foreigners in the labour market and relying on social services; in addition, 64 per cent agreed with the view that the migrant population benefits more from social services than they contribute to the country (OXFAM, 2019).

⁶⁶ Based on a sample of 400 adults surveyed in November–December 2018 and 680 adults surveyed in November–December 2019; both surveys took place in metropolitan Lima.



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3.6 | Settlement in Caribbean countries

As of September 2021, an estimated 115,300 Venezuelans had moved to the Dominican Republic, 28,500 to Trinidad and Tobago, 24,500 to Guyana and 17,000 each to Aruba and Curaçao (R4V, 2021b). Age-disaggregated data showing the proportion of children was not available. Most evidence on children's needs and challenges to their well-being comes from humanitarian systems and/or civil society reports. These are rarely detailed or comprehensive in relation to children's needs, nor always comparable across countries and territories.

3.6.1 TRINIDAD AND TOBAGO

Movement patterns and legal framework

Around 88 per cent of Venezuelans arriving in Trinidad and Tobago now travel by boat (Castro Padrón and Arellan, 2021). This can be a perilous journey: reports from 2019 and 2020 suggest that 116 people drowned trying to reach Trinidad and Tobago, Aruba or Curaçao (R4V, 2021b; Reuters, 2021). In part, this increase in movement by sea reflects a requirement since 2019 that Venezuelans entering Trinidad must have a visa, which can only be obtained from the consulate in Caracas. Since most Venezuelans moving to Trinidad do so from the Delta Amacuro province, only 11 km from Trinidad, they attempt to do so without entry visas (Castro Padrón and Arellan, 2021).

Media reports and IOM tracking surveys show continued movement from Venezuela to Trinidad and Tobago. A December 2020 IOM survey undertaken with 950 Venezuelan migrants and refugees across Trinidad and Tobago shows a 13 per cent increase in the proportion of migrants travelling with their families (including dependent children) since 2019. The study also found increasing reports of unaccompanied child migrants

and refugees (IOM, 2021d). A United States Agency for International Development (USAID) and UNICEF study indicates that children under 18 constitute 17 per cent of the population of Venezuelan origin in Trinidad and Tobago (USAID and UNICEF, 2020).

As in other countries in the region, Trinidad and Tobago has both tightened entry requirements and offered periodic regularization opportunities. For example, in May 2019, the Venezuelan Migrant Registration Process was initiated, which granted identification documents to migrants who had entered the country as tourists and remained in the country (Machado et al., 2021). Around 19,000 migrants, including 2,500 children, received regular status through this process (USAID and UNICEF, 2020). This process was extended to the end of 2020 in recognition of the challenges associated with the COVID-19 pandemic (R4V, 2020); additionally, applications were accepted by email and regular status for people with expired documents was extended (Machado et al., 2021).

Since the tightening of visa rules and public health measures introduced during the COVID-19 pandemic, which led to migrants with irregular status being quarantined and tested, deportations have increased. In November 2020, 29 people were deported by sea, including 16 children who may have been trafficked (Castro Padrón and Arellan, 2020). Furthermore, as a result of loss of work related to COVID-19 and high levels of xenophobia, as of July 2021, over 7,000 Venezuelans in Trinidad and Tobago had registered to return to Venezuela, and around 800, including 3 children, had already returned (EFE, 2021). Xenophobia has most likely been amplified by popular TV programmes and official discourse blaming Venezuelan migrants for the spread of COVID-19 (Castro Padrón and Arellan, 2020).

Challenges faced by children

Key findings from an IOM Displacement Tracking Matrix survey undertaken in December 2020 (IOM, 2020d) include:

- Overall, 13 per cent of the adult migrants surveyed reported being aware of a child of Venezuelan migrants not having a birth certificate.⁶⁷
- Among respondents, 20 per cent reported having no access to health services when they needed them and a quarter of pregnant women did not access antenatal care; this may reflect regulations that only allow access to free public primary and emergency health care to migrants with permanent or temporary residence status (Machado et al., 2021).
- A total of 39 per cent of interviewees with children in their households noted changes in their children's mood since leaving Venezuela, with detachment from family and friends being the most cited change; in addition, 60 per cent of adult respondents who reported feeling upset most of the time and 76 per cent of those of who reported feeling upset all the time did not access counselling or psychosocial support. This may contribute to negative effects on the children in their households.
- Respondents continued to see discrimination as a concern, though less so than in the 2019 survey (IOM, 2020d).
- During the COVID-19 pandemic, various social protection measures were put in place that prioritized families with children and adolescents younger than 18 years of age. To be eligible for this support, immigrants required a Permanent Residency Certificate (Machado et al., 2021), thus excluding most of the Venezuelan population.

⁶⁷ This may reflect cost barriers to obtain the required parental documentation (Living Water Community, n.d.) and fear of contact with the authorities.

Access to education

In Trinidad and Tobago, regular status is required to enrol in the public school system (Machado et al., 2021). As a result, most Venezuelan migrant and refugee children (an estimated 75 per cent in 2018) in the country were not enrolled in school (IOM, 2018 data, quoted by Selee and Bolter, 2020). Since 2018, development partners have worked with the Government to extend migrant children's access to the formal public education system, including early childhood development centres (USAID and UNICEF, 2020). From 2019, faith school boards have been authorized to allow migrant children to attend schools, and educational provision through the programme Equal Place – a programme of blended learning online at home and through child-friendly spaces, has expanded (USAID and UNICEF, 2020). In addition, UNICEF, UNHCR and Living Water Community (an NGO) opened a temporary education centre in Port of Spain, providing primary and secondary education opportunities to migrant children and adolescents (UNICEF Eastern Caribbean Office, 2019). These measures are partially driven by and coincide with the recommendations of the Parliament's Joint Select Committee on Human Rights, Equality and Diversity, to enable migrant children's right to education to be fulfilled. The IOM Displacement Tracking Matrix survey of December 2020 found that 59 percent of child migrants and refugees did not have access to schooling, a reduction from 90 per cent in 2019 (IOM, 2019b), indicating that these measures were making a difference, but substantial challenges remained. These include lack of child-friendly spaces in some areas, and issues of costs and connectivity for online learning.

Child protection

A lack of best interests procedures puts children and their parents at risk of deportation and family separation (DARA, 2022). A lack of foster care has led to some migrant and refugee children reportedly staying in police custody, despite immigration detention being illegal. There are also reports of an emerging problem of statelessness, as Venezuelans with irregular status avoid registering births for fear of alerting the authorities to their status (DARA, 2022). This review found no studies discussing child labour. A report by DARA (2022) flags that sexual harassment of Venezuelan women and girls is relatively common. Some media reports also indicate evidence of women and girls being trafficked from Venezuela via Trinidad and Tobago to destinations elsewhere in the Caribbean and Europe (Venezuela Investigative Unit, 2021). The USAID and UNICEF (2020) study also mentions that there were approximately 100 unaccompanied children in Trinidad and Tobago, with older adolescent girls being particularly vulnerable to sexual exploitation.

3.6.2 ARUBA AND CURAÇAO

As of May 2022, Aruba was host to approximately 17,000 Venezuelan migrants and refugees and Curaçao to 14,200 (R4V, 2021c). In Aruba, this translates to approximately 156 Venezuelans per 1,000 Aruban citizens (IOM, 2021a). Jones (2021) cites reports of increasing numbers of unaccompanied children arriving in Aruba and Curaçao. In addition, the islands host asylum seekers and refugees, mostly from outside the LAC region; the proportion of children among them is unknown.

In Curaçao, migrant children have free access to primary and secondary education, but without regular status they may not receive a school completion diploma (IOM, 2021c). In Aruba, children require insurance to attend school, which presents a barrier for those without regular status (R4V, 2021d). Some children fear going to school, given that authorities have conducted raids to take children away from schools; a Human Rights Watch investigation in 2018 found credible reports of Venezuelan parents in Curaçao

being pressured to inform the authorities of the whereabouts of their children so that they could be deported together (Human Rights Watch, 2018). Many Spanish-speaking migrant and refugee children also experience difficulties learning in Papaminto, which limits their access to public education. In response to the COVID-19 pandemic, the Government of Aruba initiated an online educational programme, and a Spanish-speaking school is also supported by the Government. This also teaches the English language and leads to a high school diploma accredited in the United States. Transport costs, however, present a barrier for some children (IOM, 2021b).

Venezuelan migrants in Aruba and Curaçao are required to pay for health care. None of the reports reviewed examined the implications for children's health. During the COVID-19 pandemic, the Governments and NGOs made efforts to include irregular migrants in vaccination drives by providing information in Spanish; however, fear of deportation limited uptake (IOM, 2021b; IOM, 2021a). Venezuelans in Aruba have received emergency food assistance and health care vouchers through resources channelled via the R4V platform (IOM, 2021b). In Aruba, Venezuelans with irregular status face challenges with shelter, as it is illegal to rent houses to migrants without regular status (IOM, 2021a).

In 2018, Aruba and Curaçao signed a Memorandum of Understanding on the Rights of the Child – an action plan that provides vulnerable children (including migrants) with 'safety nets' in the local community (IOM, 2021c). These include parenting classes for low-income migrant families with children under 4 years of age. This action plan also mandates child-friendly procedures for children and families seeking asylum (IOM, 2021b). Though both islands have anti-trafficking units and provisions for child victims (e.g., foster care), a 2021 IOM study indicated that no child victims and very few adult victims had been identified in Aruba in the preceding year (IOM, 2021a). Although both islands allow immigration detention of children (see Annex 4), the studies reviewed did not report any instances.

3.6.3 GUYANA

A country of net emigration to North America, Europe and other Caribbean countries (IOM, 2021c), as of January 2022, Guyana hosted 24,500 Venezuelan migrants and refugees (R4V, 2022c). Some sources estimate that the numbers are as high as 30,000 (HIAS, n.d.). The crisis in Venezuela has also led Guyanese citizens,⁶⁸ some of whom lack birth certificates and are at risk of statelessness, to return to Guyana (UNHCR, 2019b). In addition, Guyana is both a destination and a country of transit for some migrants and refugees from Cuba and Haiti, leading to estimates of up to 40,000 international migrants in the country, of whom 30 per cent are children (UNICEF and Guyana Ministry of Social Protection, 2020).

As well as seeking asylum, Venezuelan migrants and refugees can obtain three-month temporary residence permits to regularize their migration status. These do not allow holders to work, however, increasing migrants' vulnerability to sexual exploitation and trafficking (UNHCR, 2019b). Repeated Displacement Tracking Matrix surveys indicate that around half of the Venezuelan population in Guyana has irregular status (IOM Guyana, 2019; IOM 2021e).

A Displacement Tracking Matrix survey in 2019 conducted with 3,325 Venezuelan adults across Guyana found that 26 per cent of migrants were travelling with school-age children, but that only 30 per cent of these children had access to education (IOM Guyana, 2019). Migrant children do have the right to access education in Guyana, however. To help

⁶⁸ Returning Guyanese citizens represent as little as 8 per cent of the population moving to Guyana, with 92 per cent of migrants surveyed in 2019 moving from Venezuela (IOM Guyana, 2019).

Venezuelan children access education, the Guyanese Ministry of Education has started training teachers in teaching English as a second language (Selee and Bolter, 2020). A Human Rights Watch report also found 15,000 Venezuelans moving back and forth to Guyana, where they have access to free public health care and where children can attend school, though some face challenges in learning in English (Human Rights Watch, 2018).

A Displacement Tracking Matrix survey conducted with 298 respondents in January 2021 in Region I (bordering Venezuela) found that 71 per cent of migrants and refugees reported not having access to health care, though 65 per cent made use of public hospitals in cases of health problems (IOM, 2021c). Though no evidence on refugee and migrant children's nutritional status was found for this review, Displacement Tracking Matrix surveys consistently find that access to food is migrants' highest priority; between 12 per cent and 29 per cent of adults reported only eating one meal per day (IOM, 2021e). Efforts to extend social assistance to migrant families (such as a Ministry of Social Protection and UNICEF pilot initiative) may help alleviate this situation. An estimated 2,500 Venezuelans in Guyana are indigenous Warao, around half of whom are children. The majority have settled in isolated rural areas close to the Venezuelan border, with very limited health services and poor sanitation conditions. Together with insufficient food, children in these communities are at particular risk of malnutrition (UNHCR, 2021c).

There is evidence of sexual exploitation of migrant women and girls, some of which is associated with mining settlements. Many migrants settle in remote rural areas close to the Venezuelan border, and this, alongside language barriers, makes it harder to access justice (IOM, 2021e). See Chapter 6 for a discussion of Child Advocacy Centres (see Table 12), set up to assist survivors of gender-based and other forms of violence. An IOM needs assessment found that there is not sufficient support for child, and male, victims of trafficking in shelters, and that there is insufficient shelter provision outside Georgetown (ibid.).

3.6.4 DOMINICAN REPUBLIC

In September 2021, the Dominican Republic was host to 115,300 Venezuelan migrants and refugees (R4V, 2021b). A study comparing the well-being of Haitians and Dominicans of Haitian descent and Venezuelan migrants and refugees, based on data from the Segunda Encuesta Nacional de Inmigrantes (Second National Survey of Immigrants), which took place in 2017, found that, in general, Venezuelans had better living conditions than their Haitian counterparts. For example, while 11 per cent of people of Haitian descent reported not having sanitary facilities, and 37 per cent reported having to use outdoor latrines, only 1 per cent of Venezuelan migrants and refugees had no access to sanitary facilities. Venezuelans were more likely to report access to support programmes (e.g., food, financial assistance) provided by NGOs or international organizations (Morales, 2021).

Venezuelan migrants and refugees in the Dominican Republic have access to the public health system with emergency and primary health care services, but do not necessarily have access to treatment for complex conditions, including mental health and psychosocial support, nor do pregnant women have access to antenatal care (R4V, 2021d). None of the sources reviewed report on the health of Venezuelan child migrants or refugees in the Dominican Republic, nor their access to education. Initiatives to regularize the status of irregular migrants (Amaral, 2021) hold promise in increasing children's access to key services.

Few Venezuelans have returned voluntarily from the Dominican Republic. This reflects the cost of fares, penalties for overstaying/being in the country illegally, the lack of humanitarian flights and difficulties of re-entry (Morales, 2021).

A study comparing the well-being of Haitians and Dominicans of Haitian descent and Venezuelan migrants and refugees ... in 2017, found that, in general, Venezuelans had better living conditions than their Haitian counterparts.



4 | Movement to and between Argentina, Bolivia, Brazil, Chile and Uruguay

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The previous two chapters have focused on two of the region's largest scale movements of migrants and refugees. Focusing on Southern Cone countries⁶⁹ (Argentina, Chile and Uruguay), Bolivia and Brazil, this chapter discusses the experiences of Haitian and Venezuelan children and of regional migrant children, such as Peruvians in Chile and Bolivians migrating to Argentina and Brazil. The section also summarizes a small body of evidence on children on the move into Uruguay and Bolivia. The focus is primarily on settlement in host communities; however, the chapter includes some information on the risks and challenges children face in transit, particularly in crossing high altitude deserts to enter Chile from Bolivia and Peru, and on the Bolivia–Argentina border.

⁶⁹ No evidence was found on international migration and refugee movements of children to or from Paraguay. The companion brief on internal migration (Marcus et al., 2023a) synthesises evidence on internal migration in Paraguay.

AT A GLANCE

In recent years Argentina, Brazil and Chile have become host to substantial numbers of Venezuelan migrants and refugees, with Bolivia and Uruguay also hosting smaller Venezuelan communities. Brazil, Chile and Argentina also host substantial communities of Haitian origin, some of whom have been moving towards North America since the late 2010s; in mid-2022, emerging reports showed that some of this population (including children) was returning to South American countries where they held residence rights or citizenship.

There is some evidence on the issues that children and families in transit face, on journeys of hugely varying lengths, duration and conditions. These include health risks related to dehydration and the effects extreme temperatures for those travelling through high altitude regions, and risks of violence and extortion. The majority of recorded migrants and refugees on these journeys are from Venezuela and transit, largely on foot, through unofficial border crossings.

Over recent decades, Chile and Argentina have been important destinations for migrants from Bolivia, Paraguay and Peru, and Brazil also hosts a substantial Bolivian population. This movement is facilitated by MERCOSUR free movement agreements, though these agreements

do not grant the right of free movement for work, and so poorer migrants are more likely to enter through irregular routes, impeding children's access to services. Many children classed as 'migrants' in these studies are 'second generation' children of migrant parents.

Most evidence on migrant children's experiences in the Southern Cone focuses on their integration in education systems and, to a lesser extent, on health inequalities between migrant and host community children. Studies particularly highlight the impact of poverty among migrant communities and fears of expulsion related to irregular migration status as key barriers to access. Gaps between migrants' and host communities' school enrolment, however, are smaller than in the countries that are home to larger migrant and refugee populations (e.g., Colombia, Ecuador and Peru). In Brazil, lack of school vacancies and difficulties learning in Portuguese are key barriers. Studies from all countries also report children facing xenophobic and/or racist discrimination in schools.

Despite growing flows of young adults and families from Cuba and Haiti to Suriname en route to French Guiana or destinations in South America, very little information is available on the issues facing children on the level of provision for their needs.

4.1 | Argentina

4.1.1 MAIN MOVEMENT PATTERNS

Over the past few decades, the major migration flows into Argentina have come from Bolivia, Paraguay, Brazil and Chile, followed in recent years by increasing numbers of migrants and refugees from countries such as Colombia, Venezuela, Peru, Haiti and the Dominican Republic (Cerutti and Binstock, 2019; Pacecca et al., 2015; UNICEF Argentina, 2021).⁷⁰ According to UNICEF data, the migrant population in Argentina (including refugees and asylum seekers) has gradually increased from 1.6 million people in 1990, to 2.3 million people in 2020, representing by then 5 per cent of the total population of the country.⁷¹ In 2019, the number of refugees in Argentina amounted to 7, 515 people.⁷²

Children represent 8 per cent of the migrant population in Argentina.⁷³ They also represented 8 per cent of the total number of asylum seekers in the country between

70 According to UNICEF 2021 data (see next footnote), 82 per cent of the total migrant population in Argentina is from the American continent.

71 Data from <https://data.unicef.org/resources/migration-and-displacement-country-profiles-mdcp/> (last accessed 20 July 2022).

72 Ibid.

73 Data from <https://argentina.iom.int/es/portal-de-datos-migratorios-en-la-argentina> (last accessed 20 July 2022). UNICEF Argentina (2021) places this percentage at a similar number (7 per cent).

2014 and 2018 (UNICEF Argentina, 2021). Around 84 per cent of children of migrant and refugee backgrounds in Argentina reside in the city of Buenos Aires. Moreover, 84 per cent of children of migrant parents in Argentina were born in the country; yet, they face racial/ethnic discrimination (UNICEF Argentina, 2021).

As of December 2022, 171,000 Venezuelans had moved to Argentina,⁷⁴ representing 41 per cent of the foreign-born population. Despite the increasing number of Venezuelans entering Argentina in recent years, there is still a significant population from bordering MERCOSUR countries – especially Paraguayans and Bolivians, who constitute 18 per cent and 15 per cent, respectively, of the foreign-born population in the country.⁷⁵ Some migrants from MERCOSUR countries may be invisible in national statistics, however, either due to frequent international movements or irregular residency status.

Most literature on children on the move entering Argentina (other than from Venezuela) is not explicit about the reasons for their movement. It seems, however, that family migration for economic reasons and family reunification are the most common reasons (see Fanta-Garrido, 2020). The perception of education as a mechanism to get ahead and improve their quality of life may also be an important motivation (Zenklusen, 2020; Lemmi, Morzilli and Moretto, 2018). Pacecca (2013) documents autonomous Bolivian youth migration, mostly by young people aged 15–17 moving to Argentina because of higher employment opportunities. By contrast, Haitian migration into Argentina has been mostly due to natural disasters, as well as poverty and insecurity (Duffard, 2019). As a result, this migration flow has increased from the early 2010s, when a major earthquake hit Haiti. Haitian migration into Argentina has also increased in recent years as a result of the exodus of this community from Brazil (see Sections 2.5.2 and 4.3.1).

4.1.2 LEGAL FRAMEWORK

Since 2004, with the passing of Migration Law 25.871, the legal framework of Argentina has recognized the rights of migrants. This law incorporated the principles of the Convention on the Rights of the Child on non-discrimination, right to education, right to health, equality of social rights, access to justice, and family reunification. Law 25.871 is thus consistent with Law 26.061 on Child and Adolescent Protection. Law 25.871 created a legal framework that allowed the entry of migrant children into the country and outlawed deportations that entail family separation (Cernadas, Garcia and Gómez Salas, 2014). The law does not prohibit specifically the detention or deportation of migrant children, however, nor does it encompass mechanisms that guarantee the right of children to be heard and supported by expert authorities in relevant processes. In 2016, Argentina, under the Government of Mauricio Macri, opened its first immigration detention centre (called retention centres). According to the Global Detention Project, however, detentions are rarely applied. Moreover, from 2017 to 2021, Decree 70/2017, which expedited deportations, was valid in the country, violating the 'best interest of the child' principle of the Convention on the Rights of the Child (Global Detention Project, 2022). In 2011, Argentina passed Decree 2656/2011, which advances the recognition of the rights of unaccompanied children under 14 years of age. It mandates that they should be issued with a temporary permit and placed under child protection authorities (Centro de Derechos Humanos, 2016).

Regarding asylum, Argentina is a signatory to the 1951 Refugee Convention and the 1967 Protocol Relating to the Status of Refugees. In 2006, Law 26.165 on the Recognition and Protection of the Refugee was passed, recognising the rights of asylum seekers and refugees

74 Data from <https://www.r4v.info/en/refugeeandmigrants> (last accessed 20 December 2022).

75 Data from <https://argentina.iom.int/es/portal-de-datos-migratorios-en-la-argentina> (last accessed 20 July 2022).

to protection in the country and designating the Comisión Nacional para los Refugiados (National Commission for Refugees) as the overseeing institution. Recognition as a refugee benefits all family members that are financially dependent on the person granted the status.⁷⁶

Argentina has sought to facilitate access to legal residency for Venezuelans and has made MERCOSUR visas available to them (even though Venezuela has been suspended from the pact since 2016). To enter the country with regular status, Venezuelans must present a passport valid for at least six months or a national identification document. They can then obtain a temporary residence visa that lasts for two years, and subsequently apply for permanent residence. According to Machado et al. (2021), the 2019 Displacement Tracking Matrix surveys show that only 31 per cent of Venezuelans in Argentina had obtained residence and were thus able to access health services and other services offered by the state.⁷⁷ Venezuelan children under 9 years of age who enter Argentina by land and are accompanied by at least one parent do not require a passport and can simply present a birth certificate to obtain regular status (Provision DNM 520/2019).

The 2022 RMRP from R4V highlights that, for many months in 2021, an estimated 2,000–3,000 refugee and migrant children from Venezuela without valid Venezuelan passports or identity documents remained in a situation of legal limbo, unable to regularize their situation in Argentina and other countries. Although the Government has advanced the regularization of Venezuelan children, there are still uncertainties about the process and the plan of action if similar situations occur in the future (R4V, 2021h).

4.1.3 KEY CHALLENGES FACING CHILDREN ON THE MOVE IN ARGENTINA

Poverty, housing and food security

Although 50 per cent of Venezuelan adults in Argentina hold an academic degree (Machado et al., 2021), R4V (2021h) data shows that they are twice as likely to be unemployed as their Argentinian counterparts, with likely effects on children's well-being. Among the working Venezuelan population, 44 per cent have temporary contracts, 36 per cent are informal workers and 20 per cent are freelancers, which indicates high levels of economic precarity among Venezuelan families (Machado et al., 2021). Evidence documented in the 2022 RMRP found that 15 per cent of Venezuelans surveyed were unemployed, 10 per cent were living in precarious and/or overcrowded collective shelters, family hotels or shared houses, 19 per cent lived in accommodation without sewage facilities and 7 per cent lived without access to safe water (R4V, 2021h).⁷⁸

Children are overrepresented in the migrant population in precarious situations. Of all migrant children and adolescents in the country, 50 per cent are living in poverty and 16 per cent are homeless – percentages that are higher than the equivalent for native-born Argentinian children (44 per cent and 9 per cent, respectively) (UNICEF Argentina, 2021). In Buenos Aires, there is a substantial migrant community from Peru in the areas of Los Pinos and Sabattini, both of which were created through land occupations. Much housing in these areas is precarious, without all the necessary infrastructure and sanitation, as well as uncertain, as families have no formal ownership rights (Zenklusen, 2020).

76 The full text of the law is available at <https://www.acnur.org/fileadmin/Documentos/BDL/2006/4658.pdf>

77 The source is unclear as to whether this figure refers only to the proportion of Venezuelan migrants who have acquired full residence, or if it includes those who have achieved temporary residence too. It should be noted that temporary residence allows full access to state services.

78 Based on data from the Encuesta Nacional Migrante de Argentina (ENMA, National Migrant Survey of Argentina) of 2021. The survey took place online in October–November of 2020 and it included 3,144 interviews with non-nationals (over 18 years of age) living in Argentina. For more details, see Red de Investigaciones en Derechos Humanos (n.d.).

Argentina has a solid social protection network to support families in poverty, out of which three programmes directly benefit children: the Asignación Familiar por Embarazo (Pregnancy Allowance), the Asignación Universal por Hijo (Universal Child Allowance) and the Ingreso Familiar de Emergencia (Emergency Family Income) (the latter a temporary measure introduced during the COVID-19 pandemic and still in place as of May 2022). The Pregnancy Allowance is a conditional cash transfer that offers a monthly sum of ARS 7,332⁷⁹ (at the time of writing) to unemployed and precariously employed mothers after their third month of pregnancy. The benefit is conditional on regular medical examinations and vaccinations during pregnancy. The Universal Child Allowance grants the same sum to each child under the age of 18 and up to a maximum of five children per family.⁸⁰ This benefit is available for unemployed or precariously employed parents and conditional on children's regular school attendance and health checks (UNICEF Argentina, 2018). Finally, the Emergency Family Income offers ARS 10,000 (US\$331) to unemployed or informal sector workers affected by the COVID-19 pandemic, and is automatically granted to families who were previously receiving the Universal Child Allowance.

For migrant children and mothers to access such programmes, however, the family needs to prove at least two years of regular residence in Argentina (regardless of where the child is born), and three years of residence before pregnancy in order to receive the Pregnancy Allowance (Machado et al., 2021; UNICEF Argentina, 2021). Such a rule is likely to impede access for the most vulnerable migrants to this social protection network. For example, because of these administrative constraints, delays in birth registrations, lack of access to government facilities and lack of knowledge about the programme, only 1 per cent of the recipients of the Universal Child Allowance are migrant families (Machado et al., 2021; UNICEF Argentina, 2021).

Education

Regulatory Decree 616/10, passed in 2010, mandates the Education Ministry to create the necessary mechanisms to guarantee foreign children access to education as established in Law 26.206, which states that no form of discrimination may infringe on children's right to access education (Cerutti and Binstock, 2019; Arévalo, 2021).

In response to the Venezuelan migration crisis, Argentina has also facilitated the recognition of school records for rapid enrolment of migrant children in the national school system (UNICEF Argentina, 2021). This not only guarantees children's access to education but also to school feeding programmes in regions where this benefit is available (Machado et al., 2021).

Despite these entitlements, most of the literature on children on the move in Argentina highlights the obstacles they face in accessing education. Using data from the Censo Nacional de Población, Hogares y Viviendas (National Census of Population, Households and Housing) collected in 2010, Arévalo (2021) found that, while almost all of the national and migrant child population between 6–12 years old in Argentina attended school (99 per cent and 98 per cent respectively), differentials were higher for children aged 4–5 (81 per cent and 76 per cent, respectively) and for those aged 13–17 (87 per cent and 79 per cent, respectively). Across all age groups, children from neighbouring countries are somewhat less likely to attend school than children from more distant countries (such as Venezuela). When considering children between the ages of 4 and 17, 92 per

79 Of this sum, 80 per cent is received monthly and the remaining 20 per cent is received annually when proof that the conditions of the transfers have been fulfilled is submitted. Please note these figures may change in the second half of 2022. The values differ for some provinces of the country as well. For updated values, see <https://www.anses.gob.ar/informacion/montos-de-asignacion-universal-por-hijao-y-por-embarazo-para-proteccion-social>.

80 See previous footnote. The same applies.

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cent of Argentinian children attended school, as did 87 per cent of migrant children. While 93 per cent of migrant children from non-neighbouring countries attend school, however, only 86 per cent of children from neighbouring countries do so. The study attributes the differences in school attendance between national and migrant children to the discrimination migrant children face, as well as the poverty levels in which they live. Cerutti and Binstock (2019) also found that the precarious living arrangements act as a barrier to migrant's children educational achievement.

Diez and Novaro (2011) likewise found that migrant children face discrimination in schools. For example, they found Bolivian children in schools in Buenos Aires had been denied the right to register at schools considered to be prestigious. Thus, they were concentrated in marginalized schools, with fewer resources and lower-quality education – a trend which further reinforces the educational and economic inequality of migrant children and/or puts further stress on the meagre resources of migrant families who make an effort to send their children to private, technical and/or pre-university schools (see also Zenklusen, 2020). Diez and Novaro (2011) and Zenklusen (2020) report that discrimination may result in children being registered in grades below their level – since they cannot produce paperwork proving their previous study record. Moreover, Zenklusen's (2020) study of Peruvian youth in the city of Cordoba found that children faced racial, ethnic and class prejudices against them from teachers and peers (see also Diez and Novaro, 2011; Segura, 2016), as well as pressures to assimilate into Argentinian culture (see also Domenech 2012; Beherán, 2012; Novaro, 2012; Beech and Prince, 2012).

Health

There is little information on the health and nutrition of migrant children in Argentina and the barriers they may face in this area. Cernadas, Garcia and Gómez Salas, (2014) mention in passing that the requirement for children to present a national identity document has also prevented their access to the Argentinian health system, though there have been efforts to eradicate this practice since the mid-2010s.

Most of the available information focuses on the sexual and reproductive health of adolescent and young adult migrants. Fanta Garrido (2020) reports that the rate of adolescent pregnancy is far higher among migrant girls – especially Bolivian and Paraguayan girls – aged 14–19 than that of Argentinian girls of the same age. Among the study's sample of 451 adolescent girls aged 15–17, the pregnancy rate for Argentinians was 7 per cent, compared with 13 per cent for Bolivians, 11 per cent for Paraguayans and 9 per cent for Peruvians. Despite these numbers being considerably higher than those for Argentinian adolescents, they are still lower than in each respective country of origin, where adolescent pregnancy rates are around 16 per cent in Bolivia and Paraguay and to 10 per cent in Peru (UNFPA, 2020; UNFPA Peru, 2020; Ministerio de Salud y Deportes, 2021).

Fanta Garrido's (2020) study suggests that health workers' stereotypical assumptions about migrant girls' reproductive goals contribute to high rates of teenage pregnancy among migrant girls and limit investigation into possible situations of sexual abuse. The study indicates that migrant women and girls are affected by obstetric violence – violence perpetrated by health personnel – such as physical and verbal abuse, unnecessary medical interventions and failing to ask for consent. Finally, Fanta Garrido warns that, because of stigma associated with teenage pregnancy, migrant adolescent mothers may be deterred from declaring births, affecting the future status and rights of their children. Wang (2010) reports, based on qualitative interviews with young women migrants from Paraguay, that adolescent migrant girls are deterred from seeking family planning services, because they fear moral judgment from health service personnel and violence from their families if they are discovered using contraceptives.

Child protection

Pacecca (2013) documents that child migrants in Argentina are extremely vulnerable to labour exploitation. Studying the autonomous migration of Bolivian youth, she found that, between 2008 and 2012, 130 Bolivian children were rescued by the Argentinian state when found in conditions of labour exploitation in tailor workshops, farms, small business and private houses. Most of these children migrated to Argentina after receiving a promise of employment, usually from someone in the Bolivian diaspora. The majority, however, did not receive any payment at all, were forced to work 12-hour shifts and were not able to attend school.⁸¹

Similarly, an earlier report by OIM and UNICEF Argentina (2006) on child labour in the recycling sector in Buenos Aires also found that migrant children represented about 40 per cent of the child population involved in the business, which exposes them to hazardous conditions and jeopardises their health. A report by USDOL (2021) also mentions that children from Bolivia, Paraguay and Peru, as well as from the Northern provinces of Argentina, are employed in the following industries/sectors: garment production, agriculture, street vending, charcoal and brick production, and domestic work. Gorsky (2018) found that Bolivian children in families who have migrated to Argentina to work in the agricultural sector are at risk of being drawn into child labour, sometimes in the family's own subsistence agriculture, where they are exposed to pesticides, sharp tools, long hours and extreme weather. Punch (2014) found that Bolivian boys and girls from rural areas tended to migrate to the northern provinces of Argentina when they were around 15 years old to work in plantations or as domestic maids (mostly in the case of girls).

Lastly, Pacecca, Liguori and Carril's (2015) report on migration from the Dominican Republic to Argentina highlights that the decision of the Argentinian Government in 2012 to require a visa for all travellers from this country has made family reunification more difficult, and thus has extended family separation. Adding to these challenges, the Decree of Need and Urgency 70/2017⁸² negatively impacted migrant children, as expulsion procedures of parents and caregivers did not consider the existence of family ties in the country (UNICEF Argentina, 2021). The passing of this decree tripled the number of deportations in the period between 2015 and 2019 and resulted in the separation of families and the deportation of over 200 children and adolescents (ibid.). The decree was repealed in March 2021 for its violation of the human rights of migrants.

4.2 | Bolivia

4.2.1. MAIN MOVEMENT PATTERNS

Historically, Bolivia has been a country of net emigration. The only OIM Bolivia (2011) report about migration in the country is more than 10 years old, and estimated that 706,000, Bolivians resided abroad, which at the time represented 6.8 per cent of the national population. The emigrant population was also important to Bolivia in terms of international remittances. In comparison, the population of immigrants in Bolivia was negligible, representing around 1 per cent of the population.

81 In some of the cases documented, children had abandoned school prior to travelling to Argentina; in others, children abandoned school once in Argentina.

82 This decree introduced mandatory detention and consequent deportation for undocumented migrants and for migrants with any criminal record. It also reduced the available legal support to migrants, as well as reduced the period during which a deportation decision can be appealed to three working days (United Nations, 2021).



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Nonetheless, in recent years, Bolivia has also seen a rapid increase in the numbers of migrants and refugees entering the country. By 2020, the total refugee, internationally displaced and asylum-seeking population was 10,849 people (39 per cent of whom were children), and had risen to 11,871 by June 2021. Children represented 39 per cent of the foreign-born population, and Venezuelans more than 90 per cent (ACNUR, 2021c). As of December 2022, an estimated 13,800 Venezuelans were residing in Bolivia⁸³, though some estimates suggest the numbers are around 20,000 (Fundación Munasim Kullakita, 2020). The rapid growth in Venezuelan movement to Bolivia is probably linked to the restrictions that other more common destination countries in the region imposed during the COVID-19 crisis, however it is expected that the Venezuelan community in the country will now continue to grow (Organizacion de los Estados Americanos, 2020). The reasons given by Venezuelans for movement to Bolivia are multiple, and similar to those underlying movement to other countries: 17 per cent could not find work, 15 per cent faced food insecurity, around 14 per cent feared violence in their area of residence and 13 per cent could not access health services in Venezuela, among other reasons (ACNUR, 2021b).

Currently, Venezuelans represent 68 per cent of the asylum seekers in the country, followed by Colombians (14 per cent) and Ecuadorians (1 per cent). Peruvians represent 46 per cent of refugees, followed by Venezuelans (21 per cent) and Colombians (18 per cent) (ibid.).⁸⁴ Venezuelan families settling in Bolivia have, on average, 3.8 members and have mostly settled in the cities of Santa Cruz (74 per cent), La Paz (18 per cent) and Cochabamba (6 per cent). Most Venezuelan migrants and refugees (86 per cent) enter the country by bus through the borders with Desaguadero (Peru) and Guayaramerín (Brazil), and intend to reside permanently in Bolivia (86 per cent); however, only 68 per cent manage to enter the country with regular status (ACNUR, 2021b).

Bolivia is also part of a well-known route for irregular movement towards Chile, given the existence of some less policed areas on the borders between Peru and Bolivia, and

83 Data from <https://www.r4v.info/es/refugiadosymigrantes> (last accessed 20 December 2022).

84 This is likely a result of movements from these countries in the period 1990–2000 (BBC, 2014).

between Bolivia and Chile. Monitoring in February 2022 by R4V estimated that an average of 498 people exited Peru daily through the route of Puno–Pisiga, in Bolivia, and transited from there to Chile (R4V, 2022d). People in transit are mostly Venezuelans – although they include Peruvians, Bolivians and Haitians – who attempt to cross to Chile at night to avoid police attention (SJM, 2022).⁸⁵ Anecdotal evidence suggests a pattern of family separation in which part of the family migrates with younger children, and older children and adolescents are left behind in Peru with other kin (SJM, 2021a). R4V (2022d) reports that migrants and refugees in transit face challenges with respect to food security, water, sanitation and hygiene (WASH), health (including altitude sickness) and overall protection, with lack of knowledge of safe ways of migrating and available legal assistance.

As a result of the declaration of a state of emergency in Chile in February 2022 (see Section 4.4), a growing number of people in transit through Bolivia to Chile are stranded in the village of Pisiga on the Bolivian–Chilean border. The measure taken by the Chilean Government has put pressure on the basic infrastructure of Pisiga – leading to water shortages, for example, due to the increase in population – as well as disrupted the cross-border economic activities of the village. As a result, resentment from host communities towards refugees and migrants has increased. Some host-community members have profited off people stranded at the border, charging them extra for basic services, such as food and accommodation (SJM, 2022).

4.2.2. LEGAL FRAMEWORK

The Constitution of Bolivia mandates that the state should work to resolve social asymmetries and promote Latin American integration (Article 265). This, along with MERCOSUR membership, supports the movement of citizens from this region. Moreover, Law 45/2010 prohibits and condemns any form of discrimination,⁸⁶ including based on nationality and citizenship. Bolivia also has a *Ley Código Niña, Niño y Adolescente* (National Code of Children and Adolescents/Law 548), which establishes state responsibility for the well-being and dignity of children and that all children should enjoy their rights equally. This law also grants universal access to health services to all children with no discrimination (Article 19).

The Bolivian *Ley de Migración* 370 (Migration Law) determines that migrants have the same rights as nationals in access to services, regardless of the duration of stay in the country. In addition, Law 263/2012 mentions that victims of human trafficking in Bolivia should be presumed to be Bolivian until proved otherwise, and that the state should design and commit funds to plan a strategy of response to these crimes.⁸⁷ Finally, Law 251 formalizes the right of protection for refugees, and states that refugees or people who have sought asylum cannot be returned to their country of origin. It also considers refusals of entry and extradition to be forms of forced return. According to this law, expulsion from the country can only be allowed for security reasons and after a due process. Finally, it prohibits the imposition of penalties for irregular migration by people who are applying for refuge, and extends the status of refugee to spouses, siblings and dependent parents and children.

Since 2020, a series of administrative measures have been added to this legal framework to simplify border control and family reunification. Resolution 148/2020 allows the children of migrants to enter the country with a copy of their birth certificate; Resolution 156/2020 creates special transit visas for Venezuelans, which also allow temporary work;

⁸⁵ Guides offer their services in broad daylight at the centre of the border village of Pisiga for an average of US\$10 (SJM, 2022).

⁸⁶ Available at <https://www.acnur.org/fileadmin/Documentos/BDL/2014/9502.pdf> (accessed 7 August 2022).

⁸⁷ Available at <https://www.acnur.org/fileadmin/Documentos/BDL/2013/9130.pdf> (accessed 7 August 2022).

Resolution 242/2020 allows 60 days for transit without cost, a period that can also be used to obtain residency visas and find work; Resolution 274/2020 extends the validity of expired Venezuelan documents for two years; and Resolution 352/2020 authorizes government and NGOs to establish temporary shelters for vulnerable migrants (Fundación Munasim Kullakita, 2020).

Despite these entitlements, there are still barriers to accessing regular status in Bolivia. The costs of paperwork needed to request residency is one of the main barriers, followed by the slow process of asylum claims: for example, although 405 Venezuelans sought asylum in 2019, only 57 had been granted this status by 2020 (Organizacion de los Estados Americanos, 2020).

4.2.3. KEY CHALLENGES FACING CHILDREN ON THE MOVE IN BOLIVIA

Poverty, housing and food security

Data from 2021 indicates that 45 per cent of Venezuelan families in Bolivia rented a room in a shared house, with an extra 12 per cent sharing a house with other families, either as guests or in a permanent living arrangement (ACNUR, 2021b).⁸⁸ Only 32 per cent could afford to rent a private house or flat, reflecting high levels of unemployment (37 per cent) and precarious employment (36 per cent) among this population. Only 56 per cent of these families had access to three meals per day, and nearly 8 per cent could only eat once per day. Moreover, 63 per cent of families interviewed reported that they had to reduce the quantity and quality of food in Bolivia or limit their own food intake to prioritize that of their children (36 per cent). Almost 94 per cent of the respondents reported that they had not received any sort of economic support either from the Government or NGOs (ACNUR, 2021b).

Education

Although the legal framework indicates that all children should have access to education, data from the following sources suggest that this entitlement is not fully realized in practice. UNHCR estimates that, in 2021, only 81 per cent of Venezuelan children in Bolivia (the only nationality for which data was available) were in school; among those out of school, 75 per cent could not be enrolled due to lack of documentation or other requirements (ACNUR, 2021b). Although this data is not disaggregated by school year, 88 per cent of the child migrant population in Bolivia is below the age of 11 (ibid.). In practice, schools request a full school record that has to be verified by a Bolivian institution (Ramos Pinto, 2020). This poses a financial and bureaucratic barrier, especially considering the high number of child and adolescent migrants without a valid identity document (ibid.).

Health

Law 1152 of 2019 created the Sistema Único de Salud (Unified Health System) in Bolivia and considers health care to be a universal right for people in need of medical care.⁸⁹ This is aligned with the principles of the Bolivian Constitution, as mentioned in Section 4.2.2. Decree 66/2009 also states that pregnant women and infants up to 1 years of age deserve special attention from the state, and supported a special cash transfer for pregnant

⁸⁸ These estimates are based on the High Frequency Survey conducted by UNHCR in 2021 in Bolivia; 132 Venezuelan migrants, located throughout the country, were interviewed for the survey, which collected data on 499 people (when taking into account all family members of respondents).

⁸⁹ Available at <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/108764/134617/F1982550071/LEY%201152%20BOLIVIA.pdf> (accessed 7 August 2022).

women, known as Bono Madre-Niño (Mother-Child Bonus). Very few migrants and refugees have access to social protection, however, and this review could not find specific data on pregnant migrant women's access to prenatal care.

A survey by UNHCR (ACNUR, 2021b) of 132 Venezuelan adults living in different areas of Bolivia indicates that a considerable percentage of this population may need special attention: around 7 per cent reported having a disability, 24 per cent had a chronic medical condition that was not being treated, 7 per cent of families included an elderly person and 9 per cent had at least one lactating woman.⁹⁰ Nonetheless, 20 per cent of those interviewed reported avoiding seeking health care and self-medicating instead; of those who did seek medical care, over 20 per cent believed the quality to be inadequate. This may reflect discrimination: 70 per cent of respondents reported having faced discrimination in Bolivia based on their nationality (ibid.).

Child protection

Despite significant legal and policy advances that facilitate regular movement for Venezuelans, family separation is still common. According to the same study by UNHCR (ACNUR, 2021b), 71 per cent of the Venezuelans interviewed indicated that a part of their family stayed behind when they crossed the border. In 71 per cent of cases, this involved leaving children behind with other family members. Respondents gave the key reasons for family separation as lack of resources (17 per cent), having elderly family members who were unable to travel (7 per cent), lack of documentation (5 per cent), the need to care for a family member (1 per cent) and perceived safety risks (1 per cent), among others (ibid.). This data signals potential protection concerns related to the care of children staying with elderly or sick relatives, and also the risk that they will subsequently attempt to reunite with their families by travelling unaccompanied through dangerous routes (see also SJM, 2022).

Even when a family intends to move together, they are sometimes separated when crossing the border. The UNHCR (ACNUR, 2021b) survey with 132 Venezuelans in Bolivia found that 11 per cent of respondents reported that they or a family member were denied entry by border authorities at some point, and that 2 per cent had suffered deportation themselves or that of family members at least once. Moreover, 21 per cent of respondents had their asylum claim denied. For those who wanted to apply for a visa, 75 per cent of respondents lacked information on how to do so. Around 76 per cent of them had a national identity card, while 46 per cent of those interviewed had an expired passport, which would also pose problems when they tried to regularize their status.

Finally, it should be noted that the three departments with the largest population of Venezuelans – La Paz, Cochabamba and Santa Cruz – are known for the existence of networks trafficking children and adolescents; this is particularly concerning in the region of Santa Cruz, given its scarcely patrolled border with Brazil (Zabala Torres and Ramírez Quiroga, 2016). It is also noteworthy that reported cases of sexual violence against children more than doubled to a total of 3,401 in the period of 2018–2020 (Defensoría del Pueblo del Estado Plurinacional de Bolivia, 2021). While the state has guidelines for medical and psychosocial support of child survivors of sexual violence (Defensoría del Pueblo del Estado Plurinacional de Bolivia, 2021), it is unclear if there are specific preventive measures to protect the growing number of Venezuelan children in these departments, especially considering those who enter the country without documents or with only a copy of an identity document.

90 See footnote 88 for the methodological details of the study.

4.3 | Brazil

4.3.1 MAIN MOVEMENTS PATTERNS

In the early 2010s, the attractiveness of Brazil as a destination increased as a result of national economic growth, media attention and job opportunities resulting from two major global events that were hosted by the country, the World Cup and the Summer Olympic Games. Between 2011 and 2019, Brazil received 1,085,673 international immigrants, of whom 660,000 were classified as long-term. The majority originated from LAC, with the three dominant ‘corridors’ being inflows of refugees and displaced people from Venezuela, Haiti and other MERCOSUR countries to Brazil (OBMigra, 2020).

Children represent 46 per cent of the total number of refugees welcomed in Brazil in the two decades up to 2018 (Folly, 2018). According to data from the Comitê Nacional para os Refugiados (CONARE, National Committee for Refugees) in 2016, asylum applications concerning children (those aged 0–11) represented 5 per cent of the total number of applications, and those concerning adolescents (aged 12–17) represented 2 per cent. Both groups were dominated by male applicants, with boys representing around 55 per cent of the 0–11 age group and 65 per cent of the 12–17 age group seeking asylum. At this time, Africa was the main region of origin for child and adolescent refugees (approximately 30 and 35 per cent, respectively), followed by the Middle East (roughly 30 per cent for both groups) and South America (20 per cent and 15 per cent, respectively) (Lazarin and Abramowicz, 2021). Within Latin America, the most prominent countries of origin are Venezuela and Haiti – although Brazil has also received 1,141 Colombian refugees over the period 1998–2018 (Folly, 2018).

Movement from Venezuela

R4V data from May 2022 indicates that 345,000 Venezuelans were resident in Brazil. As of February 2022, 224,023 Venezuelans were registered in the country’s Carteira de Registro Nacional Migratório (National Immigration Registry) (MMC, 2022a). Of these, 50 per cent had a temporary permit, 32 per cent were residents and 17 per cent had a provisional permit (ibid.).⁹¹ Based on surveys conducted by IOM Brazil with 1,055 migrants and refugees in February 2021, it is estimated that at least 9 per cent of Venezuelans surveyed entered Brazil irregularly (OIM Brasil, 2021a). Venezuelan refugees who self-identify as indigenous tend to be overrepresented among those using irregular pathways. In a participatory focus group with indigenous Venezuelans in Roraima, those with irregular status reported lacking information about the process of regularization and having entered the country without a valid document from their country of origin (ACNUR Brasil, 2020).

A considerable part of the Venezuelan population has settled in the Brazilian border cities of Pacaraima and Boa Vista, given the relatively short distances from Venezuela, and the existence of facilities to send money back to family (Baeninger and Silva, 2018; Santos and Meza, 2021). It is estimated that the Venezuelan presence in these regions represent more than 11 per cent of Roraima State’s population (Chaves-González, Amaral and Mora, 2021). The literature suggests that Venezuelan adult refugees are predominantly parents (Shamsuddin et al., 2020, p.7), but almost 70 per cent of them leave children in Venezuela either permanently or while they settle (OIM Brasil, 2018).

This pattern of parents moving before children contributes to the numbers of unaccompanied or separated children moving to Brazil. During 2015–2019, at least 25,000

Children represent 46 per cent of the total number of refugees welcomed in Brazil in the two decades up to 2018.

91 The document does not provide details of what percentage of the refugee population is registered.

children left Venezuela for Colombia and Brazil without their parents (Guerrero, 2020). Differences in the documentation available to children influence the migration status they can request in Brazil. Having an identity card (which is only available for children over 9 years old and which is also difficult to get in Venezuela) allows children to request temporary residency in Brazil, while those who do not have one can only apply for refugee status.⁹² As a result, 73 per cent of children up to the age of 12 ask for refugee status, while 57 per cent of adolescents request temporary residency permits. In 2022, the Brazilian Government extended the simplified *prima facie* procedure – a mechanism that aims speed up and simplify the asylum process (MMC, 2022a).

Haitian movement to Brazil

Between 2010 and 2020, 143,000 Haitians moved to Brazil. Initially, men of working age predominated, working on construction projects for large sporting events, and most migrating men and women did not have children. Entry was facilitated by the humanitarian visas offered post-earthquake and 48,000 Haitians applied for refugee status in Brazil between 2010 and 2015 (Yates, 2021). Since 2014, the number of asylum seekers from Haiti has grown considerably, coming to represent 23 per cent of total applications in Brazil in 2020 (Silva et al., 2021). Haitians were the foremost nationality seeking refugee status in Brazil until 2015, when they were surpassed by Venezuelans (*ibid.*). Following the election of conservative President Jair Bolsonaro in 2018 and the ensuing economic crisis in Brazil, many Haitians who had initially settled in Brazil have moved to new destinations, such as Chile (see Section 4.4) and, more recently, the United States (Yates, 2021). The importance of Haitian flows from Brazil to the United States can be estimated by the overrepresentation of Brazilian-born children among returnees in Haiti: according to IOM, from September 2021 to February 2022, 25 per cent of the 2,300 children deported from the United States to Haiti were born in Brazil (Human Rights Watch, 2022b).

The proportion of children among Haitian asylum seekers has grown fivefold since the beginning of the decade, when it was only 2 per cent (OBMigra, 2017; Pimentel Cotinguiba et al., 2020). While a small number of Haitian children joined their parents in Brazil through family reunification applications (Martuscelli, 2019), more recently, Haitian migrants have formed families within Brazil, and their children have acquired Brazilian nationality. This has sometimes resulted in children and parents having different nationalities, which has posed particular challenges if they are apprehended by migration authorities, as families are being repatriated to Haiti despite having left their country of origin before the birth of children (Sanches, 2021).⁹³

Bolivian migration to Brazil

Urban centres in Brazil, and particularly São Paulo, are particularly attractive as destinations for regional immigrants: 25 per cent of the population in the state's capital was composed of immigrants from other South American countries as of 2018 (Ribeiro & Araújo, 2018). According to the Brazilian Federal Police (NEPO, 2021b), in 2020, Bolivians constituted the highest population of regional migrants in Brazil (134,511), more than double that of any other MERCOSUR country, such as Argentina (59,671), Uruguay (46,614), Colombia (38,137) and Paraguay (31,727). Therefore, most of the literature on (non-refugee) regional movement in Brazil focuses on Bolivian migrants.

92 Temporary residency covers a renewable period of two years and is given for purposes of family reunification, humanitarian assistance or statelessness. Refugee status, once granted, lasts for a renewable period of nine years. Temporary residency allows travel to the country of origin, whereas refugees need authorization from the Brazilian Government to leave without losing their visa.

93 For example, in September 2021, 47 Brazilian children were returned to Haiti with their parents, who did not have regular migration status in Brazil (Sanches, 2021).

Bolivian communities have existed in São Paulo for over four decades, many drawn by employment and self-employment opportunities in the textile industry (Gonçalves, 2018; Freitas, 2014). Most Bolivian migrants are invited to work with family contacts in Brazil. Since they are entitled to enter the country without a visa, their stay is frequently undocumented. Moreover, Bolivian migrants may arrive through the help of *agenciadores* (smugglers), as these connect migrants to employment (in many cases under illegal and precarious conditions), help them cross through unofficial entry points, and present an alternative to the costs of the documents needed for regular migration (Gonçalves, 2018; Lazzeri, 2020).

Children and adolescents move mostly with family, joining relatives previously settled in Brazil (Freitas, 2014; Gonçalves, 2018), and account for at least 25 per cent of first generation Bolivian migrants in Brazil. Of children born in Brazil to Bolivian parents, 46 per cent are aged 0–14 and 54 per cent are aged 15–19 (NEPO, 2021b). As of 2020, São Paulo was home to 86 per cent of Bolivian migrants in the country (NEPO, 2021a).

4.3.2 LEGAL FRAMEWORK

In Brazil, the main legal instrument for the protection of children and adolescents is the *Estatuto da Criança e do Adolescente* (Statute of the Child and Adolescent/Law 8096/1990). This law acknowledges the state's responsibility for the provision of services for all children, particularly in the absence of family, and the condition of the child as a vulnerable citizen. In recent years, subsequent laws have acknowledged the need for special services in cases of intersecting vulnerabilities (Law 13431/2017). Displacement, however, is not recognized as a form of intersecting vulnerability.

International migration is regulated by a different law (Law 13445/2017) that specifies conditions of entry and the types of visas necessary for each of them. The law offers limited guidance on situations involving migrant children and adolescents, expressed in the following articles:

- Article 3 mentions comprehensive protection and the best interests of the migrant child and adolescent as a core principle of this law.
- Article 40 exempts unaccompanied children and adolescents from visa requirements if they present a valid form of identification upon arrival. It also states that such children will be automatically sent to the Conselho Tutelar (Guardianship Council) – the institution charged with overseeing children's rights.
- Article 70 states that provisional naturalization may be granted to all migrant children and adolescents that immigrated to Brazil before turning 10 years old. It must be requested by their legal representative.

In 2017, Joint Resolution 1, passed on 9 August, established rights and protection services for unaccompanied or separated children and adolescents, and guaranteed that no migrant, refugee or stateless minor should be sent back to their home country. In practice, however, undocumented Venezuelan child migrants and refugees arriving without a legal guardian and who cannot prove their nationality do not qualify for automatic refugee status at patrolled borders (Castillo



Gonçalves, 2020). In April 2021, five unaccompanied adolescents were sent back to their families in Venezuela by the Tutelary Council (CDH-UCAB, 2021).

The *Lei de Migração* 13445/2017 (Migration Law) allows a recognized refugee to bring their family to the country once they are settled. The bureaucracy and costs of this process deter many families; some evidence suggests that, of countries in the region, applications from Colombia have been particularly delayed (Martuscelli, 2019). Lastly, Law 13684/2018 established *Operação Acolhida* (Operation Welcome), which created a humanitarian task force to regularize new migrants' status and provide key services. The task force also supports the dispersal of the refugee population throughout the country (referred to as 'interiorization'), to control the rapid population increase on the Amazonian frontier (OIM Brasil, 2021b).

4.3.3 KEY CHALLENGES FACING CHILDREN ON THE MOVE IN BRAZIL

Evidence on the challenges faced by child migrants and refugees in Brazil largely focuses on children of Venezuelan origin. Where available, this section also integrates evidence on the situation of children of Haitian and Bolivian origin.

Poverty, food security and housing

From March 2018 to September 2020, in Roraima alone, a cumulative total of 25,488 Venezuelan refugees and migrants were received in 14 shelters. Among them, more than 2,000 indigenous people (mostly Warao, Eñepa and Pemon) were accommodated in two overcrowded medium-term centres, with inadequate WASH conditions and insufficient space to maintain their culture and traditions. The need for accommodation outpaces the number of people leaving the sites through initiatives such as the interiorization programme (for further discussion of these shelters, including child protection risks, see Chapter 6). As of March 2021, an estimated 6,000 refugees and migrants were living on the street in Roraima, in spontaneous settlements or in precarious and overcrowded housing with limited water and sanitation infrastructure (R4V, 2021f).

According to data collected through interviews and focus groups with 1,313 Venezuelan migrants and refugees in twelve key regions of the country, 73 per cent of participants living in Pacaraima and 56 per cent of those living in Boa Vista reported lacking access to drinking water (R4V, 2022e). Moreover, a joint needs assessment by R4V (2022a)⁹⁴ found that 53 per cent of the total Venezuelan population in informal settlements had difficulties in accessing food and nutrition: 35 per cent had access to only two meals per day and 3 per cent to only one. The Assessment also found that only 51 per cent of people living in temporary shelters had access to private bathrooms, in comparison to 83 per cent of Venezuelan migrants living elsewhere (in rented accommodation, etc.).

Approximately 198,000 refugees and migrants from Venezuela in Brazil are food insecure (R4V, 2021f). An estimated 42,519 refugees and migrants have been meeting their most pressing needs by relying on a monthly emergency basic income provided by the Federal Government considering the COVID-19 pandemic. This was reduced by half in September 2020 and discontinued in October 2021 (R4V, 2022e; Serviços e Informações do Brasil, 2022). Until recently, migrants with regular status and refugees have had the right to access the Programa Bolsa Família, a conditional cash-transfer programme given to mothers and dependent on children's regular school attendance and health checks (including vaccination). In practice, many have not been able to access it, in part because

94 Data were collected in July and August 2021, with 3,607 migrants or refugees over 18 years old.

relocation (often multiple times) hinders access to services (such as health, education and vaccination) on which funds are conditional (Nunes and Heiderique, 2021). In particular, only 27 per cent of Warao families received Bolsa Família, despite 69 per cent having incomes below the minimum wage (IOM Brazil, 2020). This programme was discontinued at the end of 2021, however, and replaced with the new programme Auxílio Brasil (Ministério da Cidadania, n.d.), established by Law 14.284/2021. Auxílio Brasil uses the same centralized platform and similar conditionalities as Bolsa Família (except for child vaccination, which is no longer mandatory), but eligibility criteria are based on a lower poverty threshold and benefits are available for a maximum duration of 24 months. This, in practice, is expected to reduce the number of recipients.

Operação Acolhida, started in 2018, had relocated over 50,475 Venezuelan migrants and refugees by March 2021 (OIM Brasil, 2021b). Families who accepted interiorization (relocation away from border regions) have seen significant improvements in access to opportunities: 77 per cent of interiorized Venezuelans found work shortly after moving, which is 11 times the percentage of employed Venezuelans in Roraima. Access to health and education services is also likely to improve with interiorization, since services in Roraima are unable to cope with growing numbers (Chaves-González, Amaral and Mora, 2021).

The programme is likely to place families in housing conditions that are worse than those in Roraima, however, given the high costs of living and stark inequalities in cities such as Rio de Janeiro and São Paulo. Reports suggest that Venezuelan indigenous peoples – who desire to remain close to the Venezuelan border and have kin in Venezuela – are less likely to take up places under the programme. Staying close to the border also restricts the livelihoods of some migrants and pushes them towards street dwelling if they are not given adequate support by the regional government (OIM Brasil, 2020b). This, in turn, often leads to family separation or the forced placement of families in crowded shelters where children are at risk of exposure to harm (ibid.).

Though information on the living conditions of other groups of migrants in Brazil is limited, one study indicated that most Bolivian families live in precarious conditions with salaries below the minimum wage and working days averaging 13 hours in length; this pushes some families to live inside the factories or in informal settlements around the city (Gonçalves, 2018).

Health

According to R4V (2021f), there are 174,000 Venezuelan refugee and migrants in need of medical attention of some sort. According to an R4V (2022a) joint needs assessment survey, the most important barriers for accessing health care for this population are delays in appointments and care, and the financial costs of medicines and treatment. Anthropometric evaluations conducted with 682 Venezuelan children in 2020 in the regions of Roraima, Amazonas and Pará showed that in Pará more than 28 per cent of children that received nutritional assessments had some level of malnutrition.⁹⁵ The food currently provided in official shelters by Brazilian authorities does not include specific meals for children, pregnant women and nursing mothers, people with chronic conditions, nor meals tailored to the cultural traditions of the different ethnic groups assisted. The three packed meals, also known as *marmitas*, distributed daily in Boa Vista and Pacaraima by the Federal Government through Operação Acolhida are not enough to meet the nutritional requirements of the most vulnerable refugees and migrants, particularly children. The distributions are primarily received by the population living in shelters, with any excess delivered to those living on the streets or in spontaneous settlements (R4V, 2022e).

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95 The number of children (39 of 136 in Pará) was taken from UNICEF (2020).

A participatory study with 644 Venezuelan refugees and migrants in various age groups found that 57 per cent of children and adolescents are in need of mental health and psychosocial support, while 56 per cent of all participants did not have access to these services (ACNUR Brasil, 2020).⁹⁶ Throughout the country, the Sistema Único de Saúde (SUS, Unified Health System) guarantees free health care for all, but Venezuelan migrants with irregular status (estimated to represent around 7 per cent of the Venezuelan population in Brazil) may avoid using public hospitals if they fear deportation and discrimination. A study in Roraima found that Venezuelans with regular status were four times more likely to access health care than those with an irregular status (Chaves-González, Amaral and Mora, 2021).

Education

In Brazil, school is mandatory for children between the ages of 4 and 17 years and, in theory, all migrant and refugee children, regardless of documentation status, have the right to free education. Estimates based on data from the 2019 Censo da Educação Básica (Basic Education Census), however, suggest that only 45 per cent of school-age Venezuelan migrants and refugees in Brazil are registered in schools (Shamsuddin et al., 2020). At primary school level, only 74 per cent of Venezuelan children were registered at school, compared with universal matriculation of Brazilian children in the same age group. At secondary level, only 40 per cent of Venezuelan adolescents were enrolled, which is half of the average rate for Brazilian students (Shamsuddin et al., 2020). More recent figures paint a bleaker picture: 58 per cent of Venezuelan children between 6 and 14 years old, and 69 per cent of Venezuelan children between 15 and 17 years old, are not in school in Brazil (R4V, 2022e). This is over four times the estimated percentage of out-of-school adolescents in Venezuela, based on the latest available data (from 2017).⁹⁷

A major reason for this is that recently arrived migrants and refugees often lack documentation, such as school records or identity cards, that are generally required for school registration; schools often consider migration paperwork insufficient (Nunes and Heiderique, 2021). A 15-year-old Venezuelan who had been interiorized in Rio de Janeiro described their ongoing 10-month-long efforts to access a school:

I just got my ID document [in Rio de Janeiro] because I did the procedure there in Boa Vista and it took longer and I could not get to school until this arrived. Now I am searching for vacancies.

(Ceja Cárdenas et al., 2020, p. 87)

The children who do attend school also face considerable educational challenges. They tend to be placed in a lower grade-for-age than their Brazilian counterparts, due to language difficulties or difficulties validating their previous school records (ibid.). Teachers are rarely trained to teach Portuguese as a second language or to adapt their pedagogies to children of other cultural backgrounds (Braga, 2019). Warao children also seem to face more challenges in accessing schools due to their higher pendular mobility. Data from 2020 indicated that 20 per cent of Venezuelan Warao children in Brazil were attending school, which is almost half the average for non-indigenous Venezuelan migrants and refugees (IOM Brazil, 2020).

⁹⁶ This study was conducted via 118 age-based focus groups between October and November 2020; the focus groups included children (10–13 years old) and adolescents (14–17 years old). The aim was to promote a participatory diagnosis of Venezuelan refugee needs in Brazil.

⁹⁷ Data from <http://data.uis.unesco.org/Index.aspx> (last accessed 20 July 2022).



In addition to challenges registering, children of Haitian origin describe enduring racial discrimination in school on top of the challenge of adapting to education in a new language (Tonetto and Gomes, 2021). Though little evidence on education of Bolivian children in Brazil was found, one study suggests that Bolivian children with irregular status generally have little choice of schools and have to enrol in those that accept children without much paperwork (Gonçalves, 2018). Another study based on fieldwork in a school with a high proportion of Bolivian families found that cultural differences are sometimes misinterpreted by teachers as cognitive disabilities (Freitas, 2021). Bolivian children of indigenous descent or appearance described facing particular discrimination at school (Ribeiro and Araújo, 2018).

Child protection

According to R4V (2021h), Venezuelan migrant and refugee children and adolescents in Brazil are at risk of psychological and physical violence in the forms of xenophobia, child labour, sexual exploitation and recruitment into criminal organizations. Unaccompanied, separated, and/or indigenous children and adolescents are particularly vulnerable.

In a participatory needs assessment conducted in 2020 with 644 Venezuelan refugees and migrants of various age groups, 12 per cent of respondents indicated having observed or experienced physical violence against children (ACNUR Brasil, 2020).⁹⁸ The same assessment found that 29 per cent of respondents lacked knowledge on existing help channels to report cases of violence against children and 42 per cent believed that being foreigners impeded children's and adolescents' access to the child protection system.⁹⁹ According to a UNICEF study (2021, cited in R4V, 2022e),¹⁰⁰ 67 per cent of the interviewed Venezuelan migrants and/or refugees reported an increase in tension and violence within the household during the COVID-19 pandemic.

In Roraima, Mendoza Romero (2022) found reports of organized criminals targeting both accompanied and unaccompanied Venezuelan children and adolescents in shelters and informal settlements, with the aim of exploiting them sexually (particularly girls but also some boys), both in the cities where they were living or after trafficking them elsewhere. Mendoza Romero also found reports of organized criminals involving Venezuelan adolescents in the drugs trade or other illegal activities, including illegal mining in Roraima and other Brazilian states (with boys at particular risk). Typically, adolescents were groomed with offers of food, clothes, money or drugs and alcohol; there were also documented instances of adolescents receiving death threats from armed groups to coerce them into illegal activity. DARA (2022) also reports cases of sexual exploitation by these groups of Venezuelan adolescents living in shelters.

In another study, with 3,785 Venezuelan refugees in Roraima, 94 per cent of interviewees did not know the rights of children and adolescents in Brazil (OIM Brasil, 2018).¹⁰¹ This highlights the need to inform migrant and refugee parents of their rights and responsibilities under Brazilian law.

Family reunification emerged as a pressing concern in a focus group with 152 Venezuelan migrants and refugees in Roraima; 74 per cent of the participants still had close family members (parents, children) living in Venezuela (ACNUR Brasil, 2020). Lack of information and resources to request family reunification is a key barrier of access to this

In migrant and refugee shelters in Roraima some studies have found evidence of adolescent boys and girls being groomed and exploited sexually or trafficked in the drugs trade and to work in other hazardous and illegal activities

⁹⁸ See footnote 96 for the methodological details of the study.

⁹⁹ The RMRP (R4V, 2022e) for Brazil has similar statistics.

¹⁰⁰ The UNICEF study is titled 'Avaliação intersetorial de múltiplos parceiros das necessidades imediatas com foco em crianças'.

¹⁰¹ This study took place between January and March 2018, with adults of various age groups. Around 56 per cent of respondents were men and 44 per cent were women.



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entitlement. Requests for family reunion are noticeably concentrated in São Paulo and Brasília and are often supported financially and logistically by NGOs (Martuscelli, 2019). Difficulties in reuniting families via regular procedures may contribute to the large number of unaccompanied and separated children coming from Venezuela. Moreover, according to R4V (2022e), the COVID-19 pandemic has increased the separation of families because of the increased difficulties in accessing documentation and regularization.

In 2022, the Subsetor Proteção à Criança (Child Protection Subsector) made a commitment to promote child protection in alignment with the principles of the Best Interest of the Child and the Minimum Standards for Child Protection in Humanitarian Action. It aims to do this by strengthening the capacities of actors involved in the Assurance System of the Rights of the Child and Adolescent, supporting access to services for refugee and migrant Venezuelan children, promoting the engagement of Venezuelan adolescents in initiatives, and carrying out awareness actions with the most vulnerable populations (R4V, 2022e). Lack of funding, however, has limited the development of a database for unaccompanied and separated refugee and migrant children. According to R4V (2022b), the creation of this database is crucial for the provision of specialized child protection services, family reunification and regularization.

This review also found a set of studies on child labour in states and sectors where the Bolivian population of Brazil is concentrated, with a focus on the textile industry. São Paulo, home of 86 per cent of Bolivian migrants, is also one of the main states in which children are employed, with 11 per cent of the population aged 10–17 part of the workforce (NEPO, 2021a). National child labour data, based on national household surveys between 1992 and 2014, suggests that the textile sector employs around 78,850 children and adolescents aged 5–17, most of whom are girls (61 per cent) (Dias, 2016). Only 70 per cent of child labourers in this industry attend school and 64 per cent also help with household chores (ibid.).

Migrants often have little information about their work rights in Brazil or on child labour restrictions (da Silva, de Araújo and Marini, 2017). A study by the Núcleo de Estudos de

População Elza Berquó (NEPO, Centre for Population Studies Elza Berquo) found that roughly only 1 per cent of the migrant population in São Paulo were aware that they could report maltreatment of children or that there is a specialized system of child protection, and that 20 per cent were unaware of the prohibition of child labour (NEPO, 2021a). This points to the need for interventions to explain the rights of children and adolescents in Brazil, beyond efforts under the R4V framework, emphasizing that abusive work conditions may be grounds for removing children from their families.

4.4 | Chile

4.4.1 MAIN MOVEMENT PATTERNS

Chile has been attracting a significant number of regional migrants since the 1990s, when it began to be perceived as a country that could offer work opportunities, economic well-being and political stability (Urzúa et al., 2021; Ortiz Contreras et al., 2020; Tijoux, 2013; Caqueo-Urizar, Urzúa et al., 2021). This perception, coupled with greater restrictions to enter the United States and Spain, and freer movement in South America due to MERCOSUR agreements (Stefoni and Corvalán, 2019), has resulted in an increasing migrant flow into Chile. The number of migrants in the country has increased from 59,949 by 1999 to over 1,462,000 by 2020 (Mora-Olate, 2021; Suárez-Reyes et al., 2021). The main nationalities present in Chile are: Venezuelan (31 per cent of the foreign population), Peruvian (16 per cent), Haitian (13 per cent), Colombian (11 per cent), Bolivian (9 per cent) and Argentinian (5 per cent) (SJM, n.d.). The regions that have hosted most of this population are the metropolitan area of Santiago (62 per cent), Antofagasta (7 per cent) and Tarapacá (5 per cent) (ibid.).

Official statistics from the Chilean Government in 2020 indicate that first generation child migrants represent 14 per cent of the total migrant population (ibid.). The profile of these children is, however, slightly different to that of the total migrant population: their main countries of origin are Venezuela (41 per cent), Peru (27 per cent) and Colombia (20 per cent), with Haitians representing only 2 per cent of first generation child migrants (Centro de Estudios Justicia y Sociedad et al., 2020). In addition to this, 16 per cent of all children born in Chile had at least one parent of foreign nationality in 2019; 22 per cent of these children were born to a mother of Haitian nationality,¹⁰² while 17 per cent were of Venezuelan descent and 13 per cent of Peruvian descent (Instituto Nacional de Estadísticas, 2019). A study conducted in metropolitan Santiago and Antofagasta found that the main nationalities of child migrants varied between the two regions: there was a predominance of Peruvian (45 per cent) and Venezuelan (25 per cent) children around Santiago, but in Antofagasta, Colombians (46 per cent of migrant children) and Bolivians (26 per cent) predominated (Centro de Estudios Justicia y Sociedad et al., 2020).

The fast growth of Venezuelan immigration has been transforming the composition of the foreign population residing in Chile. As of December 2022, Chile hosted approximately 448,138¹⁰³ Venezuelans (R4V, 2021e). Initially, Venezuelan families migrating into Chile were often less economically vulnerable than those arriving in Colombia, Peru and Ecuador, and were typically driven more by violence and insecurity than economic factors (Chaves-González, Amaral and Mora, 2021). In 2021 and 2022, media reports (e.g., Herrera, Montecino and Contreras, 2021) suggest that increasing numbers of families are crossing into Chile on foot, motivated by perceived economic opportunities and

¹⁰² These statistics suggest that Haitian migrants have tended to arrive in Chile without children (either as single or married adults), and have chosen to start a family once they are in the country.

¹⁰³ Data from <https://www.r4v.info/es/refugiadosymigrantes> (accessed 20 December 2022). The latest Chilean data quoted on the R4V platform is from December 2021.

the desire for family reunion. Those who have crossed on foot from Peru and Bolivia, through arid and high-altitude regions, are often in need of urgent medical attention, as a result of insufficient food and water and exposure to sun and cold.¹⁰⁴ Around 70 per cent of Venezuelan migrants and refugees in Chile had irregular migration status in late 2021; an estimated 2,021 children (around 30 per cent of all irregular entrants) entered Chile irregularly between January and September 2021 (R4V, 2021e; UNICEF Chile, 2020). Border closures implemented during the COVID-19 pandemic increased the number of families and children entering Chile irregularly (UNICEF Chile, 2020).

For Peruvian children, family reunification has been the main driver for migrating. According to Pavez Soto (2010, 2012, 2013), Tijoux (2013) and Poblete Melis (2018), the migration of Peruvian children can be traced back to the early 2000s, when Peruvian women who had migrated in the 1990s for labour and economic reasons began processes of family reunification. Many Peruvian children who have migrated to Chile have experienced a period of separation from their mothers (between 4 and 5 years) during which they stayed under the care of other female relatives in Peru (Pavez Soto, 2010, 2012, 2013).

For Haitian children, family reunification, natural disasters and political instability and violence are the most common reasons for moving to Chile. From around 2009, it became a country of destination second only to Brazil in South America (Pinto and Ríos Alvarez, 2020). Since around 2017, and increasingly in 2020–2021, however, Haitian families have increasingly left Chile, with the aim of moving to the United States, due to the increasing immigration restrictions since 2018 (discussed in Section 4.4.2), as well as to increasing xenophobia in Chilean society¹⁰⁵ (Yates, 2021). COVID-19 and its impact on poverty, unemployment and public social protection (see UNICEF Chile, 2021) may also be influencing this trend; misinformation among Haitian communities in Chile – confusing the protection scheme offered by the Biden administration to Haitian migrants already residing in the United States with a protection scheme for all Haitian migrants – may also be having an impact (Bartlett, 2021; Bonnefoy, 2021).

4.4.2 LEGAL FRAMEWORK

In 2021, the Government passed Migration Law 21.325,¹⁰⁶ which replaced the Migration Law of 1975 and entered into force in February 2022. This new law recognizes the best interests of children and adolescents as a guiding principle, and grants a temporary residence permit to all children regardless of the immigration status of their parents, legal guardians or caregivers. Article 16 of this law grants all children and adolescents immediate access to social protection upon entry into the country. The same article stipulates a two-year minimum period of residency for foreign adults who request social protection, however, which can affect the well-being of children in these households. Espinoza et al. (2021) classify the inclusion of migrants in social protection schemes in Chile as partial and legally ambiguous. This is because the rights of migrants are not explicitly recognized in the Chilean Constitution; however, the economic and social rights are implicitly applicable to migrants and various regulations – such as the Resolution 07/1008 (1531) and the Supreme Decree 67 – have extended access to education, health care and labour rights to irregular migrants. As discussed in Section 4.4.3, however, lack of documentation and lack of awareness by government officials regarding eligibility represent significant barriers to accessing these programmes.

¹⁰⁴ At least 15 migrants, including a baby, died crossing from Bolivia to Chile between March and September 2021 (Toro, 2021).

¹⁰⁵ This can be seen as reflected in the widespread support for the far-right candidate for the 2021 Chilean presidential elections (Bartlett, 2021).

¹⁰⁶ Available at <https://www.bcn.cl/leychile/navegar?idNorma=1158549> (accessed 25 May 2022).

The new migration law also forbids turning away unaccompanied or separated children and adolescents without documents at the border (R4V, 2021e). In 2021, the Chilean Supreme Court of Justice approved a protocol for the special protection of unaccompanied children and adolescents, which was developed in partnership between the police force, the Ministry of Justice, UNICEF and several governmental and non-governmental actors (Poder Judicial et al., 2021).¹⁰⁷ The protocol stipulates that children's opinions must be heard and taken into consideration; that children must have all the necessary information to make an informed decision; that all parties involved with migrant child protection must assist and protect the child who has lost her or his identity documents; that other rights, such as family reunification, access to education and health services, need to be recognized; and that procedures for identifying a child's need for special protection (e.g., child abuse and neglect) need to be developed (ibid.). Yet, evidence suggests that important challenges remain for migrant children in Chile, which Section 4.4.3 discusses in more detail.

Regarding asylum, Chile is a signatory of the 1951 Refugee Convention and the 1967 Protocol Relating to the Status of Refugees. Law 20.430/2010 and Decree 837 constitute the national framework on this issue.¹⁰⁸ According to these documents, asylum seekers cannot be returned to their country, be prohibited to enter at the border or be prosecuted for entering through illegal routes, among other provisions. Moreover, social and economic rights (specifically related to health care, education, labour and social protection for adults) are explicitly recognized in Refugee Law 20.430/2010 (Espinoza et al., 2021).

Regarding Venezuelan movement, since 2018, Chile has introduced regulations requiring visas for Venezuelans, eliminating its policy of allowing tourists to transition to work visas once inside the country and requiring visas for tourism. Chile has also created a Visa de Responsabilidad Democrática (Democratic Responsibility Visa), which allows Venezuelans to stay for a year in the country (extendable after this period) and to subsequently apply for permanent residence in Chile. Children under 18 may enter with a birth certificate.

Tensions around Venezuelan migration have heightened since the beginning of 2022, when the various truckers' unions in Chile protested to demand tighter governmental controls. As a response, the Government decreed a state of emergency, which allowed the Government to deploy military personnel to the borders (MMC, 2022a). While the new migration law protects the rights of children, this new regulation and its by-laws has been denounced by human rights organizations for expediting deportation by removing the need for any judicial procedure and for introducing a 'redirection' mechanism to reroute migrants to Bolivia, among other provisions (R4V, 2022d). The declaration of the state of emergency has created confusion at the border, increasing the number of migrants and refugees halted in Peru and Bolivia. Moreover, it is estimated that the new legislation will increase irregular crossings, as well as the health, physical and safety needs of migrants (ibid.).

4.4.3 KEY CHALLENGES FACING CHILDREN ON THE MOVE IN CHILE

As documented by Caqueo-Úrizar, Urzúa et al. (2021), migrant families in Chile currently face housing problems, poverty, racial discrimination, job insecurity, and difficulty accessing basic services such as health care, education and social security. As Peruvians were the largest migrant community in the country before Haitian and Venezuelan movements in the 2010s, most child-focused studies in Chile examine issues faced by

¹⁰⁷ Most protection measures in Chile have been proposed by the Supreme Court of Justice, rather than by the Executive power.

¹⁰⁸ Available at <https://www.bcn.cl/leychile/navegar?idNorma=1012435&idVersion=20> and <https://www.bcn.cl/leychile/navegar?idNorma=1023156>, respectively (accessed 7 August 2022).

The new migration law forbids turning away unaccompanied or separated children and adolescents without documents. The protocol stipulates that children's opinions must be heard and taken into consideration; that children must have all the necessary information to make an informed decision.

children of Peruvian origin. A smaller number of more recent studies discuss the situation of Haitian and Venezuelan children, with similar findings to studies focusing on the Peruvian community.

Poverty, food security and housing

In general, migrants and refugees in Chile are more likely to experience poverty than their national counterparts, due to their greater likelihood of being employed in low-paid occupations. A study by Servicio Jesuita a Migrantes (SJM, 2021b) found that one in four migrant children were living in situations of poverty in 2020, a percentage that is considerably higher than that of Chilean children (15 per cent).¹⁰⁹ During the COVID-19 pandemic, the percentage of refugees and migrants in the five poorest income deciles rose from 39 per cent to 46 per cent, with those residing in the north of the country, many of whom are recent immigrants, being particularly vulnerable. An IOM Displacement Tracking Matrix survey from March 2021 in the Tarapacá region indicates that 19 per cent of Venezuelan migrants and refugees interviewed reported having had to reduce their food portions, while 14 per cent ran out of food entirely in transit (OIM Chile, 2021 cited in R4V, 2021e). R4V assessments also highlight that migrants' living conditions on initial arrival are often substandard, with many finding shelter in informal settlements where few dwellings (approximately 7 per cent) are connected to sewage or safe water systems, and there is an elevated risk of numerous waterborne diseases.

By 2020, only 1 out of 4 migrants in Chile was registered in the Social Registry of Households, the gateway to access social protection programmes (Machado et al, 2021). Moreover, in practice only regular migrants can access governmental non-conditional cash transfer programmes in Chile – such as the *Subsidio Unico Familiar* (Single Family Subsidy) and various emergency subsidies introduced in response to COVID 19¹¹⁰ – as these require a valid ID and a Rol Unico Tributario (RUT, Unique National Number) (Espinoza et al., 2021).

Education

The majority of academic literature on children on the move in Chile focuses on the barriers Peruvian children experience in the educational system, and, to a lesser degree, those experienced by Haitian children. Issues facing Venezuelan children are much less discussed. The emphasis on migrant children's education reflects a rapid increase in numbers: Ministry of Education data show that the number of registered migrant students in public schools has risen from 22,425 in 2014 to 160,000 in 2019 – representing 4 per cent of the total student population (Mora-Olate, 2021; Westh Olsen and Irarrázaval, 2020: see also SJM, 2020). None of these studies or reports provide insights regarding gender differences in the schooling of migrant children. The high number of out-of-school children in the migrant population is also noticeable, however, particularly when compared to nationals: only 1 per cent of Chilean children between the ages of 6 and 13 years old are not attending school, but this percentage jumps to 17 per cent among foreign-born children (Centro de Estudios Justicia y Sociedad et al., 2020).¹¹¹

Migrant children's access to education also varies depending on their period of residency in the country: data collected in Santiago in 2019 indicate that 35 per cent of children who have resided in Chile for less than 3 years were out of school, while enrolment levels for

¹⁰⁹ The study is based on data from the Encuestas Casen (Casen Surveys) of the following years: 2013, 2015, 2017 and 2020.

¹¹⁰ Such as the Beneficio COVID-19 (COVID-19 Benefit), targeting the 60 per cent most vulnerable households, and the Ingreso Familiar de Emergencia (Emergency Family Income), targeting households with no formal income (Espinoza et al., 2021).

¹¹¹ These figures are calculated by Centro de Estudios Justicia y Sociedad et al. (2020) on the basis of data collected in 2019 with 700 migrant families and 300 Chilean families, all residing in the capital.

permanent residents were similar to those of Chilean nationals (ibid.).¹¹² Other factors that hindered children's access to education included irregular status (57 per cent out of school) and household composition: children in single-parent households were over twice as likely to be out of school (17 per cent) as children in two-parent households (7 per cent). These studies did not find any significant differences in access to education based on children's country of origin. The reasons for being out of school, however, differed between Chilean and foreign-born children. For Chilean parents, the main reported reason for not enrolling their children was personal problems (70 per cent), followed by difficulties in finding school vacancies (20 per cent). Meanwhile, for migrant and refugee children, the main reasons were lack of school spaces (64 per cent), followed by a lack of documentation or insufficient time in Chile (14 per cent) (ibid.).

Because of poverty, the majority of migrant children in Chile are only able to access public schools (which have no cost) or state-subsidized private schools. In 2019, 153,000 out of 160,000 migrant students were studying in schools that receive state funds (Westh Olsen and Irrarázaval, 2020). Moreover, Pavez Soto (2012) and Tijoux (2013) found that migrant children are only able to access the least desirable institutions. This is because of the geographic location of these schools (in low-income areas), but also due to discriminatory practices in higher-quality facilities, which tend to deny entry to migrant children. This compromises the quality of the education that migrant children can access, reproducing a cycle of inequality (Jiménez Vargas et al. 2017; Mondaca Gairín and Muñoz, 2018; Marín Alaniz, 2015).

Migrant children also face challenges accessing education due to the difficulty of accessing school records in their countries of origin and of validating their studies in Chile (see Poblete Melis and Galaz Valderrama, 2016, 2017; Stefoni and Corvalan, 2019; Westh Olsen and Irrarázaval, 2020). As a result of all these factors, as of 2020, 12 per cent of Venezuelan migrants and refugees of school age were not enrolled in education (R4V, 2021e).

Reforms enacted from 2016 onwards, however, have sought to address some of these challenges. The current regulations of the Ministry of Education outlines the right of every child and adolescent in Chile to access a public institution at any point during the academic year, regardless of migration status, and to receive state benefits such as scholar insurance, scholarships and academic books (UNESCO and UNICEF, 2020). The 2017 *Ley de Inclusión Escolar* 20.845 (Educational Inclusion Law) enables students with irregular migration status to access schools, and related benefits such as school meals, through a *Identificador Provisorio Escolar* (IPE, Provisional School Identification number) (Pavez Soto, 2018).¹¹³ Foreign students can request an IPE via the Ministry of Education and use this document for enrolment in school if their migration status is irregular (UNESCO and UNICEF, 2020). This measure has helped to improve overall access to education, as exemplified by the large percentage of Venezuelan students (73 per cent) using an IPE to access education in Chile, as recorded in data from the Ministry of Education in 2020 (cited in ibid.).

In some cases of irregular migration, parents may still choose to keep their children away from schools to avoid the risk of detention and separation from their children (ibid.; OIT, 2016c). Moreover, children of parents with irregular status cannot register with the *Registro Social de Hogares* (Social Register of Households), and therefore cannot access a special subsidy for schoolchildren in vulnerable situations, potentially affecting their access

¹¹² For methodological details, please see previous footnote.

¹¹³ This replaced the 'RUT 100' mechanism by which they could access schools but not progress to later grades because of their lack of an identity number in Chile (Pavez Soto, 2018). Another relevant policy is the 2018 National Policy of Foreign Students, which provides a regulatory framework that consolidates the access, retention and trajectories of migrant children (Mora-Olate, 2021).

to education or hindering their academic performance. A survey with 731 migrant families in 2019 found that 58 per cent of respondents faced at least one obstacle to enrolling their children at school, and migrant families reported very limited access to subsidized education benefits, with only 8 per cent of migrant children having scholarships and only 7 per cent benefiting from a government-funded programme that delivers laptops for schoolchildren known as ‘Yo elijo mi PC’ (‘I chose my PC’) (cited in Centro de Estudios Justicia y Sociedad et al., 2020).¹¹⁴

Numerous studies from different parts of the country¹¹⁵ have found that Peruvian children face high levels of racial and class discrimination in the schools they attend, both from peers and school staff.¹¹⁶ Likewise, Sánchez, Navas and Holgado (2013), analysing the attitudes of 720 teachers in training in the regions of Araucanía and Biobío, found a prevailing lack of willingness to build rapport with migrant children as well as a lack of positive feelings towards them. Such levels of discrimination may not only damage a child’s self-esteem, but can also prompt a loss of identity, as children may hide their foreign and/or indigenous identity to prevent discrimination and abuse. Pavez Soto (2018, p. 173) cites the example of a Peruvian boy whose parents chose to cut his long hair, “so that the other kids wouldn’t say he is indigenous”. Many schools lack appropriate support mechanisms, such as specialized and professional attention (Galaz, Pavez and Magalhães, 2021).

“Some children in school treat me badly, but I feel good being here in Chile, even though some classmates ‘bully me’.”

[13-year-old Peruvian boy, Pavez Soto, 2017, p. 619]



These studies also stress the pressure children face to assimilate into Chilean culture.¹¹⁷ For example, they face humiliation for talking differently and are pressured to adapt their language to use Chilean expressions. Migrant children’s different knowledge and behaviour is taken as evidence that they ‘lag behind’ their Chilean counterparts (Pavez Soto, 2010, 2013; Cerón, Pérez Alvarado and Poblete, 2017; Moreno and Oyarzún, 2013). In 2017, the Ministry of Education published a guidance document titled *Orientaciones Técnicas para la Inclusión Educativa de Estudiantes Extranjeros* (Technical Orientation for the Educational Inclusion of Foreign Students), which stresses the importance of approaching education from an intercultural paradigm (Stefoni and Corvalán, 2019); however, some studies find that teachers still feel underprepared to support migrant children. Though some schools have sought to incorporate references to other Latin American culture and histories, this is sometimes reduced to a ‘folklorization’ of culture in the absence of clear guidelines on how to implement an intercultural approach (Poblete Melis 2018).¹¹⁸ Stretched resources in many public schools make it less likely that cultural diversity will be valued, but rather be seen as a further stress on their meagre means (Marín Alaniz, 2015).

There is substantial evidence that Haitian children experience xenophobic, racial and class discrimination and harassment in schools by both peers and school staff.¹¹⁹ Among recent Haitian migrant children, language is a significant barrier for their integration and development in school – jeopardizing their socialization and academic achievement (Pavez Soto et al., 2019). As a result of their limited Spanish-language skills, the lack of

¹¹⁴ These figures are calculated by Centro de Estudios Justicia y Sociedad et al. (2020) on the basis of the Encuesta a Cuidadores Principales (Survey of Main Carers).

¹¹⁵ See Pavez Soto (2010, 2012, 2017, 2018), Pavez Soto and Galaz Valderrama (2018), Salas, Kong and Gazmuri (2017), Riedemann and Stefoni (2015), Tijoux and Rivera (2015), Tijoux (2013), Galaz, Pavez and Magalhães (2021), Muñoz-Labraña et al. (2021), Cerón, Pérez Alvarado and Poblete (2017), Moreno and Oyarzún (2013), Bustos and Gairin (2017a, 2017b) and Sánchez, Navas and Holgado. (2013).

¹¹⁶ This trend is not unique to children. According to Pavez Soto (2018), 41 per cent of adult migrants reported having experienced some form of racial discrimination in the country.

¹¹⁷ Also see Joiko and Vásquez (2016), Sanchez, Navas and Holgado (2013), Bustos and Gairin (2017), Lahoz and Cordeu (2021), Hernández Yulcerán (2016), Jiménez and Fardella (2015), Mondaca, Gairín and Muñoz (2018) and Grau-Rengifo (2021).

¹¹⁸ Law 20.370 and its concomitant Intercultural Bilingual Program, which seeks to guarantee the cultural and linguistic expression of children, focuses on indigenous peoples, and not migrant children (Pavez Soto, 2018).

¹¹⁹ Key studies include Pavéz Soto (2019), Pavéz Soto et al. (2019), Ministerio de Educación (2013), Campos-Bustos (2018), Galaz, Pavez and Magalhães (2021) and Stefoni, Stang and Riedemann (2016).

training of school staff and the lack of intercultural educational policies, Haitian children tend to be incorporated into school grades based on their age rather than their knowledge. It is not clear whether children are placed in higher grades than those they have completed, putting them at a disadvantaged position where they are struggling to keep up with content, or in lower grades than appropriate for their level of learning (Poblete Melis, 2018).

Pavez Soto et al. (2019) argue that the lack of intercultural education policies is rooted in an educational model that aims to assimilate rather than to include migrant children. The language barrier experienced by Haitian children may critically aggravate the stress children experience when they migrate. In these circumstances children tend to find communicating their thoughts and emotions challenging, because of a fear of saying something wrong in an unknown context or triggering bullying from peers, and as a result, children may be unable to express their emotions adequately (ibid.).

This review did not find evidence of how these experiences affect migrant children's educational outcomes. A study by Céspedes et al. (2021), however, comparing Chilean and migrant adolescents, found that migrant students had a stronger sense of "academic self-concept" and "academic self-efficacy" (measures of children's confidence in their ability to succeed in their studies) and no differences in well-being when compared to Chilean students.¹²⁰ The authors suggest these results might be because migrant children perceive education as a tool for social mobility, as well as their possible higher degree of independence and responsibility due to their adverse social and economic situations.

Health

The overall policy framework around migrant children's right to health care is supportive, and preceded that of other migrants, as Ordinance No. 3229 from 2008 (passed by the Ministry of Health) already guaranteed the right to health care of all children under the age of 18 regardless of migration status. In the new migration law, Article 15 guarantees every migrant's right to access health services regardless of age or migration status and in equal conditions to Chilean nationals. While the access of migrants with irregular status to the public health care system may still be hindered by fear of discrimination or deportation, specific programmes have been put in place for pregnant women and children with irregular status (Noy and Voorend, 2016). For specific migrant populations, such as Peruvians, bilateral agreements have also been instituted to provide free medical clinics (ibid.).

Despite this, a study by Obach et al. (2020) of 30 adolescents' access to health care found that 60 per cent of adolescent respondents did not know whether they were registered or not in the health system, and 50 per cent has never used it – the prevalence for both indicators being higher the more recently they had arrived in Chile.¹²¹ Key barriers included: appropriate documentation, the requirement for migrant adolescents to be accompanied by an adult, the age-appropriateness of the services, discrimination perpetrated by public health employees, cultural differences by which medical personnel are perceived as cold and detached, and discontent with the long waiting times of the health care system. This lack of access is particularly important for migrant adolescents' sexual and reproductive health. Obach et al. (2020), however, also found the presence of health care services in schools to be a key mechanism to increase access to the system.

“ In Valparaiso ... at Plaza Victoria we saw a [Chilean] girl and she told my sister 'gross'. My sister started crying as a result, because she [Chilean girl] had told her 'look at you, look at your skin colour, we are different, look at your hair, look at your eyes... you are Haitian, I am Chilean'.”

(17-year-old Haitian girl residing in Chile, Pavez Soto et al. 2018, p. 15)



¹²⁰ The study took place in 2019 and compared 406 Chilean and migrant adolescents living in Santiago. Overall, 56 per cent of the sample were girls aged 12–16, and 44 per cent were boys in the same age group. The study employed t-tests and multivariate analysis.

¹²¹ The study examined a sample of 30 migrant adolescents in three neighborhoods in Santiago using a qualitative methodology, relying on interviews, focus groups and participatory workshops.

There is some evidence that immigrant children face greater health risks than their Chilean counterparts due to their reduced economic income, lack of knowledge about the health system, lack of health insurance, greater difficulty in accessing health services, greater exposure to violence and contaminants, and increased prevalence of mental health issues such as anxiety, depression and eating disorders (Caqueo-Urizar, Atencio et al., 2021; Caqueo-Urizar, Urzúa et al., 2021; Bernalles et al., 2018; Cabieses et al., 2017).

Three of the studies reviewed suggest that migrant children's health in Chile is often better than that of their Chilean counterparts. Comparing pregnant Chilean and Peruvian women in Santiago, Ortiz Contreras et al. (2020) found that migrant women were healthier than their Chilean counterparts (with likely positive impacts on their babies' health),¹²² and attributes the difference to the 'healthy migrant effect' – the theory that those who migrate tend to be young and healthy as they are able to undertake the journey. Likewise, Cabieses et al. (2017) also found that all birth outcomes in the population they studied were better among immigrant women. Moreover, in a study with 1,033 children in Santiago, Suárez Reyes (2021) found that migrant children (13 per cent of the sample) – mostly from Haiti, Venezuela, Peru and the Dominican Republic – had better health indicators than their Chilean counterparts (boys having greater handgrip strength and girls having higher compliance with nutritional requirements).

Five recent studies also stress the impacts of migration on the mental health of children on the move in Chile.¹²³ Marín Alaniz (2015), for example, documents, through art-based methods, how Peruvian children in Iquique experienced emotional difficulties related to the journey into Chile and crossing of the border, separation from family members and loved ones, social and economic difficulties, and exclusion at school in Chile. Likewise, Obach et al. (2020) found that migrant teenagers in Chile experience mental health challenges due to the process of cultural adaptation, lack of knowledge of their new surroundings, instances of discrimination and being far away from home.

Villacieros's (2019) study with 146 migrant children from Brazil, Bolivia and Peru aged 11–17 also found that these children experience stress, sadness and feelings of inadequacy,

¹²² The study also notes that women who migrate from Peru (and other countries) experience gaps in access to reproductive health care, resulting from "labour problems, bureaucracy, lack of knowledge about the care system ...[and] the perception of mistreatment and discrimination..." (Ortiz Contreras et al., 2020, p. 655).

¹²³ In contrast to these studies, Caqueo-Urizar, Atencio et al. (2021) find no statistically significant difference in levels of mental health and well-being reported by Chilean and immigrant children. Both elementary and secondary school immigrant students, however, reported higher rates of problems with friends and family and, among elementary school students only, lower scores in integration and self-esteem.



due to discrimination and exclusion in Chile and nostalgia for their country of origin, as well as behavioural problems (e.g., stealing and conflict resolution difficulties) and hyperactivity, due to past experiences of, and/or fears of, being separated from their families. These findings are also echoed by Urzúa et al. (2021), who evaluated life satisfaction (understood as the cognitive aspect of subjective well-being) in a sample of 300 immigrant children between 8 and 13 years old. The study found that 12- and 13-year-old migrant children reported lower scores of satisfaction in the areas of family and home, material goods, interpersonal relationships, health and use of time (and higher scores related to residence, school and personal satisfaction) than their Chilean counterparts. Bernal et al. (2018) also document how living with parents or guardians with mental health issues can be detrimental to the mental health of migrant children. Obach et al. (2020) found that children faced significant barriers to accessing mental health services in Chile and reported dissatisfaction with the long intervals between sessions.

Child protection

Chile has a protocol specifying the steps that border control authorities should follow with unaccompanied and separated children upon their entry in the country (PJUD et al., 2021). There is no equivalent document outlining procedures for children moving with their families, however, which hinders the state's capacity to identify and follow up with migrant and refugee families.

A significant number of studies found that Peruvian children in Chile face violence in various contexts: at school, in their neighbourhood and in society in general (Pavez Soto 2018; Galaz, Pavez and Magalhães, 2021). Two studies observed that children are usually not accepted by landlords. As a result, families may be pushed to more precarious housing and/or to live in secrecy, ending up living in shared accommodation, which can create conflict between resident families and/or lead to them prohibiting children from leaving the house during the day (Pavez Soto, 2010, 2018). Moreover, as Pavez Soto (2017, 2018) and Pavez Soto and Galaz Valderrama (2018) document, precarious housing also means children do not have adequate communal spaces for playing, violating their right to leisure and rest and contributing to rising tensions between neighbours. Moreover, the concentration of migrant children in marginalized neighbourhoods exposes them to witnessing violent situations as well as other social problems, such as drug abuse (Galaz, Pavez and Magalhães (2021).

A woman started to yell at my sister when we were at the fair, started to insult everyone who was a foreigner, and my sister felt really bad as a result ...We see a lot of robberies, fights, accidents, everything happens here, except shootings. Shootings no, but we can always hear people fighting outside. Sometimes I am scared to go out because there are people doing drugs.

[15-year-old Bolivian boy, Galaz, Pavez and Magalhães, 2021, p. 139]



Pavez Soto (2010) and Galaz, Pavez and Magalhães (2021) also found migrant children from other countries of origin had common experiences of businesses refusing to sell to them because of their origin, of being insulted in the street and of discrimination at the hand of government officials refusing to process their documents. For example, in a study in the northern city of Arica, Bernal et al. (2018) found that children of Colombian origin experienced rejection due to a prevailing stereotype of Colombians as violent and prone to conflict.

The violence children experience in these spaces is sometimes exacerbated by the absence of their parents due to work. Caqueo-Urizar, Urzúa et al. (2021) found that 41 per cent of migrant families in Chile are headed by female single parents and that 54 per cent of all foreign families live under the poverty line. As a result, children may spend a significant portion of their days alone (once they get back from school) and have fewer resources to deal with the violence they may be experiencing in their surroundings (see also Pavez Soto, 2010).¹²⁴ This is exacerbated by the lack of support networks of migrant families in Chile, and their difficulty in accessing social protection that can complement parental income or offer childcare provision (Galaz, Pavez and Magalhães, 2021). Moreover, as noted in Galaz, Pavez and Magalhães's (2021) study of migrant children in Iquique, children may also be exposed to violent punishments at home. The researchers argue that domestic violence against children is common in both Chilean and migrant families, however, and it is often considered a culturally acceptable practice by child protection personnel.

Pavez Soto et al. (2019) found that Haitian children face intersecting discrimination based on their race, class, language, and nationality; therefore, they tend to be frequent victims of bullying and segregation at school. The authors suggest that Haitian children's vulnerability is exacerbated by fear of reporting violence among migrants with irregular immigration status, lack of knowledge about migrant children's rights and mechanisms for assistance in Chile, difficulty communicating due to language barriers, and widespread racial discrimination.

Migrant children, especially adolescents, in Chile are vulnerable to child labour and sexual exploitation (OIT, 2016c). In 2015, there were 225 cases of migrant children reported to the Servicio Nacional de Menores (National Minors' Service). By 2020, this figure had increased to 603 children in situations of child labour (USDOL, 2021). The USDOL (2021) report also mentions that indigenous children and adolescents from Ecuador (especially from Otavalo) are particularly at risk of human trafficking into Chile.

4.5 | Uruguay

4.5.1 MAIN MOVEMENT PATTERNS

Since 2009, Uruguay has experienced a reversal in the outward migration trend in place since 1963, with net flows of migration into the country (Piñeyro and Uriarte, 2021; Uriarte and Urruzola, 2018). While between 2009 and 2011 most migrants were from neighbouring countries – especially Peru – by 2011, the most prominent countries of origin were the Dominican Republic, Venezuela, and Cuba. Uruguay has received a smaller Venezuelan migrant population than other South American countries (23,400 as of December 2022).¹²⁵ In 2019, 72 per cent of immigrants were from non-neighbouring countries (Prieto and Montiel, 2020).

Migration into Uruguay has increased from 76,000 people in 2010 to 108,000 in 2020 – of whom children represent 26.6 per cent.¹²⁶ The population of migrant children in

¹²⁴ Pavez Soto (2010) finds this is the case in her qualitative study (based on 15 interviews with migrant children in Santiago and participant observation in two schools in the central area of the city). The age group of the children interviewed is unspecified but quotes show interviews with children ranging from 9 to 14 years of age.

¹²⁵ Data from <https://www.r4v.info/es/refugiadosymigrantes> (accessed 20 December 2022).

¹²⁶ This represents a slight fall from the period 2013–2017, when children and adolescents represented 31.7 per cent of immigrants (UNICEF Uruguay, n.d.). UNICEF Migration and Displacement Country Profiles (accessed 5 August 2022), <https://data.unicef.org/resources/migration-and-displacement-country-profiles-mdcp/>.

the country (both ‘first’ and ‘second generation’ migrants) has grown 52 per cent in the period 2015–2020 (UNICEF Uruguay, 2020a). By 2019, 2 per cent of all children in Uruguay were non-nationals, and 66.5 per cent of them were from non-neighbouring countries (Prieto and Montiel, 2020). Of migrant children with regular migration status in the country, only one in four was actually born in a foreign country. The majority were born in Uruguay to migrant parents, and 75 per cent were part of mixed families with one migrant and one Uruguayan parent (UNICEF Uruguay, 2020a). An estimated 20 per cent of child migrants are 0–5 years old, 37 per cent are 6–11 years old and 42 per cent are 12–17 years old; 54 per cent reside in the capital of Montevideo. Taking into account children born in Uruguay to immigrant parents, the total number of migrant children is estimated at 35,000–40,000 (Prieto and Montiel, 2020).

In 2017, the Dominican Republic was the leading country of origin for migration into Uruguay, and the majority of migrants were adult women (around 67 per cent) (Koolhaas, Prieto and Robaina, 2017).¹²⁷ As a result, migration of Dominican children is driven mostly by family reunification (Uriarte Bálsamo, 2020; Uriarte and Urruzola, 2018). Children’s movement from other Latin American countries, such as Cuba, Colombia and Peru, follows similar patterns (Fernández Soto et al., 2020). A higher proportion of Venezuelan children have moved to Uruguay as a family unit, though a pattern of parents migrating first and children following is still common.¹²⁸

Family reunification for migrants from most countries is facilitated by the absence of tourist visa requirements – and within MERCOSUR, it is further facilitated by Law 19.254 (2014), which allows nationals and family members from member states to obtain permanent residency (Prieto and Montiel, 2020). This is not the case for people from the Dominican Republic and Cuba, however, who, have been required to have visas for all types of travel since 2014. Together with the lack of specific mechanisms for family reunification, this has hindered the rights of children on the move to family reunification, recognized in national legislation, such as the Código de la Niñez y la Adolescencia (Code of Childhood and Adolescence/Law 17.823) and international conventions (Uriarte Bálsamo, 2020; Uriarte and Urruzola, 2018).

Uruguay also has a small population of refugee children mostly from outside the region. Uriarte Bálsamo and Montealegre (2018) document the arrival of Syrian children to Uruguay in 2015 under a program for resettling Syrian refugees. While further studies are needed on the challenges and needs of Syrian children, Uriarte Bálsamo and Montealegre’s (ibid.) study draws attention to the possible pressure to assimilate they may experience (for example, for Syrian girls to abandon veiling).

4.5.2 LEGAL FRAMEWORK

Uruguay made significant progress in its legal framework on migration in 2008 with the passing of Law 18.250, which addressed migration from the perspective of human rights rather than national security (Uriarte and Urruzola, 2018). As a result, Law 18.250 guarantees a principle of non-discrimination towards migrants, recognizing equality of rights for people on the move in terms of health, work, social security, housing and education (Prieto and Montiel, 2020). In addition, Law 18.076 (2006) guarantees the

¹²⁷ According to Fernández Soto et al. (2020), single-parent units account for 20.7 per cent of Dominican Republic households, 11.5 per cent of Peruvian households and 6 per cent of Venezuelan households in Uruguay.

¹²⁸ According to Fernández Soto et al. (2020), 33 per cent of Venezuelan households in Uruguay have children, but only in 24 per cent of households are those children resident with them in Uruguay; for Peruvian households, the respective figures are 45 per cent and 37 per cent; for Dominican households, they are 82 per cent and 42 per cent; and for Cuban households, they are 48 per cent and 12 per cent.

economic, social, civil and cultural rights of refugees, including their right to family reunification (Prieto and Montiel, 2020). Uriarte and Urruzola (2018), however, argue that this legal framework has not been duly implemented, especially when it comes to migrant children from the Caribbean.

Uruguay is both a signatory party to the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol on the Status of Refugees. While Uruguay seeks to facilitate the integration of Venezuelan migrants and refugees, they still face important barriers. For instance, Uruguay allows Venezuelan nationals to enter without a visa, yet a residency document is necessary to access health care. The MERCOSUR residency visa is available to Venezuelan nationals (though costs may form a barrier for some families), but children need the approval of both parents to request this document. This policy was initially implemented to protect children from travel that was not authorized by both parents, but it could function as a barrier to regularization of immigration status for unaccompanied children (Selee and Bolter, 2020). Furthermore, delays in processing applications (of six months to a year) affect access to education, health and social security services. As a result, the proportion of migrant children with access to health services lags behind their Uruguayan counterparts by 5 per cent (94.2 per cent compared to 99.8 per cent) (Prieto and Montiel 2020).

4.5.3 KEY CHALLENGES FACING CHILDREN ON THE MOVE IN URUGUAY

Poverty, housing and food security

Using data from Encuestas Continuas de Hogares (Household Continuous Surveys) of 2015–2019,¹²⁹ a study from UNICEF Uruguay (2020a) found that single parent and female-headed households were common for both Uruguayan (34 per cent) and migrant children (28 per cent). It found, however, that at least 5 per cent of child migrants (ages unspecified) with regular status were living without either of their parents. The incidence of poverty among migrants with regular status and Uruguayan children was also similar, at around 17 per cent (ibid.). Poverty levels among migrants may be higher than these estimates suggest, however, given that the Household Continuous Surveys exclude people living in *pensiones* (cheap housing, discussed in more detail in the next paragraph) and collective accommodation, nor do they consider migrants with irregular status. This is likely to leave out data on the most vulnerable migrant households.

The literature highlights serious challenges for migrant families related to housing quality.¹³⁰ Uriarte and Urruzola (2018) document that migrants in Uruguay are disproportionately likely to live in a form of housing called *pensiones*, which is relatively cheap, but often in bad structural condition (e.g., at risk of collapse), unhygienic and overcrowded. Overcrowding contributes to lack of privacy and various forms of harassment and violence. Similarly to studies from Chile, Uriarte and Urruzola (2018) document that families with children experience harassment from their neighbours and landlords – as neighbours may complain about noise and as landlords use this to increase rents. Migrant families with children thus face elevated threats of eviction from landlords and difficulties in finding subsequent housing.

In terms of social protection, Uruguay has a conditional cash transfer programme, called Asignaciones Familiares (Family Allocation), for low-income families with children under the age of 18. To qualify for the benefit, a person must be a legal resident of

¹²⁹ These surveys are carried out by the Instituto Nacional de Estadística (National Institute for Statistics).

¹³⁰ Studies include Fossatti and Uriarte (2018), Uriarte and Urruzola, (2018), Prieto and Montiel, (2020), Fernandez Soto et al. (2020) and Bengochea and Madeiro (2020).



Uruguay with a national identity card – requirements that hinder many migrant families from requesting social protection. The same study from UNICEF Uruguay (2020a) found that only 3 per cent of recent migrants and 6 per cent of migrants who have been residing in the country for more than five years received the Family Allocation.¹³¹ For comparison, it found that the percentage of native Uruguayans receiving the Family Allocation was nearly double of that of settled migrants (*ibid.*). This data is especially concerning when considering that 81 per cent of low-income and 57 per cent of lower-middle-income households in Uruguay lost sources of income and faced food insecurity during the pandemic (UNICEF Uruguay, 2021a).

Education

The General Law of Education (18.437/2009) establishes access to education as a fundamental human right and confirms the state's role in ensuring that minorities and vulnerable people have the right to access, remain in and complete education (UNICEF Uruguay, 2020b). Children may be unable to access education without full documentation, including vaccination records, however (Uriarte and Urruzola, 2018). Another obstacle is that “both of a child's parents must give their permission for enrolment, and if one of the parents is not present, an apostilled statement of approval from the absent parent must be presented before the child is permitted to enrol”, which particularly disadvantages children in single parent households (Selee and Bolter, 2020, p. 32).

A UNICEF analysis of school attendance rates of Uruguayan and migrant children with regular status found no significant differences in school attendance among these groups at primary school level (UNICEF Uruguay, 2020a). It found, moreover, that, in preschool (40 per cent) and secondary school (93 per cent), regular migrants had a higher school attendance rate than Uruguayan natives, with a difference of over 7 per cent.¹³² As these statistics exclude irregular migrants, however, they are likely to overestimate child migrants' access to services.

Another analysis by UNICEF Uruguay (2021c) on school attendance rates provides greater insights about different migrant communities' challenges in accessing education. Using data from the Etnoencuesta de Inmigración Reciente (Immigration Etnosurvey) (2018–2019),¹³³ the study found that Peruvian migrants had nearly universal school attendance rates at all levels, but that 50 per cent of migrant adolescents from the Dominican Republic, 20 per cent from Cuba and 74 per cent from Venezuela dropped out of secondary school in the final years of their education. This may be the result of the increased economic pressures and care needs of migrant families (*ibid.*).

The type of school in which migrant children and adolescents are enrolled also varies depending on their country of origin. While 98.6 per cent of Dominican and 94.5 per cent of Cuban child migrants attend public institutions, this percentage is considerably lower for Venezuelan (82.9 per cent) and Peruvian (57 per cent) students (*ibid.*) These differences may be due to a high demand for public services in host communities with larger migrant populations, and the subsequent difficulty of finding vacancies. It should be noted that private nurseries and preschool services are expensive in Uruguay, and there are no adequate options for childcare offered or subsidized by the state. This places children in a precarious position, by limiting single-parent families' opportunities to, and

¹³¹ Results were calculated using data from the Encuestas Continuas de Hogares (2015–2019).

¹³² See previous footnote for methodological details of the study.

¹³³ The Immigration Etnosurvey was carried out by the University of the Republic and the Latin American Migration Project. It surveyed approximately 800 people meeting the following criteria: born in Cuba, Dominican Republic, Peru or Venezuela; resident in Montevideo at the time of the survey; 18 years of age or older at the time of the survey.

options of, work (Uriarte and Urruzola, 2018), and potentially leaving younger children in the care of older siblings. State-funded facilities often have schedules that do not match with work schedules and also have long waiting lists. Difficulties accessing care and/or education for young children are particularly important for the 30 per cent of migrant households that are female-headed and may have no, or limited, family support to care for children (Prieto and Montiel, 2020).

Health

This review found no studies that discuss the health of migrant and refugee children. The sources found concentrate on migrants' access to the health care system. Refugees and migrants in Uruguay have had access to the Sistema Nacional Integrado de Salud (Integrated National Health System) since 2006 (Law 18.076) and 2008 (Law 18.250), respectively (UNICEF Uruguay, 2020b). Subsidized access to private health care providers, however, is mediated via registration with the Fondo Nacional de Salud (FONASA, National Health Fund) – which only formal employers contribute to and can pursue. Low-income workers or people with precarious contracts have the right to access the public health system free of charge, as do children of workers and working adolescents. Yet, a survey of migrants' use of health services in Montevideo found that 10 per cent of people who pay for FONASA do not know that they have health insurance. Even for those who do know, a substantial proportion of migrant children with FONASA still use public services: 52 per cent of Cubans, 61 per cent of Dominicans, 48 per cent of Peruvians and 34 per cent of Venezuelans (UNICEF Uruguay, 2021b).

Although the health system has excellent coverage among the general population, reaching almost 100 per cent of Uruguayan nationals and established migrants, there is still a gap of access of over 5 per cent for newly arrived migrants (ibid.). No studies reviewed look at the reason for this gap in access to health services, or estimate the number of migrants without regular status who lack access to health services. Studies from other contexts (such as Brazil and Chile), however, suggest that families might avoid public services if they fear being punished or deported due to their migration status.

Child protection

According to its migration law, Uruguay grants the right to family reunification to parents, spouses and children of regular residents. Since 2015, the right to family reunification has also been facilitated through Decree 312/2015, which gives the right to permanent residency to family of Uruguayans and nationals of other MERCOSUR member states residing in Uruguay (UNICEF Uruguay, 2020b). This addresses the need of a high number of transnational families from bordering countries; however, it excludes Cuban, Dominican and Venezuelan migrants from a rapid route to family reunification.

Only one study reviewed discusses migrant children's experience of discrimination. Piñeyro and Uriarte's (2021) study of a school in Montevideo found that migrant children experienced racial (but not xenophobic) discrimination in school and were aware of the prevalence of xenophobia in society. The study also highlights some pressures on Syrian refugee girls to stop wearing hijab. None of the studies found discuss migrant and refugee children's risks of child labour, trafficking or experiencing violence.

The schedules of state-funded childcare facilities often do not match with work schedules and have long waiting lists. This poses particular challenges for the 30% of migrant households that are female-headed with limited family support to care for children.



5 | Mexico and Central America

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With the rising number of migrants and refugees crossing Central America and Mexico, pregnant women among them, there is a growing risk of babies facing statelessness.

5.1 | Main movement patterns in Mexico and Central America

International mixed movements in Central America and Mexico are large, complex and dynamic. The subregion is simultaneously:

- a **set of countries of origin for emigrants**, primarily heading towards North America: The total number (stock) of migrants from Mexico and all Central American countries has increased significantly between 1990 and 2020, from 6.82 million to almost 16.2 million. Over this period, the countries with the highest increases in emigration were Honduras (+ 530 per cent), Guatemala (+ 293 per cent) and Mexico (154 per cent); those with the lowest increases in emigration were Panama (+ 4 per cent), El Salvador (+ 29 per cent) and Belize (+ 46 per cent) (Portal de Datos sobre Migración, 2021).
- a **destination** for refugees and migrants, mostly from other countries in the region but increasingly from outside (2.3 million in 2020). The three primary countries of destination in the subregion are Mexico, Costa Rica and Belize. A total of 131,448 people applied for asylum in Mexico in 2021; in the first two months of 2022, 16,309 asylum applications were made, 21 per cent more than in the first two months of 2021 (MMC, 2022a). Costa Rica received 108,400 asylum applications in 2021 (UNHCR, 2022).

AT A GLANCE

Mexico and Central America are a source of mixed migration movements, a destination for refugees and migrants) and a transit zone, especially for migrants heading towards the United States. Irregular migration from and through the subregion is very common and outweighs migration by regulated routes, due to the inaccessibility of legal migration pathways.

There has been a notable increase over the last few years in children from the subregion migrating with their families, in small groups, as part of caravans, and unaccompanied by adults. Key reasons include escaping from drug- and gang-related violence, poverty and limited economic opportunities, climate-related shocks and stresses, and movement for family reunification.

The regional legal and policy framework, strongly influenced by United States policies, has changed rapidly and influenced movement patterns. Much of this framework aims to deter migration, by shifting adjudication of immigration and asylum applications to Mexico, and it has led to increased expulsion of children and families.

During transit, children on the move experience violence, abuse and exploitation; face challenges in meeting their basic needs for food, water, shelter and sanitation; and have limited and variable access to health and education services. Most qualitative literature focuses on children's negative experience crossing the Darién gap and Mexico, although studies of migrant caravans report the difficulties of crossing the border between Honduras and Guatemala.

Governments in the subregion have developed processes and programmes for the regularization of and refugee status determination procedures for children and their families settling in their territories as part of their migration management, though lack of documentation and high administrative costs act as barriers. All subregional countries' legal frameworks establish children's right to public education, regardless of their migration or refugee status, and to basic health care, though lack of documentation and sometimes cost barriers also affect access to health and education services, varying by country. Discrimination also deters health-service use (especially among pregnant women); studies from Costa Rica also highlight children's experience of xenophobic discrimination in schools.

Returns of children, both accompanied and unaccompanied, from the United States and Mexico continue to take place on a large scale, often without adequate screening for international protection needs or family reunification claims, best interest procedures, vulnerability assessments or family tracing. The literature on the subregion focuses on returns to Mexico and Honduras, and particularly returnee children's education and mental health. It highlights challenges children face in adjusting within their families, schools and communities. Key stressors include differences in school curricula and facilities between the United States and Mexico, and the stigma of being a 'failed' migrant.

- **a transit zone** for migrants and refugees, both from the subregion, and from the Caribbean and South America, Asia and Africa. In 2014, 6,175 people transited irregularly through the Colombian border to Panama (República de Panamá, 2021a). By December 2021, this figure had risen to 133,726 (República de Panamá, 2021b). The numbers of Ecuadoreans, Venezuelans, Nicaraguans, Brazilians and Haitians encountered at the United States border in United States fiscal year 2021 indicate changing patterns of transit.¹³⁴ For example, in January 2022, the CBP reported 22,779 encounters at the United States–Mexico border with Venezuelan citizens, a 76-fold increase compared to January 2021 (MMC, 2022a).¹³⁵

¹³⁴ Between the United States fiscal years 2020 and 2021, encounters at the United States–Mexico border increased as follows: 11,861 to 95,692 for Ecuadoreans; 6,946 to 56,735 for Brazilians; and 4,395 to 45,532 for Haitians. The United States Border Patrol reported 608,037 encounters with Mexican nationals in 2020 (37% of the total) (Gramlich and Scheller, 2021).

¹³⁵ As of February 2022, this figure fell to 3,072, possibly due to the implementation of the visa for Venezuelans in Mexico (MMC, 2022a).

5.1.1 CENTRAL AMERICAN COUNTRIES AND MEXICO AS COUNTRIES OF ORIGIN

As discussed in Chapter 1, the main factors contributing to children's movement within and from Central America and Mexico include: a wish to escape from organized crime, drug- and gang-related violence, poverty and limited economic opportunities, increasingly exacerbated by climate change. For children, family reunification is another key motivation, both to leave their countries of origin and to return (Acharya and Clark, 2021; Cardoso, 2018; Dominguez-Villegas and Bustamante, 2021; Save the Children, 2022).¹³⁶ As Table 4 shows, the primary countries of origin (and the only ones for which data on children's emigration are available) in the subregion are Mexico, El Salvador, Guatemala, Honduras and Nicaragua.

Children's movement patterns through the subregion

Compared with earlier patterns of adults moving and sending remittances, or arranging family reunification, recent years have seen increasing numbers of children moving with their families, in small groups or as part of caravans (Clemente, 2021; Families on the Run, 2020). Between 2018 and 2019, the number of families apprehended at the United States south-west border soared from nearly 77,800 to more than 432,000 and rose again to 479, 728 in 2022 (CBP, 2022). Likewise, the numbers of unaccompanied children encountered rose from just under 40,000 in United States in fiscal year 2016, 39,399 to 146,925 by the end of fiscal year 2021 (CBP, 2021). A study of households in El Salvador, Guatemala and Honduras with absent migrant members, undertaken in 2021, found that 25 per cent of children who had attempted to migrate in the previous five years had done so alone; the average age of these children was 15 years (IOM and WFP, 2022).

¹³⁶ These are similar reasons to those underlying internal migration and displacement in Mexico and Central America. Please see Marcus et al. (2023a) for more detailed discussion.

Table 4: Data on children moving from Mexico and Central American countries for which data is available (2019–2021)

COUNTRY	DATA ON CHILDREN MOVING FROM THE COUNTRY
El Salvador	During May 2021, children under 18 represented at least 3% of the emigration flow (IOM El Salvador, 2021). ^a
Guatemala	Guatemalans represented one of the main nationalities of unaccompanied migrant children encountered at the United States south-west border (18,372) in fiscal year 2021 (CBP, 2021).
Honduras	11,949 unaccompanied Honduran migrant children were encountered at the United States south-west border in fiscal year 2021 (CBP, 2021).
Mexico	The number of migrants aged 0–19 years from Mexico rose from 636,565 in 2010 to 726,881 in 2020 (UNDESA, 2020a). 22,785 unaccompanied Mexican children were encountered at the United States south-west border in fiscal year 2021 (CBP, 2021)
Nicaragua	Data from 2020 show the following numbers of Nicaraguan children leaving the country: 12,117 aged 0–4; 14,306 aged 5–9; 15,295 aged 10–14; and 32,441 aged 15–19, with gender differences only in the 15–19 group (INIDE, 2021). IOM Nicaragua (OIM Nicaragua, 2019) data show that 70% of children leaving were accompanied and 58% used a regular pathway.

^a The only data found for El Salvador were for the first half of 2021 and COVID-19-related restrictions may mean these are not representative of post-pandemic movement patterns.

Table 5: Selected bilateral agreements between the United States, Mexico and Central American countries related to migration

POLICY/ AGREEMENT	MAIN ASPECTS
<p>Joint Declaration and Supplementary Agreement between Mexico and the United States^a</p> <p>From June 2019</p>	<ul style="list-style-type: none"> ■ Aims to “address the shared challenges of irregular migration” (United States Department of State, 2019).^b Both countries committed to working with regional and international partners to build a more prosperous and secure Central America to address the underlying causes of migration (United States Department of State, n.d.b). ■ Increased patrolling of Mexican borders – by September 2019, 10,000 National Guard troops patrolled the Mexico–Guatemala border and 15,000 the United States–Mexico border (Migration Policy Institute, 2020). ■ Commits both states to MPPs (i.e., Mexico admitting asylum seekers to await adjudication, which the United States committed to expedite). ■ Commits both states to address drivers of migration, through economic development in southern Mexico and Central America (United States Department of State, 2019). Mexico stopped issuing <i>salvoconductos</i> (exit passes), which previously allowed irregular migrants apprehended in Mexico to travel towards the United States; they are now required to stay in southern Mexico.^c
<p>Bilateral agreements with the Governments of Guatemala and Honduras</p> <p>From April 2021</p>	<ul style="list-style-type: none"> ■ Aim to deter migration towards Mexico and the United States. ■ Guatemala deployed 1,500 additional police and military personnel to its southern border and set up 12 checkpoints along the migratory route through the country. ■ Honduras deployed 7,000 police and military to its southern border (United States White House Press Office, 2021).
<p>United States Collaborative Migration Management Strategy</p> <p>From July 2021</p>	<ul style="list-style-type: none"> ■ Aims to create a “comprehensive Regional Framework to Address the Causes of Migration, to Manage Migration Throughout North and Central America, and to Provide Safe and Orderly Processing of Asylum Seekers at the United States Border” (US National Security Council, 2021). ■ Calls for increased humanitarian assistance to alleviate conditions in the region; messaging campaigns to deter irregular migration; support for partner governments’ efforts to manage their borders, protect vulnerable populations, and reintegrate returned migrants; and expanded access to legal migration^d and protection pathways in the United States and third countries. ■ Re-established the Central American Minors (CAM) programme, which reunites eligible children in Northern Central America with parents in the United States. ■ Developed a new United States Strategy for Addressing the Root Causes of Migration in Central America, which focuses on long-term socioeconomic, security, and governance challenges (US National Security Council, 2021).^e

^a Similar bilateral agreements – Asylum Cooperation Agreements (ACAs) – were signed between the United States and Guatemala, Honduras and El Salvador in November 2019, and allowed United States officials to remove certain eligible migrants seeking humanitarian protection to each of the ACA countries (United States Department of Homeland Security 2019). The ACA with Guatemala was suspended in mid-March 2020, due to COVID-19, and those with El Salvador and Honduras were never implemented. The Biden Administration suspended all ACAs in February 2021 (United States Department of State 2021,c)

^b Available at <https://www.state.gov/wp-content/uploads/2019/09/19-607-Mexico-Migration-and-Refugees.pdf> (accessed 5 August 2022).

^c This led some migrants (particularly Haitians) to apply for asylum in Mexico, although long wait times and low acceptance rates dissuaded many. Some were issued one-year humanitarian visas, others were declared stateless and issued residency permits, while others attempted to leave through unofficial routes (Yates, 2021).

^d Many migrants are also recruited through temporary labour migration channels in the United States, and although Mexican migrants predominate, migrants from all three Northern Central American countries are eligible to be recruited through the H-2A (temporary agricultural workers) and H-2B (temporary non-agricultural workers) programmes in the United States (IOM and WFP, 2022).

^e This is in addition to bilateral funding, such as the United States Embassy’s \$22.5 million support for the Government of Guatemala’s La Ruta initiative, which aims to improve living conditions and access to justice and health services in indigenous communities in areas that experience high levels of migration (United States Department of State, 2021b).

Despite inherent measurement challenges (Rodríguez Chávez, 2017),¹³⁷ it is clear that irregular migration from and through the subregion is very common and that it reflects the few regular pathways available, with those using irregular migration routes outnumbering those travelling via regular routes (IOM and WFP, 2022). A survey of 5,000 households in El Salvador, Guatemala and Honduras found that, among those reporting that at least one member had migrated within the last five years, 55 per cent of migrants had travelled irregularly and contracted a smuggler, 22 per cent had travelled irregularly on their own or in a caravan, and only 19 per cent had used a regular migration pathway, such as entering on a tourist or temporary work visa.¹³⁸

5.1.2 REGIONAL LEGAL AND POLICY FRAMEWORK

United States bilateral agreements

In addition to United States policies affecting the whole region, as outlined in Chapter 1, several bilateral policies and agreements between the United States, Mexico and specific Northern Central American countries affect movement patterns in the subregion (see Table 5). While the details vary, overall, most initiatives aim to deter irregular migration, by restricting movements across particular borders, and/or by investing in communities of origin.

Regional and national laws and policies

Human mobility in the region is also governed by a series of regional and national laws. All countries in the subregion are parties to the 1951 Convention Relating to the Status of Refugees, the 1967 Protocol Relating to the Status of Refugees, the 1989 Convention on the Rights of the Child and the Cartagena Declaration, among other relevant international legislation. The 2019 *Ley Marco Regional en Materia de Migraciones* (Regional Framework Law on Migration Matters)¹³⁹ commits signatories to migratory regularization, birth registration and unrestricted access to the territory of each country for migrant children and adolescents. Article 58 establishes that states must provide channels for the regularization of migrants “who reside with underage dependents, particularly when the latter have been born or lived in the destination country for a prolonged period of time”. This must also be applied when the return or deportation of the father or mother is contrary to the best interests of the child or adolescent. All countries in the subregion have established administrative sanctions, rather than detention,¹⁴⁰ for those who enter or remain in the country irregularly, though there is evidence of continued detention of children in some countries (see Annex 4).

Recognizing the large numbers of children in transit and/or settling, various countries in the subregion have revised laws and policies to protect children on the move, and in particular to put the best interests of children at the centre (see Box 1, showcasing Mexico). Responding to changing movement patterns, and to manage flows, some governments in the subregion have started imposing visas for migrants and refugees of certain nationalities (e.g., Costa Rica and Honduras for Venezuelans). While all countries in the subregion provide regularization routes (see Annex 4), these are often complex and/or costly, particularly as families need to regularize several members simultaneously.

¹³⁷ These include the relatively short period of time spent by migrants crossing a particular territory, the fact that many remain undetected by the authorities, and that numbers recorded may not actually reflect true numbers, as a result of corruption and financial and technical constraints (Rodríguez Chávez, 2017).

¹³⁸ Guatemalans were most likely to use a smuggler (78 per cent compared with 64 per cent of Salvadoreans and only 25 per cent of Hondurans). Hondurans, by contrast were more likely to travel in a caravan (41 per cent compared with 10 per cent of Guatemalans and 13 per cent of Salvadoreans) (Ruiz Soto et al., 2021).

¹³⁹ Available at <https://resourcecentre.savethechildren.net/pdf/ley-marco-final.pdf/> (accessed 7 August 2022).

¹⁴⁰ For example, in Costa Rica, those who exceed their permitted period of stay in the country must pay a penalty of US\$100 for each month of stay in an irregular condition. Otherwise, they may be prohibited from entering the country for up to three times the period of their stay in the country in an irregular condition (OIM, 2021a).

Box 1: Progress in laws and policies to protect children on the move in transit and settlement in Mexico

In Mexico, after several years of advocacy, both the *Ley de Migración* (Migration Law) and the *Ley sobre Refugiados, Protección Complementaria y Asilo Político* (Refugee, Complementary Protection and Political Asylum Law) were amended in November 2020, reinforcing the principles of non-detention and protection for children and adolescents on the move, as well as best interest determination and alignment with the *Ley General de los Derechos de Niñas, Niños y Adolescentes* (General Law on the Rights of Children and Adolescents), passed in 2014. The Migration Law created a child rights governance and coordination mechanisms within a Sistema de Protección Integral de los Derechos de las Niñas, Niños y Adolescentes (SIPINNA, National Integrated Child Rights Protection System). This legal reform follows the adoption, on 31 July 2019, of a comprehensive care model for children and adolescents in migration contexts, proposed by UNICEF Mexico and the Sistema Nacional para el Desarrollo Integral de la Familia (DIF, National System for Integral Family Development) and in collaboration with the relevant authorities at federal, state and local level. Additionally, SIPINNA adopted the Ruta de Protección Integral de los Derechos de Niñas, Niños y Adolescentes en Situación de Migración (Protocol for the Comprehensive Protection of Rights of Children on the Move) on 30 April 2019. This protocol was jointly developed in collaboration with INM, DIF, the Comisión Mexicana de Ayuda a Refugiados (COMAR,

Mexican Commission for Refugees), and the Secretaría de Relaciones Exteriores (Ministry of Foreign Affairs). Since the amendment to the Migration Law was passed, the practice of detention in migration facilities initially stopped. Challenges in implementing the new amendment persist, however, while the system shifts from a detention model to a care model for children on the move in Mexico, and as the number of children entering or returning to the country increases (European Union, UNICEF and UNHCR, 2021).

In addition, Mexico grants Tarjeta de Visitante por Razones Humanitarias (TVRH, Humanitarian Status Visitor Cards) to migrants from the subregion. These humanitarian visas provide holders with freedom of movement and employment opportunities across Mexico for a period of one year. TVRHs also have a Clave Única de Registro de Población (Unique Population Registry Code), which grants access to employment, health care and other essential government services. The TVRH has been an important legal document for migrants, including caravan members from Central America, aimed to protect migrants from the various risks involved in travelling through Mexico without legal registration. TVRHs also aim to promote regular, orderly and safe migration, with strict adherence to the protection and respect of the human rights of migrants (IOM and WFP, 2022).

Information about procedures for regularization and claiming asylum continue to form barriers to children and families in the subregion obtaining regular status. For example, Families on the Run (2020)¹⁴¹ found that 44 per cent of unaccompanied children from Northern Central America in Mexico had considered seeking asylum, as had 30 per cent of the children accompanied by family members. Only 5 per cent of unaccompanied children and 8 per cent of accompanied children, however, could describe where they could find information on the process for seeking asylum. The same study found that while 69 per cent of families travelling as part of caravans had planned to seek asylum in Mexico or the United States, 84 per cent were unfamiliar with the documentation they needed, 82 per cent did not know how to file an asylum claim and 88 per cent did not know which institutions they could ask for help. This data reinforces the need to invest in public information initiatives about the right to seek asylum and procedures for doing so.

Evidence from several countries in the subregion reveals cost- and documentation-related barriers to regularizing migration status. UNICEF Belize (2011) reports that a combination of lack of documentation, irregular migration status of parents and the costs of nationality or residence applications (US\$750 in 2011) deterred some migrants from registering children's births. More recent evidence from Belize suggests that lack of documentation constrains migrants' access to humanitarian aid, as reported by 69 per cent of households

¹⁴¹ This study undertook 359 interviews with children from Northern Central American countries in Mexico, and with 219 members of a caravan that had left Honduras in early 2020.

in Näslund-Hadley et al.'s (2020) study.¹⁴² Fourratt and Voorend (2018) show that children who have moved from Nicaragua to Costa Rica without a birth certificate can struggle to access health services or to undertake a regularization process.

¹⁴² This study undertook a survey with 435 households with 979 migrant family school-aged children. For comparative purposes, the survey conducted a similar random sample of native families within the same communities, sampling 449 households with 1,118 primary-school-age children. The survey took place between October 2019 and January 2020 in Cayo, Belize, Toledo and Stann Creek districts.

Table 6: Summary data on children in transit in Central America and Mexico, 2020 onwards (countries with available data)

COUNTRY	DATA ON CHILDREN IN TRANSIT
Costa Rica	In August 2021, Costa Rica received 12,000 migrants in transit, mainly from Haiti (9,600), Cuba (1,800) and Venezuela (600). Of these, 4,800 (40 per cent) were children under 5 years old identified as vulnerable (OIM Costa Rica, 2021).
El Salvador	In February 2021, El Amatillo was the main border entry point, with 170 entries. In San Cristóbal, 95 people entered, and in Las Chinamas and El Poy, around 50 people entered, respectively. The nine children identified represent 2 per cent of the migration flow (IOM El Salvador, 2021).
Guatemala	Children were the group most commonly identified as vulnerable at border points during July 2021: 3,352 were aged 6–17, 100 were unaccompanied and 7,572 were under 5 years old. Children represent 35 per cent of the outgoing migration flow from Guatemala; 59 per cent of people in transit were from Honduras and 19 per cent were Haitian, with Salvadoreans and Nicaraguans representing 12 per cent and 8 per cent, respectively (IOM Guatemala, 2021).
Honduras	Instituto Nacional de Migración (National Migration Institute) data indicates that between 1 January and 6 April 2022, a total of 16,214 migrants in irregular conditions were identified in Honduras, 7 per cent of whom were aged 0–10 (IOM, 2022a).
Mexico	Key countries of origin for children transiting January–August 2021 were Honduras (32,447), Guatemala (20,269), El Salvador (6,846), Nicaragua (2,067), Chile (2,245), Brazil (7,216) and Haiti (1,711) (Gobierno de México, 2021a). ^a Accompanied children in transit identified by Mexican immigration authorities outnumbered unaccompanied children (29,491 and 9,585, respectively) between January and September 2021 (Gobierno de México, 2021a). Among 12–17 year olds, unaccompanied children dominated between 2014 and 2020 (71,425 and 42,540, respectively) (Gobierno de México, 2016–2020, 2021a–b).
Nicaragua	According to the Instituto Nacional de Migración (National Migration Institute) of Honduras, approximately 400 people have entered daily through irregular border crossing points in the municipality of Trojes (on the border of Honduras, coming from Nicaragua) from January to April 2022. On 22 November 2021, the Ministerio del Interior de Nicaragua (Nicaraguan Ministry of the Interior) established free entry visas for Cubans, which has led to an increase in arrivals from Cuba in transit to the United States (IOM, 2022a).
Panama	During 2021, the Servicio Nacional de Migración de Panamá (National Migration Service) registered a total of 133,726 migrants (29,524 children) crossing the border in Darién, with numbers peaking between July and October (Cruz Roja Panameña, 2022). Between January and December 2021, key regions of irregular crossing were the Caribbean (101,757), South America (22,300), Africa (5,064) and Asia (4,529) (República de Panamá, 2021b). The number of children crossing from January to October 2021 was nearly three times higher than in the five previous years combined (UNICEF, 2021a). Of children crossing Panama, 77 per cent of were under 5 (UNICEF, IFRC and Red Cross Panama, 2021). Of the 11,172 people crossing Panama from January to March 2022, 2,253 (17 per cent) were children (República de Panamá, 2022).

^a Data refers to migrants admitted to the INM immigration stations for not proving their immigration status (Gobierno de México, 2021c).

A joint needs assessment conducted with Venezuelan migrants and refugees in Mexico in September and October 2021 highlighted pressing protection concerns. These included detention at points of entry, threats of deportation, difficulties filing asylum claims within the 30-day limit upon entry and complications in accessing family reunification procedures (R4V,2021h).¹⁴³

With increasing numbers crossing Central America and Mexico, including pregnant women, babies face a growing risk of statelessness. This review, however, did not find studies that discussed or presented data on this in the subregion. In Panama, although the country approved the 1954 Convention Relating to the Status of Stateless Persons, through Law 28 of 30 March 2011, and the 1961 Convention on the Reduction of Statelessness, through Law 29, passed on the same day, to date their implementation has not been fully regulated at the national level (Rodríguez Serna, 2016). Morley et al. (2021) found that in Mexico, in several cases during 2016, policies implemented by the INM expedited official permission for Haitians to travel through Mexico by claiming they were ‘stateless’, and granting a TVRH (see Box 1), so Haitians could cross the country relatively quickly towards the United States border. The INM stopped this practice after October 2016, although the report does not give details on the reasons behind this change.

5.2 | Children’s experiences during transit

Compared with other subregions, there is a greater body of literature on children’s experiences in transit through Central America and Mexico. This section is structured by the different types of challenges they face. Table 6 outlines summary data on the numbers of children identified in transit in the subregion; for Panama and Mexico, the information comes from government data; for other countries, it comes from IOM monitoring at particular borders.

5.2.1 VIOLENCE, ABUSE AND EXPLOITATION

Crossing Central America

Children crossing Panama have reported both incidents of violence, such as robbery on the streets or threats of physical violence, and extortion from police or migration authorities (ACNUR and NRC, 2020). Most literature focuses on their experience crossing the Darién gap. For example, social workers interviewed by Hunter (2017, p. 23)¹⁴⁴ reported:

Children spoke of seeing the jungle floor strewn with the possessions of other asylum seekers who had grown too weak or sick to carry them; many spoke of encountering dead bodies along the route. Some children spoke of witnessing death at first hand in the jungle; they described fellow travellers who had drowned in the river or died of poisonous snake bites, dehydration and even an attack by a large animal.



¹⁴³ Full methodological details are not reported. Interviewees also highlighted precarious livelihoods, socioeconomic conditions and access to health care as pressing concerns.

¹⁴⁴ This study is based on observations made by the author during her work from 2015 as a psychotherapist for unaccompanied children arriving in the United States.

“ In Guatemala, we did not want to cross by land. So went by boat. On the beach outside of Mexico, the Coast Guard found us. They told us, ‘stop right there.’ It was night and they started shooting at us. We couldn’t see anything. We climbed a tree and slept on top of the branches. The ants were biting us”

(adolescent boy in Cardoso, 2018, p147)



Unaccompanied children in the same study also described their personal experience of robbery or extortion by smugglers. Some smugglers promised to lead them through the jungle, claiming that it would only take a day, only to abandon them with days still to walk without food or water.

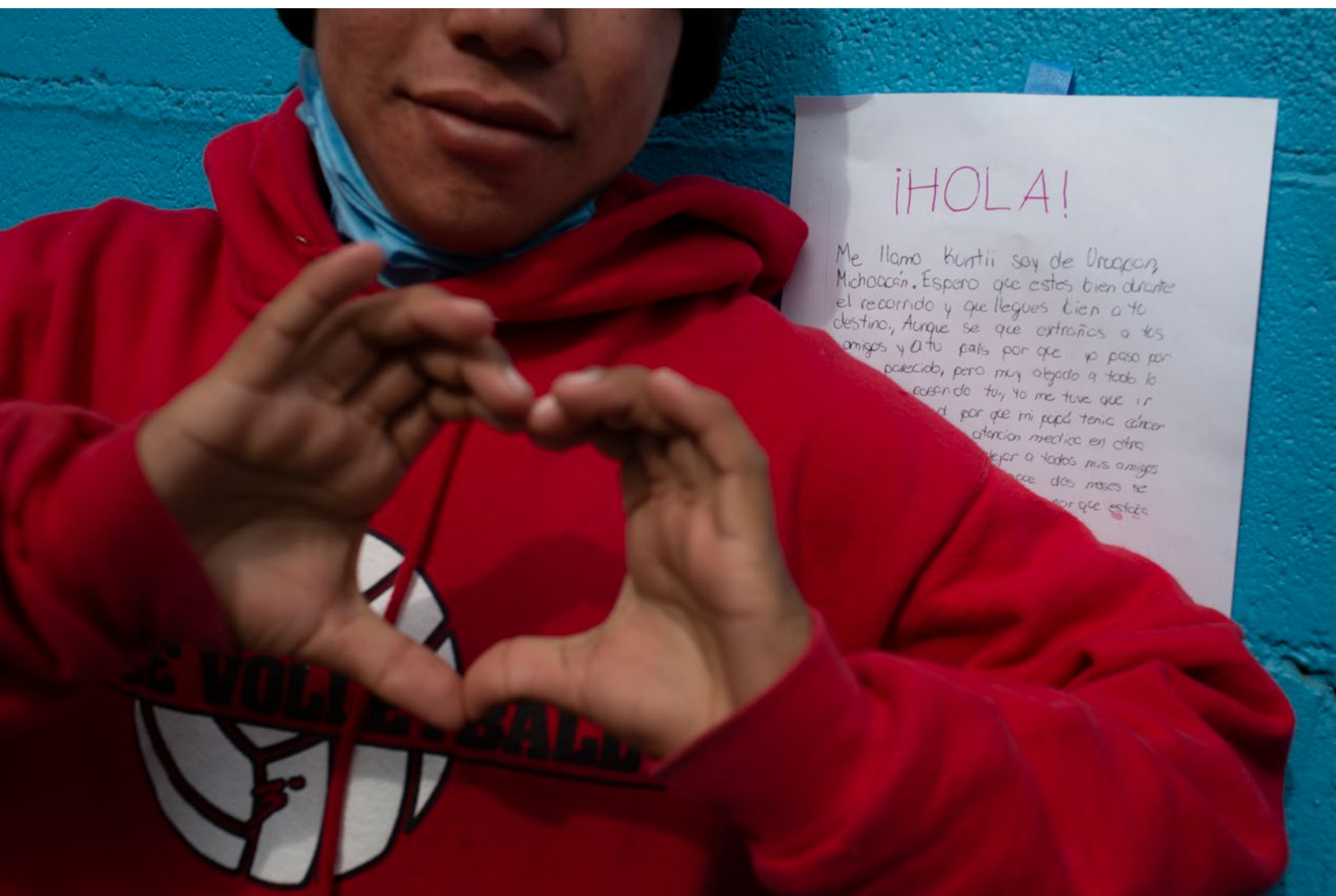
UNICEF (2021a) reports that migrant and refugee families with children are particularly exposed to violence (because they are easy targets), including physical and sexual violence, trafficking and extortion from criminal gangs while crossing the Darién gap. Children are also at risk of diarrhoea, respiratory diseases, dehydration from the complete lack of drinking water, insect-borne diseases and attacks by wild animals. In 2021, at least five children were found dead in the jungle. Sexual violence is increasingly and intentionally used by criminal gangs as an instrument of terror. Between January and November 2021, international organizations registered 38 reports of sexual abuse of adolescent girls during the journey. Many more women have reported sexual abuse (UNICEF, IFRC and Red Cross Panama, 2021).

The literature is not clear on the vulnerabilities faced by children crossing other Central American countries, but it suggests that journeys are easier compared to the Darién Gap or Mexico. Children from Nicaragua and Northern Central America interviewed by Save the Children (2020, p. 31) reported that they considered crossing Central America “very easy” as they travelled by bus. Another study indicates that many of the transnational gangs and drug cartels operating in Central America and Mexico have become engaged in the migration process, patrolling the routes north, threatening child and adult migrants, and extorting money from them (Paris et al., 2018). Indeed, gangs frequently kidnap unaccompanied children and demand ransoms from their families or coerce children into acting as mules to transport drugs. The same study observed that unaccompanied children, particularly girls, are additionally at risk of physical and sexual abuse during their journeys, and susceptible to labour and sexual trafficking (ibid.).

Security concerns are also common, however. Winters and Inzaguirre’s (2019) study of African migrants crossing Costa Rica found that, in Peñas Blancas (the only fixed migration checkpoint, in the town of La Cruz, along the 300 km border between Costa Rica and Nicaragua), there were numerous ‘blind spots’ where this border could be crossed, facilitated by a well-established ‘migration industry’, involving local residents, entrepreneurs and authorities. Haitian migrants in the same study reported insecurity once they left Costa Rica, including robberies and being reported to the police and deported to Costa Rica. Studies of migrant caravans crossing through Guatemala report the difficulties of crossing the border (between Honduras and Guatemala), and that a group of Haitians, Cubans and Africans were stranded at this border in mid-March 2020 due to COVID-19 border closures (REDLAC, 2020). These studies do not mention the specific situation of any children in these groups, but highlight that the lack of adequate infrastructure and necessary supplies to avoid the spreading of the virus forced the temporary closure of shelters for migrants and people in need of international protection (REDLAC, 2020).

Crossing Mexico

Rodríguez Chávez (2017) estimates that irregular migrants often spend approximately a month crossing Mexico. During this time, children and adolescents are at risk of abuse from a range of parties. Transnational criminal organizations, corrupt law enforcement officials and unaffiliated criminals prey on migrants, particularly women, children and LGBTQI+ people, for extortion, kidnapping, sexual violence and forced labour (Álvarez Velasco and Glockner Fagetti, 2018; Anastario et al., 2015; Acharya and Clark, 2021;



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Cardoso, 2018; Flores and Akaki, 2021). Recognizing these dangers, families who can afford to do so tend to use ‘coyotes’ (smugglers) to facilitate children crossing Mexico and entering the United States. Álvarez Velasco and Glockner Fagetti (2018) report that family reunification in the United States is so hard to achieve through regular channels that specialized networks of clandestine transit of unaccompanied children have emerged, effectively replacing political agreements between states.

Anastario et al. (2015) found that, to avoid detection by the Mexican authorities, some El Salvadoran children travelled without their identification card, or changed their appearance or clothing to better blend in with Mexicans. Lack of documentation can, however, slow down access to protection, if unaccompanied children are apprehended.

Mexican criminal organizations – such as the El Golfo and Los Zetas cartels in Mexico – kidnap and hold children and adults for ransom, providing them with only limited access to food as well as subjecting them to physical and sexual abuse (Anastario et al., 2015).¹⁴⁵

¹⁴⁵ One historical event that shows the level of violence migrants face from drug cartels was the 2011 San Fernando massacre in Tamaulipas state. Near San Fernando town, 72 bodies (of people mostly from Central America) were discovered, presumably murdered by the Zetas drug cartel. Eight months later, 193 corpses were found in clandestine graves, also in Tamaulipas, murdered by drug cartels (García, 2017).

Women and girls commonly seek contraceptive injections before travelling, so that if they are raped they do not risk pregnancy.

Between 2014 and October 2021, the IOM Missing Migrants Project recorded a total of 1,350 migrant deaths and disappearances in Central America, and 2,703 migrant deaths and disappearances in North America (mainly near the United States–Mexico border) (IOM and WFP, 2022). To avoid these risks – and the risks of apprehension at immigration checkpoints within Mexico – an established route used by families and unaccompanied children involves riding La Bestia, a freight train from southern Mexico to near the United States border (Anastario et al., 2015). Travelling on top of La Bestia's box cars can result in serious injury or loss of life, and involves travelling through territories marked by violence and controlled by organized crime (Flores and Akaki, 2021). Other children travel through Mexico atop freight cars on different trains, in tractor trailers and along bus routes. Robbery, kidnapping and traumatic injuries (not specified) are commonplace (Doering-White, 2018).

Médicos Sin Fronteras (MSF, Doctors Without Borders) (2020b) report that sexual violence is common near the start of the route across Mexico, in southern states where irregular migrants travel on foot to avoid border controls. Their survey,¹⁴⁶ found that 23 per cent of women and girls (aged 15–66 years old) had been sexually harassed, 13 per cent had an unwanted sexual relationship and 10 per cent reported having been forced to have sex in exchange for something (whether en route was not specified). Both MSF (2020b) and Save the Children (2020) report that women and girls commonly seek contraceptive injections before travelling, so that if they are raped they do not risk pregnancy. If they are fleeing rapidly, this kind of precaution may be impossible to organize. During 2018, the MSF teams at migrant shelters in Mexico cared for 172 survivors of sexual violence, 21 per cent of whom were children. Of these 172 survivors, 58 per cent had been raped (MSF, 2020b).

Other studies report similar findings of rape or other sexual assaults at crossing points on the journey (Estefan, Ports and Hipp, 2017), and of women and girls being forced into commercial sexual exploitation. Fear of revealing their irregular status prevents women and girls from reporting the aggressor or obtaining medical assistance (Anastario et al., 2015). Perpetrators include criminal organizations and traffickers, but also family members, partners, immigration authorities and officials (Flores and Akaki, 2021). To reduce risks, girls deploy various informal strategies, such as travelling with coyotes or other transportation services, travelling in small groups or caravans, dressing as boys, using preventative contraceptives or seeking a male partner before or during the trip (Save the Children, 2020). These strategies have mixed results, as girls depend on people who may prove untrustworthy. Transportation services, such as coyotes, can fulfil their contractual obligation or facilitate aggression. Male intimate partners can both offer greater security and also increase girls' vulnerability to violence.

Vulnerable Mexican boys (those from lower socioeconomic backgrounds, living in locations affected by violence, exposed to violence at home, etc.) living in border areas close to the main transit routes are recruited into and exploited by illegal groups that operate international smuggling networks, where they work as guides (Estefan, Ports and Hipp, 2017; UNHCR, 2014b). They are often preferred to adults because if caught, they are returned to Mexico, rather than referred into the United States immigration system. The Children on the Run (UNHCR, 2014b) study,¹⁴⁷ with a sample of 102 Mexican children (interviewed when they were in the custody of CBP), found that 38 per cent of the children from Mexico had at some point been recruited by human smugglers.

¹⁴⁶ This study undertook a survey with 480 migrants from Central America who were interviewed at MSF points of care within five migrant shelters in 2019.

¹⁴⁷ This study undertook individual interviews with 404 unaccompanied or separated children – approximately 100 from each country, including Guatemala, Nicaragua, El Salvador and Mexico – who arrived in the United States during or after October 2011.

Discrimination and xenophobia

As Chapters 2–4 have shown, xenophobia and discrimination are potent factors underpinning movement through the region. Needs assessments undertaken with Venezuelan refugees and migrants near the United States southwest border indicate that difficulties settling in host countries were the major reason for their continued onward movement (R4V, 2021h). This xenophobia affects migrants and refugees from a variety of countries of origin crossing Central America and Mexico (Flores and Akaki, 2021; Hernández, 2018; RELAF, Save the Children and UNICEF, 2015; Winters and Izaguirre, 2019). This has been amplified by government and mass media discourse in some countries (RELAF, Save the Children and UNICEF, 2015). For example, in Mexico, media headlines such as “migrants invade shelters in Tapachula” (Mejia, 2019) and “migrant children invade streets of the city” (Domínguez, 2020) have been used to report on the arrival of migrant and refugee children and families. In addition, the use of security forces to deter migrant caravans contributes to a negative image of Central American migrants, who are often accused of increasing crime, begging, drug addiction and alcoholism (Castro Neira, 2019; Flores and Akaki, 2021; RELAF, Save the Children and UNICEF, 2015). Alongside pressure on local facilities, this contributes to hostility from host communities, such as demands to relocate transit shelters, as noted in Palenque by IOM Mexico (2021).

Indigenous and black children are particularly vulnerable to intersecting racist discrimination and xenophobia while in transit. For example, Hernández’s (2018) study of indigenous adolescents aged 16–17 from Puebla, Oaxaca, Chiapas and Guerrero, reported that coyotes verbally abused and discriminated against Central American and Mexican indigenous children after hearing them speaking in their indigenous language (although they still fulfilled their contracts). These indigenous children also faced discrimination from their mestizo migrant peers. Likewise, children of African descent, particularly those from the Caribbean, experience higher levels of violence and discrimination while crossing Central America and Mexico due to the systemic racism that prevails in the subregion (see Box 2) (Save the Children, 2020; Winters and Izaguirre, 2019).

Box 2: Anti-black racism affecting migrants in Mexico

Since 2019, Haitian migrants crossing to the United States have started to stay for longer periods in Mexico, mainly in the southern region and in northern border cities like Tijuana (Yates, 2021), and report experiencing racist abuse and discrimination in Mexico.

A media report by Bustamante et al. (2021) describes Haitians experiencing verbal abuse in Tapachula city and at hospitals – for example, being told by staff that they must wait to be treated because they are black. Jiménez Martínez and Martínez Cruz (2021) report similar discrimination from staff at detention centres. Research participants reported that at some of these centres –especially Estación Migratoria Siglo xxi (xxi Century Immigration Station) in Tapachula – black migrants from African countries were only given food and mattresses to sleep on after staff distributed these to migrants from Central America and Cuba. Haitians were exposed to the same discrimination, including staff not speaking to them and insulting them (e.g., telling them they “stank”) (ibid.:314).



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As one female participant in Morley et al.’s (2021, p. 16)^a study observed: “It’s like the blood that runs through their veins is not the same as the blood in our veins. They [the Mexican authorities] look at you like you are nothing because you’re Black.” Other participants highlighted that they were verbally abused by staff; for example, they were labelled “dogs” while in migration shelters, while staff also gave them spoiled food or limited their access to toilets and showers (ibid.: 69).

^a The study surveyed 29 Haitian female adult migrants and one 17-year-old girl in Tapachula, 1–7 March 2021.

5.2.2 ACCESS TO FOOD, WATER AND SHELTER

To meet their basic needs and costs such as smugglers' fees while in transit, migrants and their families usually have saved or borrowed money before migrating, receive remittances from relatives, work informally en route (where possible), and rely on support given by civil society organizations, religious organizations or host governments, such as temporary shelters or food assistance (IOM Panamá, 2018; Villalobos-Torres, 2017; Winters and Inzaguirre, 2019). Migrants also receive accommodation, food, clothes, medicines and other basic necessities when they stay at temporary shelters (Villalobos-Torres, 2017; Morley et al., 2021).

Accommodation at shelters and reception centres varies and includes both beds in dormitories and tents, which have increasingly been provided by humanitarian organizations in areas with large numbers of people on the move. Border closures, restrictions on the numbers who can cross at a given time, or delays in processing visas or asylum applications can create build-ups of large numbers of people and can mean the demand for shelter, food and health services, among other needs, outstrips supply (Cruz Roja Panameña, 2022). Crowding resulting from the pressure of numbers puts children at risk of abuse, and of infectious disease, including COVID-19 (Save the Children, 2021b).

Morley et al. (2021) found that some Haitian migrants in extended transit¹⁴⁸ through Tapachula (Mexico) lived in rundown cinder-block homes or apartment buildings with no kitchen and very little furniture, except for a few thin sleep pads or broken chairs. Most people slept on the concrete floors without any bedding. Closure of some shelters during the COVID-19 pandemic reduced the availability of support, leading to some migrant children (both accompanied and unaccompanied) having to sleep on the streets (Flores and Akaki, 2021). See Section 6.3.1 (on comprehensive support centres) in Chapter 6 for more discussion on how far shelters are meeting children's needs.

5.2.3 HEALTH AND NUTRITION

The travel and shelter conditions discussed in Section 5.2.1 contribute to varied health risks for different groups of children (MSF, 2020b; Morley et al., 2021; Thompson et al., 2019¹⁴⁹). For example, IOM flow monitoring at the south-west borders of Costa Rica reported children under 5 years (the majority of whom were Haitian) arriving in Costa Rica with symptoms such as fever, vomiting and diarrhoea (OIM Costa Rica, 2021).

Most of the medical conditions diagnosed by MSF (2020b) in their consultations with Central American migrants crossing Mexico were related to the harsh conditions of the trip, such as long journeys on foot and nights spent outdoors. Migrant adults and children suffered from different health issues such as respiratory infections, skin conditions and acute musculoskeletal problems. Over 40 per cent reported that they could not access health services in Mexico, however, in part due to their fear of detention by Mexican authorities, and thus relied either on civil society provision or avoided seeking health care. Even where care is free (as in facilities run by civil society organizations), barriers include the costs of medicine, lack of trust in doctors and (in

¹⁴⁸ According to media reports, migrants from Haiti and Central America have reported that they have waited for their asylum applications in Tapachula Chiapas (where around 70 per cent of applications are received) to be processed for as long as a year, reflecting the country's struggle to manage the number of migrants arriving during 2021 (Villegas, 2021). Since October 2021, Mexican authorities have offered to move migrants to other cities where they can legalize their status more quickly with the goal to lessen migrant pressure in the south of the country (Associated Press, 2022).

¹⁴⁹ This study draws on 32 in-depth interviews and participatory activities with Mexican and Central American children in Mexican youth immigration detention centres during the summer of 2015

the case of some Haitians) not being able to read dosage instructions in Spanish (Morley et al., 2021).

MSF (2020b) also found that pregnant women and children in transit struggle to access formal health services. For example, pregnant women at a migrant shelter in Nuevo Laredo, Tamaulipas (Mexico), said that they preferred to stay in the shelter rather than attend a hospital because they feared being kidnapped or being assaulted by criminal gangs. Morley et al.'s (2021) study of Haitians in transit through Central America and Mexico found that many pregnant women were scared to give birth in Tapachula's hospitals, as they feared being given shots to induce early labour. Although pregnant women on the move can give birth in facilities run by civil society organizations, prenatal care was observed to be limited, despite many pregnancies being high risk as a result of malnutrition and dehydration (MSF, 2020b).

Both children's experiences in transit and violence they have witnessed or experienced in their communities of origin also affect their mental health and well-being (Anastario et al., 2015; Cardoso, 2018; Estefan, Ports and Hipp, 2017; UNICEF, 2021f). Children who make multiple journey attempts after being apprehended risk cumulative trauma from repeated journeys (Anastario et al., 2015). For example, Cardoso's (2018) study¹⁵⁰ of children who crossed Mexico to reach the United States showed that over half of the sample met the criteria for post-traumatic stress disorder (57 per cent), 30 per cent met the criteria for a major depressive disorder and 30 per cent reported suicidal ideation in the past year.

Other studies have reported that children who were apprehended and housed at government shelters in Mexico (before detention of children was banned) were frequently housed in closed-door conditions that, while designed for protection, may have had a negative psychological effect on them (Dominguez-Villegas, 2017), as did lack of information about their situation and their rights (Flores and Akaki, 2021).

5.2.4 ACCESS TO EDUCATION

This review found very little information as to how far children in transit through the subregion are accessing education; most such evidence is anecdotal, and focuses on children crossing Mexico, and in particular on children in extended transit while awaiting adjudication on asylum or regularization applications and/or permission to move out of southern Mexico.

Several sources identify the challenges children in extended transit face accessing education while in transit. In Morley et al.'s (2021) study of 29 Haitian women crossing Mexico, interviewed in Tapachula, only one respondent reported that her child was attending school. Some mothers did not believe that their children could attend schools, while others preferred to keep their children close; a few were unable to register their children as classes were already full. In Matamoros city, the government attempted to implement an educational programme for migrant children, but local authorities claimed that parents were "indifferent" because they were prioritizing their appointments and administrative requirements to process their asylum applications in the United States (Agencia EFE, 2019). Discrimination from local communities and lack of knowledge from local school authorities about the legal landscape are also noted as barriers (Agencia EFE, 2019; Prado and Gomez, 2021).

“ Sometimes for fear of being caught by migration, you decide to suffer hunger in the brush ... you go so many days suffering from hunger, freezing, suffering from thirst. ”

(Adolescent boy from Honduras crossing Mexico, Thompson et al., 2019, p. 247)



¹⁵⁰ This study undertook surveys and focus groups with 30 unaccompanied migrant youth recruited from middle and high schools in 2016. An equal proportion of female and male participants from Honduras (n = 10), Guatemala (n = 8), Mexico (n = 6) and El Salvador (n = 6) were involved as research participants.

Some children attend schools run by civil society organizations, private initiatives and some local government initiatives while they are ‘in limbo’ awaiting the outcome of asylum and immigration applications in the United States (Nieto, 2019). These are particularly common in cities close to the United States border, such as Tijuana, Ciudad Juarez or Monterrey (Nieto, 2019). Migrant and homeless shelters also offer some classes for children, including in some cases efforts to help them attend local schools. There is also some evidence of more structured initiatives. See Section 6.3.5 for further discussion.

5.3 | Children who settle in Mexico or Central America

Table 7 presents summary data on the numbers of children settling in the subregion. Of Central American countries, Costa Rica is host to the largest foreign-born population; as noted in Section 5.1, Mexico is the primary host country/country of settlement for refugees and migrants settling in the subregion.

5.3.1 POVERTY, FOOD SECURITY AND HOUSING

This review found limited quantitative evidence on poverty levels among families and children settling in Mexico and Central American countries. The issue is mentioned frequently, however, in relation to its impacts on food security and housing, access to education and the need for children to work. A study in Costa Rica found that the income refugees and asylum seekers earn from casual work is not enough to cover their most basic needs: housing, food and basic services (Cruz Leo, Morand and Murillo, 2015). Likewise, support received from humanitarian agencies is generally insufficient. For example, the UNHCR gives US\$140 per month to each registered asylum seeker in Mexico, including children, for up to three months. As cases drag on beyond this period,

Table 7: Data on children settling in Mexico and Central America up to 2021 (countries with available data)

COUNTRY	KEY DATA ON CHILDREN SETTLING IN EACH COUNTRY
Belize	15% of the population of Belize are immigrants (Caribbean Migration Consultations, 2018). Immigrants below 19 years old represented 10% of the population in 2019, compared to 25% in 2000. ^a 2,444 asylum applications received in April–July 2021 (UNHCR, 2021a).
Mexico	<p>During 2021, 131,448 individuals claimed asylum in Mexico, compared to 40,996 in 2020 (Comision Mexicana de Ayuda a Refugiados, 2022). Top nationalities were Haiti (51,827), Honduras (36,361), Cuba (8,319), Chile (6,970) and Venezuela (6,233).</p> <p>Between January and October 2021, children’s asylum claims were mainly from Hondurans (9,955), Chileans (5,277), Haitians (2,805) and Brazilians (2,396) (Ramirez, 2021).</p> <p>In 2021, the most TVRHs were issued to nationals of Haiti (41,409), Honduras (13,277), Cuba (5,626), Venezuela (5,066), Chile (4,322), Brazil (4,066), El Salvador (3,775), Nicaragua (3,000) and Guatemala (2,780) (Gobierno de México, 2022a). Among unaccompanied children, the top nationalities of TVRH recipients in 2021 were Hondurans (139), Guatemalans (41), Salvadoreans (37) and Nicaraguans (19) (Gobierno de México, 2022b).</p>
Panama	Panama has hosted 2,467 formally recognized refugees since 1990. As of December 2019, 17,048 asylum applications were pending (ACNUR and NRC, 2020). The refugee population consists mainly of Colombians, Nicaraguans, Venezuelans, Cubans and Salvadoreans (ibid.).

^a Data from <https://www.un.org/en/development/desa/population/migration/data/estimates2/countryprofiles.asp> (accessed 23, May 2022).

asylum seekers often have to depend on food assistance from local churches (Morley et al., 2021) or they have to look for informal employment with very poor working conditions to meet their needs (Families on the Run, 2020).

Data obtained through joint needs assessments and IOM tracking undertaken in Panama and Costa Rica in 2021 indicate that, as elsewhere in the region, Venezuelan migrants and refugees were particularly hard hit by COVID-19 and continued to be extremely vulnerable socioeconomically. For example, in Costa Rica, an estimated 60 per cent of Venezuelans interviewed had experienced unemployment in 2021. Over half of the interviewees (53 per cent) reported having experienced problems with their landlords due to an inability to pay rents on time, and 47 per cent stated that they had more limited access to food than before the pandemic. Further, 31 per cent of surveyed Venezuelan households with children reported not being able to afford to cover their basic needs (R4V, 2021h).¹⁵¹

The literature shows that lack of adequate shelter is a persistent problem for migrant children and their families in their host countries. Among families applying for asylum in Mexico or with refugee status, the Families on the Run study (2020)¹⁵² found that the majority had access to housing (79 per cent), while others were staying in a shelter (20 per cent). A study by UNICEF Belize (2011) observed that children of Central American banana agricultural workers lived in some of the worst conditions in Belize. Many lived in makeshift shacks with limited or no access to potable drinking water, indoor sewage facilities, proper sleeping and living spaces and educational or leisure resources.

In Panama, a UNHCR and NRC study¹⁵³ found that 48 per cent of migrant families shared a single room, 28 per cent had 2 rooms and only 12 per cent had 3 or more rooms; 64 per cent of migrants had a bathroom for the exclusive use of their family and 36 per cent had to share it with other people or families (ACNUR and NRC, 2020). Crowded and shared housing conditions can increase health risks and also the risk of sexual harassment or assault. In addition, 41 per cent stated that they faced obstacles in finding a home, mainly due to lack of resources and rejection for being a foreigner. Likewise, in the R4V joint needs assessment in Costa Rica cited earlier in this section, 38 per cent of Venezuelans indicated that the sanitary conditions of their homes were worse than those they had left in Venezuela; another survey undertaken as part of this assessment found that 27 per cent of Venezuelans in Costa Rica share a bathroom with another family (R4V, 2021h).

The studies reviewed also found some evidence that the nutritional needs of migrant children and their families are not being fully met. Näslund-Hadley et al. (2020)¹⁵⁴ found that many migrant households with children in Belize reported a general lack of food and not eating fruits, vegetables, and proteins for four days or more per week. Of the households reporting insufficient resources to purchase food, 70% were rural and were headed by two parents. Approximately 90 per cent of these households substituted cereals and legumes for protein-rich meats and milk products because of financial constraints. In Mexico, the Families on the Run (2020) study found that 58 per cent of migrant families have had difficulty accessing food, with 26 per cent receiving support from the Mexican Government, and 38 per cent obtaining support from NGOs (ibid.). The UNHCR and NRC study with migrants in Panama observed that 55 per cent of

¹⁵¹ The surveys in Costa Rica involved 241 respondents (from July–August 2021) and 237 respondents (from May–June 2021), respectively.

¹⁵² See footnote 141.

¹⁵³ This study undertook a survey during June–December 2019 with 802 migrants, asylum seekers and refugees mainly from Nicaragua, Colombia and Venezuela.

¹⁵⁴ See footnote 142.

interviewees reported having access to only one or two meals a day, though food consumption depended on their variable monthly incomes. Respondents reported prioritizing children's access to food (ACNUR and NRC, 2020).

Similarly, assessments of the needs of Venezuelan migrants and refugees in the subregion in 2021 found high levels of food insecurity: for example, in Costa Rica, a joint needs assessment conducted in May and June 2021 found that 59 per cent of respondents consumed two or fewer meals per day, 8 per cent ate once daily or less, and 25 per cent reported challenges accessing enough food for all members of the household. In Mexico, an R4V partner's survey, conducted in June 2021, found that the pandemic led to food insecurity being one of the main concerns of the Venezuelan population, both in terms of affordability and access to a balanced diet (R4V, 2021h).

The 'migration crisis' in the subregion is taking place in a context where WASH services currently do not meet the needs of the population. This review found no studies that specifically discussed migrant and refugee children's access to water and sanitation, or that of host communities. Growing water stress related to climate change, as mentioned in Chapter 1, has the potential to exacerbate tensions, as has happened in Bolivia, as noted in Chapter 4.

5.3.2 EDUCATION

As Annex 4 shows, all Central American countries offer full access to public education at preschool, primary and secondary levels; in Costa Rica and Belize, migrant students also have access to university-level education (SICA, 2019).¹⁵⁵ Although Mexico grants the right to education to any individual in its constitution, educational institutions in practice often require proof of regular migration or refugee status and official school transcripts, though the Secretaría de Educación Pública (SEP, Secretariat of Public Education) can conduct placement testing if needed (Secretaría de Relaciones Exteriores, 2010). Of countries in the subregion, only Mexico and Panama are signatories to the Andrés Bello Convention, which commits members to educational integration, and to working towards recognition of qualifications obtained in member countries.¹⁵⁶ Despite this, Venezuelan migrants and refugees in Mexico surveyed by R4V partners reported challenges getting their prior qualifications recognized (R4V, 2021h).¹⁵⁷

The literature reviewed focuses on Mexico, Costa Rica, Belize and Panama, and suggests that, despite a positive legal framework, child migrants and refugees settling in these countries struggle to access education due to administrative, language or cultural barriers. Of the asylum-seeking and refugee children in Mexico interviewed in the Families on the Run (2020) study,¹⁵⁸ 68 per cent were not in school. Costs (unspecified) were the largest barrier (mentioned by 68 per cent of those with children not in school). Other barriers affected small numbers, including recent displacement (3 per cent), the need for children to work (3 per cent), families' fears for their children's safety (2 per cent), distance (1 per cent), and bullying, disability, and taking care of family members (0.4 per cent) each. Documentation can also act as a barrier.

Several studies focus on Nicaraguan children's access to education in Costa Rica. In August 2018, the Minister of Public Education issued a directive exempting migrant and

¹⁵⁵ Information about any additional costs borne by migrant students was not available.

¹⁵⁶ Other signatories are countries of origin (e.g., Cuba and Venezuela) and countries of extended residence (e.g., Chile, Colombia and Ecuador) for populations on the move towards Mexico and Central America (UNICEF, 2019b).

¹⁵⁷ Based on 77 respondents in May and June 2021.

¹⁵⁸ See footnote 141.



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refugee children from having to supply official documents, and outlining further actions that educators should take to integrate migrant students (Selee and Bolter, 2020). Indeed, only 11 per cent of Nicaraguan asylum seekers reported difficulties accessing schooling in a 2019 survey (Mora, 2021),¹⁵⁹ although details on the barriers that they faced were not reported and the numbers may be higher for migrants without regular status. The Costa Rican Government does not require placement testing for all new students, so asylum seekers and other migrants who lack official school transcripts from their country of origin are often evaluated for placement level on a case-by-case basis. School authorities take into account the student's age and other factors, but negative preconceptions about Nicaraguan children (e.g., perceptions that educational levels in Nicaragua are lower than in Costa Rica) sometimes mean they must repeat a school year (Mora, 2021).

In Costa Rica, adolescents aged 15–17 can access technical and vocational training via the Instituto Nacional de Aprendizaje (National Learning Institute), regardless of their immigration status. The qualifications achieved increases access to better quality employment, as they focus on mastery of specific skills (ILO and UNDP, 2021). Though data from the early to mid-2000s showed that Nicaraguans' completion rates were similar for primary schooling compared to Costa Ricans, Nicaraguans achieved lower levels of secondary and high school education¹⁶⁰ (69 per cent and 46 per cent, respectively) and university education (45 per cent and 12 per cent, respectively) (Gamboa, 2008).¹⁶¹ This may reflect Nicaraguans' ineligibility for university scholarships, limiting their opportunities for social mobility (Mora, 2021).

¹⁵⁹ This study undertook 32 interviews, conducted with Nicaraguan migrants and asylum seekers in San José in 2020.

¹⁶⁰ The author's calculations were for students aged 13–17.

¹⁶¹ This study is based on a quantitative analysis of the 2000 Population Census and the 2007 Multiple Purpose Household Survey. The first source made it possible to calculate the magnitude of the Nicaraguan immigrant presence in population terms, while the second enabled an approximate calculation of the sociodemographic profiles of this population, based on the characteristics of the households.

Comparing Nicaraguan and Costa Rican children living in Costa Rica, Campos-Saborío et al. (2018)¹⁶² explored the mental health and psychosocial well-being of children and youth aged 6–22 attending elementary and secondary public schools, private schools and subsidized education centres.¹⁶³ The study found that more Nicaraguan students in the sample reported they were not happy or did not experience a sense of belonging in school, and over 50 per cent of Nicaraguans, compared with 8.7 per cent of Costa Ricans, reported a sense of rejection. The Nicaraguan students were 3.5 times more likely to self-harm or to contemplate doing so. They were also 2.9 times more likely to have repeated an academic year and 2.6 times more likely to have experienced physical abuse at the hands of other students, leading to mental ill-being.

Näslund-Hadley et al. (2020)¹⁶⁴ compared the education challenges of migrant children in Belize and Belizean-born children. Among migrant children, only a third had the literacy levels expected for their age and only 60 per cent of those who had been in the country for more than five years spoke English. Net attendance rates among primary school-aged migrant children were 10 per cent lower than among their Belizean peers (83 per cent vs. 93 per cent) and the gap was even greater (16 per cent vs. 60 per cent) by the time students reached secondary school. Children who had fled violence in their home country were less likely to attend school (66 per cent) than those who had migrated for economic or other non-violent reasons (24 per cent). Their findings confirm earlier observations by UNICEF Belize (2011), which highlighted the particular difficulties faced by migrant children from low socioeconomic backgrounds. Barriers for these young people included costs, limited parental knowledge or support, classroom atmospheres that were inflexible and uncondusive to learning and, for older adolescent boys, legal and illegal income-earning opportunities that were more attractive than school.

Näslund-Hadley et al. (2020) also report that Belizean schools make efforts to facilitate the enrolment and integration of migrant students (e.g., 91 per cent of schools design their curricula to promote intercultural education and 33 per cent of staff and teachers were trained in bilingual education strategies), but fall short in implementing individualized support; less than a third of the schools in the sample conducted academic screening to place children in their appropriate grade. School staff observed that integration was hindered by language barriers in the classroom and “cultural barriers beyond language” (unspecified) (ibid., p. 17). The schools that employed bilingual education strategies reported less conflict among migrant and Belizean children compared to those without bilingual policies (6 per cent vs. 22 per cent reporting conflict). Integration was reported to be easier in the 53 per cent of schools sampled that employed staff with immigrant backgrounds. Command of English was strongly related to school attendance. Only 60 per cent of children who struggled with the language¹⁶⁵ attended school, compared with 80 per cent of children who spoke English. Migrant students who spoke English well averaged 15 percentage points higher than their peers who did not speak English (74 vs. 58 per cent, respectively) in language, arts and mathematics.

In Panama, refugees, asylum seekers and other displaced populations have access to the national education system, and most school-aged children are enrolled in primary or secondary levels (UNHCR Americas, 2021). In a study conducted in 2019, UNHCR and

¹⁶² This study undertook mixed methods research with 2,667 students from 40 elementary schools and 24 secondary schools in seven provinces of Costa Rica. Students in Grades 1–3 (n = 390, 14.6 per cent) were interviewed. Students in Grades 4–6 (n = 1174, 44.0 per cent) and secondary schools (n = 1103, 41.4 per cent) completed a questionnaire under the supervision of researchers. No date of data collection was specified.

¹⁶³ Most of their participants (91 per cent) were Costa Rican, and only 7.6 per cent were Nicaraguan.

¹⁶⁴ See footnote 142.

¹⁶⁵ The study does not specify whether this refers only to children born outside Belize or also to ‘second-generation’ children born to families who migrated to Belize.

NRC¹⁶⁶ found that 85 per cent of children and adolescents from Nicaragua, Venezuela and Colombia in Panama were attending school (ACNUR and NRC, 2020).¹⁶⁷ The remaining 15 per cent reported the following as key barriers: a lack of financial resources (25 per cent; no detail on kinds of costs given), lack of documentation (15 per cent), and lack of space in schools (5 per cent). Some of the young people interviewed wished to continue with higher education, but viewed the need for study certification, or other apostilled supporting documents, as barriers.¹⁶⁸ The study also reports that vulnerable children, including migrant and refugee children, were particularly adversely affected by COVID-19 school closures, due to lack of equipment, limited access to mobile connectivity, inadequate spaces to study, and the growing reliance on caregivers as educators at home, a role that few parents were in a position to undertake (UNHCR Americas, 2021).

5.3.3 HEALTH AND NUTRITION

The laws and policies of countries in the subregion offer children access to health care, regardless of migration status, although the details of eligibility vary across countries (see Annex 4). According to information provided to the Sistema de la Integración Centroamericana (SICA, the Central American Integration System), all migrants regardless of immigration status, have full coverage through the health system in El Salvador, Nicaragua, Honduras, Guatemala and Belize (SICA, 2019). The Mexican Migration Law states that foreign-born people should have access to health care, irrespective of their migration status, and emergency care is to be provided at no cost. Full and permanent coverage is limited by migration status, however, and the policy is oriented to people in transit rather than long term or permanent residents (Bojorquez-Chapela et al., 2020). The system of public and private insurance in Costa Rica excludes irregular migrants from universal health coverage, but there are exceptions, including in emergency situations, for children under 5 and pregnant women (Selee and Bolter, 2020). The Constitution of Panama (Article 105) establishes access to public and private medical services regardless of migration status, and there are public health care centres in each *corregimiento* (township), to which refugees and asylum seekers can go. Public health care centres require co-payment, however, except for children up to 5 years of age (UNHCR, n.d.a).

The majority of studies focus on migrant children's access to health care in Costa Rica. Immigrants with regular status can access the social security system through the Caja Costarricense del Seguro Social (CCSS, Costa Rican Social Security Fund), which provides health insurance through formal employment, but irregular migrants (without work authorization) cannot (Fouratt and Voorend, 2018). It also costs around US\$800 to regularize immigration status and affiliate to the CCSS (Voorend and Sura-Fonseca, 2019). Private ('voluntary') insurance is available to anyone, but it is expensive to purchase for those living on the minimum wage, and many migrants earn even less (Selee and Bolter, 2021). Though irregular migrants cannot join the social security system, they do have access to prenatal care and emergency care. Children aged 5 years or younger fall into an insurance category that does not take immigration status into account, and so can access health care. And children aged 6–18 can access health care through the student insurance category, which is not dependent on immigration status (Selee and Bolter, 2020).

¹⁶⁶ See footnote 152.

¹⁶⁷ A survey with 106 refugee households in Panama, conducted in July–September 2021, found a similar proportion (11 per cent) of school-aged children out of school (ACNUR, 2021d), as did the R4V joint needs assessment in Costa Rica conducted in the second quarter of 2021 (R4V, 2021h).

¹⁶⁸ Currently, sources of the Panamanian Government mention that the Ministerio de Educación de Panamá (Ministry of Education of Panama) is the only official entity authorized to validate school credits and assign the degree to which a foreign student must enter. Students who start education in preschool or first grade do not have to have validated documents. Documents that are not in Spanish must be translated by an authorized public translator of Panama (República de Panamá, n.d.a).



Studies suggest there is a widespread belief among Costa Rican citizens that Nicaraguans migrate to the country not only to find better working conditions, but also to make use of the universal social services the country offers. The same studies, however, report that Nicaraguans face challenges in accessing health care services, including antenatal care. Adult participants in Fouratt and Voorend's (2018)¹⁶⁹ study were unable to access health care for themselves (although they could access public services for their children), or had negative experiences. For example:

I feel that there's also terrible medical attention for immigrants. ... I got pregnant soon after arriving [in Costa Rica], and the doctor spoke to me like I was stupid. They think that because you're Nicaraguan you're illiterate, ignorant, stupid, and it's not true.

female focus group participant, Fouratt and Voorend, 2018, p. 459]

Dos Santos (2015)¹⁷⁰ found that pregnant Nicaraguan women at public health facilities experience stigma from staff, who, in turn, perceived themselves as vulnerable to the "over-demanding flux of undocumented Nicaraguan women" (ibid., p. 196), who were stigmatized as "irrational, illegal and immoral" (ibid, p. 191). As a result, key informants in civil society organizations noted that many undocumented migrant women do not access reproductive health services. Health staff also observed that those who access antenatal services "make up excuses" such as bleeding, falls, and pains to "justify" the use of services or are unaware of their rights (ibid., p. 194).

Evidence about access to health care among the Venezuelan population in Costa Rica is starting to emerge. Data from the previously-mentioned joint needs assessment indicate that 5 per cent of Venezuelans surveyed reported that they would not seek medical assistance even if needed, due to lack of health insurance (53 per cent) or economic resources (48 per cent). Further, 39 per cent of Venezuelan households reported having someone with a critical medical condition in their family, and 16 percent stated that they were without access to treatment (R4V, 2021h). In joint needs assessments in Mexico, Venezuelan migrants and refugees also highlighted access to health care as a significant concern. Although Venezuelans can access the public health system, public hospitals continue to be overwhelmed and often lack necessary medicines and medical supplies, requiring refugees and migrants to pay out-of-pocket for medicines; those with chronic medical conditions reported particular challenges affording treatments (ibid.).

Some evidence on migrants' and refugees' access to health care also exists for Panama, although it is unclear how children are affected. UNHCR and NRC¹⁷¹ data collected between June and December 2019 with migrants and refugees, mainly from Nicaragua, Colombia and Venezuela, found that 86 per cent of research participants who attended a health facility received health care (ACNUR and NRC, 2020). The main obstacles they reported were: not having resources to cover medical expenses, care from health staff not being perceived as adequate, and health centres not having enough staff to meet the health needs of migrants. Some of the interviewees also stated that they felt discriminated against for being foreign.

¹⁶⁹ This study undertook focus group discussions, during 2014 and 2015, of about four to six participants in each group, with 41 Nicaraguan migrants in different parts of Costa Rica. It also draws on more than 100 semi-structured interviews in both Costa Rica and Nicaragua, as well as participant observation with Nicaraguan migrants in Costa Rica and their family members back in Nicaragua, conducted between 2009 and 2012.

¹⁷⁰ This study undertook 33 key informant interviews and observations between 2011 and 2012 in Costa Rica. Among the key informant interviews, 10 in-depth interviews with health providers were the basis of the analysis. Additional unrecorded and informal interviews, along with observation in the local hospital and informal visits to Basic Teams for Comprehensive Health Care, which totalled approximately 48 hours, complemented the methodology.

¹⁷¹ See footnote 153.

5.3.4 CHILD PROTECTION

The studies reviewed focused on child labour and trafficking, mostly among seasonal migrants but also among long-term immigrants.

Seasonal international migration of children working in the informal economy is common in the border areas of Mexico, Guatemala, Honduras, El Salvador and Nicaragua, where children move with their families to work in sectors such as agriculture or services such as construction and domestic employment (OIT, 2016c). IOM (OIM, 2013)¹⁷² reports children and families from Guatemala (Cobán, San Marcos, Quetzaltenango, Retalhuleu, Quiché and Petén) working in Mexico seasonally in agriculture, particularly in the coffee sector, but also in sectors such as sugar, bananas, papaya and cattle raising. Adolescent girls take care of younger siblings while the rest of the family works on the farm. Children's work is considered part of their family's work and is not paid separately, nor do they obtain benefits such as food and lodging, so children eat from their parents' rations and sleep with them. The study considered adolescents (from 12 years old) less vulnerable than younger children because they earn similar amounts to adults and are provided with food and a space to sleep, although it should be noted that these children were probably also at risk given that they were working in agriculture under child labour conditions. A further study by ILO (OIT, 2014)¹⁷³ focusing on child labour among Guatemalan migrants to Mexico found that 80 per cent of the children aged 14–17 identified were adolescent boys and 90 per cent were indigenous and from rural areas.

IOM also found that Guatemalan children (mostly aged 7–17) who migrated in search of seasonal agricultural work but were not hired seek other work in Tapachula or other cities in southern Mexico (OIM, 2013a). This includes various informal sector activities, such as working as street vendors, shoe shiners, florists, balloon sellers, beggars and windshield wipers. All these activities are highly exposed and dangerous for children, as they work in the sun, carrying the products they sell and eating once a day. The younger the child and more limited their experience, the riskier their work is likely to be. This study also found Guatemalan migrant and Mexican children (also aged 7–17) working in rubbish dumps and as market porters in Tapachula. Despite children being prohibited from entering rubbish dumps, the study found children working around 10 hours a day looking for food or recyclable material in the rubbish, exposed to heat, animals and toxic materials, among other dangers. Some children and adolescents reported verbal and physical abuse by their employers, who also punished them by reducing their salary or not recognizing days worked.

The same study also found that adolescent and younger girls (12 and under) from Guatemala were working in border cities in Mexico as housemaids. They had typically been brought to their employer by a family member, friend or neighbour; occasionally work placements, conditions, etc., were negotiated by an intermediary. Working hours were around 10 hours a day, and girls were exposed to various types of abuse and

¹⁷² The findings presented by this study are based on two regional studies: the first was carried out by IOM in 2010 and refers specifically to the situation of unaccompanied migrant children in Central America; it is complemented by another study also carried out by IOM in 2010, on Central American migrant children in populations in southern Mexico. The second study was carried out in 2011, by ILO and UNICEF, and analyses migrant children and child labour, based on six national studies (including Central America and Panama). It is also based on the results of the Regional Conference on Migration that took place in March 2012 in San José, Costa Rica, where experiences related to migrant children and adolescents were presented. The sources of both studies are, mainly, interviews and focus groups with various actors involved, especially child migrants, which provide qualitative information. To complement this qualitative data, the authors also consulted a selection of other studies on the subject.

¹⁷³ This study was based on the analysis of household surveys and, when available, specific modules on child labour or specific modules to learn about the work of children and adolescents. In some cases, child labour modules were included, but they were not added every year. The surveys analysed are from the following countries: Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama.

violence. Although the study found that some girls had good experiences, it was common for others to be accused of theft by their employers, so they had an excuse to fire them without paying them the salary for the time worked.

ILO¹⁷⁴ also documents seasonal family migration from Panama to Costa Rica among the Ngäbe Buglé indigenous community to take up work, mostly in agriculture. From around ages 5–10 both boys and girls join in activities such as collecting coffee, and loading and unloading coffee (adolescents). The income that children receive with their seasonal work plays an important role in supporting families' livelihoods (OIT, 2013).

The same study found no greater propensity for child labour among migrant children or those with migrant parents in Costa Rica or Panama compared to native-born households. The study suggests that, with longer periods of residence, some of the risks faced by children from migrating households (such as loss of support networks, and school exclusion due to lack of requirements) are reduced to the point where migrant status is no longer a risk factor for child labour. In the same study, key informants in El Salvador indicated that most children who worked in informal trade and urban street services (for example, cleaning car windows at traffic lights) were foreigners.

International migrant children in the subregion, however, frequently experience abuse, such as isolation, violence, poor working conditions, denial of wages and threats of being reported to the national authorities (OIT, 2016c). In addition, among working children, migrant children often receive the lowest wages, work longer hours, attend school with greater irregularity and face a higher mortality rate in comparison with children from the host country. Many migrant children working in the agricultural sector or in the service sector end up living with their employer and are thus highly vulnerable to exploitation. The report highlights further vulnerabilities faced by unaccompanied children, who do not have familial support networks or supervision: exposure to organized crime, such as drug trafficking networks, extortion, gangs and other illegal activities, and being forced to perform precarious and dangerous jobs (*ibid.*).

Trafficking of children and adults is common in Central American countries (United States Department of State, 2021b) and migrant children, especially those without documentation, are particularly vulnerable (OIT, 2016b). The lack of short-term visa restrictions within the CA-4 community (Guatemala, El Salvador, Honduras and Nicaragua) makes it easier to lure women and girls to Guatemala under the pretext of better job opportunities there (Binazzi, 2019). The United Nations Office on Drugs and Crime (UNODC) observed that mestiza girls were more likely to be sexually exploited, while indigenous girls were directed toward domestic servitude (where they may also be sexually exploited) (United States Department of State, 2021b). The same report also observes that traffickers sexually exploit Guatemalan women, LGBTQI+ persons, girls and boys within the country and also transport them to Mexico, the United States, Belize and other countries. In 2020, the Guatemalan Government investigated 165 trafficking complaints, compared with 211 in 2019 and 140 in 2018 (*ibid.*). The Dominican Republic has been identified as another source of children being trafficked to Guatemala and El Salvador (Binazzi, 2019).

5.3.5 XENOPHOBIA

Evidence concerning migrant and refugee children's experiences of discrimination when settled in the subregion largely comes from Costa Rica, where Nicaraguan children report both racism and xenophobia (Campos-Saborío et al, 2018; Mora, 2021). Children's

¹⁷⁴ See previous footnote for methodology.

testimonies show that cultural differences are often disrespected, and that mockery and exclusion of Nicaraguan migrants are commonplace. Children who arrived in Costa Rica as babies indicated that, in some cases, they or their parents hid that they were born in Nicaragua or adopted a Costa Rican accent to avoid stigma and discrimination (Mora, 2021; Sandoval García, Soto Loaísiga and González González, 2020). As one Nicaraguan secondary school boy interviewed by Campos-Saborío et al. (2018)¹⁷⁵ reported:

I am afraid to say where I come from because I can be rejected or insulted and for those reasons I do not tell anyone where I come from.

(Plo Alvis et al., 2019, p. 461)

One driver of xenophobia and discrimination at school may be the fact that Costa Rican curricula tend to mention Nicaragua only in relation to oppression of Costa Ricans (Mora, 2019). Both Campos-Saborío et al. (2018) and Sandoval García, Soto Loaísiga and González González (2020)¹⁷⁶ highlight that young Nicaraguans are often blamed for crime, both in schools and in wider society. As one young man commented:

I remember that once a wallet was lost, we were like 60 people, and the Director passed me to the front and only checked me, and said these words: “You are the only ‘nica’ [Nicaraguan] here.”

(Sandoval García, Soto Loaísiga and González González, 2020, p. 15).



Campos-Saborío et al.'s (2018) study also found insulting graffiti, such as: “Fuera nicas” (“Out with you Nicaraguans”), “Muerte y fuera nicas” (“Death and out Nicaraguans”) and “Nicas basura” (“Filthy Nicaraguans”) in public spaces in San José province.

Other sources have also reported increasing discrimination and stigma alongside growing numbers of migrants from Nicaragua in Costa Rica (Mora, 2021). For example, in 2018, the first anti-immigrant rally in the modern history of Costa Rica took place. Tensions were further exacerbated by the COVID-19 pandemic, when Nicaraguans who arrived during the second wave were blamed for the spike in cases (ibid.).

This review found no evidence from Panama regarding children's experiences of xenophobia (noting that Panama is mainly a transit country), but studies with adult migrants have found mixed evidence regarding overall discrimination and xenophobia. For example, 75 per cent of participants in a UNHCR and NRC¹⁷⁷ survey of migrants from Nicaragua, Colombia and Venezuela reported that they have had “good” or “very good” interactions or friendships with Panamanians (ACNUR and NRC, 2020, p. 12). Forty-three per cent of participants, especially those of Venezuelan origin, however, had also felt discriminated against. Polo Alvis et al. (2019) observed that the sustained growth of the Colombian population in Panama (from 13,600 in 1990 to 57,000 in 2017) has led to stigmatization of Colombians as “criminals, drug traffickers, guerrillas” (ibid.:26). Colombian migration is also blamed for causing an increase in insecurity and a lack of jobs; together these factors have led to an increase in xenophobia and discrimination towards Colombian migrants and refugees in Panama.

¹⁷⁵ See footnote 161.

¹⁷⁶ This study was based on the analysis of demographic indicators, official documents, teachers' reports and testimonies of Nicaraguan students of different generations in Costa Rica, who reflected on their educational experiences. The study does not specify the year of the fieldwork or the sample of the interviews

¹⁷⁷ See footnote 153.

In Belize, Näslund-Hadley et al. (2020)¹⁷⁸ observed that a quarter of Belizean caregivers reported thinking that migrant schoolchildren kept native students back and made it harder for native students to learn, because most migrant schoolchildren spoke Spanish. Fifty-eight per cent of Belizean caregivers with secondary or higher levels of education, however, agreed that migrant students enhanced the school environment, compared to 13 per cent of caregivers with lower than a primary school level of education.

5.4 | Return migration and repatriations to Mexico and Central America

5.4.1 PATTERNS OF RETURNS TO MEXICO AND CENTRAL AMERICA

Table 8 presents data found for this study on children returning to Mexico, El Salvador, Guatemala and Honduras in 2019–2021 (the countries with the greatest volume of return migration and repatriations in the subregion). Most of the evidence discussed in this section concerns involuntary returns from the United States (or its border) and Mexico, where the children or families concerned have been removed by immigration authorities. A few studies also include children whose families returned voluntarily, though, as Table 8 shows, particularly in the case of Mexican returnees, voluntary return is much more common than deportation.

Involuntary returns are undertaken without screening for international protection needs or family reunification claims, best interest procedures, vulnerability assessments or family tracing. Returns are often carried out at short notice, without preparation for return or reintegration assistance, heightening the risks children face (Families on the Run, 2020). While this is not a new practice (e.g., Doering-White, 2018; Anastario et al., 2015), numbers substantially increased during the Trump administration (January 2017–

¹⁷⁸ See footnote 142.

Table 8: Data on children returning to Mexico and Northern Central America in 2019–2021

COUNTRY	KEY DATA ON CHILDREN SETTLING IN EACH COUNTRY
El Salvador	Data from 2019 show that children represented 4.2% of the 120 people registered as returning across a two-month period (OIM Nicaragua, 2019)
Guatemala	Between March and October 2020, 2,354 unaccompanied children and 992 accompanied children were returned to Guatemala from Mexico and the United States (Families on the Run, 2020).
Honduras	Hondurans represented 38% of Central American migrants returned from United States in 2018; children represented 13% of returnees to Honduras (OIM Honduras, 2019).
Mexico	17,608 children returned from the United States to Mexico in 2021 (Gobierno de México, 2021b). Approximately 61% of the Mexican migrants who have returned from the United States since 2009 have done so voluntarily, citing family reunification as the primary motivation to return. In contrast, 14% of return migration to Mexico since 2009 was due to deportation (Dominguez-Villegas and Bustamante, 2021).
Nicaragua	Data from 2019 indicate the return of almost 70,000 children: 11,131 0–4 year olds; 11,119 5–9 year olds; 14,106 10–14 year olds; and 30,996 15–19 year olds (52% boys and 47% girls; the only age group with a notable gender difference) (INIDE, 2021). No information is available regarding the origin of those returns.

Table 9: Repatriation of Mexican children from the United States (2017–2021)

YEAR	12–17 YEARS OLD			0–11 YEARS OLD			TOTAL
	ACCOMPANIED	UNACCOMPANIED	SUBTOTAL	ACCOMPANIED	UNACCOMPANIED	SUBTOTAL	
2021	4,121	17,997	22,124	1,282	203	1,485	23,609
2020	1,714	9,279	10,993	1,405	152	1,557	12,550
2019	931	10,357	11,288	1,293	155	1,448	12,736
2018	721	9,479	10,200	529	108	637	10,837
2017	681	7,268	7,949	858	105	963	8,912

Source: Authors, based on data from Gobierno de México (2017–2020, 2021a–b).

January 2021) (see Table 9) and have somewhat reduced subsequently. For example, in September 2021, 54 per cent of encounters ended in expulsion, down from 74 per cent in February 2021 (Gramlich and Scheller, 2021).

Removal of Mexican children from the United States

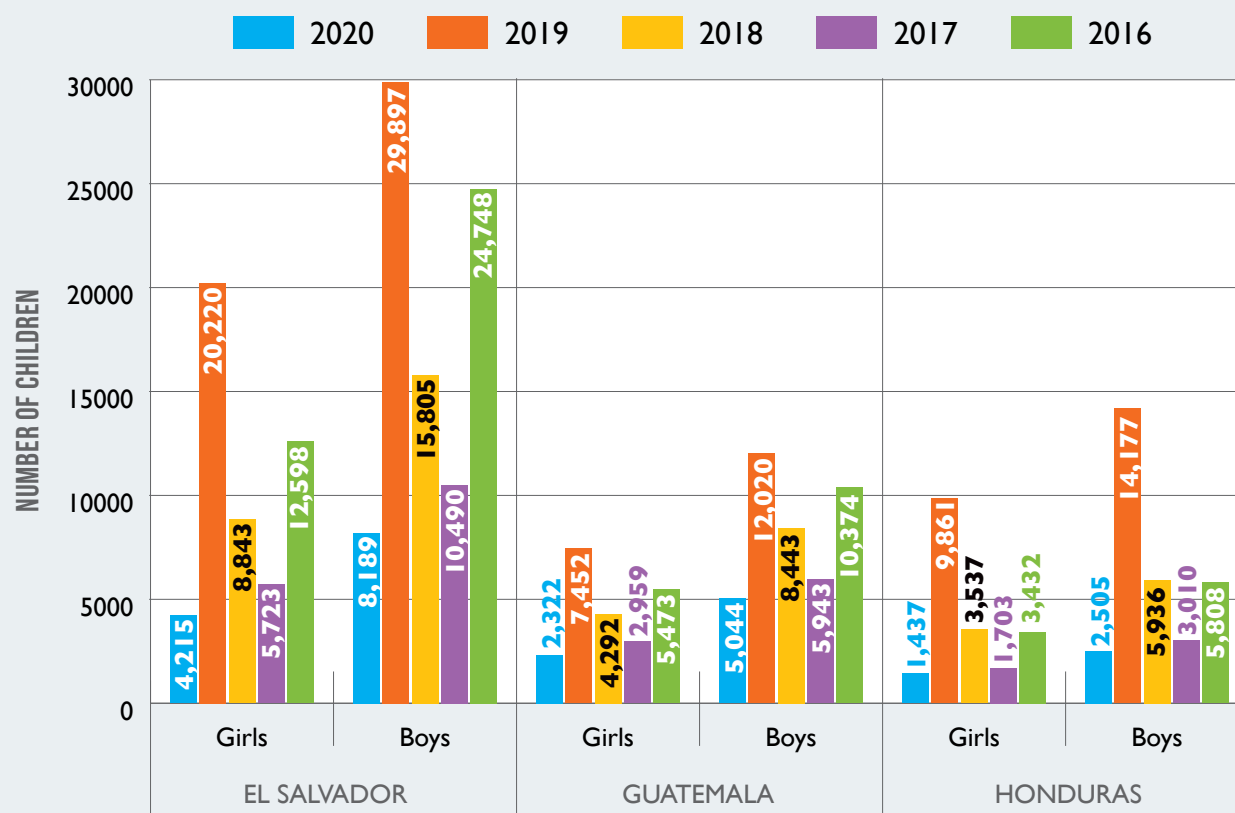
As Table 9 shows, repatriation of Mexican children (accompanied and unaccompanied) has increased over the previous five years, but particularly from 2020 to 2021. This increase may reflect both Title 42 expulsions (see Table 1) (before expulsions of unaccompanied children were stopped in November 2020) and the fact that United States law under the William Wilberforce Trafficking Victims Protection Reauthorization Act¹⁷⁹ allows for expedited removal of unaccompanied Mexican children, as compared with children from ‘non-contiguous countries’ (those that do not share a border with the United States) (Zak, 2020). Unaccompanied adolescents aged 12–17 constitute the substantial majority of repatriated children; data for January–December 2021 show that 18,091 children were unaccompanied, while 3,595 were accompanied. Among those unaccompanied, 16,320 were boys, while 1,771 were girls (Gobierno de México, 2021a).

Returns to Central America from the United States and Mexico

According to official data¹⁸⁰ compiled by IOM for its Iniciativa de Gestión de Información de Movilidad Humana en el Triángulo Norte (Northern Triangle Migration Information Initiative), between 2013 and the end of 2020, approximately 1.32 million migrants were returned to Honduras, Guatemala and El Salvador – 47 per cent of them from the United States (OIM, 2021b). In the period January–August 2021, 71,760 migrants were returned to Northern Central America, the vast majority to Honduras and Guatemala. Boys constituted just under 10 per cent of these returned

¹⁷⁹ The William Wilberforce Trafficking Victims Protection Reauthorization Act is a bipartisan bill, signed into law by President George W. Bush, which recognizes that unaccompanied children may be victims of human trafficking and includes a number of protective provisions for them (Zak, 2020).

¹⁸⁰ One drawback of the data is that it does not capture the pattern of multiple crossings and returns.

Figure 6: Return of children from Mexico and the United States to El Salvador, Guatemala and Honduras (2016–2020)

Source: Authors, based on data from Iniciativa de Gestion de Informacion de Movilidad Humana en el Triángulo Norte (OIM, 2021b).

migrants, and girls just under 5 per cent.¹⁸¹ Data from Guatemala shows that indigenous children are overrepresented among returned migrants, with girls constituting a higher proportion (23 per cent).¹⁸² The vast majority of these returned children came from five departments (OIM Guatemala, 2017).

Figure 6 presents data on returns of children by country in Northern Central America. As can be observed, returns peaked in 2016 and 2019, especially for children from El Salvador, though the lower numbers for 2020 are likely to reflect COVID-19 conditions and not an overall downward trend. More boys than girls returned in all years for all countries.

IOM data show that returns of children from the United States to Central America increased between 2020 and 2021, from 4,874 to 7,375 (an increase of 51 per cent), while those from Mexico have also increased over the same period, from 7,495 to 16,367 (an increase of 118 per cent) (OIM, 2021b). This reflects the increased expulsions under Title 42 from the United States (before the exemption of unaccompanied children from expulsion) and a growing pattern of the United States returning migrants from El Salvador, Honduras and Guatemala to Mexico, from where they are then returned to countries

¹⁸¹ Among returnees, there were 7,142 boys and 3,254 girls.

¹⁸² It is not clear whether this is because they are also overrepresented among the population on the move, because they are disproportionately likely to be detected, or because they are less likely to be able to reunite with family in the United States.

Table 10: Number of assisted returns from Mexico of children aged 0–17 years old by nationality and age (January–December 2021)

	CHILE	CUBA	ECUADOR	EL SALVADOR	GUATEMALA	HAITI	HONDURAS	NICARAGUA
Total (0–17)	110	31	18	1,710	7,527	81	7,834	255
Total males (0–17 years old)	57	23	10	990	5,023	38	4,771	149
Total females (0–17 years old)	53	8	8	720	2,504	43	3,063	106
Total (12–17 years old)	0	13	11	927	5,029	23	3,597	98
Accompanied	0	13	0	216	925	21	927	76
Unaccompanied	0	0	11	711	4,104	2	2,670	22
Total (0–11 years old)	110	18	7	783	2,498	58	4,237	157
Accompanied	109	18	7	719	2,326	55	4,013	154
Unaccompanied	1	0	0	64	172	3	224	3

Source: Authors, based on data from the Gobierno de México (2021d).

of origin (termed ‘assisted returns’ under Mexican law). Table 10 presents Mexican government data on assisted returns of Central American child migrants from January to August 2021. Most assisted returns were made to Honduras, Guatemala and El Salvador. The group with the highest number of assisted returns was unaccompanied children aged 12–17 from Guatemala.

5.4.2 EFFECTS OF RETURN ON CHILDREN’S WELL-BEING

The literature reviewed focuses on two main sets of issues: education and mental health. These were discussed with reference to the experiences of returnee children in Mexico and Honduras only; the review did not find studies of return and reintegration in other countries, nor on other aspects of well-being.

Education

Media reports have highlighted that there is no data on the proportion of children who enrol at school on return to Mexico (Aquino Ayala, 2019). The only official record is that of children who registered at the Programa Binacional de Educación Migrante, (PROBEM, Binational Migrant Education Program) a mechanism that facilitates the validation of official United States documents to facilitate student enrolment. In 2017, the SEP only registered 14,035 children with educational experience in the United States in Mexican schools through PROBEM. Many more children return from the United States and enrol

The evidence suggests that when children return to their community of origin, they often face additional stressors related to acculturation, family reunification, and interactions with the educational and legal systems that can affect their mental health and psychosocial well-being.

in Mexican schools, however: in Baja California in 2017 alone, state authorities reported 53,219 revalidations of school documents through PROBEM (ibid.). This implies most registrations are at state, rather than federal, level.

Several studies highlight the challenges children who have lived in the United States face in adjusting to the Mexican educational system. Baca Tavira, Garcia Fajardo and Sosa Marquez (2019) identify five key difficulties:

1. Students feel invisible because school authorities have little or no knowledge of their educational background or bi-national academic trajectory.
2. Students are frustrated because they are not able to complete their tasks or read or write (no details on this were given by the study); in general, they consider that their knowledge background is ignored.
3. Students think that teachers in Mexico do not respond to their needs due to the difference in language and culture.
4. Students consider that the educational system in the United States is superior because it provides them with extracurricular activities that allow them to develop their potential.
5. Students have to adjust to different school content, materials and activities, which is challenging when also adapting socially and culturally.

Vargas Valle (2018) also notes administrative challenges, such as quotas for the enrolment of transnational students, the possession of identity documents or the applicant's school record, which can make re-enrolling difficult. The same study also observed that return child migrants may also suffer from family separation (when a member of their family stays in the United States) and a lack of social networks at school.

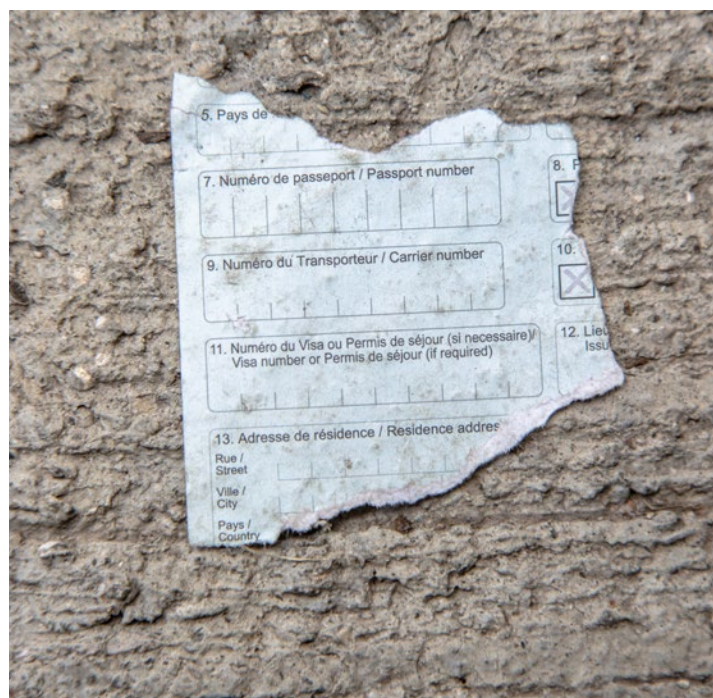
These challenges are further illustrated in Bustamante de la Cruz's (2019) study, which explores the experiences of 20 young return migrants from the United States (boys and girls aged 12–16 years old) studying in secondary public schools in Mexicali, Baja California. Study participants perceived infrastructure deficiencies (e.g., furniture in poor condition; lack of assistance to provide educational materials; small classrooms without sufficient capacity for the number of students; lack of libraries, laboratories, cafeterias, dining rooms, wide hallways, lockers and recreational spaces) and that the school community lacked information about the situation and challenges faced by migrant students. Regardless of how many years the students interviewed had been in Mexico, they felt excluded, ignored and/or misunderstood by school staff, and struggled to relate to some of the curriculum content and school activities (e.g., those celebrating events in the national calendar). Some also struggled with key subjects, such as Spanish. Returnees also felt demotivated because, most of the time, the school enrolled them in a lower grade level than their grade in the United States, as their learning from the United States was not taken into account.

Mental health and psychosocial well-being

The only studies found in this review were qualitative and did not attempt to quantify the prevalence of mental health problems among returnee children. The evidence suggests that when children return to their community of origin, they often face additional stressors related to acculturation (e.g., language and cultural differences), family reunification, and interactions with the educational and legal systems that can affect their mental health and psychosocial well-being (Bustamante de la Cruz, 2019).

In addition, the mental health of children deported to countries with high levels of violence, such as those in Northern Central America, is affected by constant fear of this violence. For example, a study by Casa Alianza Honduras (2016) observed that young Hondurans suffer from mental ill-health due to their fear of being kidnapped. Gangs and other organized crime groups often target returnees from the United States, who are assumed to have money, though, in fact, their conditions are often precarious, especially if they were deported. This leads returnees not to want to leave their houses, as a protective measure. Similarly, difficulties around reintegration can lead to feelings of uncertainty, fear and frustration about being returned to the same conditions they had tried to leave.

Some returnee children's school experiences also contribute to mental health issues. Some of the adolescents in Bustamante de la Cruz's (2019) study reported experiencing bullying by their Mexican peers. Others felt that they did not have relatives or teachers who could support them with their homework, affecting their self-confidence and mental health and well-being.



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Some children who return or who are deported suffer from stigma. For example, children deported from Mexico to Honduras reported that peers and community members constantly called them “wet” (meaning irregular migrant) or said things like “he could not make it, that’s only for men” (Casa Alianza Honduras, 2016, p. 46).¹⁸³ They shared feelings of disappointment, sadness, frustration, anger and shame for not having achieved the goal of reaching the United States (Casa Alianza Honduras, 2016). Similarly, Hernández’s (2018) study with indigenous adolescent boys deported from the United States to Mexico found that adolescents felt ashamed when they returned to their families and communities because they were unsuccessful, compared to those who could cross to the United States, to return with material items. UNICEF (2018b) also found that when adolescent girls are deported, they suffer from stigma, since community members assume that they have been victims of sexual violence while crossing Mexico and the United States, and reject them.

By contrast, an ILO study from Honduras (OIT, 2016a)¹⁸⁴ presents more varied experiences. This study found that adolescent migrant boys returned from the United States or Mexico to Honduran Caribbean coastal communities felt “empowered” by attention and admiration of other children and adolescents, for whom they represented almost “idols” (ibid., p. 28). This helped them overlook the fact that they had not been able to achieve their dreams. Many returnees had had very difficult experiences as migrants, such as involvement in crime, with some having spent time in jail; others had learnt “bad habits” (not specified) and many were looking to make quick money (ibid.). They hoped for respect in the community, but adults distrusted and stigmatized them and would not employ them.

¹⁸³ This study undertook 119 surveys with returnee children at the El Eden shelter, 31 interviews with returnee children, as well as focus groups with 382 children from communities of origin attending an educational centre and with 35 parents/caregivers of returnee children. Fieldwork took place in 2015.

¹⁸⁴ This study undertook focus group interviews in Tornabé and Sambo Creek, in the Honduran Caribbean, with the Garífuna population; in Copán Ruinas, with representatives of towns of the Maya-Chorti commonwealth; and in Opatoro, La Paz, with members of the Lenca population. The study does not provide details on samples or dates of data collection.

PART II

6 | Programmes supporting children and families in situations of human mobility

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6.1 | Introduction

Having synthesized evidence from across the region on the key challenges children on the move face in different contexts, and the main policies that mitigate or exacerbate these challenges, this chapter shifts focus to projects and programmes that aim to support children and families affected by human mobility. It draws on 46 evaluations¹⁸⁵ and 112 descriptions of projects and initiatives for which no evaluation evidence was available. Selected examples of these projects are included in this chapter to give a broader picture of the range of activities under way in the region, and potentially promising approaches. Annex 5 provides an overview of the initiatives for which evaluations were available.

The chapter outlines the main programme responses to the challenges different groups of migrant, displaced and refugee children in LAC face; the evidence of the effectiveness

¹⁸⁵ Two of these were multi-country evaluations (Nexus Consultores, 2021d; DARA, 2022) while a third study, though not an evaluation, drew lessons from activities related to temporary care of unaccompanied and separated children on the move (RELAF and UNICEF, 2021a).

of these initiatives; and the factors identified as contributing to effectiveness or ineffectiveness. It seeks to answer the questions outlined in Chapter 1 (see Section 1.4.1), addressing how far programme responses are aligned with the needs of children on the move; how far they are gender-responsive and rights-based; and the key knowledge gaps related to the impacts of initiatives.

Unlike the previous chapters, which focused on particular subregions and movement 'corridors', this chapter is organized by 'stage' of migration or displacement. Thus, it discusses activities in children's communities of origin; activities aimed at supporting children in transit; those aimed at supporting children during settlement in a new country; and those that aim to support children on return, whether voluntary or involuntary. Some initiatives span several 'stages': to avoid repetition, they are discussed in the most relevant section. Ten studies focused on initiatives that served the migrant and refugee population as a whole, while the remaining 36 studies examined activities that were largely child and family-focused. Figure 7 shows the geographical distribution of the initiatives examined in this review, and Figure 8 shows their distribution by sector/area of focus.

Figure 7: Distribution of initiatives discussed in Chapter 6 (both with and without evaluations)

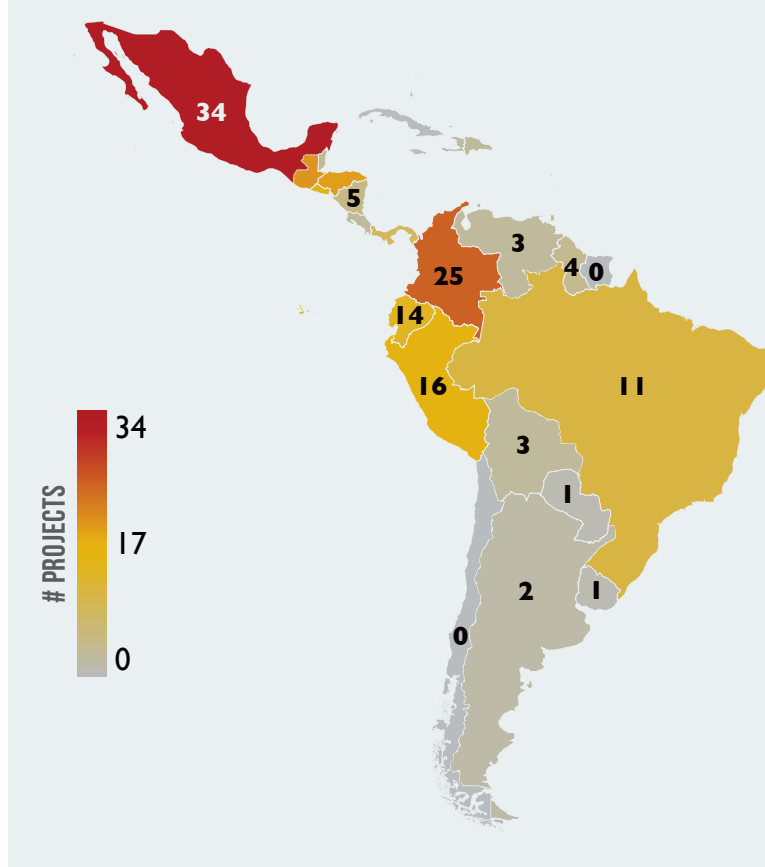
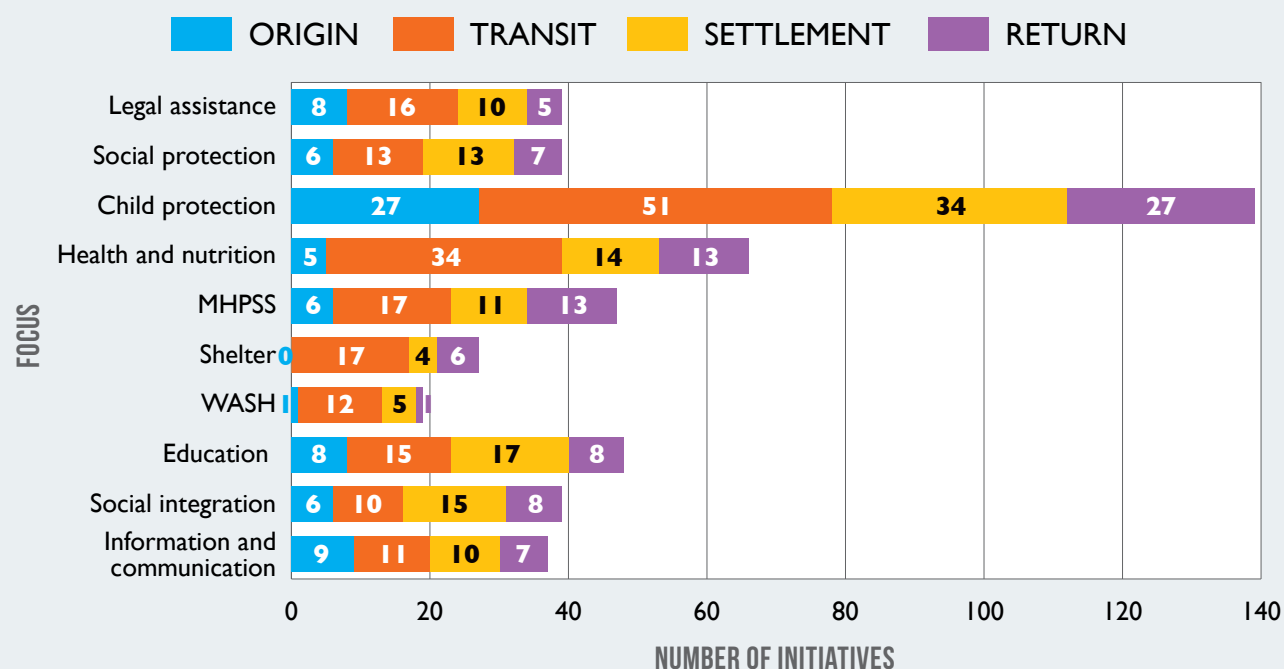


Figure 8: Thematic distribution of initiatives discussed in Chapter 6



6.2 | Initiatives supporting children and families in communities of origin

KEY NEEDS OF CHILDREN IN COMMUNITIES OF ORIGIN TO WHICH PROGRAMMES RESPOND:

- Education
- Economic well-being
- Vulnerability to community violence
- Information about safe migration

LESS COMMONLY ADDRESSED NEEDS:

- Mental health and psychosocial well-being (especially for children who stay behind when family members migrate)
- Health care, WASH
- Legal and documentation support to assist family reunification

KEY APPROACHES: service provision, technical assistance, system strengthening

Nine studies discussed initiatives in migrant and refugee children's communities of origin, specifically: three initiatives (all in Guatemala and Honduras) that aimed to encourage rootedness and reduce the need to migrate through promoting education, skills and young people's livelihoods; two (in Guatemala and Mexico) that attempted to reduce community violence; three (in Mexico, Central America and Colombia) that provided information on the risks of irregular migration and trafficking; and three that aimed to strengthen child protection systems to prevent trafficking of children and risky migration. The scale of initiatives varied from a community-based initiative in two districts of one province, to a UNHCR programme reaching 41,000 children.¹⁸⁶

6.2.1 EDUCATION, SKILLS AND ECONOMIC STRENGTHENING INITIATIVES

Three programmes in Central America (in El Salvador, Guatemala and Honduras) sought to promote community livelihoods in general, and adolescent and youth livelihoods in particular, to promote 'rootedness' and reduce the 'pull' of migration to the United States.

From 2013, USAID supported Youth Outreach Centres in El Salvador, Guatemala and Honduras; by 2014, there were 100 such centres in El Salvador that aimed to support young people in violent neighbourhoods. These centres aimed to help adolescents and young people aged 13–25 develop soft skills, strengthen the social ties between adults and young people, provide a safe space for recreation,¹⁸⁷ and help with homework to boost adolescents' likelihood of remaining in school. Roth (2017) and Roth and Hartnett (2018) evaluated the impacts of these centres in San Salvador. In a survey of 445 young people who had attended the centres, 78 per cent of participants interviewed reported that the centre had helped them get better grades in school, and 32 per cent said that

¹⁸⁶ The studies reviewed generally did not disaggregate the numbers of girls and boys participating, nor did they comment on other social and demographic characteristics of participants.

¹⁸⁷ In addition, Nexus Consultores (2021a) reports that, in El Salvador, UNICEF supported activities such as the creation of child-friendly spaces and the enhancement of parks and recreational facilities, but does not discuss the impact of these activities in relation to migration.

it had helped them find a better job (Roth, 2017). Centre attendance had little impact on participants' intentions to migrate, however, as the need to escape neighbourhood violence was a pressing concern (Roth and Hartnett, 2018).¹⁸⁸

Two initiatives in Central America (Agrijoven in rural Guatemala, and A Ganar in Guatemala and Honduras) aimed to strengthen young people's livelihoods,¹⁸⁹ both in their own right and as a way of reducing migration. Agrijoven, an agricultural development project for young people aged 15–24, supported youth savings and loans groups, promoting integrated pest management and adoption of improved seeds for greater productivity, and linked participant farmers to purchasers (MercyCorps, 2019). An end-of-project evaluation based on a survey of 416 young people found a 30 per cent reduction in participants thinking about migrating 'all the time' or 'very frequently' – a statistically significant change, and an increase in the proportion of young people who perceived that they could improve their futures staying and farming in Guatemala. Effects were strongest among the young people who had participated in the programme for the longest time (MercyCorps, 2019).

A Ganar provided 6–9 month training courses in employment-related skills to young people aged 16–24. The evaluation in Guatemala found it had no impact on migration intentions, but in Honduras, participants were 35 per cent more likely to attempt to migrate than non-participants. MercyCorps (2019) attributes this to the project increasing the disconnect between young people's skills (which were boosted) and their opportunities (which remained limited), thus incentivizing migration. Unlike Agrijoven, A Ganar did not attempt to help create jobs or strengthen participants' social networks, which may explain Agrijoven's stronger impact on reducing young people's intentions to migrate.

¹⁸⁸ This conclusion may reflect the bias in the sample of interviewees towards young people aged over 17, who were more likely to migrate.

¹⁸⁹ The proportion of adolescents under 18 and young people aged 18 or over is not clear from the project description. These projects are included as they were available to older adolescents.

Box 3: Community development activities in areas with high levels of emigration

In addition to the directly migration-focused initiatives discussed in this Chapter, humanitarian activities in countries with substantial outflows aim to improve some of the conditions that lead people to leave. As outlined in Chapter 3, in Venezuela, these conditions include immense strains on the health care system, availability of essential medicines and treatment, and difficulties accessing sufficient food. Some UNICEF initiatives both meeting essential humanitarian needs and indirectly helping reduce pressures on families and children to migrate include: efforts to strengthen the health care system by supporting vaccine delivery, the development of cold chain infrastructure, provision of anti-retroviral medication, and protective equipment and installation of handwashing facilities to help contain COVID-19. UNICEF has also supported: strengthening of nutritional monitoring and supplementation for young children; school-based food distribution; distribution of other educational materials to help



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prevent school drop-out; and incentive programmes to encourage teachers to remain in post and prevent deterioration of the education system.

Source: UNICEF Venezuela (2020).

6.2.2 COMMUNITY VIOLENCE PREVENTION

This review found two examples of initiatives that engaged children and young people in reducing violence in communities of origin, one of which was evaluated.¹⁹⁰ In Guatemala, CONVIVIMOS worked in 115 municipalities over a period of five years to strengthen community and local government structures, with a particular focus on young people, including older adolescents, at risk of engaging in and becoming victims of violence. The project involved the development of violence prevention plans, with funding to implement them. An end-of-project evaluation found that 68 per cent of CONVIVIMOS participants were not interested in migrating, compared with 42 per cent of non-participants (MercyCorps, 2019).¹⁹¹ The study concludes that the project had a greater impact on attitudes about whether young people had a viable future in Guatemala than on reducing rates of violence, but also notes that other violence prevention projects in Central America show positive potential to reduce a key driver of migration.

In Mexico, during 2021, UNICEF developed a draft strategy to contribute to preventing armed violence and internal forced displacement and to attend to the humanitarian needs of affected children and families. This initiative is still in development but is noteworthy in a context of few initiatives working to reduce community-level violence (European Union, UNICEF and UNHCR, 2021).

6.2.3 COMMUNICATION FOR SAFER MIGRATION AND TO PREVENT CHILD TRAFFICKING

Two studies report on the effectiveness of communication activities around the risks of migration and/or safer migration. Despite limited evaluations, this is a common form of activity. As Save the Children (2022) found, children in Central American communities with high levels of migration and forced displacement have variable knowledge about the risks associated with migration, but this knowledge is often quite generic. Communication initiatives thus have an important role to play in providing more precise information about specific risks, and also about services available at points on key migration routes.

Youth Pathways Central America, a USAID-funded adolescent and youth development project in Honduras and El Salvador, undertook a communication campaign aimed to increase awareness about risks of irregular migration. This campaign involved presentations to children and youth taking part in the project's skills training programme, sharing videos and radio spots with testimonies of negative experiences during irregular migration. Though the campaign was not formally assessed, the evaluation notes: "technical staff responsible for the campaign said they have cases of children or youth that decided not to migrate due to the awareness created by the campaign" (DevTech, 2018, p. 41). The study also highlights that, while the campaign sought to discourage one activity that could put children and young people at risk, many programme participants were at risk of other forms of harm, through irregular or hazardous jobs, threat from gvaluationengagment in gangs or illicit activities. These very severe threats to participants' lives and well-being often outweigh the risks of irregular migration, and during the course of the programme a number of participants and their families joined the migrant caravans.

A UNICEF initiative in Colombia engaged adolescents in a participatory design process, which resulted in a paper-based educational game, 'La Travesía' (The Journey), which highlights key behaviours for safer migration. These included the following messages: the importance of

¹⁹⁰ It is likely that there would be many more evaluated examples in the literature on peacebuilding but examining these was beyond the scope of this review.

¹⁹¹ MercyCorps points out that the direction of causality is unclear: whether the project attracted participants who were less interested in migration, or whether it reduced participants' desire to migrate. Also, the evaluation does not present disaggregated data on interviewees' ages.

breastfeeding to protect babies' health; children should stay close to their families and not trust strangers offering gifts or money; and children should keep learning even while out of school. Anecdotal evidence suggests that whole families played the game, and that adolescents subsequently reminded their parents of its messages as they continued on their journeys (UNICEF Colombia, 2020). Box 4 highlights some additional initiatives, showing some of the range of communication activities aimed at promoting safer migration. Some of these initiatives also offer information relevant to families in transit or settling in a country.

The review also found two examples of communication campaigns aimed at raising awareness to prevent trafficking of children and adults. A USAID project, Human Trafficking in the Peruvian Amazon, involved a radio soap opera, a related video game, and information-sharing with teachers who discuss it with their students. It also involved sharing information to youth groups, farmers and other (unspecified) stakeholders. The evaluation notes that the project did not have a clear theory of change as to how these activities might help reduce trafficking and that information activities were only effective when accompanied by practical training on trafficking prevention (USAID, 2020).

A UNODC project in Mexico supported an awareness-raising campaign, '#AQUIESTOY', about all forms of trafficking. This multimedia initiative shared videos and messages on social media and held face to face events, including street theatre, fairs, community dialogues, mobile cinema and a drawing competition. The evaluation suggests that these activities helped raise awareness about human trafficking and victims' rights, but that it should have targeted LGBTQI+ populations at risk more effectively. While the digital emphasis of much of the campaign was considered effective in reaching large numbers of people, the evaluation also questions whether it excluded the most marginalized people whose social media access is much more limited (UNODC, 2020).

6.2.4 STRENGTHENING COMMUNITY-BASED CHILD PROTECTION SYSTEMS¹⁹²

This review found four studies of initiatives with substantial components in communities of origin that aimed to strengthen child protection systems, two of which focused on preventing trafficking of children.

¹⁹² UNICEF is developing additional programmes to combat child trafficking, with awareness-raising components in communities of origin. This includes a joint initiative with IOM in Argentina.

Box 4: Communication activities – safer migration

Migration and refugee-focused projects in the region frequently include communication components, to share information about the potential risks of irregular migration; services en route; safer ways to travel; the rights of children on the move; the risk of trafficking; and/or what to do if children become separated from their families.

These initiatives typically use digital media, mass media (e.g., radio, TV) and printed materials (e.g., posters, reference cards). Examples include: the YoCamino campaign in Nicaragua, UNICEF C4D activities

in Guatemala, and U-Report on the Move and the AnteTodosSonNiños campaign in Ecuador. The latter gives clear, practical advice on issues such as the documentation required to enter Ecuador, how to avoid being separated in transit from children, what to do if that happens, and how to avoid being exploited by traffickers. The campaign makes use of posters and video messages.

In addition, Save the Children has developed an information booklet for child migrants in the region titled *Mis derechos viajan conmigo*. *Soy un niño o una niña migrante, estos*



son mis derechos ('My rights travel with me. I am a migrant child, these are my rights').

Source: Unpublished UNICEF reports and case studies; UNICEF Ecuador (2019, 2020); Save the Children (2019a).

Intercultural dialogues led to the development of principles of guidance for tackling situations of exploitation and abuse that occur through mindalae and other forms of labour mobility, using both indigenous and formal/state justice mechanisms.

The Human Trafficking in the Peruvian Amazon project involved strengthening institutional capacity to identify situations of suspected trafficking, to provide survivor-centred care, and to prosecute offences. Institutional strengthening activities included technical assistance for the development of regional protocols and plans and to ensure that the relevant authorities were aware of these plans. The evaluation concludes that these were valuable, although inter-institutional roundtables were time-consuming (USAID, 2020). The project also involved training members of the judiciary and service providers at shelters for trafficking victims. Despite the effectiveness of capacity-strengthening efforts, which contributed to improved coordination, the evaluation concluded that service providers' treatment of trafficking victims needs to become more empathetic and less procedural, as current styles of interviewing victims may deter them from reporting (ibid.). A follow-on initiative, United Against Child Trafficking, has strengthened survivor-centred approaches, provided technical assistance for the development of five new specialized shelters, strengthened specialized care for LGBTQI+ child trafficking victims, and built on the previous judiciary training programme to increase the capacity of law enforcement, prosecutors and judges, to help them successfully convict child traffickers (United States Department of State, n.d.a).

A process led by the civil society organization Fundación Regional de Asesoría en Derechos Humanos (Regional Foundation for Human Rights Advice) in the Imbabura province of Ecuador also aimed to strengthen community-level protection mechanisms. It facilitated community-level discussion around the risks that children encounter when migrating. Indigenous tradition in these areas includes the practice of *mindalae*, a form of mobility for exchange of valued cultural artifacts and knowledge, but children are also moving for work, increasingly without their families. Children who move alone are exposed to risks that include accidents, violence, disappearance, deportation, kidnapping, extortion, and abuses and exploitation by organized crime networks such as drug cartels or trafficking networks.

Dialogues started from the principle of protecting children and adolescents from harm, and of adopting intercultural perspectives instead of assuming labour exploitation to be the central issue. The dialogues led to the development of principles of guidance for tackling situations of exploitation and abuse that occur through *mindalae* and other forms of labour mobility, using both indigenous and formal/state justice mechanisms. A study of this initiative by the International Federation of Red Cross and Red Crescent Societies (IFRC, 2018) found that it had increased awareness of the risks children face, including those of trafficking, and that they were better able to evaluate the 'opportunities' offered by labour recruiters.

The UNHCR programme in Colombia used participatory approaches to identify ways to strengthen community-level protection structures for children at risk of displacement and/or who had been displaced. This led to efforts to strengthen safe spaces in communities, schools, sports and recreation venues, meeting places, and educational materials. Elsewhere, the project worked with the Deputy Ombudsman's Office for Children, Youth, and Elderly, as well as with women's organizations, families, communities and educational environment officers, to strengthen mechanisms for child protection (Econometria Consultores, 2020). Overall, the project reached 41,000 children and young people but the report does not go into further detail about the prevention of displacement. As with other community-level initiatives, risks associated with displacement were one of several child protection risks (e.g., recruitment into armed groups, GBV) that this project aimed to address.

Though no evaluation is available, in Venezuela, UNICEF has also worked to strengthen the child protection system, benefiting both children who have stayed in Venezuela while family members have migrated, and children and families not

immediately affected by migration. This has involved strengthening specialized child protection programmes and services in 16 states and 103 local child protection councils. Specifically, these programmes have strengthened the provision of case management, care services for GBV, psychosocial support and legal assistance (UNICEF Venezuela, 2020). Living apart from parents, and with other family members, often increases children's risk of exposure to violence and psychosocial distress; these initiatives seek to reduce this risk.

6.3 | Initiatives supporting children and families in transit

KEY NEEDS OF CHILDREN IN TRANSIT TO WHICH PROGRAMMES RESPOND:

- Assistance with documentation
- Survival needs: food, WASH, cash, temporary accommodation/shelter
- Child protection; family reunification (for unaccompanied and separated children); temporary care (alternative and transitory) care; protection from violence and trafficking
- Emergency health care

NEEDS ADDRESSED TO A LIMITED EXTENT:

- Education

KEY APPROACHES: service provision, generating data and evidence, technical assistance, communication, advocacy

The boundary between transit and settlement in a new country is often fuzzy: people on the move are often delayed for substantial periods of time while attempting to cross a border, gathering resources, deciding on their next move, seeking asylum or awaiting permission to move on. Some of the initiatives examined clearly aimed to serve children and families in transit, such as shelters where people can stay for a few days, while others focused on supporting settlement, such as legal assistance to make asylum claims within a particular country. This section discusses initiatives focused on supporting people in transit – i.e., those who have not yet reached a place where they can, or wish to, settle. These initiatives were all implemented in countries hosting Venezuelan migrants and refugees (particularly in Colombia, Ecuador, Peru and Brazil), and in Central American countries on transit routes (e.g., Panama and Guatemala) and Mexico.

6.3.1 COMPREHENSIVE SUPPORT CENTRES

A common approach to supporting children and families in transit is through strengthening the provision of key services at border posts, reception centres and in host communities in comprehensive support centres. These provide migrants and refugees with information about their legal rights and assist with paperwork and family reunification (Cruz Leo, Morand and Murillo, 2015;; Nexus Interamerican Consulting Services, 2021b, 2021e; UNICEF Ecuador, 2020).¹⁹³ On some routes mobile support teams provide similar services to migrants and refugees.

¹⁹³ A forthcoming evaluation of the response by UNICEF to Venezuelan migrants and refugees shows the importance of these services. For example, in Ecuador in 2019, almost 7,000 people, of whom approximately 2,200 were children, made use of legal and documentation support (DARA, 2022).

Box 5: Examples of activities supporting comprehensive support centres

In Ecuador, UNICEF has supported two comprehensive support centres, one at the Colombia–Ecuador frontier (Tulcán) and the other in a host city (Manta), that are open to both people on the move and host communities. These offer psychosocial support, child-friendly spaces with games for younger children and workshops for adolescents, and links with more specialised services. These spaces provide specialised legal assistance to obtain documentation and support family reunification, and workshops on various topics, such as care of babies and rights in relation to GBV. In 2021, these comprehensive support centres benefited 19,122 people. Surveys show very high levels of satisfaction among service users (UNICEF Ecuador, 2020; Montalvo Novillo Consultores, 2022).

In Panama, UNICEF has supported the state migration stations in numerous ways, including through the provision of water storage tanks, tents, mosquito nets and mats, and the development of specialised mother and child health teams. These provide specialised care to pregnant women, promote breastfeeding, undertake nutritional screening for children under 5 years, and have developed processes to refer and hospitalise malnourished children. UNICEF has also supported the management of these centres to help obtain documentation for children born en route, to avoid the risk of statelessness (UNICEF Panama, 2021).



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On the Venezuela–Colombia border, UNICEF has supported a comprehensive support centre, which offers water and sanitation, nutritional screening and support, health care and protection activities. UNICEF has also contributed to improving WASH facilities in San Cristobal bus station, close to the frontier (information shared by UNICEF Venezuela Country Office; UNICEF Venezuela, 2020).

Families appreciate child-friendly spaces, but would also have preferred them to provide some day care so that they could undertake migration paperwork and other necessary activities.

Information provided at support centres includes: how to register for regular status; how to register for health and education services; how to report crimes (e.g., violence or robbery); how to recognize and avoid human trafficking; information specific to the LGBTQI+ population; numbers of call centres of service providers; and sources of support such as the location of other service points (DARA, 2022; Montalvo Novillo Consultores, 2022).

They also offer services such as water, showers, and, in some cases, shelter, food and cash assistance. International organizations have funded the building and renovation of WASH infrastructure (such as water supply, toilets and showers), and the provision of cash, food or in-kind assistance (e.g., hygiene kits, play kits and tents). Some of these centres also provide nutritional screening and have established processes for referring malnourished children for medical care (see Box 5).

Various initiatives have also sought to make reception centres more child-friendly by providing play areas, psychosocial support and specialized services to attend to unaccompanied and separated children. A study of the support UNICEF provides for children migrating and displaced from Venezuela found that families appreciated these child-friendly spaces, but would also have preferred them to provide some day care so that they could undertake other necessary activities, both related to paperwork for entry and, in border cities, in terms of settlement (DARA, 2022). Though reports indicate that these centres and child-friendly spaces are providing valued services (e.g., UNICEF Panamá, n.d.; UNICEF Ecuador, 2020) none of the evaluations reviewed provide substantial data on the effectiveness of specific activities.

Recognizing that a substantial proportion of people on the move bypass official border control points, some initiatives have also started to offer mobile response teams. For example, in Peru, UNICEF and partners have established mobile response teams that travel to meet groups of migrants on the road near the Ecuadorian border. These teams provide psychological care kits for different age groups of children, which contain recreational and educational activities designed to help them cope emotionally with the challenges of migration. Mobile teams also share information about staying safe and preventing family separation, and seek to identify unaccompanied children and those with other vulnerabilities. Where necessary, mobile response teams can then refer families and unaccompanied children for additional support services (DARA, 2022). These include support services for survivors of physical and sexual violence. Though no evaluations of these approaches are available, they are providing services that previous studies have established as relevant for children and families in transit (Nexus Interamerican Consulting Services, 2021d).

Shelters

Another set of initiatives supports the provision or expansion of shelters and tents, and access to water, showers and toilets along the main migration routes. These shelters often limit stays, to allow people on the move to rest and recuperate before their onward journey, while maintaining spaces for new migrants and refugees passing through these areas. The length of time people on the move can stay in shelters varies considerably, depending on the anticipated level of pressure on facilities (RELAF and UNICEF, 2021b). During the COVID-19 pandemic, the protocols for admission of unaccompanied adolescents to initial shelters in Ecuador excluded people who had tested positive for COVID-19 (DCF and UNICEF, 2020). As well as temporary accommodation, access to water and hygiene facilities, some shelters also distribute cash and in-kind assistance (including food and hygiene kits), facilitate emergency health care and, sometimes, provide education, play opportunities or psychosocial support to children on the move.¹⁹⁴ Available evaluations suggest that this combination of activities provides valuable support to people in transit (for example, DARA, 2022).

In Brazil, the involvement of the army in the implementation of Operação Acolhida, which responds to Venezuelan refugees and migrants (see Section 4.3.2), enabled shelter provision to be scaled up rapidly: between February and November 2018, 13 tented shelters were created to host 5,800 people (UNHCR, 2019a). Army involvement was supervised by UNHCR shelter experts, and the Venezuelan residents of these spaces (including LGBTQI+ individuals) expressed that they felt protected by the army's presence, as it reduced cases of GBV (ibid., p. 26).

These included special shelters for children and adolescents who were identified as unaccompanied when entering the country. The limited number of spaces, however, means that unaccompanied children on the move are sometimes placed in mixed-age shelters catering to adults. Overcrowding in these shelters pushes many adolescents to search for alternative accommodation and sources of income; others with irregular status are unaware of shelters, and/or avoid them as they are afraid of being sent back to Venezuela. A UNHCR evaluation found that overcrowding led many indigenous women and children to opt for living on the streets, where they felt safer from discrimination (UNHCR, 2019a). A study based on interviews with Venezuelan refugees and humanitarian actors, indicates that Venezuelan adolescents are being recruited by organized criminals in Operação Acolhida shelters and in other informal settlements in Roraima (Mendoza Romero, 2022). This suggests that the presence of the army and of humanitarian actors is not enough to prevent the involvement of migrant and refugee children in risky activities.

¹⁹⁴ UNICEF has supported such shelters in Ecuador (UNICEF Ecuador, 2020a), Panama (UNICEF Panamá, 2019) and Mexico (European Union, UNHCR and UNICEF, 2022).

Box 6: Project example: Child-friendly spaces in shelters

In Mexico, Save the Children and UNHCR supported the establishment of child-friendly spaces in 10 shelters located along the northern border in the states of Baja California, Chihuahua and Tamaulipas. These offered children a safe environment where they could learn, play, practice sport and take part in cultural activities. Case management for children at risk and psychosocial and educational activities were provided both remotely and in-person. These child-friendly spaces assisted 29,187 children on the move (European Union, UNHCR and UNICEF, 2022).

Where children and families are ‘stuck’ for extended periods, while their papers are being processed and/or decisions about their cases or asylum applications are being made, some initiatives have also started to offer education. These programmes provide extracurricular activities and educational support groups that can help children and adolescents with their challenges at school (for those attending). For those who are not attending school as they are in transit, these programmes are intended to stop children’s learning from ‘backsliding’ too far. The review found no evaluations of this type of educational support, but project descriptions indicate that the provision is often limited, and is most effective for younger children and those on shorter journeys.

How far these shelters are oriented to the needs of unaccompanied and separated children varies between countries, reflecting the main patterns of movement and the sensitivity of protocols in responding to unaccompanied and separated children. Shelters in Central America, Mexico, Colombia, Ecuador and Peru have developed systems and services to support unaccompanied children; by contrast, in countries such as Uruguay and Bolivia, shelters primarily serve families moving together (RELAF and UNICEF, 2021a). It is rarely clear from available sources how far these shelters tailor provision to the specific needs of different groups. A study by UNHCR and RIADIS (2021), of provision for people with disabilities on the move, shows that many shelters and support centres are inaccessible to people with mobility impairments.

In addition to the concerns about capacity and child protection raised in previous chapters, some concerns about aspects of provision in specific shelters have been raised. These include concerns about the quality and cleanliness of shelters, and about xenophobia and racism on the part of staff. This suggests that standards of operation need to be enhanced in some shelters. In addition, policies of prioritizing women and children (or shelters with no spaces for men) can mean that families are sometimes split up (CARE International, 2019).

6.3.2 CASH TRANSFERS

Multipurpose cash transfers (MPCs) are becoming an increasingly common way of providing humanitarian assistance (CEPAL, 2018), since they respect recipients’ dignity and agency. This approach is common in efforts to support people in transit and in their first months in a new country in the LAC region; a forthcoming UNICEF evaluation (DARA, 2022) highlights the preference of recipients in transit through Colombia to receive cash or electronic transfers, so as to reduce the amount of food they need to carry, as well as enhancing their choice over what they buy.

Four studies in this review discuss initiatives providing MPCs to Venezuelan migrants and refugees in Peru, Brazil, Ecuador and Colombia and report their effects on children. These initiatives are distinct from eligibility for national social protection provisions, discussed in Chapters 2–5 and Annex 4, and are typically financed and provided separately from national systems. The transfers concerned reached between 2,500 and 11,500 people in their first year of implementation, and lasted an average of six months but could be prolonged for up to a year. Two studies report the numbers of recipients in transit and recently settled in a host community: MPCs distributed by UNICEF Ecuador and HIAS reached 11,538 people in one year, of whom 5,074 were settled and 6,464 were in transit. This initiative also made cash transfers available to a small number of unaccompanied children (8 for settlement and 42 for transit), enabling them to reunite with families. This initiative included follow-up support from HIAS, primarily longer-term financial assistance (Turnbull, Morinière and Serrano, 2020).

All evaluations acknowledge that supply was not enough for the extent of demand. Systems for identifying recipients also did not always meet people in the greatest need.

For example, in the HIAS initiative in Ecuador, recipients were identified based on requests for help and thus excluded people not aware of the existence of these transfers (Turnbull, Morinière and Serrano, 2020).

Nonetheless, all evaluations report positive results for MPCs. For example, in cities on the Colombia–Venezuela border, the evaluation of a Save the Children programme¹⁹⁵ indicates that the number of recipient households using negative coping strategies (e.g., informal hazardous labour and begging) to purchase food halved to 23 per cent. The proportion of infants under 6 months exclusively breastfed doubled to 46 per cent, while the proportion of children under 2 receiving food from more than four food groups increased to 20 per cent.¹⁹⁶ These increases may be attributable to the combined effect of cash and nutrition workshops provided by the initiative. The evaluation also reported an increase in the proportion of households with improvements in access to WASH: 82 per cent of participant households surveyed reported having access to water containers, 90 per cent to soap and 66 per cent to female hygiene kits (compared with 35 per cent, 64 per cent and 20 per cent, respectively, at project outset) (Save the Children, 2019b). These results were achieved within four months of MPC recipients enrolling in the programme.

In Peru, 85 per cent of the 638 interviewees reported that the MPC had a positive impact on their food and accommodation, 12 per cent reported that it had made a significant contribution towards costs of transportation and 10 per cent reported having used the money to buy medicine (Save the Children, 2020). Respondents in Ecuador highlighted the importance of MPC cash for financing transportation, which enabled families to reunite (Turnbull, Morinière and Serrano, 2020).

6.3.3 WASH PROGRAMMES

Another common response to large-scale mixed movements in LAC is to increase the provision of WASH infrastructure at service points, reception centres, in shelters and informal settlements, and at points on common walking routes. Studies typically report the numbers reached, as in the following examples:

- In **Mexico**, UNICEF and IOM have supported the upgrading of the quality of water storage and sanitation infrastructure at migrant shelters in cities located close to the country's northern (Tijuana, Ciudad Juarez, Nogales) and southern borders

¹⁹⁵ The project reached 2,836 households. Data appears to be based on project monitoring, rather than on a sample survey.

¹⁹⁶ Measured in terms of food intake during the week before the survey. The number of children under 2 to which these figures refer is not clear in the report.



(Tapachula). This initiative also involved training staff to maintain infrastructure, provision of hygiene kits to children and adults and hygiene workshops for people staying in the shelters supported by the project (IOM, 2022b).

- In **Brazil**, during 2020, in the states of Roraima, Amazonas and Para, UNICEF supported WASH improvements that reached 22,000 migrants and refugees, 46 per cent of whom were children. This led to 77 per cent of the shelters examined being judged by WASH monitors as having adequate facilities in September 2020, compared with none the previous December. This monitoring found a reduction in evidence of open defecation; the percentage of shelters this was occurring in the vicinity of reduced from 67 per cent to a still high 38 per cent. In addition, UNICEF supported the development of a plant manufacturing bleach for disinfection, to help maintain sanitary conditions in shelters (of particular importance during the COVID-19 pandemic), installed 60 handwashing facilities and supported trucking of water to supply these stations. In 2021, WASH installation and upgrading facilities reached a further 40,000 migrants and refugees, while 15,000 took part in hygiene promotion workshops. As the programme evolved, staff made a special effort to reach and engage indigenous people, with information provided in several indigenous languages. As part of this initiative, UNICEF worked with Operação Acolhida to extend daytime access to toilets in 'night-time shelters', and with unhoused migrants and refugees and municipalities to help solve problems of rubbish accumulating in spontaneous settlements.¹⁹⁷
- In **Colombia**, in 2021, in Necoclí, UNICEF supported the installation of, and supplied water to, six water points on the beach and in various areas of the town. This has enabled 28,500 people to access clean water during their stay before sailing across the Gulf of Uraba to continue their journey towards Panama. Around a quarter of people on the move passing through Necoclí are children (UNICEF Colombia, 2021).

Long-term improvements in WASH infrastructure in host communities are discussed in Section 6.4.3.

6.3.4 EMERGENCY HEALTH CARE

Health care is a common component of emergency programmes to support people in transit, responding to problems of malnutrition, dehydration and heat stroke, illnesses and injuries sustained in transit, and violence, including physical violence and sexual assault. These initiatives also provide care to pregnant women and infants. Examples include health care teams attending to migrants who have crossed the Darién jungle, and in some of the most dangerous areas of southern Mexico (MSF, 2020a), and mobile medical teams in Guatemala that supply primary physical and mental health care and make referrals to specialized services.¹⁹⁸ One study of health issues among the Venezuelan population in Colombia (Gil, 2022) notes that service centres located on or near borders play an important role in providing screening services to pregnant women in transit. It is not clear whether efforts have been made to develop portable records so that any subsequent health checks elsewhere respond to issues already highlighted.

No evaluations of these projects were found, though reports present details of the numbers of adults and children on the move that they served. For example, 4,657 girls and 4,893 boys received nutritional supplements at the comprehensive support centre

¹⁹⁷ Source: internal UNICEF project reports (2020 Output Report and 2021 Template Output Report).

¹⁹⁸ Source: unpublished project documents.

on the Colombia–Ecuador border (UNICEF Ecuador, 2020). A forthcoming UNICEF evaluation (DARA, 2022) indicates that service providers in Colombia have adapted their practices to better meet the needs of *caminantes* (people travelling on foot). Rather than giving out heavy packets of food or nutritional supplements, staff at service points along the main migration routes started to give out smaller amounts that could be more easily carried, with the next set available at subsequent service points.

In 2020 and 2021, efforts to prevent the spread of COVID-19 have formed an important element of emergency health care programmes supporting children and families on the move. At different stages of the pandemic these have included distribution of masks, improving handwashing facilities, and provision of COVID-19 testing facilities and vaccines at border crossings or migrant reception centres in Colombia, Ecuador and Panama, among other examples (International Rescue Commission, 2020a; RELAF and UNICEF, 2021b; unpublished UNICEF case studies). One study emphasizes the effectiveness of health screening to reduce the risk of epidemic outbreaks in shelters. In Guyana, the Ministry of Health partnered with the Pan-American Health Organisation/World Health Organisation to screen and assist Venezuelan migrants. Upon arrival, migrants were requested to provide proof of vaccines and were offered immunizations free of charge for all the vaccines they have skipped or could not prove having (IOM, 2021e).

MHPSS is a common element of services for migrant and refugee children and families, reflecting the fact that many have had to flee violence and/or have experience traumatic situations while on the move. Only one evaluation, however, discusses the effectiveness of MHPSS provision for children and families in transit. This study examined an initiative to strengthen the technical capacity of front-line staff at public, private and NGO shelters in Mexico to provide mental health and psychosocial care to children in transit. In 2018, UNICEF supported the distribution of materials to front-line staff in 40 shelters, and the following year, it financed the distribution of 5,911 specialized tools to 73 shelters and other spaces. In addition, 21,196 children participated in (unspecified) psychosocial activities, including at 14 child-friendly spaces (at temporary camps and in public areas) in Tapachula and in 9 shelters in Tijuana. In a follow-up programme, between October 2020 and December 2021, UNICEF in Mexico provided MHPSS to 16,203 children and 7,149 caregivers on the move in 58 shelters across the country. UNICEF also supported mental health counselling for front-line staff working with people on the move. The project reached 750 professionals, and many more were reached through MHPSS and child protection training activities (European Union, UNHCR and UNICEF, 2021).¹⁹⁹

These initiatives had direct effects on the emotional and mental health of children in transit, according to the perceptions of front-line staff working with children. Also, a mental health network and virtual library has been created with the support of 250 specialists, including psychologists, psychiatrists and social workers (Nexus Interamerican Consulting Services, 2021e). The psychosocial care that children receive may be limited even to a single session (when a minimum of three sessions would be expected), however, due to their constant mobility across the country. To overcome this challenge, UNICEF implemented a pilot strategy in which each child who participated in the psychosocial activities implemented by UNICEF partners received a bracelet. The purpose was to track individuals' use of UNICEF psychosocial activities at different points on their journey. A total of 1,555 bracelets were produced, of which 655 were distributed (384 to boys and 271 to girls), showing that a child in transit participates 2.5 times on average in UNICEF psychosocial activities (ibid.). Making migrant and refugee children easily visible in this way, however, may increase their risk of discrimination by host communities; it can also increase unaccompanied children's risk of being targeted by traffickers and/or other organized criminals.

In 2020 and 2021, efforts to prevent the spread of COVID-19 formed an important element of emergency health care programmes ... these included distribution of masks, improving handwashing facilities, and provision of COVID-19 testing facilities and vaccines.

¹⁹⁹ 40 trainings were conducted with more than 5,000 participations from government, NGOs, shelter staff and children's parents/caregivers.

Project descriptions indicate that MHPSS is an important component of child protection activities, and of the support provided by the multiservice comprehensive support centres (and mobile outreach teams), providing initial emotional support and trauma assessment for transiting children and families (UNICEF Ecuador, 2020; UNICEF, 2021d). Indeed, an assessment of child protection activities supporting the refugee and migrant population in Ecuador between January 2020 and August 2021 shows that over a third of the activities (38 per cent) undertaken under the R4V platform focus on MHPSS (GTRM Ecuador, 2021b).

The main emphasis of MHPSS provision in shelters, comprehensive support centres and child-friendly spaces is play and recreation.²⁰⁰ Some initiatives also provide individual counselling. For example, UNICEF in Guatemala is partnering with the NGO Pastoral de Movilidad Humana to provide individual counselling and mental health support to children in transit during their stay in shelters.²⁰¹ Some projects, such as the mental health support provided to people on the move by Fundación Munasim Kullakita (2022) in Bolivia, provide both individual and group-based counselling.

6.3.5 EDUCATION

This review found no evaluations of initiatives aimed at supporting the education of children in transit in LAC. It is notable that initiatives described as ‘emergency education’ mostly focus on strengthening provision for newly arrived children and support their integration in national education systems over the longer term (see Section 6.4.1).

This review found several examples of project initiatives aimed at supporting access to education for children in transit. These include:

- Access to learning materials, such as ‘school in a bag kits’ and tablets loaded with educational materials that can be studied on the move (Guatemala; Colombia)²⁰²
- Classes in or near shelters, particularly aimed at children ‘stuck’ in an area for several weeks or months (Mexico)²⁰³
- Integrating MHPSS into education for children in transit, for examples through including meditation sessions (Mexico)²⁰⁴
- Efforts to strengthen certification of children’s learning from temporary provision (UNICEF regional learning passport initiative)
- An initiative to draw on children’s feedback to inform quality improvements in emergency education programmes for out-of-school children in the La Guajira province on the Colombia–Venezuela border (Save the Children, 2019c)

The effectiveness of these initiatives is unclear, however, highlighting an important need for evaluations to understand what is and is not helping children in transit learn, and how their access to learning opportunities can be strengthened.

Box 7: Certified education programme for children in extended transit

The government of Ciudad Juárez, Mexico, has started to implement certified education programmes for children living in shelters awaiting the outcome of asylum and immigration applications for entry to the United States. The programme covers preschool to secondary level and children receive a certificate of studies from the SEP before they cross to the United States, a useful resource given that around 30 per cent of migrant children in the United States lack a school certificate^a (Prado and Gomez, 2021).

^a According to the supervisor of Juárez region of the Consejo Nacional de Fomento Educativo (National Council for Education Development).

200 These activities would be considered Level 2 responses in the classification of activities by the Inter-Agency Standing Committee’s Reference Group on Mental Health and Psychosocial Support. These are much more common than more specialised counselling or support (UNICEF, 2021d).

201 Details are available at <https://movilidadhumana.com/wp-content/uploads/2021/04/TDR-PSICOLOGAS-OS-INTERIOR-DEL-PA%C3%8DS.pdf> (accessed 5 August 2022).

202 Source: internal UNICEF project reports.

203 In addition to the example in Box 7, examples include: Yes We Can Mobile Schools in Mexico (Yes We Can Foundation, n.d.) and an IOM Filter Hotel initiative (IOM, 2020a), also near the US–Mexico border.

204 Examples include the Nido del Cañón school on the Mexico–US border (Morrissey, 2021).

6.3.6 PROTECTION OF CHILDREN IN TRANSIT

Initiatives to strengthen protection of children on the move focus largely (but not exclusively) on strengthening responses to unaccompanied and separated children, with an emphasis on periods of transit and entry into a new country. They involve revising policies and procedures; strengthening the capacities of service providers; and developing innovative approaches to support the care and protection of this group of children. The other main area of activity in the initiatives reviewed was prevention of and response to violence against children, which spans all ‘stages’ of migration and displacement.

These initiatives represent only a tiny fraction of those being undertaken in the region to support the protection of children on the move. For example, an assessment by the Child Protection Subgroup in Ecuador (part of GTRM Ecuador, the R4V coordination group in the country) identified 1,457 initiatives undertaken over the period January 2020–August 2021 (GTRM Ecuador, 2021b). Compared with efforts to protect children on the move in other regions, there is much less evaluation evidence; most evaluative analysis is drawn from Nexus Interamerican Consulting Services (2021a–e), RELAF and UNICEF (2021b) and DARA (2022). Other illustrative examples are provided to show the range of work under way on this theme.

Strengthening policies and procedures

Initiatives to strengthen policies and procedures aim to increase states’ capacity to fulfil children’s rights in accordance with their international obligations. Specifically, this involves technical assistance to develop or strengthen standardized procedures (protocols) to respond to unaccompanied and separated children on the move, and to verify that children travelling with adults who are not close relatives are not being trafficked.

This review found one example of national-level policy influencing activity, and one of an initiative that strengthened cooperation between different countries’ agencies to protect migrants deemed to be at particular risk. In Guatemala, UNICEF successfully influenced the legal framework for unaccompanied child migrants, resulting in an acceptance that children migrating alone need special shelters and the decision that legal communications with children should be made through the support of consulate assistants. These impacts were only possible due to the existing relationships UNICEF had in Guatemala (Universalis e Incidencia, 2017).

In El Salvador, Guatemala, Honduras, Panama and Costa Rica, UNHCR established a protection transfer arrangement to safely resettle migrants considered at special risk who were attempting to reach North America through dangerous routes. Eligible applicants could then request local authorities, with the support of UNHCR country offices at their origin and destination, to liaise with foreign governments to request asylum on their behalf. A mixed-methods evaluation looked at the effectiveness of this arrangement and found 140 people had been resettled by 2018, the majority of whom were women and children in situations of risk. Families with a father were not considered to be at risk, however, and unaccompanied children – a total of 1,885 individuals (90 per cent of the applicants) – were rejected or screened out of the programme because of custody concerns, especially when requests for family reunification did not include both parents. Moreover, 99 per cent of programme implementers surveyed (civil society partners, consortium members and governmental bodies) considered the programme difficult to implement, due to long waiting lines, the rejection of women and children with gang affiliations (despite their being considered at extreme risk), and the lack of clarity surrounding the criteria used to select candidates for resettlement (UNHCR, 2018). Table 11 lists other (unevaluated) examples.

Strengthening service provider capacity

Efforts to strengthen operational procedures are often accompanied by activities to boost the implementation capacity of child protection, border and migration agencies, and national and subnational (municipal, district and state) governments (at least 10 initiatives identified).²⁰⁵ These typically involve a combination of periodic training and ongoing accompaniment of the agencies concerned on topics such as legal obligations and protocols for the protection of unaccompanied and separated children, coordination between agencies, best interests procedures, case management and family reunification. Only one study, however, assessed the impacts of this training: an evaluation of UNICEF child protection strengthening activities in Mexico (Nexus Interamerican Consulting Services, 2021e). The evaluation indicates that at the end of 2020, UNICEF offered technical assistance and training to front-line workers from different states to implement at the local level the *Ruta de protección integral de derechos de niñas, adolescentes en situación de migración* (Route for the Comprehensive Protection of the Rights of Children and Adolescents in a Migration Situation).²⁰⁶ According to the Nexus Report, around 90 people from various institutions (government, NGOs and United Nations agencies) that work directly with children on the move in Chiapas and Baja California were trained. The same report identified that 1,576 people who work directly with migrant children on the migratory route have participated in training on modelling alternative care, institutional coordination, psychosocial tools and methodologies, and special protection (ibid.).

205 These include training of: local government officials in Colombia; city authorities in Tulcán and Manta and Cantonal boards in Ecuador; municipal, state and federal child protection units in Mexico; national migration, police and foreign affairs officials in Ecuador; and border official and community organisations working on the Haiti–Dominican Republic border (all examples from UNICEF programmes in LAC).

206 The Route for the Comprehensive Protection of the Rights of Girls, Boys and Adolescents in Migration Situations was developed with technical assistance from UNHCR, IOM and UNICEF, working together with different government agencies and civil society organizations (Nexus Interamerican Consulting Services, 2021e, p. 15).

Table 11: Illustrative examples of recent activity (2018–2021) to strengthen policies and procedures for children on the move

COUNTRY	EXAMPLE
Colombia	UNICEF worked with the Government and other partners to include the needs of children in the ETPV for Venezuelans in Colombia.
Ecuador	UNICEF worked with the Ministry of Economic and Social Inclusion, UNHCR and IOM to develop core principles for responding to children and families on the move, a protocol, its legal instruments and technical annexes to guide implementation (Gobierno de Ecuador, 2018; Ministra de Inclusión Económica y Social, 2019). This has become the foundation of the system to protect children on the move in Ecuador (as detailed in Chapter 4) and has underpinned the subsequent work of the Quito process.
Mexico	Protocol for care arrangements and family reunification (RELAF and UNICEF, 2021b).
Venezuela	Protocol and guidance for responding to unaccompanied and separated children crossing Venezuelan borders and/or brought to the attention of Venezuelan consular authorities in different countries. Guidance includes procedures to be followed and checklists for interviewing children to gain their opinions and recording findings (Gobierno Bolivariano de Venezuela, 2021).
Regional	Draft operational guide for cross border collaboration for children on the move, within the framework of the Quito Process (UNICEF, 2021c)

Note: Where no sources are given, information is based on communications from UNICEF country offices.



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One evaluation reported on the impacts of expanding front-line child protection services supporting unaccompanied children on the move. In Mexico in recent years, a cadre of state child protection officers has been recruited, tasked with arranging safe shelter for unaccompanied children and following up with legal procedures on their behalf; the establishment of these posts was supported financially and technically by UNICEF (RELAF and UNICEF, 2021b). A report by the Comisión Nacional de Derechos Humanos (2018, Mexican National Committee of Human Rights), based on a survey with 650 migrant children, found that child protection officers appear to play a positive role for children travelling alone. It recommended strengthening selection procedures to ensure postholders had a relevant professional background and developing training for postholders (Nexus Interamerican Consulting Services, 2021e).

Temporary care

In much of the region (e.g., Colombia, Ecuador and Peru), temporary care for unaccompanied and separated children on the move has been dominated by institutional care (RELAF and UNICEF, 2021b). Given the well-documented benefits of care in a family environment, initiatives throughout the region are strengthening systems of foster care to accommodate unaccompanied and separated children on the move.²⁰⁷

207 The studies reviewed also mention efforts to develop small scale 'group homes' but no further information was found.

In Colombia, Peru and Ecuador UNICEF has worked with the relevant ministries to encourage foster care (RELAF and UNICEF, 2021a). As a result, in Peru, the Ministry of Women and Vulnerable Populations and partners developed a community-based recruitment strategy to expand the number of families registered as available to foster unaccompanied and separated migrant children while family reunification can be arranged.

In Mexico, UNICEF supported state governments to pioneer foster care programmes catering both to unaccompanied and separated migrant and refugee children, and to Mexican children in need of foster care. Initiated in two states, with technical guidance from expert civil society organizations, the approach was expanded to accommodate children in shelters in seven border cities, leading to 6,299 migrant and refugee children being fostered, and is being extended to further states (European Union, UNICEF and UNHCR, 2021).

In Ecuador, the Danielle Children Fund's (DCF) approach illustrates a model that accommodates unaccompanied children in foster care while family reunification processes take place. When unaccompanied children are identified at the border, social workers provide 'first reception' activities, including immediate shelter, food and access to medical care, emotional support and recreational activities, and support with documentation and family tracing. By law, the District Boards for Rights Protection, which are responsible for making decisions about unaccompanied migrant children, may make placement decisions within the first 72 hours, after which the case must go to court. Intensive work in the first few days is thus vital to ensure children can be placed with families. Even where unaccompanied children are temporarily placed in institutional care, DCF continues to work to try to ensure family reunification. This model is the basis for a new programme of transitory care for children on the move run by the Ministry of Economic and Social Inclusion, indicating the success of this approach.²⁰⁸

Supported independent living for adolescents nearing adulthood

In Colombia and Ecuador, pilot initiatives are attempting to develop models to support unaccompanied adolescents on the move who are close to legal adulthood, many of whom are in informal unions and have children themselves. In Ecuador, through the DCF, unaccompanied adolescents receive financial support to cover the cost of rent for a variable period of time (usually around six months). They are also supported to access other available services, including training in various trades and entrepreneurship. The process of working with adolescents to identify their needs and assist them with their goals, whether they are settling in Ecuador or moving onwards to reunite with family elsewhere, is intended to be highly participatory (DCF and UNICEF, 2020). Other organizations in Ecuador run similar programmes (RELAF and UNICEF, 2021b). A similar initiative is being initiated in the state of Durango in Mexico (European Union, UNHCR and UNICEF, 2021).

Relatedly, a small programme aimed at adolescents who have applied for asylum in Mexico aims to provide mentoring support to help them transition to adult life in the country (RELAF and UNICEF, 2021b); international experience suggests that this can be an effective way to support social integration (Marcus et al., 2020) as well as to address practical challenges related to finding work, housing, etc.

Violence against children

Efforts to prevent and respond to violence against children in contexts of human mobility constitute the other major area of child protection activity identified in these studies.

208 Source: information provided by UNICEF Ecuador office.

Table 12 summarizes the key approaches undertaken. Very little of this activity has been evaluated. The one set of activities of which the impact has been studied in more detail – workshops for parents on preventing violence against children – have had mixed reception: some studies and project reports indicate positive feedback from participants; others suggest that parents consider these workshops a relatively low priority when they are struggling to make ends meet, and uptake tends to be low, particularly among families who have settled in a locality and where parents are working in low-paid jobs (e.g., Refugee Law Initiative and Save the Children, 2019; DARA, 2022).

Table 12: Overview of approaches to address violence against children on the move (unevaluated)

APPROACH	EXAMPLES
PREVENTION	
Awareness-raising workshops for parents	<ul style="list-style-type: none"> Workshops in Colombian cities close to the Venezuelan border (Refugee Law Initiative and Save the Children, 2019); in migrant reception centres in Panama (UNICEF Panamá, 2021); and for migrants and refugees in Bolivia (Fundación Munasim Kullakita, 2020).
Media campaigns	<ul style="list-style-type: none"> In Ecuador, 8.09 million people have been reached with messages about prevention of violence against children (GTRM Ecuador, 2021b).
RESPONSE	
Training of border officials and staff of reception centres to identify survivors of GBV and trafficking	<ul style="list-style-type: none"> In Colombia and Peru, UNICEF is working with local authorities to strengthen responses to children who have experienced violence on the move; in Colombia, this led to the development of an agreed set of response pathways. In Mexico, UNICEF launched a GBV training curriculum, which was used with service providers and has reached 483 professionals through webinars; UNHCR has also trained 441 people from government institutions (including child protection authorities), civil society organizations and other stakeholders on GBV prevention and response, including case management and referral pathways for child survivors (European Union, UNICEF and UNHCR, 2021).
Expanding community-based support services in drop-in centres	<ul style="list-style-type: none"> In Panama, thrice-weekly provision of GBV support services in reception centres, e.g., in Lajas Blancas (RELAF and UNICEF, 2021b). In Colombia, UNICEF worked with the ICBF to develop a community prevention model for violence against children, including GBV, run from drop-in centres. This also provided information about other relevant services, such as psychosocial care activities (RELAF and UNICEF, 2021b). In Ecuador, organizations providing services at comprehensive support centres (one-stop-shops or espacios de apoyo) have been trained in identifying and responding to GBV.^a In Child Advocacy Centres in Guyana, the Migrant and Host Community Services initiative offers trauma counselling and referrals to services; community outreach visits, using bilingual information materials; and monitoring of children at risk of violence, exploitation, abuse and neglect, with a focus on border areas and mining settlements where many migrants work (IOM, 2021e). Designed be accessible to both the Guyanese population and to refugees and migrants, Child Advocacy Centres facilitated 973 referrals to specialized services during 2021.^b

a Source: unpublished UNICEF report.

b Source: unpublished UNICEF case study: 'Case Study on Integrating MHPSS into a Comprehensive Response to Sexual Violence in Guyana'.

6.4 | Initiatives supporting children and families settling in host and destination countries

KEY NEEDS OF CHILDREN IN HOST/DESTINATION COUNTRIES TO WHICH PROGRAMMES RESPOND:

- Education
- Health and psychosocial well-being
- WASH
- Social integration
- Protection from violence, exploitation and abuse (see Section 6.3)

LESS COMMONLY ADDRESSED NEEDS:

- Legal status

KEY APPROACHES:

- Facilitating access to services, developing models/good practices to enhance inclusion, generating evidence, technical assistance, advocacy, communication

The initiatives discussed in this section seek to enable refugee and migrant families to access children's entitlements to public services (as discussed in Chapters 2–5 and summarized in Annex 4) and/or to provide complementary services that fill gaps or provide a bridge to public services. They include nine initiatives to strengthen access to education and enhance migrant and refugee children's learning outcomes; three that aimed to expand access to health care; four that strengthened provision of WASH infrastructure; and two that directly aimed to promote social integration. All evaluated initiatives took place in South American countries hosting Venezuelan migrants and refugees. Box 8 highlights cross-cutting efforts to inform refugees and migrants as to how to access their legal rights and public services.

Box 8: Initiatives raising refugees' and migrants' awareness of their legal rights and how to access services

Community-based workshops and outreach. In Bolivia, Fundación Munasim Kullakita runs workshops for refugees and migrants on various issues, including legal rights related to migration and seeking asylum, trafficking and child labour. It also conducts outreach activities, targeting areas where substantial numbers of migrants work, such as in street vending. These activities aim to inform migrants and refugees of services available to them (Fundación Munasim Kullakita, 2022).

Helplines. In Trinidad and Tobago, the Child Helpline provides virtual and telephone counselling, including a Spanish-speaking line to support Venezuelan migrants. In the Dominican Republic, the Child Helpline also includes specific support in Creole to meet the needs of Haitian families (UNICEF, 2021d).

Online information. R4V has developed a virtual platform with information about services available on the most common migration routes. These include information on services such as shelters, psychosocial care, WASH and protection. The initiative is still in the testing phase and, according to an unpublished UNICEF report, it is expected that this tool will be made available to the public during 2022. UNICEF Mexico also developed a U-Report (online messaging tool) strategy to be launched in 2022. Its target population will be adolescents and youth on the move (12–24 years old) who will be able to receive relevant information through WhatsApp and Facebook, interact and participate within the platform, and receive remote psychosocial support, mentorship, and legal and case management support (European Union, UNICEF and UNHCR, 2021).

6.4.1 EDUCATION

As discussed in Chapters 2–5 and summarized in Annex 4, although all children are entitled to access primary and secondary education, regardless of their migration status, in all countries except Trinidad and Tobago and the Netherlands territories of Aruba and Curaçao, in practice, they face a number of barriers, such as costs, documentation and language barriers. This section discusses nine initiatives that aim to address these barriers, organized by the main types of activities financed.

Facilitating enrolment

Three programmes aimed to facilitate children's enrolment.²⁰⁹ In Argentina, a collaboration between UNICEF, a research institution and the Government identified the challenges faced by child migrants in the country and potential solutions, such as making enrolment requirements more flexible and providing anti-xenophobia training for teachers and headteachers, that were subsequently implemented. These measures led to an increase in school attendance from 92.8 per cent to 99.4 per cent between 2010 and 2014 (UNICEF and Universidad Nacional de Lanús, 2015).

As part of the interiorization programme in Brazil, which encourages Venezuelan migrants and refugees to resettle away from border areas, migration authorities created 'school passports'. These documents act as a simplified school record and identity document that facilitates school enrolment when children move to a new part of the country (Giménez and Triviño, 2021).²¹⁰ As discussed in Chapter 5, whether this is, in fact, possible depends on whether there is capacity in the education system.

In Colombia, an emergency education programme evaluated by Ramírez Bolívar and Téllez Cañas (2016) held 'motivation meetings' aimed at encouraging out-of-school children (primarily Venezuelans) to attend. The evaluation suggests ways these could be more accessible and effective, such as holding them at regular days and times and indoors, and addressing key issues of concern to adolescents, e.g., drug use, sexual and reproductive health and GBV. A common but unevaluated approach involves providing information to migrant and refugee parents on how to enrol children in school (this review found examples of this approach in Mexico, Ecuador and Colombia).

Expanding the availability of school places

In Peru, the Lima Aprende (Lima Learns) programme serves as a successful example of how to increase migrant children's school attendance. The programme started with an initiative by the Education Ministry and the Lima Regional Office of Education to allow the registration of children who had not enrolled at the beginning of the school year. It also created more school places in regions of high demand: in 2019, 10,880 spaces and 401 primary school classrooms were opened for Venezuelan and Peruvian out-of-school children, and in the following year, 16,250 spaces were made available at primary and secondary school levels. The initiative aimed to expand educational opportunities both for migrant children (mostly from Venezuela) and Peruvian children without a school place.

In addition, Lima Aprende made enrolment requirements more flexible by allowing students to enrol without an apostilled school record, although the document remained necessary for progression. The Government also published the available school spaces

209 In addition, in some countries, UNICEF is engaging in advocacy and policy dialogue with national governments to facilitate migrant children's access to education (for example, in relation to the Venezuelan population in the Dominican Republic (UNICEF Dominican Republic, 2021b)).

210 UNICEF is working on the development of a similar learning passport that can be used internationally.

on a website to simplify the search processes for parents and children. In addition, 10 interdisciplinary teams, composed of one psychologist, one social worker and one teacher, regularly visit 120 schools with high percentages of migrant students, to observe the dynamics in place. The comprehensive Lima Aprende approach was evaluated positively by headteachers and teachers as a good strategy to close the gap in access to education (Alcázar and Balarin, 2021).

In a similar comprehensive approach to the problem of low school registration rates among Venezuelan migrant children, USAID and local governments in Colombia have been implementing a combined approach of provision of school meals, anti-xenophobia workshops for school staff and anti-xenophobia campaigning on social media. The evaluation of this approach, commissioned by the World Food Programme in 2021, had not been published at the time this report was written.²¹¹ A forthcoming UNICEF evaluation (DARA, 2022) highlights another approach to rapidly expanding capacity: in some border areas with considerable movement of indigenous communities between Venezuela and Colombia, indigenous community members have been assisted to acquire teaching qualifications as part of an effort to increase provision.

Addressing financial barriers to attendance

Two studies provide some evidence of the importance of financial or in-kind assistance in facilitating refugee and migrant children continuing their education. Ramírez Bolívar and Téllez Cañas (2016) assessed the distribution of school kits to enable children who had recently arrived in Colombia to study. A total of 3,510 children received these kits, which recipients reported relieved the economic stress associated with school enrolment. The evaluation of MPCs (provided by HIAS with UNICEF support) in Ecuador (see Section 6.3.2) found that lack of funds became a less important barrier to study (mentioned by 11 per cent of recipients, compared with 21 per cent previously) and that the proportion of children under 5 attending preschool rose from 4 per cent to 18 per cent among recipients who stayed in Ecuador (Turnbull, Morinière, and Serrano, 2020).²¹²

Bridge programmes

In Colombia, Escuela Nueva's 'learning circles' approach enables students outside the education system, including internally displaced, migrant and refugee children, to transition back into the formal system. Learning circles have flexible curricula and timeframes – children can enter any time during the academic year. After positive results in the initial implementation of the programme in Bogotá in 2008, learning circles have been expanded to several municipalities as a means to support displaced children to access education. The approach caters for children up to the age of 14. A forthcoming UNICEF evaluation, however, indicates that places are insufficient compared with the level of need, and that rates of transition to the formal school system are low (DARA, 2022). Reasons for this include lack of spaces and parents' preference for all their children to attend one institution. Other accelerated and flexible learning models in Colombia, such as *caminar en secundaria* (walk-in secondary school) have enabled internally displaced children to catch up with missed education (Save the Children, 2021a).

211 The project description is available at DeftEdge (2021).

212 This evaluation recorded the perspectives of 190 Venezuelan refugees and migrants of whom 165 were adult women and 18 were children and adolescents.

Addressing language and learning barriers

Tutoring for children facing learning difficulties, related to lost learning or language barriers, can be a strategy to help them integrate into schools and continue learning. The UNHCR (ACNUR, 2021a) participatory evaluation of the situation of Venezuelan Warao migrants and refugees in Brazil indicates that school tutoring helped children to remain at school. This strategy was designed after a qualitative study of Warao experiences of social exclusion in Brazil and implemented through multi-agency cooperation in host regions of the country. Other initiatives that have not been evaluated but attempt to help migrant and refugee children integrate into new school systems include:

- In Ecuador, UNICEF supported a tutoring programme to help Venezuelan children adjust to the school curriculum (UNICEF Ecuador, 2020b).
- In Sao Paulo, during COVID-19 lockdowns, the municipal government provided learning materials in multiple languages aimed at migrant and refugee children under 8 to help them continue learning at home (OIM Brasil, 2020a).
- In Brazil, schools have offered Spanish-language training to teachers and staff and developed Portuguese language classes targeted to meet the needs of Venezuelan students (Selee and Bolter, 2020).

Box 9: Multi-component emergency education programme for Venezuelan children in Brazil, Colombia, Ecuador and Peru

Education Cannot Wait's (ECW) First Emergency Response financed support to Venezuelan migrants and refugees in Brazil, Colombia, Ecuador and Peru. ECW financed part of the UNICEF response to the Venezuelan crisis in Ecuador, which included the distribution of school kits, cash transfers, educational materials and tutoring for children with learning difficulties (UNICEF Ecuador, 2020). A mixed-methods evaluation found that the First Emergency Response funding enabled a rapid escalation of humanitarian response in contexts where needs were constantly growing (Fölscher et al., 2020).

During the first stage of the funding, ECW support assisted the educational inclusion of Venezuelan refugees in various South American countries. At first, initiatives supported families in the school enrolment process in combination with financial incentives for educational expenses in Ecuador (ECW, 2019). Across South America, ECW partners developed tools and mechanisms to track out-of-school children and youth, providing a pathway for 11,000 refugees (48 per cent girls) into non-formal education (ECW, 2019). Continued funding enabled the development of linguistic, mathematics and psychosocial skills curricula to enable transition to the formal education system, and a learning outcome tool that could identify children's different vulnerabilities (ECW, 2020).

In Ecuador and Peru, ECW supported teacher training in inclusive methodologies and psychosocial support skills to foster an inclusive and protective environment in schools. The funding also enabled the construction of latrines and other WASH facilities in schools and communities and dry rations to support children's nutritional well-being. By the end of 2020, 80 per cent of supported students had completed the school year and 71 per cent had transitioned into formal education. ECW funding had reached 11,890 children in Brazil, 32,155 in Colombia, 87,081 in Ecuador and 11,278 in Peru, with approximately equal numbers of girls and boys benefiting (ECW, 2020).

The success of that initial experience, and the scale of need for continued funding in Colombia, Peru and Ecuador has led to an expansion of the First Emergency Response into a Multi-Year Resilience Programme from US\$7 million in 2019 to US\$27.2 million. The longer-term format of the multi-year programme is better aligned with humanitarian frameworks, and can be used to complement funding from national government (Venalainen, Anderson and Elte, 2021). A multi-country evaluation of ECW's multi-year funding programme suggests, however, that further work is needed to ensure continuity between projects supported by different funding rounds and to sustain them after the end of funding (ibid.).

6.4.2 HEALTH CARE

As Chapters 2–5 and Annex 4 show, in most countries in the region, all children, whatever their migration status, are entitled to access at least basic health care. And, as discussed in Section 6.3.4, provisions for children and families in transit often include emergency health care. This may explain why no evaluations of initiatives providing health care to settled migrants and refugees were found. As discussed in Chapter 2–5, however, legal entitlements do not always translate to access in practice, particularly for children over 5. Thus, in some areas with substantial numbers of migrants and refugees, NGOs are, in practice, providing health care services on a long-term basis. The evaluations found only discuss efforts to promote access to sexual and reproductive health and MHPSS services; evidence of initiatives to help migrants and refugee children access other types of health care was not found.

Two studies – from Colombia and Brazil – report on the effectiveness of health care programmes serving migrants, refugees and the local population in border areas. Both initiatives provided sexual and reproductive health services, and, as such, are primarily relevant to adolescents on the move; through maternal health care, however, they also benefit infants indirectly. They were among relatively few initiatives that reported efforts to meet the needs of LGBTQI+ adolescents.

In addition, a forthcoming evaluation of work by UNICEF in response to the Venezuelan crisis found some evidence that sensitization workshops in Colombia on LGBTQI+ inclusion were helping reduce discrimination.²¹³ These workshops also sensitized adults and children of all genders to puberty, menstrual health and consent, challenged taboos and stigma around menstruation, and raised awareness of sexual abuse.

One study assessed the sexual and reproductive health services provided by 21 health institutions in cities on the Colombia–Venezuela border. It found that the effectiveness of initiatives to prevent sexually transmitted diseases – a specific concern in this subregion (Gil, 2022) – is limited by a lack of access among the migrants interviewed to medical services. Further, few interviewees perceived GBV services to be a necessity, as they were not aware of related harms and health risks (Calderón-Jaramillo et al., 2020). The study also suggests that a significant challenge for the effectiveness of these services is the lack of integration between different agencies and with the public health system. An evaluation of similar services in cities on the Brazil–Venezuela border likewise highlighted the gap between supply of and demand for healthcare (UNHCR, 2019a).

Only one study examined provision of MHPSS to children who had settled in a country long-term. This study examined the work of 53 NGOs providing psychosocial support for migrants and refugees throughout Brazil; these NGOs were part of the national system of social assistance, and had knowledge of both reception and community integration services to which they could refer clients. The evaluation found that many relied on volunteers and could not provide a consist service due to underfunding. As most patients were Venezuelans and did not speak Portuguese, language barriers were also an obstacle for finding psychologists and psychiatrists. Only 28 organizations (around half) were able to cope with this by offering some sessions in Spanish. One respondent mentioned the importance of integrating an intercultural approach, to valorize migrants' lived experiences and knowledge of their culture of origin instead of simply reinforcing their integration and adaptation. Some potential practices mentioned were themed meals and movie sessions and the celebration of traditional holidays (OIM Brasil and MJSP, 2021).

213 Source: unpublished UNICEF report.

6.4.3 WASH

Strengthening provision of WASH services in host communities, and in public services such as schools and health centres, is another important area of activity, intended to meet basic needs of migrants, refugees and host communities for a clean and healthy environment. Investment in WASH, like other basic services, has also been identified as a strategic area of service provision that, by benefiting both people on the move and host communities, can help reduce tensions and grievances that underpin xenophobia.

The R4V WASH working group calculates that, in 2021, WASH activities supported as part of the Regional RMRP for Venezuelan migrants and refugees reached 1.5 million people, mostly in Colombia, Peru, Ecuador and Brazil. An estimated 4.87 million Venezuelan migrants, refugees and their host communities, however, continue to be in need of WASH provision.²¹⁴ No evaluations of the impact of WASH-strengthening activities on children on the move in the region were found for this review, but some project documentation indicates the types of activities under way. For example:

- In Guyana, UNICEF has partnered with Guyana Water Inc. to upgrade WASH infrastructure in 'migrant settlements' to benefit both Venezuelan migrants and refugees (who are mostly indigenous) and local residents. This initiative involved constructing pit latrines and rainwater-harvesting infrastructure, and educating community members about hygiene and handwashing (UNICEF Guyana, 2019).
- In Colombia, in rural areas that are home to the indigenous population spanning the Venezuela-Colombia border, UNICEF has supported the development of solar water pumps, and constructing or rehabilitating WASH infrastructure in schools in regions that are host to mixed migration flows from Venezuela.²¹⁵
- In Brazil, Colombia, El Salvador and Guyana, UNICEF has supported improvements to WASH facilities in health centres.
- In Ecuador, IOM and UNICEF have built a wastewater treatment plant in Rumichaca, to improve the wastewater discharge system and prevent pollution of the binational Carchi River (UNICEF Ecuador, 2020a). In addition, through its role in the R4V WASH working group, UNICEF has advocated for donor investment in WASH infrastructure in the areas with the highest concentration of migrants and refugees in Ecuador.

6.4.4 SOCIAL INTEGRATION ACTIVITIES

Recognizing the high levels of xenophobia faced by migrants and refugees in the region, initiatives to promote social integration are increasingly common. Box 10 highlights some examples from the UNICEF portfolio. Evaluations are rare, but two studies examined the effectiveness of cultural and educational activities that aimed to strengthen the social integration of migrants and host communities.

A UNHCR multi-country evaluation aimed to identify promising initiatives to integrate Venezuelan refugees in urban centres through exchanges between refugees and host communities (Cruz Leo, Morand and Murillo, 2015). While there is no quantitative data on the scale of impact, the study lists detailed examples of successful programmes. Those

Initiatives promoting contact between migrants and host communities are limited in what they can accomplish if the root cause of tensions is left unaddressed.

214 Source: unpublished R4V WASH working group end of year report, 2021.

215 Source: unpublished UNICEF Colombia reports.

include binational choirs and orchestras in cities on the Venezuela–Brazil border, which bring children from different nationalities in contact with each other and promote a sense of equality between migrants and host communities; ‘field visits’ with migrant families to monuments and important places in their host city, to educate them on the history and geography of their new place of residence; and educational and cultural activities that invite members of host communities’ civil society organizations to visit and engage with refugee-centred NGOs.

One example of the latter was a dual language course in Rio de Janeiro (Brazil) in which refugees and national students tutored each other in their respective native language. The evaluation found that child-centred cultural and educational programmes were not only beneficial for children, but for entire families. They promoted migrant families’ sense of belonging in the new country by diminishing language barriers for children and expanded parents’ support networks by providing meeting spaces shared with members of the host community.

A participatory adolescent- and youth-led UNICEF initiative in the Norte de Santander province of Colombia also made use of arts-based approaches to challenge xenophobia and promote integration between host and migrant communities. The initiative the young people designed involved a mobile school of arts, involving graffiti, breakdance, hip hop, community theatre and a series of workshops and events promoting positive messages about migration. In these sessions, young people discussed xenophobic messages on social media and learned about their rights and the importance of respect and peaceful coexistence. At the end of the workshop series, participants produced art projects that captured the lessons they learned and promoted individual reflection and behaviour change, some of which were displayed in migrant shelters and public parks. A report on this initiative highlights positive changes in adolescents’ and young people’s self-esteem and leadership skills (UNICEF Colombia, 2020), but does not evaluate whether it contributed to reduced xenophobia in participating communities.

While such initiatives are generally assumed to have positive impacts, it is notable that there is limited evidence of their effectiveness. A review of efforts to shift narratives about refugees and migrants found that though face-to-face contact initiatives are widely considered to be effective, they are often “constrained in what they can accomplish if the root cause of tensions is left unaddressed. For example, if groups are in a position of competing over scarce resources or economic opportunities, bridge-building activities alone will not be enough to ease those tensions” (Banulescu-Bogdan, 2022, p. 30). Banulescu-Bogdan’s review also found that communication campaigns

Box 10: Examples of activities supporting social integration

Ecuador – ‘Seamos Amigos’ (‘Let’s Be Friends’) is a school-based campaign, involving video and social media messaging to promote empathy between students and among teachers, with a focus on welcoming everyone, whatever their background. The initiative has also run art workshops. These were initially conducted with 700 students and 170 teachers in the Pichincha province, and were aimed to promote social integration through knowledge of children’s rights, exercises of empathy and conflict resolution. An additional 12 workshops also included parents in exercises about social inclusion (UNICEF Ecuador, 2020b).

Bolivia – Several projects across the country support joint art, sport and cultural activities, bringing together Venezuelan and Bolivian children (UNICEF project documents, n.d.).

Cross-regional anti-xenophobia online community – Comunidad #XenofobiaCero is an online space with positive content on migration, resources for challenging hate speech and data on levels of xenophobia (Xenofobia Cero, n.d.).



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often backfire because they draw attention to the migrant or refugee population and thereby raise rather than reduce resentment. Her review concludes that programmes that combine face-to-face contact with efforts to collaboratively improve standards of living (such as cash for work initiatives to improve infrastructure that engage both refugees and migrants and the local population) are more likely to be able to address some of the root causes of tension.

6.5 | Initiatives supporting returnee children and families

KEY NEEDS OF RETURNEE CHILDREN TO WHICH PROGRAMMES RESPOND:

- Survival needs: food, shelter, WASH and health care
- Family and community reintegration
- Reintegration into education or technical training
- Mental health and psychosocial well-being challenges

KEY APPROACHES: service provision, technical assistance to government departments and other public agencies

A total of twelve evaluations examined initiatives supporting returnee children, all of which took place in Mexico, El Salvador, Guatemala and Honduras. These initiatives aimed to address children's basic needs for care, food, WASH and shelter, and to support their reintegration into their families and communities. All initiatives (apart from one) provided services directly to returnee children, though many combined these with system-strengthening activities. None of the evaluations indicate if interventions targeted voluntary and/or involuntary returnees, suggesting that they cater to both groups. Half of the studies do not specify the ages of children served, two served children aged 5–17 and the others served smaller age groups (young children or adolescents). The numbers served ranged from less than 500 children to over 16,000 (see Annex 5).

6.5.1 CHILD PROTECTION SYSTEM STRENGTHENING ACTIVITIES

Five studies examined efforts to strengthen the capacity of government departments and other public agencies working with returnee children. Overall, these studies conclude that these initiatives had positive impacts, while identifying ways in which similar future initiatives could be strengthened.

In El Salvador, UNICEF provided technical assistance to government departments such as the Centro de Atención a la Niñez, Adolescencia y Familia (Center for Child, Adolescent and Family Care) and the Gerencia de Atención al Migrante (Migrant Assistance Office). This involved providing advice and equipment and developing protocols,²¹⁶ strengthening capacities of staff to provide psychosocial support and support for the social reintegration of returnee children in their communities, and strengthening community institutions. Through this project, the Center for Child, Adolescent and Family Care expanded the services that it provided, and started to provide differentiated care for children of different ages. The Migrant Assistance Office was supported to develop the six-step route, which details protocols for the reception of returnee children with specific mandates between different government departments (Nexus Interamerican Consulting Services, 2021a).

The evaluation attributes positive outcomes to partner organizations' extensive experience of working on the protection of children, including returnees. Experienced partners were able to ensure services were tailored to the specific needs of girls and boys, where these differed, and to address sensitive issues, such as GBV. Another factor that contributed to the programme's effectiveness was its ability to adapt rapidly to contextual changes, such as COVID-19, changes in government, and the increased return of unaccompanied children.

The same evaluation also observed that one of the most immediate needs of families returning from Mexico was a friendly and comfortable space at the border, where children could be interviewed in a suitable environment and could access protection services, such as psychosocial support and humanitarian assistance. With support from UNICEF and partners, a recreational space at one of the borders between El Salvador and Guatemala was refurbished and equipped to provide returnee migrant children with a space for interviews, psychosocial care, rest and play (Nexus Interamerican Consulting Services, 2021a). The evaluation does not, however, provide further information about its use.

In Guatemala, UNICEF also provided technical assistance (e.g., training) to government departments, particularly the Secretaría de Bienestar Social (Secretariat of Social Welfare), the Secretaría de Obras Sociales de la Esposa del Presidente (Secretariat

216 The term 'protocols' here refers to standard operating procedures, often for front-line service providers.

Box 11: Example of UNICEF technical assistance to support returnee children

In partnership with the Government of Venezuela, UNICEF supported the development of a *Guide for the Protection and Communication with Children and Adolescents in a Situation of Mobility or Migration*. The guide seeks to help authorities and front-line workers at the border or in reception centres to adjust their work to national and international regulations for the protection of migrant children's rights.

It provides guidance on providing information to returnee children about their rights, communication with them, and identifying when children need to

be referred to specialized services, such as health or protection services. UNICEF also supported the development of forms to be filled out by front-line workers to save relevant information about children on their return (needs of children, whether a child has relatives in the country, if a child needs to be referred to further services, etc.).

These protocols were particularly important during the return of Venezuelan children in the early phases of the COVID-19 pandemic (Melean, 2020).

of Social Works of the President's Wife) the Ministry of Social Development and the Ministry of Education. This initiative supported the design, development and implementation of protocols – covering referral mechanisms, psychosocial care for return and reintegration, and care for unaccompanied children and family units – and resulted in the alignment of the country's regulatory and institutional framework with international standards for the protection of returnee children. These protocols gave government departments a greater clarity concerning their mandates and functions, and strengthened inter-institutional coordination and information management systems (Nexus Interamerican Consulting Services, 2021b).

This initiative also enabled Guatemalan front-line staff to learn from their Mexican counterparts with longer-standing experience of reintegrating returnee children. Staff of the National Migration Institute in Mexico trained personnel from the Migration Institute in Guatemala, who then established child protection officers, tasked to ensure rights-based treatment and the safe return of children, as part of Unidad de Atención y Protección a la Niñez y Adolescencia (Child and Adolescent Care and Protection Unit) (Nexus Interamerican Consulting Services, 2021b).

Despite these positive impacts, a study of the implementation of these new protocols found some limitations in practice (Coordinadora Institucional de Promoción por los Derechos de la Niñez, 2020). Although it observes that child protection officers were fulfilling their roles and attempting to safeguard children's rights,²¹⁷ it highlights insufficient staff in agencies such as the Secretaría de Bienestar Social and the Procuraduría General de la Nación (Attorney General's Office), who were overburdened with responsibilities and struggled to attend to both Guatemalan returnee children and foreign children in transit through the country.

The study also found that shelters were overcrowded; that front-line Guatemalan staff working in consulates (particularly in Mexico) lacked knowledge of child protection and the Guatemalan Protocolo Nacional para la Recepción y Atención de Niñez y Adolescencia Migrante (National Protocol for the Reception and Care of Migrant Children and Adolescents); that an insufficient number of staff had the language skills to communicate with indigenous returnee children and their families; and that travel from Mexico was not always safe and secure (ibid.).²¹⁸

Also in Guatemala, IFRC developed the Model for Integrated Attention to the Rights of Migrant Children and Adolescents with Special Protection Needs, which defined the main interventions (although the study does not give details on what these are) to be provided in response to the needs of unaccompanied children, including returnees. It was made available for use by Guatemalan government departments as well as other NGOs and “now serves as a reference for many institutions involved in child migrant protection activities” (IFRC, 2018, p. 28). IFRC concludes that the model would have been strengthened by greater attention to the gender-specific needs of girls and boys, and to the importance of working with host communities, who are critical to returnee children's reintegration (ibid.).

Another evaluation assessed Return and Reintegration in Northern Central America, an IOM initiative that supported the development of digital information systems to store children's data managed by the Instituto Salvadoreño para el Desarrollo Integral de la Niñez y la Adolescencia (Salvadoran Institute for the Integral Development of Children and Adolescence). IOM supported the digitization of 2 million data items, corresponding to almost 50,000 children's files, containing highly sensitive information, including on

217 One example given was child protection officers asking LGBTQI+ children which dormitory they would prefer to sleep in.

218 It is important to note, however, that these conclusions are based on observations made on one day only.

unaccompanied children, adopted children and cases of domestic violence. This process made it possible to guarantee data confidentiality and improve the quality of searches (for example, to enable family tracing). The project donated scanners and trained staff to use the system (Lucchi and Capa, 2020).

Reflecting on these institutional strengthening efforts, one evaluation also suggests that, despite these positive efforts, a lack of government ownership of the migration agenda undermined commitment to some initiatives. Some NGO partners interviewed reported that they felt migration was a low priority for governments, except during a crisis, and that, in practice, NGOs were providing most services to returnees, with little government support or recognition (Nexus Interamerican Consulting Services, 2021a). Another evaluation highlights that changes of government led to changes in staff of key government institutions, the direction of public migration policies and their institutional response (Nexus Interamerican Consulting, 2021b), requiring projects to adapt and sometimes limiting their effectiveness.

6.5.2 SUPPORT DURING INITIAL RECEPTION AND FOR FAMILY AND COMMUNITY REINTEGRATION

Seven evaluations discuss initiatives that offered shelter and immediate support to returnee children and facilitated reintegration with their families. These shelters or reception centres typically provide multiple services, such as accommodation; access to water and opportunities for hygiene; food; medical care; legal advice; mental health and psychosocial support for children through playful methodologies and recreational opportunities. For unaccompanied and separated children, they also support family integration, through households visits to assess the family situation and identify children's main needs. Services provided vary but include activities such as psychosocial assessment;

Box 12: Support to reception centres for returnee children

In partnership with the National System for Integral Family Development (DIF) in Tijuana, Mexico, UNICEF established the *Jasson and Alexander Reception Centre* to provide immediate attention to the immediate needs of unaccompanied children returned to Mexico from the United States. The centre is based on the *Alternative Care Model for Migrant Children and Adolescents, Asylum Seekers and Refugees in Mexico: Guide for its Implementation*, a tool published in 2019 by the Secretary of Foreign Affairs, the National DIF System and UNICEF, which promotes a model made up of four stages of care: identification, first reception (short-term stay at a specialized reception centre to cover the child's basic needs), second reception (long-term stay at family care or residential care) and discharge (towards family reintegration or independence living), based on a rights-based approach and the principle of the best interests of the child.

UNICEF provided financial support to equip the building and technical support to consolidate the implementation of a comprehensive care model



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that emphasizes the community integration of unaccompanied returnee children.

In El Salvador UNICEF has also supported upgrading and maintenance of WASH facilities in shelters serving returnee children and families, migrants in transit and internally displaced people.

Source: UNICEF México (2021) and unpublished presentation, 'Contextos de migración en El Salvador' (UNICEF El Salvador, 2021).

medical and dental visits; and referrals to specialized health care if needed. Some, such as Casa Alianza in Honduras, also provide alternative shelter to children at risk who cannot return to their families or community of origin (Casa Alianza Honduras, 2015).

An evaluation of MHPSS activities in reception centres found they were generally offered as an optional activity without systematized methods to identify the neediest children. There was no monitoring of cases once they were referred to the public system and thus no information on children's well-being once they left the shelter (Lucchi and Capa, 2020).

The IFRC protocol in Guatemala (see *Section 6.5.1*) included a model of care for unaccompanied child returnees. Following placement in a temporary shelter, returnees received basic essential services provided by trained and professional social workers through partnerships with local agencies. The process focused on the restitution of their rights, their emotional recovery and psychosocial support. Though the evaluation does not comment on overall effectiveness, it indicates that trafficking victims were accompanied through the criminal prosecution of their perpetrators (IFRC, 2018).

IOM in Guatemala, El Salvador and Honduras provided food assistance, hygiene kits (designed according to age and gender), clothing, play-and-learn kits for children, and maternity/infant kits to government reception centres and shelters. Delivery targets were mostly achieved, and assistance covered needs that were not addressed before. Only around a quarter of the unaccompanied children, however, received psychosocial assistance or psychological first aid, another component of the project (Lucchi and Capa, 2020). Overall, these evaluations suggest the humanitarian assistance received enabled shelters and reception centres to meet the needs of returnee children, but they raise questions about the sustainability of this approach.

An evaluation from Honduras looked at the impact of teams of specialized 'reintegration agents' (specialized social workers), assigned to the Regional Offices of the Dirección de Niñez, Adolescencia y Familia (Directorate of Children, Adolescents and Family) to support returnee children's reintegration into families and communities. These social workers' main responsibilities included: home visits, visits to relatives and to the child's school; accompaniment of children from a reception shelter to their home; follow-up with children and families to help them access social assistance programmes; developing individualized care and development plans for each returnee child; and referrals to other departments. The evaluation of the support by UNICEF found that, overall, this was a positive model: home visits were helpful for case management, and effective records facilitated children's and families' access to services offered by governmental and non-governmental institutions (Nexus Interamerican Consulting Services, 2021c).

In Honduras, in 25 municipalities, UNICEF sensitized local authorities, communities, families and schools on the prevention of violence against children, highlighting its relevance in supporting the reintegration of children displaced by violence. In addition, in partnership with the Norwegian Refugee Council, 301 parents/caregivers of internally displaced children were contacted and/or visited regarding protection risks for their children (Nexus Interamerican Consulting Services, 2021c). No evidence of the impact of this was available.

Though no evaluations were found, UNICEF has been supporting the upgrade of WASH facilities in communities hosting returnees and internally displaced people in El Salvador. This includes installation and rehabilitation of WASH infrastructure in host communities, in health centres and in transit shelters. It also involved the distribution of hygiene kits (including for menstrual hygiene) and educational activities about handwashing and hygiene.²¹⁹

219 Source: unpublished presentation, 'Contextos de migración en El Salvador' (UNICEF, El Salvador, 2021).

6.5.3 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Eight studies evaluated initiatives that directly provided or strengthened partners' provision of mental health and psychosocial well-being services to returnee children. Six of these took place in Honduras, one in El Salvador and one in Mexico. These initiatives aimed to help children reintegrate socially and to respond to any traumatic experiences during or before migration.

In Mexico, UNICEF responded to the heightened psychosocial needs of children and families (returned to Mexico through Title 42) in shelters by readapting its MHPSS interventions so they could be delivered both in-person and virtually; expanding the number of migrant shelters; and expanding children's access to psychosocial support through recreational and sport activities, and to individual counselling. During 2021, UNICEF-supported MHPSS interventions reached 16,203 children and 7,149 caregivers on the move in 58 shelters from Baja California, Mexico, Chiapas, Chihuahua, Tamaulipas and Sonora. Direct individual and group psychosocial counselling was also offered to 750 front-line workers supporting children on the move. Additionally, UNICEF was able to mainstream child protection with the Plan Integral de Atención a la Salud de la Población Migrante (National Mental Health Plan for the Migrant Population), and work is ongoing to finalize inputs for the Plan Nacional de Salud Mental y Apoyo Psicosocial en Emergencias (National Plan for Mental Health and Psychosocial Support in Emergencies) (European Union, UNICEF and UNHCR, 2021).

In Honduras, Casa Alianza's Programa de Atención a los Niños, Niñas y Adolescentes Migrantes Retornados (Care Programme for Returned Migrant Boys, Girls and Adolescents) provided individualized support to children (in shelters and in their homes) on areas such as self-esteem, personal behaviour, decision-making, problem-solving and resiliency strategies (Casa Alianza Honduras, 2015). The evaluation found that the initiative made use of skilled mental health staff (educators and psychologists) who provided helpful advice and support when children most needed it. Parents and caregivers observed that seeing a health expert (for most children for their first time in their lives) helped children to feel supported and heard, and they observed a positive change in their children's mood, attitudes and behaviour, such as increased interest and dedication to their studies, improved behaviour at school and at home, and increased attention to their parents (Casa Alianza Honduras, 2015).

The same evaluation found that engaging in outdoor recreational activities was particularly important for children who had returned to areas with high levels of insecurity and who could thus not leave their households much. These organized activities provided an opportunity for them to have new experiences and to meet and socialize with other children with similar experiences. Children valued that the project supported their entire families, not just to them. Caregivers also reported that the workshops and face-to-face discussions with facilitators helped them to better understand the different challenges their children faced, such as learning difficulties or psychological problems, and supported them in their role as a parent (Casa Alianza Honduras, 2015).

Casa Alianza Honduras's Retorno de la Alegría (Return to Joy) programme also had a specific focus on mental health. It made use of simple tools such as games, songs, stories, drawings and puppets – all adapted to the context in which returnee children lived. The simplicity of these tools helped facilitators (trained volunteers aged 14–18 years old) engage effectively with participating children. The evaluation found that 77 per cent of children interviewed felt that they had benefited from playing with other children, compared to staying in their homes to avoid the insecurity of their neighbourhoods – in other words it helped them reintegrate socially into their communities. The volunteers and the coordinators reported that bonds of trust developed between them and the



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children, helped also by the children's and volunteers' closeness in age. This allowed children to actively participate in the games, feel relaxed and express their problems to the volunteers with confidence. Return to Joy was also successful at establishing partnerships with government structures, such as the local mayor's office and Programas Municipales de Infancia, Adolescencia y Juventud (Municipal Programs for Children, Adolescents and Youth), which brought experienced coordinators and mobilized over 500 youth volunteers (Universalia, 2017).

Also in Honduras, another study looked at Save the Children's Creación de Oportunidades y Prevención de la Migración no Acompañada de Niñas, Niños y Adolescentes en Honduras (Creation of Opportunities and Prevention of Unaccompanied Migration of Children and Adolescents in Honduras) initiative (Concha, 2020). The initiative aimed to strengthen adolescents' mental health and well-being, their inclusion and belonging in the community, and the development of their emotional and social skills. As part of its activities, it supported the creation of youth committees to encourage children to exercise their leadership and their involvement in community decisions. It also offered a safe community space where staff and professionals discussed topics of value to children (such as self-esteem, confidence and the prevention of GBV) and offered confidential psychological support and counselling to survivors of GBV. The project also offered referrals to relevant government departments. Children who took part in the study reported that the community space offered them a sense of protection and belonging, and helped them to feel part of their neighbourhood and integrate with other children in the community (ibid.).

Four studies looked at the technical or material support provided by UNICEF and IOM to MHPSS initiatives. Two of them examined the Recuperación Emocional Para Niños y Niñas Afectados por la Migración (Emotional Recovery of Children in Migration Situation), a UNICEF initiative in Honduras, which developed a methodological guide for psychologists and youth volunteers to provide psychosocial support to returnee children. Through this initiative, 43 psychologists trained 212 youth volunteers (UNICEF, 2021d) and 2,187 returnee children reported improved mental health (Nexus Interamerican

Consulting Services, 2021c). In a second phase of the programme, the methodological guide was revised to enable more systematic measurement of change in children's emotional well-being (Nexus Interamerican Consulting Services, 2021c). This data collection and ongoing research allowed the team to respond to children's situations and use data to improve their programming (UNICEF, 2021d).

Similarly, in El Salvador, UNICEF supported capacity development among staff in national and municipal government departments and schools, which enabled timely mental health responses to returnee children facing challenges (Nexus Interamerican Consulting Services, 2021a). With UNICEF support, the Red Cross also provided mental health support to returnee children, including those who suffered from violence. The evaluation does not indicate the number of children that benefited from this service, however, nor does it comment on its effectiveness or challenges (ibid.).

In Honduras, through the Return and Reintegration in the Northern Triangle of Central America project, IOM provided psychosocial kits for emotional recovery activities to UNICEF and Red Cross mental health initiatives, although the study does not provide details on the content of the kits or how many people each kit serves. This facilitated an alliance between the three organizations that was key for ensuring high-quality service provision. The evaluation does not mention the total number of kits provided during the three years of implementation, but it notes that IOM made a donation of 100 kits in May 2019 (Lucchi and Capa, 2020).

These evaluations also identify different factors that contributed to weaknesses in these MHPSS initiatives. Limited funding contributed to short-term and inconsistent implementation (Casa Alianza Honduras, 2015; Universalia, 2017). For example, the Return to Joy evaluation observes that the minimum number of sessions required was not achieved due to the short period of time that children were part of the intervention (a few weeks). Half of the children received less than twenty sessions of *terapias lúdicas* (games-based therapy), the established minimum for the treatment to be effective, and sessions were of hugely divergent lengths: from 15 minutes to two hours. This inconsistent implementation is attributed to underfunding, which meant the project could not fund a supervisor to oversee high-quality implementation (Universalia, 2017).

Two evaluations – of Return to Joy and Emotional Recovery of Children in Migration Situation – found that psychosocial volunteers were underequipped to identify and handle more difficult cases of mental ill-health (UNICEF, 2021d.; Universalia, 2017). Nexus Interamerican Consulting Services (2021c) also observed that, in Honduras, the methodological guide for the Emotional Recovery initiative did not use inclusive language, nor did it refer to elements of gender equality. Another evaluation of the same initiative observed that although children needing additional support were referred for additional counselling or to health centres, the time and expense required for travel created barriers. To address this issue, the programme provided stipends for psychologists to travel to communities to counsel children (UNICEF, 2021d).

Although several MHPSS projects sought to involve family members, especially caregivers, they were often unable to take part, because they were too busy, or had migrated themselves, which meant an essential complement to direct work with children was missing (Universalia, 2017). Similarly, the evaluation of Return to Joy found that some parents or caregivers became upset when they did not understand what the volunteers were doing with their children and others did not grant their children permission to attend the play sessions because they did not understand the objectives of the Return to Joy programme (ibid.). Moreover, children continued to live in the same unfavourable environment, with poverty and community violence, that contributed to psychological

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disorders and to the desire to remigrate (Concha, 2020; Universalia, 2017). Finally, referrals were not always effective, as service provision was limited in several of the municipalities, especially in rural areas (Universalia, 2017).

6.5.4 REINTEGRATION INTO SCHOOL OR PROFESSIONAL TRAINING

Four initiatives provided support to children to resume school or professional training with the aim of enhancing their future livelihood prospects and reducing their need to migrate again. Casa Alianza Honduras's Care Programme for Returned Migrant Boys, Girls and Adolescents in Honduras supported returnee children to identify a school to attend and obtain documentation from the Ministry of Education to enable enrolment. This initiative also supported older adolescents to find professional and technical training courses (Casa Alianza Honduras, 2015). The evaluation found that the project increased children's motivation to study and their aspirations to continue to higher levels of schooling. In other cases, children said that support for schooling or training had been an incentive not to migrate again or "get into bad things" (Ibid:10). Returnee children also reported that they appreciated the provision of school supplies, uniforms, shoes and other school material that helped them to overcome their financial constraints to study. The evaluation also reports, however, that the schooling returnees could access was often of low quality.

Also in Honduras, UNICEF supported NGO partners to implement the Puentes Educativos (Educational Bridges) initiative. It aimed to support children who had missed education (including through migration) to catch up in subjects such as mathematics, Spanish, science, art and culture, to provide recreational opportunities and to support school reintegration. The initiative also aimed to boost educators' pedagogical and academic skills, including their ability to identify and treat psycho-pedagogical problems, as well as the potential of school facilities as a protective space. The programme also included awareness-raising for parents and caregivers on non-violent parenting, and on the importance of and right to education for children. One key outcome of the intervention was that 660 returnee children rejoined schools, and 20 educators were trained to implement the programme. In addition, members of the educational community were sensitized to promote the enrolment of children in the initiative, reaching 301 caregivers and 105 teachers and directors of educational centres (Nexus Interamerican Consulting Services, 2021c).

Two other initiatives focused on vocational training. Return and Reintegration in the Northern Triangle of Central America, an IOM project in Honduras, provided vocational workshops for returnees and internally displaced persons, including children. The evaluation considers the intervention successful because the workshops benefited 234 adolescents and youth,²²⁰ although distance and participants' conflicting priorities, including other work, proved to be barriers for some, despite transportation and maintenance stipends being offered. Further, the programme sometimes struggled to find qualified trainers and source materials, leading to under-delivery of training courses (Lucchi and Capa, 2020). The Youth Pathways Central America programme in Honduras and El Salvador offered educational and recreational activities – such as art, dance, soccer, leadership, debating and communication – to motivate students to attend school and build soft skills. It also provided technical training, with follow-up services. It served returned migrant adolescents and youth as part of its area-based approach (DevTech, 2020). As discussed in Section 6.2.3, the relatively small-scale support the project provided limited its effectiveness in helping strengthen children's and young people's prospects in their communities of origin and return.

220 The proportion of participants under 18 is not specified.

A photograph of a man in a yellow shirt carrying a young child on his shoulders. They are walking through a field of tall green grass. The man is looking down, and the child is looking towards the camera. The image is used as a background for the chapter header.

7 | Conclusions and evidence gaps

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This section synthesizes key learning in relation to the questions posed in Chapter I (see *Section 1.4.1*), and highlights some of the most striking evidence gaps. It starts with some key cross-cutting observations.

7.1 | Key cross-cutting observations

Human mobility continues to be a very substantial phenomenon in the region. The main underlying factors – economic inequalities, targeted violence and more generalized insecurity, climate-related stresses and disasters – are intensifying in much of the region. In countries with large mixed movements, often with concentrations of migrants and refugees in particular areas, economic stresses (preceding, but often intensified by the COVID-19 pandemic), water stress and other pressures on services have led to rising xenophobia. In addition to structural forces underpinning human mobility, xenophobia is increasingly recognized to contribute to onward movement of migrants and refugees (R4V, 2021h). Continued international flows are expected, both in the movement corridors that have seen the greatest numbers and attention (movement from Venezuela, from and through Central America and Mexico, and from Haiti/by people of Haitian origin), as well as on routes outside the international spotlight.

Evidence on children on the move in LAC is dominated by movements within three main international corridors: into, from and through Central America and Mexico; from Venezuela to an increasing number of countries; and of Haitians in the Dominican Republic and South American countries, particularly Brazil and Chile. A substantial additional body of evidence concerns integration, often of ‘second generation’ migrant children, particularly in the education systems of the countries where their families have settled, particularly in Chile, and, to a lesser extent, Argentina and Brazil.

The volume of evidence is closely related to the funding streams and areas of foci of the international community – which in turn reflect (even if imperfectly, and with an inevitable lag) the scale and changing patterns of human mobility – and takes the form of ‘grey’ literature. Nevertheless, reflecting the region’s developed academic, public and private sector research institutions, there is also a body of independent research (particularly from Argentina, Brazil, Chile and Mexico) on issues related to children on the move in the region. In particular, the literature on children returning to their, or their parents, countries of origin, and evidence on the social and educational integration of ‘second generation’ migrant children has largely been led by academic researchers.

Most children move with their families, and/or other adult relatives, friends or neighbours, but a subset of adolescents are moving on their own. Available data suggest that the majority of children, especially those under 12 move with adult family members, either their parents or other relatives. Though the majority of adolescents also move with family, throughout the region a subset of adolescents aged 12–17 are moving with peers or partners, either to reunite with family members, or in search of work, safety and a better life. This is the primary group identified as unaccompanied or separated, though in some contexts (e.g., Darién) younger children are also at risk of separation.

Most research focuses on children moving in irregular conditions, who are exposed to additional risks both in transit and when settled in a new country. Data collected by the Missing Migrants project shows that, across the Americas as a whole, 97 children had died in transit in 2021 and 2022,²²¹ with the territory surrounding the United States–Mexican border (with risks of dehydration in the desert, and of violence) and the Caribbean (with risk of shipwrecks) recording the highest numbers of deaths. As Chapters 2–5 have shown, children in transit face risks of physical and sexual violence, extortion and trafficking, as well as health risks from traversing challenging terrain. These are amplified for children separated from family members and adolescents travelling in small groups. Though reliable data on the numbers of children moving via regular and irregular pathways are hard to obtain, many sources reviewed suggest that the numbers using irregular pathways have increased. This may be a result of COVID-19 related border closures in 2020–2021, more restrictive migration laws in some countries (e.g., Chile) and increased military and police presence at some borders (e.g., in Mexico, in Northern Central America and along the northern and north-eastern borders of Chile).

Children with irregular status also face substantial and varied challenges in their countries of settlement. Although most countries in the region allow all children to access education regardless of their status, schools are not always aware of regulations and demand documentation; similar barriers limit access to health care in some countries. In several countries, children with irregular status cannot obtain certification of their studies, limiting their subsequent technical and vocational education and training, higher education or work opportunities. Fear of families’ irregular status being identified by schools and families and being separated or deported also leads families not to enrol children in school in some countries and territories (e.g., in Aruba and Curaçao). Families with irregular status are often ineligible for social protection, compounding their risk of poverty.

The majority of children, especially those under 12 move with adult family members. Though the majority of adolescents also move with family there are a subset of adolescents aged 12–17 moving with peers or partners.

221 Data from <https://missingmigrants.iom.int/region/americas> (accessed 5 July 2022).

Little information is available on children moving via regular pathways.

While the majority of this group move with family members, this is not always the case, and delays in family reunification processes create specific challenges for unaccompanied and separated children whatever their migration status. Nor does moving with regular status mean that children are exempt from all the challenges facing child migrants and refugees with irregular status, including xenophobia, lack of school spaces and challenges integrating into new educational systems, and challenges accessing specialist health care (e.g., in the case of children with chronic health conditions or disabilities).

National and international response

Across the region, national and subnational policies and smaller-scale initiatives seek to respond to the challenges children on the move face.

Since around 2018, countries in the region have enacted substantial policy reforms to respond to new patterns of movement, and to align laws, policies and procedures with emerging international frameworks (e.g., the Global Compacts on Refugees and Migration and agreements through the Quito Process). Among other provisions, these are intended to enable migrant and refugee children to access health and education services (see Annex 4). In addition, there are indications of growing momentum to develop more accessible pathways to regular status (sometimes nationality-specific, as in the case of initiatives focused on Venezuelans in South America and some Central American countries), to promote greater recognition of qualifications obtained elsewhere in the region and enable access to formal employment. These are key steps in helping parents on the move access higher-quality work, a prerequisite for reducing poverty among children on the move. Nonetheless, expanding access to safe and legal pathways for migration remains critical in much of the region.

As a result of R4V joint needs assessments there is much more substantial and consistent evidence on the needs of Venezuelan children on the move than for other nationalities,

or in other mixed movement corridors in the region. These needs assessments highlight issues of food security, quality of housing, access to water and sanitation facilities and to education. Some also report on issues such as experiences of xenophobia, access to health care and issues related to legal status and international protection. Even so, by no means all assessments report disaggregated data on children, and child protection issues such as engagement in child labour, violence against children and risks of sexual and other forms of exploitation are mostly beyond the scope of these assessments. For other populations and regions, the evidence on the needs of children on the move is less comprehensive and often more focused on a specific issue of concern (e.g., education, health care). The overall picture emerging in terms of unmet needs, however, is of large numbers of migrant and refugee children throughout the region living in poverty, in overcrowded or makeshift housing with inadequate water and sanitation, and, despite parents' sacrifices, often with insufficient food.

Although most countries in the region are classified as middle-income, for those with substantial flows in or through them, domestic resources are insufficient to respond to large numbers of people on the move.

Coordination platforms, such as R4V, aim to channel support to governments and civil society to assist social integration, and provide services to populations on the move, and to host communities. The scale of resources pledged, however, falls far short of the scale of need. Civil society organizations also mobilize both domestic and international funding sources to respond to the needs of children (and other groups of people) on the move. As Chapter 6 and Annex 5 show, there is substantial activity aiming to contribute to the well-being of children on the move and in host communities. Many such initiatives, however, are small-scale, often relatively short-lived and, as will be discussed in this chapter, not always aligned with migrants' and refugees' priorities.



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Despite the variety of initiatives responding to children on the move in the region, the evidence base on their impact is very weak. Studies of the impacts of policy changes are rare. Fewer activities are evaluated than in responses to children on the move in other world regions. Many project evaluations primarily report the numbers of children assisted or the outcomes of an institutional strengthening process; fewer examine the changes these activities have led to in children's lives.²²² The main exceptions among the initiatives reviewed were evaluations of multipurpose cash assistance, which did probe their impacts on migrant and refugee children's lives (see Section 6.3.2). Few studies were able to compare between project participants and non-participants, and none included cost-effectiveness analysis. Reflecting funding patterns, they were skewed towards responses to the largest mixed movements, particularly those from Venezuela and through Central America and Mexico. This means that context-specific evaluation evidence for neglected migration and refugee crises, such as that resulting from the humanitarian situation in Haiti, is lacking.

7.2 | Evidence of the effectiveness of initiatives to support children in contexts of human mobility

Tables 13, 14 and 15 bring together insights on children's needs and policy and programme responses in contexts of human mobility, synthesizing key insights from the evidence reviewed, and key knowledge gaps. They present evidence by stage of journey (Table 13), areas of children's needs and sectoral responses (Table 14), and by different groups of children (Table 15). In addition, Annex 4 summarizes evidence on policy frameworks for regularization and access to health, education and social protection services in the region. Section 7.3 reflects on cross-cutting issues and concerns, specifically the factors that contribute to or undermine effectiveness, the alignment of initiatives with the needs of children in contexts of human mobility, and the extent of rights orientation and gender responsiveness.

²²² This is consistent with the findings of a review of initiatives to support children on the move globally, which found performance evaluations to be more common than impact evaluations, except in the areas of MHPSS, violence against children prevention and the provision of cash transfers. The global study also found less evaluation evidence from LAC than other regions, which may reflect the generally lower budgets for initiatives responding to migration in LAC as compared to parts of Africa and West Asia (Marcus et al., 2020).

Table 13: Emphases of evidence, insights and knowledge gaps by 'stage' of migration process

STAGE	EVIDENCE ON TRENDS AND CHILDREN'S NEEDS		EVIDENCE ON POLICY AND PROGRAMME RESPONSES	
	KEY INSIGHTS AND EMPHASES	GAPS	KEY EMPHASES	KEY INSIGHTS AND GAPS
ORIGIN	Evidence on limited economic opportunities, limited educational opportunities and violence in communities of origin is most substantial for Central America and Venezuela; some evidence of discrimination (Haitian exodus from South America) and economic precarity as drivers of migration trends in South America (e.g., Peruvian and Bolivian migration to Chile, Argentina, Brazil and Uruguay).	Little attention to conditions in communities of origin for other migration flows.	Promoting rootedness through education and skills training, local economic development, and violence prevention initiatives (focused largely on community violence and child protection system strengthening); promoting safer migration through provision of information about risks and support services.	Body of evidence on rootedness almost entirely focused on Northern Central America; effective initiatives require substantial, long-term investment, strengthening local economic development and finding alternatives to gangs and organized crime for young men; local child protection system strengthening has helped reduce children's migration for exploitative forms of work (Ecuador); impact of information campaigns is rarely evaluated; anecdotal evidence suggests they are well-received.
TRANSIT	Evidence focuses on transit through Darién, Northern Central America and Mexico, and out of Venezuela. Key issues raised include: risks related to violence, environmental conditions (high altitude, dehydration, crossing rivers), fatigue, malnutrition and associated physical and mental health challenges.	Very little evidence on children in: extended transit, such as Haitian movement through South America; movement between countries in the northern and eastern Caribbean; movement from Cuba to South and Central America; transits through Guyana and Suriname towards French Guiana.	Meeting humanitarian needs , e.g., food, water, sanitation and shelter; assistance with documentation; information about regularization and access to services (if settling in a country) and/or onward service points for those continuing their journeys. Strengthened procedures to respond to unaccompanied and separated children and to facilitate family reunification and transitory care. Anti-xenophobia campaigns.	Impact evaluations are rare for humanitarian initiatives (other than cash transfers). Limited evidence on the extent and effectiveness of educational provision for children in transit and how this can be strengthened. Limited evidence of action to support children who form part of seasonal migrations (e.g., for agricultural labour); in much of the region, attention to pendular migrants is also limited.

Table 13: Emphases of evidence, insights and knowledge gaps by 'stage' of migration process (continued)

STAGE	EVIDENCE ON TRENDS AND CHILDREN'S NEEDS		EVIDENCE ON POLICY AND PROGRAMME RESPONSES	
	KEY INSIGHTS AND EMPHASES	GAPS	KEY EMPHASES	KEY INSIGHTS AND GAPS
SETTLEMENT	<p>Most evidence in all subregions focuses on long-term settlement, with the greatest volume on Venezuelans throughout South America, other nationalities in Southern Cone countries, Haitians in the Dominican Republic and Nicaraguans in Costa Rica. Thematically, the greatest volume of evidence focuses on challenges in accessing or thriving in education, particularly in initial periods and/or for children without regular status in some countries (see Annex 4). Poverty is a key factor affecting migrants' access to services, food security and nutrition, though there is some evidence of improved food security and nutrition after settlement in a new country (especially for Venezuelan population in Colombia and Ecuador). Poverty levels among both migrants and host communities have been exacerbated by the COVID-19 pandemic.</p>	<p>Evidence on migrant children's health, nutrition and child protection issues is limited in most countries. Literature does not always distinguish between 'first' and 'second generation' migrant children, but studies that do suggest that service use is generally lower among first generation migrant children. Few studies compare well-being indicators for settled migrant children and non-migrant children.</p>	<p>Most countries in the region allow migrant children to attend school, though lack of spaces and documentation continue to form barriers; access to post-school education for older adolescents is often limited. All countries allow access to emergency care but front-line staff are not always aware of migrants' entitlements and sometimes refuse service. Access to national social protection systems largely depends on regular status; in some cases, migrants without regular status can access humanitarian cash transfers (see Annex 4). Complementary initiatives focus on: child protection system strengthening, MHPSS support (largely through child-friendly spaces); and promoting social integration.</p>	<p>Impact evaluations of initiatives is limited with evidence tending to focus on numbers reached and/or accessing services; very few studies discuss impacts on host communities despite initiatives frequently being designed to support both migrant and host communities. Limited evidence of effectiveness of anti-xenophobia and social integration initiatives, despite there being many such projects. Discussions of system strengthening initiatives tend to be descriptive and assume positive impacts.</p>
RETURN	<p>Evidence focuses on Mexico and Honduras and highlights challenges integrating into unfamiliar school systems for children who have grown up abroad (Mexico), challenges with social reintegration and a strong desire to remigrate, to reunite with family outside the country, or to 'prove oneself' (Honduras).</p>	<p>Limited evidence of children's experiences of reintegration in countries with significant expulsions from the United States (e.g., Guatemala, El Salvador, Haiti), or on children/families who returned after losing work during the pandemic.</p>	<p>Meeting initial needs, e.g., shelter, food, health care and family reunification. Longer-term reintegration, e.g., cash and in-kind support for school attendance, MHPSS activities, social work support and social integration activities (e.g., games).</p>	<p>There is little evaluation of the impact of either initial or longer-term support; other than on immediate return, initiatives often struggle to identify returnee children (who do not always wish to be identified due to stigma) and therefore provide services to all children in localities receiving returnees. Though MHPSS activities are not well-evaluated, they are mostly of short duration, involve games in large groups and are at risk of having limited impact.</p>

Table 14: Insights on the effectiveness of initiatives by sector and programming gaps

AREA OF CHILDREN'S NEEDS	AVAILABLE EVIDENCE ON NEED	KEY ACTIVITIES AND INSIGHTS ON EFFECTIVE APPROACHES	KEY CHALLENGES AND GAPS
Shelter, water and sanitation	<p>Transit: insufficient capacity of shelters in areas receiving many migrants (e.g., Brazil–Venezuela border cities, Colombia, southern and northern Mexico); inadequate WASH facilities.</p> <p>Settlement: Evidence of worsening conditions (more overcrowding) since pandemic; variable access to WASH and other infrastructure; worst in informal settlements. Some evidence of exposure to sexual violence in informal settlements/ low-income housing with shared toilets (Colombia, Ecuador, Dominican Republic). Some evidence of discrimination (e.g., not renting to migrants, especially those with children) (Ecuador, Chile).</p>	<p>Transit and initial settlement: Available evidence suggests shelters and WASH facilities at service centres and other points on migration routes are appreciated by adults and children on the move. Studies generally did not highlight factors that contributed to or undermined effectiveness.</p> <p>Settlement: Investments in WASH infrastructure are a substantial area of activity under R4V regional response plans; these aim to benefit migrants and host communities; limited evaluation evidence found.</p>	<p>Shelters: Scale of provision, especially in areas where migration flows have rapidly increased. Limits on shelter stays can lead to children and families sleeping on streets and/or trafficking and sexual exploitation of children, particularly girls.</p> <p>Ensuring safety of children on the move in some shelters (from traffickers or other organized criminals, and from violence).</p> <p>Some evidence of racist discrimination in shelters (Mexico) and lack of sensitivity to indigenous cultural practices (Brazil).</p> <p>WASH: insufficient funding for scale of need; limited information on benefits for host communities.</p>
Food and nutrition	<p>High levels of food insecurity among Venezuelan population in Colombia, Ecuador and Peru (though generally less than in Venezuela), exacerbated by COVID-19 pandemic. Limited evidence on food security from other parts of the region.</p> <p>Some evidence that children on the move generally have worse nutritional status indicators than national counterparts (Ecuador is an exception). Most evidence focuses on acute malnutrition; studies from Ecuador and Colombia also highlight high anaemia prevalence among children on the move.</p>	<p>Transit: Nutritional monitoring and support to of children under 5 years and pregnant women is common in service centres. This usually takes the form of nutrient supplements (given out in small packs to carminantes to reduce the load carried) with occasional referral to emergency health care in very severe cases (sometimes identified among young children crossing Darién).</p> <p>Transit, settlement and return: Cash transfers are the main approach to strengthening food security (see 'Economic well-being' row in this table).</p>	<p>Most evidence is from the Venezuelan outflow and movement through Panama; evidence related to food security and nutrition not found for children on the move in other regions.</p>

Table 14: Insights on the effectiveness of initiatives by sector and programming gaps (continued)

AREA OF CHILDREN'S NEEDS	AVAILABLE EVIDENCE ON NEED	KEY ACTIVITIES AND INSIGHTS ON EFFECTIVE APPROACHES	KEY CHALLENGES AND GAPS
Health	<p>Transit: Some evidence of adolescent girls and women obtaining contraceptive injections before crossing Mexico as a safeguard against unwanted pregnancy from rape; and of them giving birth in hospitals in transit (Panama, Mexico).</p> <p>Settlement: Adolescent pregnancy rates generally higher among migrant than native-born girls (Haitian girls in Dominican Republic are an exception). Malnutrition levels among pregnant Venezuelan women in Colombia are high leading to risks of low birth weight.</p>	<p>Transit: Emergency health care is part of provision at some migrant service centres and shelters, particularly in areas with significant physical hazards and/or that are stopping points on long journeys.</p> <p>Settlement: Most countries make some level of health service access available to migrant pregnant women (Dominican Republic is an exception) and children, including childhood immunizations and COVID-19 vaccines, regardless of migration status; emergency care is technically available to migrants in all countries; greater coverage is often dependent on regular status (see Annex 4). Evidence from Ecuador and Colombia of positive experiences among Venezuelan women giving birth.</p> <p>Return: Some initiatives provide health care (including dental care) to returnee children as part of immediate package of support.</p>	<p>Settlement: Irregular status, costs and fear of discrimination or apprehension by migration authorities are key barriers to health care, particularly for adults but also for some children (evidence from Peru, Colombia, Costa Rica, Haiti and Mexico).</p>
Emotional well-being – related to distress and trauma associated with family separation or migration experiences	<p>Studies mainly focus on traumas and challenges associated with journeys, return and reintegration and mostly come from Central America and Mexico. Studies from the whole region mention the mental health impacts of discrimination and the stresses related to irregular migration status. The greater the number of attempted journeys, the greater the psychosocial impact.</p>	<p>Transit, settlement and return: MHPSS initiatives focus on creating safe spaces for play and recreation, and sometimes on play-based therapy for children. Often delivered at 'child-friendly spaces' in service centres/transit shelters. None of the studies examined reported on the effectiveness of counselling and other more direct approaches to promoting psychosocial well-being.</p>	<p>Most initiatives rely on volunteers with relatively little training and who are under-equipped to support children with complex mental health issues.</p> <p>Short-term funding cycles often prevent the implementation of longer-term, potentially more effective approaches.</p> <p>Many programmes consist of as little as one session; most programmes focus on recreation, and deeper support for children with more complex challenges resulting from adverse experiences on the move appears lacking. A recent regional study highlights the importance of strengthening focused MHPSS care for children who have had traumatic experiences while on the move/in contexts affected by human mobility (UNICEF, 2021d).</p> <p>Notable gaps in impact evidence on MHPSS provision for children on the move and on the effectiveness of child-friendly spaces^a (unlike in other regions).</p>

Table 14: Insights on the effectiveness of initiatives by sector and programming gaps (continued)

AREA OF CHILDREN'S NEEDS	AVAILABLE EVIDENCE ON NEED	KEY ACTIVITIES AND INSIGHTS ON EFFECTIVE APPROACHES	KEY CHALLENGES AND GAPS
Education	<p>Transit: very limited evidence on educational challenges; some evidence from Venezuelan movement of education being disrupted for 6 or more months. Little evidence as to what (if any) education children are accessing in extended transits.</p> <p>Settlement: Migrant children's enrolment rates in primary and secondary education mostly lag those of their national counterparts particularly in the first year of migration. Placement tests sometimes place children below their level of competence, reflecting incompatibilities between education systems, even those sharing a common language (Spanish). Xenophobic and racist discrimination from teachers and students reported from across the continent.</p> <p>Return: some evidence of challenges adjusting to new systems, especially for adolescents expelled to a country they left at a young age or never previously lived in.</p>	<p>Transit: some evidence of initiatives, e.g., classes in shelters, school in a bag kits, tablets loaded with educational content; some shelter-based classes and efforts to facilitate access to education for children stuck at United States–Mexican border.</p> <p>Settlement: All countries other than Trinidad and Tobago, Aruba and Curaçao offer access to primary and secondary school regardless of migration status (see Annex 4) but documentation barriers, fear of apprehension by the authorities, language barriers and costs all reduce enrolment rates. Initiatives helping migrant children enrol, obtain documentation, or learn in new languages hold promise for newly settled children.</p> <p>Origin and return: Extra-curricular/homework clubs, in-kind support and mentoring have helped increase motivation to study in communities of origin and returnees.</p> <p>Cash/in-kind grants have helped address financial barriers to attendance on settlement and among returnees.</p>	<p>Transit: Some nascent initiatives for certification of previous studies and those undertaken in transit (learning passports) but these are not yet widespread. Very few examples of initiatives to support learning during transit or evidence of their effectiveness.</p> <p>Settlement: Limited efforts to expand availability of school places in areas hosting large numbers of migrants and refugees – for example through double-shifting.</p> <p>Limited evidence on varied access to and uptake of preschool and post-compulsory education for older adolescents (e.g., technical and vocational education and training, upper secondary education). Very limited evidence on migrant adolescents outside work, education or training.</p> <p>Return: Evidence is very geographically concentrated (Mexico and Honduras) and limited to a few studies.</p>

Table 14: Insights on the effectiveness of initiatives by sector and programming gaps (*continued*)

AREA OF CHILDREN'S NEEDS	AVAILABLE EVIDENCE ON NEED	KEY ACTIVITIES AND INSIGHTS ON EFFECTIVE APPROACHES	KEY CHALLENGES AND GAPS
<p>Protection from exploitation, abuse and violence</p>	<p>Violence against children in transit: Reported high levels of sexual assault of women and girls (Mexico, South America) and of children experiencing and witnessing physical violence in Mexico, Panama and in <i>trochas</i> (unofficial border crossings); children with disabilities are at particular risk.</p> <p>Transit and settlement: Reports of sexual exploitation of migrant adolescents (primarily girls), especially in border areas (Colombia, Peru, Ecuador) and tourist areas (Dominican Republic, Colombia)</p> <p>Transit and settlement: Xenophobic incidents throughout the region sometimes involve physical violence. Violence in communities of origin is a key driver of movement, particularly from Northern Central America.</p>	<p>Child protection system strengthening (focused largely on transit, settlement and return): Development of protocols (standard operating procedures) to respond to unaccompanied and separated children throughout region. Other approaches include experience sharing (e.g., between the national migration institutes of Mexico and Guatemala) and training related to specific protocols or systems for supporting child migrants; challenges occurred where training was not linked to implementation budgets, or where differences in capacity between countries prevented resolution of individual children's cases.</p> <p>Transit, settlement and return: Violence against children prevention and response. Most efforts focus on system strengthening for response and addressing MHPSS impacts; some preventative awareness-raising.</p> <p>Transit, settlement and return: Emerging positive practices of transitory care include foster care and small-scale 'group' homes for unaccompanied children awaiting family reunification or resolution of cases, and support in independent living for adolescents close to legal adulthood.</p>	<p>Child protection systems: Strain on systems' capacity to respond to unaccompanied children in transit given scale of migration flows and systems being designed primarily to respond to maltreatment and child homelessness, rather than to conduct international family tracing.</p> <p>Violence against children: Some questions around the appropriateness/relevance of some violence against children and GBV preventative work. Limited evidence of initiatives to reduce risk of recruitment by organized criminals (e.g., in narcotics trade and people smuggling).</p>

Table 14: Insights on the effectiveness of initiatives by sector and programming gaps (*continued*)

AREA OF CHILDREN'S NEEDS	AVAILABLE EVIDENCE ON NEED	KEY ACTIVITIES AND INSIGHTS ON EFFECTIVE APPROACHES	KEY CHALLENGES AND GAPS
<p>Protection from exploitation, abuse and violence (<i>continued</i>)</p>	<p>Child labour: Evidence of children engaged in seasonal agricultural labour migration, mostly with their families, in Dominican Republic, Mexico, Honduras and Guatemala, generally with poor living conditions and little access to education. Throughout the region, children, in transit and once settled, engage in street vending, begging, etc. Some evidence of trafficking of migrant adolescents for agricultural labour (Haiti, Peru, Ecuador, Bolivia).</p> <p>Care of children: Some evidence from Colombia of older migrant and refugee adolescents (especially girls) caring for younger siblings while parents work; evidence of children being left without a carer (Peru, Brazil) while adults work and of children being sent to live with another caregiver (Peru, Ecuador) because of pandemic-related financial difficulties.</p>		<p>Child labour: Limited quantitative evidence of prevalence among children on the move; limited evidence on living and working conditions; literature on trafficking for sexual exploitation, with much less attention paid to other sectors. Very limited evidence of programming addressing needs of these groups, especially among seasonal labourers.</p> <p>Day care: Some evidence that irregular status and lack of documentation forms a barrier to both public and private day care (Uruguay); absence of day care highlighted as key barrier to work for mothers of young children in Colombia, Trinidad and Tobago and Uruguay.</p> <p>Temporary care: Some evidence of unaccompanied migrant adolescents finding transitory care centres restrictive in terms of imposed routines and requirements to attend school and not work or continue their journey without an adult (Colombia, Peru). This leads them to avoid contact with authorities, and increases their risk of exploitation and abuse at unofficial crossing points.</p>
<p>Legal status/obtaining documentation and referrals to specialized services</p>	<p>Limited evidence on extent of statelessness of children born in transit, or to parents with irregular status, and whose births are not registered. Legal changes restrict regularization options for some children and families who arrived following rule changes (e.g., in Chile, Ecuador and Peru) and/or limit opportunities to regularize and/or acquire nationality (e.g., in Dominican Republic).</p>	<p>Transit: Support often provided at migration reception centres, by mobile teams, and in some transit shelters; 'one stop shops' that provide documentation support alongside other services were particularly valued. Main 'impact' evidence is of numbers reached in different service centres.</p> <p>Settlement: Initiatives supporting birth registration of migrant children in hospitals (Colombia).</p>	<p>Little evidence on the effectiveness of legal assistance and documentation support activities, with particular absence of information on initiatives to support civil registration and prevent statelessness, e.g., through facilitating migrant birth registration (other than in Panama and Colombia).</p> <p>Little evidence of efforts to harmonize laws and protocols in countries currently seeing low levels of migration and numbers of asylum seekers but with the potential for a substantial rise.</p>

Table 14: Insights on the effectiveness of initiatives by sector and programming gaps (continued)

AREA OF CHILDREN'S NEEDS	AVAILABLE EVIDENCE ON NEED	KEY ACTIVITIES AND INSIGHTS ON EFFECTIVE APPROACHES	KEY CHALLENGES AND GAPS
Information about safer migration	Limited evidence on what information migrants have or lack pre-departure. Studies with people in transit or at destination often find journeys were more challenging than envisaged, indicating a need for more accurate information.	Communities of origin, transit and settlement: Online and offline communication campaigns sharing information about key dangers, how to avoid them, regular migration routes and available services – focus varies by stage of journey. Some evidence of effective participatory approaches involving children designing information campaigns.	Limited evaluation evidence of the effectiveness of different information campaigns; some qualitative evidence of community information sharing and dialogue campaigns helping reduce risky migration (Ecuador).
Economic well-being (enabler of other areas of children's rights)	Living standards surveys in Venezuela, Colombia, Peru, Ecuador show that poverty levels are generally higher among migrant families, especially irregular migrants without access to formal labour markets; in the Dominican Republic poverty levels are higher among the Haitian than Venezuelan migrant population. Access to social protection is variable (see Annex 4), and usually dependent on regularization.	Origin, settlement and return – Economic strengthening initiatives: Skills training without efforts to strengthen livelihood opportunities has little effect on intentions to (re)migrate. Initiatives that prioritize local economic development are more likely to be effective. Transit, settlement and return: Evidence of positive impact of MPCs on children's health, education and nutritional well-being, including from pilot initiative in Ecuador that provided cash transfers to unaccompanied adolescents on the move.	Poverty data is rarely disaggregated by age, so specific data on migrant children in poverty is largely absent. Though there is a strong case that regularization of adults' migration status, which enhances opportunities to engage in 'decent' work, enables them to provide for children's needs more fully, no studies provide empirical evidence.
Non-discrimination	Evidence of migrant children facing discrimination in schools, and sometimes street harassment and violence throughout region.	Transit, settlement, return: Anti-discrimination campaigns and activities integrating host communities and migrants are common, e.g., sports and arts activities. Development of tools to report xenophobic incidents increasingly common. Increasing efforts to ensure both host communities and migrants benefit from initiatives.	Most activities are small-scale, ad hoc and not evaluated.

a A study by the Refugee Law Initiative and Save the Children (2019) explored how child-friendly spaces in Colombia, serving refugees, migrants and internally displaced children, as well as host communities, operationalised children's participation, but does not discuss their impacts on social integration or on children's psychosocial well-being.

Table 15: Key insights and knowledge gaps: Different groups of children

MOVEMENT PATTERNS AND NEEDS			PROGRAMMING	
TOPIC/THEME	AVAILABLE EVIDENCE	KNOWLEDGE GAPS	EMPHASES	GAPS
Gender	Gender largely discussed in relation to adolescent girls' greater vulnerability to GBV and sexual exploitation, and gendered patterns of movement for work and engagement in work en route and when settled.	Evidence is not consistently disaggregated by gender; gender differences are little discussed, especially for younger children. It is unclear when this reflects no significant gender differences versus when it reflects the absence of a gender lens.	GBV prevention and response; identification of children at risk of trafficking and sexual exploitation (especially adolescent girls); provision of menstrual hygiene kits in transit.	Boys' vulnerabilities, e.g., of recruitment into organized crime and coyote activities in border regions; efforts to challenge norms that underpin GBV and sexual exploitation.
LGBTQI+ children and adolescents	Studies mention LGBTQI+ population as 'vulnerable' to discrimination, sexual exploitation and trafficking but very little information focuses on LGBTQI+ children and adolescents on the move.	Almost a complete gap for all countries. This may reflect LGBTQI+ adolescents not feeling safe to reveal their identities, and binary male/female frameworks for data collection that do not count non-normative gender identities (Bleeker et al., 2021).	Mentioned occasionally, in relation to sleeping arrangements at shelters; in information provided at service centres; in GBV response and sexual and reproductive health provision.	Very little detail in any studies as to how principles of non-discrimination are put into practice.
Children with disabilities	One major study – by UNHCR and RIADIS (2021) – reports on challenges faced by refugees and migrants with disabilities in LAC; 80% of parents of migrant and refugee children with disabilities reported that their children were attending public schools, but only 45% of these were happy with the quality of education and response to their children's disability.	Other than the UNHCR and RIADIS (2021) study, for which 80% of the respondents were Venezuelans in South America, almost no information available. This study found that obtaining a disability card to access benefits and services was a particular challenge for migrants and refugees. In other reports, migrant and refugee children with disabilities are mentioned as a 'vulnerable group' but without discussion of the specific challenges they face.	No information on project initiatives. UNHCR and RIADIS (2021) report that protection mechanisms for refugees, migrants and displaced people lack specific protocols to support people with disabilities. Only one evaluation of those reviewed in Chapter 6 – of MHPSS provision for migrant and refugee children in Brazil – mentions efforts to increase accessibility to children with disabilities (OIM Brasil and MJSP, 2021)	UNHCR and RIADIS (2021) found that humanitarian organizations in the countries studied generally do not collect sufficiently disaggregated data to enable them to respond effectively to migrants and refugees with disabilities.
Children of African descent (from within and outside LAC)	Discrimination in schools, from health services, and in wider society (e.g., street harassment) across continent; discrimination against black adolescents from Nicaragua and Honduras in labour markets elsewhere in Central America.	Children's experiences of racism in transit through Central America and Mexico (evidence focuses mainly on adults' experiences).	Covered in anti-xenophobia social integration campaigns but without explicit focus	No evidence focusing specifically on this group.

Table 15: Key insights and knowledge gaps: Different groups of children (continued)

TOPIC/THEME	MOVEMENT PATTERNS AND NEEDS		PROGRAMMING	
	AVAILABLE EVIDENCE	KNOWLEDGE GAPS	EMPHASES	GAPS
Indigenous children	Studies report discrimination in schools, health services and wider society (e.g., street harassment) (Southern Cone, Brazil, Central America and Mexico); child labour, especially in seasonal migration from Guatemala to Mexico; pendular indigenous migration (e.g., at Venezuelan borders with Colombia, Brazil and Guyana).	Most studies are broad-ranging and mention the specific experiences of indigenous children and adolescents only in passing.	Some evidence of efforts to provide information about safe migration and access to services (including at borders) in indigenous languages (Brazil, Colombia, Guatemala), but not fully systematic or sufficient; also partially covered in anti-xenophobia and non-discrimination campaigns and training.	Shelters not always sensitive to indigenous cultural practices and food (Brazil). Uptake of relocation programme lower among indigenous families who prefer to stay closer to ancestral lands and family ties (Brazil).
Adolescents	Greatest volume of evidence on this age group, focusing on education, sexual and reproductive health, GBV, work, social integration, adolescent parenthood, and challenges related to perceptions of best interests.	Older adolescents' care responsibilities (often disproportionately affecting girls) and engagement in hazardous work (greater impacts on boys).	Some pilot models of independent living arrangements for older adolescents and/or support for onward transit.	Gaps in developing transitory care suitable for older adolescents, particularly those who are pregnant or parents, and in tailored support for this group (see Table 14).
6–12 year olds	Evidence focuses on access to education, with a few studies also mentioning protection issues (child labour, violence, trafficking).	Very little specific discussion of the needs of this age group.	Education, MHPSS, social integration activities (e.g., arts and sports activities with host communities). Also broader child protection system strengthening activities.	See Table 14 on strengths and weaknesses of activities in these sectors.
0–5 year olds	Evidence related to children under 5 years mainly focuses on nutritional status.	Very little discussion of issues related to infants born in transit or of access to early childhood development provision once settled.	Programmes concentrate on maternal and infant health and parenting information at support centres. Some South American countries offer migrant children access to preschool (in parity with national population). Some nutritional surveillance monitoring (Panama, Ecuador).	Though some shelters provide games/activities for young children, evidence on early childhood development provision is limited. Day care for this age group would facilitate parents' ability to work and accomplish regularization-related tasks.

7.3 | What factors contribute to initiatives' (in)effectiveness?

With the caveat that evidence of effectiveness often must be inferred rather than being directly measured, Table 16 summarizes key cross-cutting factors that emerge from the studies reviewed as contributing to, or undermining, programme effectiveness.

Table 16: Key factors that contributed to or undermined programme effectiveness

ENABLING FACTORS
Partnership and coordination between different government departments and non-government organizations. This helps fill capacity gaps, and also meant that services were more likely to respond effectively to children's multi-faceted needs.
Sensitivity to cultural and linguistic differences. Increasingly, initiatives throughout the region are providing interpreters and/or information in multiple languages and adopting participatory approaches to better understand the culturally specific needs of different groups. This needs to be mainstreamed more effectively.
Responsiveness to key needs of migrant and refugee population, often as a result of participatory approaches that align programme activities with needs and engaged participants more effectively.
Including parents/caregivers in initiatives working with children (e.g., reintegration programmes) enhanced effectiveness, though many parents cannot participate as they have to prioritize work to meet their families' basic needs.
Flexible, adaptable programmes that can respond to rapidly changing external circumstances, e.g., change in migration policy, or pandemics.
Strong existing foundations (policies, infrastructure) that can be developed further to meet needs of people affected by human mobility.
Programmes that take into account and respond to differences based on gender, ethnicity, disability, age, and other aspects of identity, as relevant in particular situations.
Intersectoral coordination mechanisms have proved helpful, particularly in humanitarian responses (e.g., R4V sectoral working groups).
Contributions, in cash or kind, from local organizations, which boosted the legitimacy of externally funded initiatives.
CONSTRAINING FACTORS
Limited funding, affecting the extent of services and their sustainability.
Government departments overwhelmed with excessive responsibilities, particularly in the context of policy changes, an increase in migration flows and high levels of staff turnover.
Insufficient skill levels among key 'front-line' staff (service providers and migration officials), particularly in areas where migration flows have recently increased and/or insufficient staff have relevant professional backgrounds. This leads to limited capacity to implement child protection policies and protocols.
Limited evidence of what works, which inhibits design and implementation of effective responses

7.4 | Programmes' alignment with the needs of children on the move

The lack of rigorous evaluation evidence makes it challenging to assess how far, and in what ways, different types of initiatives are meeting the needs of various groups of children on the move. The joint needs assessments (undertaken for the development of national and regional responses to Venezuelan migrants and refugees) and IOM Displacement Tracking Matrix surveys (undertaken in many countries experiencing mixed movements across the continent) both regularly ask people on the move about their priorities for assistance. Joint needs assessments undertaken by R4V partners also report Venezuelan migrants' access to food, water and sanitation. Together these sources attempt to quantify the scale of different needs.

The available evidence suggests that most initiatives are relevant and aligned with the needs of children on the move. It is less clear, however, that they are meeting children's and families' priority needs. This section reflects on some dimensions that influence, and in some cases could strengthen, alignment and relevance.

Funding levels: For many initiatives, the greatest challenge is funding and ability to support children at scale or over a sustained period, rather than a disconnect between activities and children's needs. Though some initiatives – particularly those providing or renovating infrastructure, or distributing emergency assistance – have reached hundreds of thousands of people on the move and in host communities, the size and complexity of needs in relation to available funding are highlighted as the main challenge in many evaluations. Funding for emergency response plans often allows them to reach only a small proportion of people in overall need (OCHA, 2021; R4V, 2022). The 2021 RMRP, for example, only received 42 per cent of funding required, and the education, nutrition and social integration sectors were particularly underfunded (R4V, 2022).

Choice of initiatives: Children on the move in the region face a very substantial set of challenges, ranging from their legal and migration status, through to immediate basic needs and vulnerability to violence. Most of the initiatives examined responded to needs assessments, whether directly undertaken by the organization in question or by others in the region. Further, these initiatives are often developed iteratively and adapted to respond to newly emerging needs, priorities and opportunities to increase their reach and impact. Overall, this review suggests that initiatives do respond to the needs of children on the move; the evaluation of UNICEF migration programming in Mexico and Central America drew a similar conclusion, noting that initiatives generally respond to the protection needs of children who have migrated or been forcibly displaced (Nexus Interamerican Consulting Services, 2021e). Evaluations have, however, also found a disconnect between the choice of some activities and the priorities of migrant and refugee children and families, and between information needs and the type of messages prioritized by international agencies. These point to the need for a greater emphasis on basic livelihood, food security and shelter, and safe care for young children. Specifically, evaluations highlight:

1. **A need for day care:** Parents of children attending activities at child-friendly spaces in support centres in cities near the Colombia–Venezuela border indicated that day care (rather than activities where they are required to be present) would be extremely valuable. Day care would allow them to leave their young children in a safe and stimulating space, while attending to issues such as regularizing their migration status or working. The lack of safe, affordable day care also emerged from studies undertaken in Uruguay and Trinidad and Tobago.



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- 2. An overemphasis on parenting workshops**, particularly those that target families during initial settlement, when they are preoccupied with finding a place to live or work, are perceived as not particularly well aligned with families' priority needs. Their emphasis on violence prevention, in particular, was sometimes perceived as irrelevant or insulting. Mothers interviewed as part of a UNICEF evaluation in Colombia (DARA, 2022) made the following observations:

There are so many of these workshops on parenting here that you would think that we don't love our children here. The NGOs are fighting over each other to use these spaces, there are so many of the same types of workshops every week.

Another added:



It would be good if UNICEF or someone asked us what we really need. She is a Venezuelan migrant, and I am a Colombian returnee. Now we are in Colombia and both my neighbour, and I and other community members need the same thing. We need to find work, to have a small employment or business by which to feed our children. The problem in this community is not primarily violence against children, it is poverty and lack of employment which prevents parents meeting basic needs and giving their children a better life. Please tell UNICEF that.

This evaluation also found an overemphasis on messaging about child rights and preventing violence against children in Trinidad and Tobago, compared with information around regularization and seeking asylum, working rights and opportunities, and how to access health care and register children at school.

Meeting the needs of all vulnerable children affected by human

mobility: Related to underfunding, several evaluations questioned how far initiatives were meeting the needs of the most vulnerable migrants and refugees. For example, Save the Children Colombia notes that they lack information on different levels of vulnerability among children on the move, and risk only partially meeting the most vulnerable children's needs (Save the Children, 2019c). A UNHCR evaluation of South American responses to the Venezuelan outflow raises similar concerns – in particular whether migrants with disabilities, indigenous migrants and the LGBTQTI+ population were being adequately served – though did not draw conclusions as to initiatives' effectiveness for these groups (Pham et al., 2020). These assessments tend not to differentiate between children of different ages, nor do they assess, for example, how far initiatives are meeting the needs of adolescents or of young children.

Extent of participatory needs assessment and project development:

Evidence of participatory approaches to developing or refining activities involving children (or their families) in contexts of mobility is rare, which may lead to priority needs being missed. Evaluations also rarely involved children in articulating the strengths and weaknesses of initiatives, or even included the voices of children. Some of the few exceptions were the studies of returnee-focused programmes in Honduras (Universalia, 2017; Casa Alianza Honduras, 2015; Concha, 2020) and an initiative in Colombia, where Save the Children incorporated student feedback into the design of education programmes serving migrant children (Save the Children, 2019c).

7.4.1 INCORPORATION OF RIGHTS-BASED AND GENDER-RESPONSIVE APPROACHES

The initiatives reviewed could all be considered as contributing towards the fulfilment of children's rights, but relatively few articulated this as an objective. Those that demonstrated a rights focus did so in two main ways: as a direct focus, and by incorporating children's rights and best interest of the child principles into their design and implementation.

Initiatives directly focused on realization of children's rights: These initiatives primarily involved technical assistance and advocacy to strengthen children's rights elements of migration policies and protocols, or capacity-strengthening projects with migration and child protection officials and service-providers. These provided training and, in a few cases, financial support to expand the provision of services. A second set of initiatives sought to raise children's awareness of their rights, and to enable adults and children to make informed decisions and to protect themselves from risks.

Initiatives operationalizing children's rights principles: Child protection system strengthening initiatives explicitly focus on ensuring that procedures for responding to unaccompanied and separated children on the move are based on key children's rights principles. A recent example is the draft operational guidance for specialized international cooperation to protect children's rights in situations of human mobility being developed as part of the Quito Process (UNICEF, 2021c).

A group of projects largely operationalized children's rights principles through efforts to work in an **inclusive and non-discriminatory** manner, paying attention to the different needs of different groups. A few took an intercultural approach, with explicit attention to indigenous culture, language and traditions (UNHCR in Brazil; IFRC in Ecuador). Throughout Colombia, Ecuador and Peru, UNICEF has promoted a gender-sensitive and culturally sensitive approach, for example through ensuring the availability of confidential spaces, female staff, and interpreters who speak indigenous languages.

With the exception of two initiatives in Colombia, very few of the initiatives examined explicitly took **a participatory approach involving children** to identifying project priorities or to designing and implementing activities. Indeed, the evaluation of migration-related activities by UNICEF in Central America and Mexico recommends integrating participatory processes so that all work more deeply reflects children's perspectives, experiences and priorities (Nexus Interamerican Consulting Services, 2021d).²²³

Gender-responsiveness: Though approximately a quarter of initiatives examined aimed to provide services or address issues in a gender-responsive manner, this usually meant, in practice, sensitivity to survivors of GBV and/or awareness-raising around GBV. The other common gender-related response was provision of menstrual hygiene kits (at support spaces on the main migration routes, through mobile services, and to returnees in Central America). One initiative that attempted to shift underlying discriminatory gender norms was a UNICEF programme supporting Venezuelan children in Colombia, Ecuador and Peru. This involved sensitization workshops on gender issues in drop-in centres. Reports from programme implementers suggest that participants (adults and children) showed more respectful attitudes to people of diverse sexual orientations and gender identities after these workshops. They were also more likely to engage in behaviour that challenged gender stereotypes.

An evaluation of work by UNICEF in response to migration in Central America recommends taking a more gender-transformative approach (reducing the barriers to gender equality) as an important way of strengthening programming responding to children affected by human mobility (Nexus Interamerican Consulting Services, 2021d). Similarly, DARA (2022) suggests that the risks adolescent girls face in unions with older men, and in pregnancies, particularly below the age of 15, should be given greater priority, as should sexual exploitation of girls (in particular) in shelters.

7.5 | Final observations and recommendations

Given the scope of this review, its breadth, the fact that it is based primarily on desk review, and the diversity of situations covered, this report is not well-placed to make specific programming recommendations. Rather, it highlights some thoughts on key evidence gaps that, if addressed across the community of organizations working in support of children on the move in the region, could underpin strengthened responses.

As Tables 13–15 show, there is a mosaic of evidence and knowledge gaps about the issues facing children on the move in LAC, the challenges they face and their unmet needs, which varies by country, type of movement, different aspects of identity, and area of rights and well-being. Though many gaps are specific to countries or sectors, a few cross-cutting gaps are apparent. These include: data that is not always disaggregated by age (a priority of IDAC (2022)); limited evidence on children moving through regular pathways; and limited evidence on children returning to their or their parents' countries of origin, and any differences related to voluntary and involuntary return.

Increase the priority given to impact evaluation. There are good reasons why the extent of evaluations is limited. In contexts of pressing needs, there are ethical questions about the trade-off between committing funds to research and evaluation, as compared with programming. There are also additional cost and logistical challenges of following up with a mobile population. Nevertheless, there is greater scope to evaluate the effects of initiatives serving settled migrants and their host communities, which

²²³ The regional review of MHPSS services observes that, in the MHPSS project for children and adolescents in Colombia, the target population had been involved in all stages of the project (UNICEF 2021d).

could include reflections on their experiences in transit, and it would be valuable to understand better how far initiatives are meeting their needs. Some areas where evidence of the effectiveness of responses is particularly lacking include: education for children in transit; child protection system strengthening efforts, particularly related to training and the development of guides and protocols for responding to children on the move; legal assistance and initiatives to support access to documentation; awareness-raising activities around violence against children; and MHPSS activities.

Pool funds more frequently between organizations for needs assessment and thematic evaluations. This would allow studies to probe more deeply, to capture children's and their families' perspectives more effectively, and to understand better the extent of changes (or not) in the lives of children in contexts of human mobility.

Make greater use of publicly available data to understand the impacts of changes in policy (e.g., with respect to regularization or entitlements to particular services). Both administrative data (e.g., data on education or health service use) and data from regularly conducted surveys, such as Living Standards Surveys, Multiple Indicator Cluster Surveys, Demographic And Health Surveys, Labour Force Surveys, etc., could provide insights into how far policy changes are affecting migrant and refugee children, and compare poverty levels, service use, etc., with their non-migrant counterparts. Studies that have made use of such data, such as by the World Bank (2020b) in Ecuador and Shamsuddin et al. (2020) in Brazil, reveal the gaps between national populations and those on the move, although migrants without regular status²²⁴ are often not covered by this data.

Geographical gaps. The available evidence, particularly evaluation evidence, is strongly skewed to the migration and refugee flows with the greatest levels of international funding and visibility. This means that patterns of movement that are consistent and have implications for child well-being, but involve smaller numbers, are much less well documented. Examples include movements in both directions between Haiti and the Dominican Republic, movements of nationalities other than Venezuelans and Haitians in South America, and returns, particularly expulsions to Haiti and Northern Central America.

224 As well as other groups, such as people in residential or detention facilities.



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Annex 1 | Methodology

The following table summarizes the key sites and databases that were initially searched. Numerous documents were then snowballed from references cited, and other recommended articles, leading to other websites outside this initial search list. Government statistical websites were also initially searched, though most only presented aggregate figures and few yielded data on children's needs. In addition, targeted Google searches were undertaken to attempt to fill specific gaps.

Initial website searches undertaken

TYPE	SPECIFIC SITE
International organisations	Agencia Española de Cooperación Internacional para el Desarrollo Caribbean Development Bank CARICOM Comisión Interamericana de Derechos Humanos CEPAL Danish International Development Agency European Union European Union Development Fund Foreign Commonwealth and Development Office Fondo para el Desarrollo de los Pueblos Indígenas de América Latina y El Caribe French Development Agency Global Affairs Canada ILO/OIT Inter-American Development Bank International Working Group for Indigenous Affairs and Organisation IOM/OIM regional office and Displacement Trafficking Matrix Surveys MERCOSUR Norwegian Agency for Development Cooperation Norwegian Refugee Council OHCHR Organisation of American States – Consejo Latinoamericano y del Caribe de Registro Civil, Identidad y Estadísticas Vitales (CLARCIEV) and Instituto Interamericano del Niño Organisations of the Indigenous Peoples of the Amazon Basin Pan-American Health Organisation Quito Process R4V REDLAC Swedish International Development Agency UNHCR/ACNUR UNICEF Global, UNICEF LACRO and country offices USAID World Bank

TYPE	SPECIFIC SITE
Evaluation databases	Global Affairs Canada Inter-American Development Bank ILO IOM UNFPA UNHCR UNICEF USAID
Civil society	Amnistía Internacional Asociación Profamilia Ayuda en Accion CARE Caritas Casa Alianza Honduras Catholic Relief Services Christian Children Fund of Canada Coalición de Organizaciones de la Sociedad Civil (OSC) Para la Defensa de los Derechos de las Poblaciones Refugiadas, Migrantes y Desplazadas en Latinoamérica y el Caribe Fundación Esperanza HIAS Human Rights Watch Instituto para las mujeres en la migración International Rescue Commission MercyCorps OXFAM Pastoral Movilidad Humana Plan International Profamilia Refugees International Save the Children resource centre, and country offices websites Servicio Jesuita a Migrantes Sin Fronteras – Mexico SOS Children's Villages Terre des Hommes War Child Washington Office on Latin America (WOLA) Women's Refugee Commission YMCA, Y-care International

TYPE	SPECIFIC SITE
Government	Government migration and child-focused websites searched for all countries in the region
Data portals	Migration Policy Institute Latin America & the Caribbean portal Migration Data Portal – Niños y jóvenes migrantes Internal Displacement Monitoring Centre Mixed Migration Centre
Academia / think tanks/ research centres	ALNAP Strengthening humanitarian action through evaluation and learning CDH-UCAB Centro Estudios de Migración Uniandes CPC Learning Network Latin American Migration Project (Princeton University) Migration for Development and Equality Migration Policy Institute OBMICA Observatorio Venezolano de Migración Sussex Migration Research
Journals searched	<i>Child Abuse and Neglect</i> <i>Children and Youth Services Review</i> <i>Forced Migration Review</i> <i>International Journal of Migration, Health and Social Care</i> <i>Journal of Child and Family Studies</i> <i>Journal of International Migration and Integration</i> <i>Journal of Latin American Geography</i> <i>Journal of Refugee Studies</i> <i>Migraciones Internacionales (2014–2021)</i> <i>Migration and Development</i> <i>Revista de Estudios sobre la Juventud – UNAM</i> <i>Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud (2013–2021)</i> <i>Revista Latinoamericana de Estudios Educativos (2014–2021)</i> <i>Vulnerable Children and Youth Studies</i>
Academic databases	Biblat EBSCO Redalyc SciELO Scopus Web of Science

SEARCH STRINGS

English

separated OR unaccompanied OR accompanied OR migra* OR refugee OR *displace OR international OR internal AND Adolescen* or girl OR boy OR child OR teen* OR youth OR adolescent* AND internal OR external OR seasonal OR temporary OR rural OR urban OR regular OR irregular OR forced OR traffick* OR stateless* OR deport* AND TS=(LAC countries*)

separated OR unaccompanied OR accompanied OR migra* OR refugee OR *displace OR international OR internal AND adolescen* or girl OR boy OR child OR teen* OR youth OR adolescent* AND internal OR external OR seasonal OR temporary OR rural OR urban OR regular OR irregular OR forced OR traffick* OR deport* AND indigen* OR ethnic* OR disab* OR LGBTQ OR lesbian OR gay OR bisexual OR transgender AND TS=(LAC countries*)

separated OR unaccompanied OR accompanied OR migra* OR refugee OR *displace OR international OR internal AND adolescen* or girl OR boy OR child OR teen* OR youth OR adolescent* AND internal OR external OR seasonal OR temporary OR rural OR urban OR regular OR irregular OR forced OR traffick* OR deport* AND interven* OR program* OR service* OR activit* or initiative* OR policy OR law OR legis* AND evaluat* AND “child protection” AND TS=(LAC countries*)

separated OR unaccompanied OR accompanied OR migra* OR refugee OR *displace OR international OR internal AND adolescen* or girl OR boy OR child OR teen* OR youth OR adolescent* AND internal OR external OR seasonal OR temporary OR rural OR urban OR regular OR irregular OR forced OR traffick* OR deport* AND interven* OR program* OR service* OR activit* or initiative* AND “child protection” AND TS=(LAC countries*)

*search string used to capture all countries in the region in English is TS=(Latin America OR (South America) OR (Central America) OR Mexico OR Argentina OR Bolivia OR Brazil OR Chile OR Colombia OR Ecuador OR Guyana OR Paraguay OR Peru OR Suriname OR Uruguay OR Venezuela OR Belize OR (Costa Rica) OR (El Salvador) OR Guatemala OR Honduras OR Nicaragua OR Panama OR Caribbean OR Antigua OR Barbuda OR Barbados OR Cuba OR Dominica OR (Dominican Republic)

OR Grenada OR Haiti OR Jamaica OR (Kitts and Nevis) OR (Saint Kitts and Nevis) OR (Lucia) OR (Saint Lucia) OR (Vincent and the Grenadines) OR (Saint Vincent and the Grenadines) OR (Vincent) OR (Trinidad and Tobago))

Note: we did not include dependencies and constituent entities (e.g. Guadeloupe, Martinique, Puerto Rico, Saint-Barthélemy, Saint-Martin) since we did not find relevant material in our searches. Materials on Aruba and Curaçao were included.

Spanish

For situation analysis

separa* OR acompa* OR migra* OR refug* OR *desplaza* AND adolescen* or ni* OR joven* OR infant* AND interna* OR temporal* OR estacional* OR rural OR urban OR regular OR irregular OR forzada OR trafic* OR deport* AND TS=(Latinoamerica)*

separa* OR acompa* OR migra* OR refug* OR *desplaza* AND adolescen* or ni* OR joven* OR infant* AND interna* OR temporal* OR estacional* OR rural OR urban OR regular OR irregular OR forzada OR trafic* OR deport* AND indigen* OR etnic* OR discapaci* OR LGBTQ OR lesbiana OR gay OR homosexual OR bisexual OR trans* OR queer AND TS=(Latinoamerica)*

For situation analysis and realist review

separa* OR acompa* OR migra* OR refug* OR *desplaza* AND adolescen* or ni* OR joven* OR infant* AND interna* OR temporal* OR estacional* OR rural OR urban OR regular OR irregular OR forzada OR trafic* OR deport* AND evaluac* OR impact* OR analisis OR estima* AND TS=(Latinoamerica)*

*search string used to capture all countries in the region in Spanish:

TS= (Latinoamerica) OR Sudamerica OR (America Central) OR Mexico OR Argentina OR Bolivia OR Brazil OR Chile OR Colombia OR Ecuador OR Guyana OR Paraguay OR Peru OR Surinam OR Uruguay OR Venezuela OR Belize OR (Costa Rica) OR (El Salvador) OR Guatemala OR Honduras OR Nicaragua OR Panama OR Caribe OR Antigua OR Barbuda OR Barbados OR Cuba OR Dominica OR (Republica Dominicana) OR Granada OR Haiti OR

Jamaica OR (Kitts y Nevis) OR (San Kitts y Nevis)
OR (Lucia) OR (Santa Lucia) OR (Vicente y las
Granadinas) OR (San Vicente y las Granadinas) OR
(Vicente) OR (Trinidad y Tobago)

Portuguese

For situation analysis

desacompanhad* OR migra* OR refug* OR *imigra*
AND adolescen* or criança* OR infan* AND interna*
OR temporal* OR sazonal* OR rural OR urban*
OR regular OR irregular OR forçada OR trafic* OR
deport* AND TS=(América Latina OR Caribe OR
Brasil)*

desacompanhad * OR migra* OR refug* OR imigra*
OR *desloca* AND adolescen* or criança* OR
infan* AND interna* OR temporal* OR sazonal*
OR rural OR urban* OR regular OR irregular OR
forçada OR trafic* OR deport* AND indigen* OR
etnic* OR defic* OR LGBT OR lesbica* OR gay OR
homossexual OR bissexual OR trans* OR cuir AND
TS=(América Latina OR Caribe OR Brasil)*

For situation analysis and realist review

desacompanhad* OR migran* OR imigra* OR refug*
OR *desloca* AND adolescen* or criança* OR
infanc* AND interna* OR temporal* OR sazonal* OR
rural OR urban OR regular OR irregular OR forçada
OR trafic* OR deport* AND avalia* OR impact*
OR analis OR estima* AND TS=(América Latina OR
Caribe OR Brasil)*

*search string used to capture all countries in the
region in Portuguese is TS= (América Latina) OR
(América do Sul) OR (América Central) OR México
OR Argentina OR Bolívia OR Brasil OR Chile OR
Colômbia OR Equador OR Guiana OR Paraguai
OR Peru OR Suriname OR Uruguai OR Venezuela
OR Belize OR (Costa Rica) OR (El Salvador) OR
Guatemala OR Honduras OR Nicaragua OR Panamá
OR Caribe OR Antigua OR Barbuda OR Barbados

OR Cuba OR Dominica OR (República Dominicana)
OR Granada OR Haiti OR Jamaica OR (São Cristóvão
e Neves) OR (San Kitts e Nevis) OR OR (Santa
Lucia) OR (Vicente e Granadinas) OR (Vicente) OR
(Trinidad e Tobago)

French

enfan* OR adolescent* AND migra* OR réfugié*OR
imigra OR return* OR régulière OR irrégulière OR
déplacement OR traite* OR deport* AND TS=(Haiti
OR Caraïbes OR Guyane OR République Dominicaine
OR Amérique du Sud)

enfan* OR adolescent* AND migra* OR réfugié*OR
imigra OR return* OR régulière OR irrégulière
OR déplacement OR traite* AND autochtone OR
indigène OR LGBT TS=(Amérique du Sud OR Haiti
OR Guyane OR République Dominicaine)*

For situation analysis and realist review

enfan* OR adolescent* AND migra* OR réfugié*OR
imigra OR return* OR régulière OR irrégulière OR
déplacement OR traite* OR deport* AND évaluation
OR impact OR analyseTS=(Haiti OR Caraïbes OR
Guyane OR République Dominicaine OR Amérique
du Sud)*

*search string used to capture all countries in the
region in French is TS= (Amériques) OR (Amérique
du Sud) OR (Amérique Central) OR Mexique OR
Argentine OR Bolivie OR Brésil OR Chile OR
Colombie OR Equateur OR Guyane OR Paraguay OR
Peru OR Surinam OR Uruguay OR Venezuela OR
Belize OR Costa Rica OR El Salvador OR Guatemala
OR Honduras OR Nicaragua OR Panamá OR
Caraïbes OR Antigua OR Barbuda OR Barbados OR
Cuba OR Dominica OR (République Dominicaine) OR
Granada OR Haiti OR Jamaica OR (Saint-Christophe-
et-Niévès) OR (Saint Kitts et Nevis) OR (Sainte Lucie)
OR (Vincent et les Grenadines) OR (Vicent) OR
(Trinité et Tobago)

Annex 2 | Summary data of flows of children on the move

Summary data on flows of children on the move in LAC (for countries and territories with available data)

COUNTRY/ TERRITORY	INTERNAL DISPLACEMENT	INTERNATIONAL MIGRANTS	REFUGEES	PROPORTION OF CHILDREN ON THE MOVE ACCESSING EDUCATION
	1.Total numbers 2. Children as share of internally displaced population	1. Total numbers 2. Children as % of international migrant stock in country	1. Total numbers 2. Children as % of total number of refugees	Children on the move of school age (5-17) (% of cohort)
Antigua and Barbuda	n.a.	29,000 8%	n.a.	n.a.
Argentina	20,000 n.a.	2,282,000 15.2%	4,000 7.6%	7.2%
Aruba	n.a.	54,000 20%	17,118 n.a.	n.a.
Bahamas	n.a.	64,000 10.8%	n.a.	n.a.
Barbados	n.a.	35,000 9.7%	n.a.	n.a.
Bolivia	26,000 38.46%	164,000 38%	6,560 n.a.	n.a.
Belize	6,000 n.a.	62,000 7.9%	2,170 n.a.	n.a.
Brazil	378,000 25%	1,080,000 22.6%	59,000 n.a.	n.a.
Chile	213,000 n.a.	1,645,000 12.2%	463,890 n.a.	n.a.
Colombia	4,943,000 27%	1,905,000 36.3%	n/a 32%	Refugees: 26.5%
Costa Rica	4,530 n.a.	521,000 15%	114,099 n.a.	n.a.
Cuba	642,000 n.a.	3,000 11.7%	267 13.4%	n.a.
Curaçao	n.a.	57,000 20.8%	16,530 n.a.	n.a.
Dominica	n.a.	n.a.	n.a.	n.a.
Dominican Republic	35,000 25%	604,000 12.7%	34,428 11.2%	Refugees: 11.2%
Ecuador	1,490 n.a.	785,000 38.8%	503,970 11.8%	Refugees: 11.4%
El Salvador	131,000 n.a.	43,000 15.1%	86 7.9%	Refugees: 7.9%
Grenada	n.a.	7,000 5.7%	70 n.a.	n.a.

COUNTRY/ TERRITORY	INTERNAL DISPLACEMENT	INTERNATIONAL MIGRANTS	REFUGEES	PROPORTION OF CHILDREN ON THE MOVE ACCESSING EDUCATION
	1.Total numbers 2. Children as share of internally displaced population	1. Total numbers 2. Children as % of international migrant stock in country	1. Total numbers 2. Children as % of total number of refugees	Children on the move of school age (5-17) [% of cohort]
Guatemala	581,000 39%	84,000 15%	1,008 n.a.	n.a.
Guyana	n.a.	31,000 14.1%	21,948 n.a.	n.a.
Haiti	42,000 38%	19,000 28.6%	19 n.a.	Internally displaced: 69%
Honduras	1,184,000 36.4%	39,000 32.5%	195 n.a.	Internally displaced: 26%
Jamaica	n.a.	24,000 29.2%	120 n.a.	n.a.
Mexico	567,000 30.9%	1,198,000 57.1%	150,948 n.a.	Internally displaced: 22.5%
Nicaragua	241,000 33%	42,000 22.2%	4,620 8.4%	Refugees: 8.4%
Panama	4,000 n.a.	313,000 24%	134,590 n.a.	n.a.
Paraguay	n.a.	170,000 16.1%	5,270 21.5%	Refugees: 16%
Peru	75,000 29.85%	1,225,000 33%	857,500 n.a.	Internally displaced: 20.9%
Puerto Rico	19,000 25%	247,000 7.3%	n.a.	Internally displaced: 12.5%
Suriname	n.a.	48,000 25.7%	1,488 n.a.	n.a.
St Kitts and Nevis	n.a.	n.a.	n.a.	n.a.
St Lucia	n.a.	8,000 24.9%	n.a.	n.a.
St Vincent and the Grenadines	n.a.	5,000 29.5%	n.a.	n.a.
Trinidad and Tobago	n.a.	79,000 24.4%	27,413 n.a.	n.a.
Uruguay	n.a.	108,000 26.6%	28,512 23.6%	Refugees: 42.8%
Venezuela	4,000 50%	1,324,000 12.1%	67,524 59.5%	Refugees: 44.7%
Virgin Islands (United States)	n.a.	57,000 10.4%	n.a.	n.a.

Source: UNICEF Migration and Displacement Country Profiles, February 2021, which draw on United Nations Department of Economic and Social Affairs (UNDESA) 2020 data, and International Displacement Monitoring Centre 2020 data: <https://data.unicef.org/resources/migration-and-displacement-country-profiles-mdcp/> (accessed 23 November 2021).

Annex 3 | LAC States party to international conventions

LAC states parties to key international conventions related to refugees, migration and statelessness

COUNTRY/ LEGAL INSTRUMENT	1951 Convention on Status of Refugees ^a	1967 Protocol on Status of Refugees ^b	International Convention on the Rights of Migrant Workers and their Families 1990 ^c	Protocol to Prevent, Suppress and Punish Trafficking in Persons 2000 (Palermo Protocol) ^d	1954 Convention on Status of Stateless Persons ^e	1961 Convention on Reduction of Statelessness ^f
Antigua and Barbuda	Y	Y	N	Y	Y	N
Argentina	Y	Y	Y	Y	Y	Y
Bahamas	Y	Y	N	Y	N	N
Barbados	N	N	N	N	Y	N
Belize	Y	Y	Y	Y	Y	Y
Bolivia	Y	Y	Y	Y	Y	Y
Brazil	Y	Y	N	Y	Y	Y
Chile	Y	Y	Y	Y	Y	Y
Colombia	Y	Y	Y	Y	Y	Y
Costa Rica	Y	Y	N	Y	Y	Y
Cuba	N	N	N	Y	N	N
Dominica	Y	Y	N	Y	N	N
Dominican Republic	Y	Y	N	Y	N	N
Ecuador	Y	Y	Y	Y	Y	Y
El Salvador	Y	Y	Y	Y	Y	N
Grenada	N	N	N	Y	N	N
Guatemala	Y	Y	Y	Y	Y	Y
Guyana	N	N	Y	Y	N	N
Haiti	Y	Y	N	Y	Y	Y
Honduras	Y	Y	Y	Y	Y	Y
Jamaica	Y	Y	N	Y	N	Y

COUNTRY/ LEGAL INSTRUMENT	1951 Convention on Status of Refugees ^a	1967 Protocol on Status of Refugees ^b	International Convention on the Rights of Migrant Workers and their Families 1990 ^c	Protocol to Prevent, Suppress and Punish Trafficking in Persons 2000 (Palermo Protocol) ^d	1954 Convention on Status of Stateless Persons ^e	1961 Convention on Reduction of Statelessness ^f
Mexico	Y	Y	Y	Y	Y	N
Nicaragua	Y	Y	Y	Y	Y	Y
Panama	Y	Y	N	Y	Y	Y
Paraguay	Y	Y	Y	Y	Y	Y
Peru	Y	Y	Y	Y	Y	Y
St Kitts and Nevis	Y	N	N	Y	N	N
St Lucia	N	N	N	Y	N	N
St Vincent and the Grenadines	Y	Y	N	Y	Y	N
Suriname	Y	Y	N	Y	N	N
Trinidad and Tobago	Y	Y	N	Y	Y	N
Uruguay	Y	Y	Y	Y	Y	Y
Venezuela	N	Y	Y	Y	N	N

Legend: Y = signatory/acceded to/adopted legislation; N = non-signatory.

a Source: <https://www.unhcr.org/5d9ed32b4> (accessed 15 June 2022) and https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=V-2&chapter=5&Temp=mtdsg2&clang=_en (accessed 15 June 2022).

b Source: <https://www.unhcr.org/5d9ed66a4> (accessed 15 June 2022) and https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=V-5&chapter=5&clang=_en (accessed 15 June 2022).

c Source: <https://indicators.ohchr.org/> (accessed 15 June 2022).

d Source: https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=XVIII-12-a&chapter=18&clang=_en (accessed 15 June 2022).

e Source: <https://www.refworld.org/docid/54576a754.html>, (as at 10 March 2021; accessed 15 June 2022) and https://treaties.un.org/pages/ViewDetailsII.aspx?src=TREATY&mtdsg_no=V-3&chapter=5&Temp=mtdsg2&clang=_en (accessed 15 June 2022).

f Source: <https://www.refworld.org/docid/54576a754.html> (as at 10 March 2021; accessed 15 June 2022) and https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=V-4&chapter=5&clang=_en, (15 June 2022).

Annex 4 | Summary on service access

Summary Table on regularization provisions, immigration detention and policy frameworks for migrant children's access to services in Latin America and the Caribbean as of June 2022

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Anguilla	Information not found.	The Education Act mandates free public education until 17 years of age, but it is unclear if migrant children have access (see USDOL, 2020).	Children requires parental consent to access healthcare; however, migrant children's level of access is unclear.	Non-nationals' access to social programmes is limited (Carvalho, 2016).	Children under 10 years of age are not criminally responsible for any act or omission; however, it is unclear if this applies to non-for-eign children (Carvalho, 2016).
Antigua and Barbuda	Temporary residency permits (up to three years) can be requested. However, this is not available to migrants who have violated immigration laws. Permanent residency permits are not available in this country (Aragon and El-Assar, 2018). Immigration laws discriminate against people with disabilities (see IOM, 2017). The CSME allows various groups of workers/ professional to work in the country with simplified documentation (CSME, 2022).	Information unclear, but reports from UNICEF mention most migrant children attend private rather than public schools which shows migrant children may have difficulties in accessing public schooling (UNICEF Eastern Caribbean Office, 2017).	Information unclear, but a report from UNICEF Eastern Caribbean Office (2017) suggests migrant communities experience barriers in accessing healthcare.	Information not found.	The country does have provisions for the detention of undocumented migrants. No specific data is available regarding children (Global Detention Project, 2021a).
Argentina	MERCOSUR visas were made available to Venezuelans despite the country being suspended from the MERCOSUR agreement since 2016. This grants two years of regular residence and right to apply for permanent residence after this initial period (Machado et al., 2021).	Education is a fundamental right of all children. Argentina has also facilitated the recognition of school records for a rapid enrolment of Venezuelan children (UNICEF Argentina, 2021).	Legislation ensures the right to health to all migrants. There is a requirement to present a national identity document to obtain medical care, however (Machado et al., 2021)	Migrants must be able to prove at least two years of regular residence in the country to access to social protection (UNICEF Argentina, 2021).	Unclear.

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Aruba (all data from IOM, 2021a)	Information not found.	Compulsory for 4- to 16-year-olds but insurance is required and conditional on regular status.	Migrants with regular status are covered by general health insurance; those without are not covered and only have access to emergency care provided by the Government; some NGO-provided physical and mental health care is available to irregular migrants.	Only for regular migrants.	No.
Barbados	Temporary residency (up to three years), special and permanent residency can be requested. However, residency is not available to migrants who have violated immigration laws (Aragon and El-Assar, 2018). The CSME allows various groups of workers/ professional to work in the country with simplified documentation (CSME, 2022).	The Education Act mandates compulsory and free education until 18 years of age (USDOL, 2020).	No information found.	Information not found.	The Immigration Act includes a legal provision for detention. There is no specific data available regarding children (Global Detention Project, 2021b).
The Bahamas	Temporary residency (for up to a year) is possible, as well as obtaining permanent residency. However, neither is available to people who have violated immigration laws (Aragon and El-Assar, 2018). The CSME allows various groups of workers/ professional to work in the country with simplified documentation (CSME, 2022). Permanent residence can be revoked in case of criminal conviction (see IOM, 2017). Immigration laws discriminate against people with disabilities (see IOM, 2017).	Local newspapers report governments' declarations that stress the right of children, regardless of the migration status, to access education (see for example, Bahamas 2020).	All migrants have right to emergency healthcare; however, undocumented migrants do not have access to regular healthcare (NHI Bahamas 2016).	Children, regardless of their status, have the right to access social assistance; however, this may not be the case in practice (U.S. Department of State, 2020).	The immigrant Act includes provisions for detention. There is not data available on the detention of children, but there are reports documenting the detention of migrant children (Global Detention Project, 2022).

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Bolivia	Venezuelan children can enter the country regularly with a copy of their birth certificate. Migrants have 60 days for transit and/or regularization of migration. (Fundación Munasim Kullakita, 2020). Supreme Decree No. 4576 of 25 August 2021 allows the migratory regularization of foreigners, including children, adolescents and their families who had entered Bolivia irregularly before the decree, and for a year following the decree.	In theory accessible for all children, but irregular migrants struggle to enrol in schools due to lack of documentation (ACNUR, 2021b).	Law No. 1152 of 2019 provides for health care without direct payment from users via the Unified Health System, and applies to both the national and migrant population. Supreme Decree No. 066 of April 2009 guarantees care in health centres for pregnant women and infants up to one year old. Migrants report discrimination in health centres (ACNUR, 2021b).	Information not found.	No.
Brazil	Migration law exempts unaccompanied children and adolescents from visa requirements if they present a valid identity document upon arrival. Provisional naturalization is granted to all migrant children who entered Brazil under 10 years of age, if required by their legal guardian (Law n.13445/2017).	School is mandatory and free between the ages of 4 and 17, regardless of migration status, but an estimated 21% of Venezuelan school-age children in Brazil are out of school (R4V, 2021d).	Unified Health System (SUS) provides free health care to all, but Venezuelan migrants with irregular status may avoid public hospitals for fear of deportation (Chaves-González, Amaral and Mora, 2021).	Regular migrants in situations of extreme poverty have the right to access conditional cash transfers (Chaves-González, Amaral and Mora, 2021).	No.

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Belize	The dependent permit allows for the regularization of spouses and children under 16 of a migrant with regular status. Access to permanent residence is available for people who entered Belize when they were below age 15 and who have resided in the country for more than 10 years (IOM, 2021b). The GSME allows various groups of workers/ professional to work in the country with simplified documentation (CSME, 2022).	Mandatory for 6- to 14-year-olds, regardless of migration status; migrants have access to University of Belize (SICA, 2019).	Free primary health care available only to migrants with a social security card or Temporary Employment Permit, except in emergency, though in practice migrants can access health care without a social security card (IOM, 2021b). ^a	Migrants with Temporary Employment Permit can access social security system.	Yes, for children over 12 (age of criminal responsibility) (IOM, 2021b).
Chile	Migration Law 21325 (2021) ^b gives priority to applications for family reunification and grants a temporal stay permit immediately to all children regardless of the migration status of their parents or legal guardians. This law allows for expedited deportation of adult migrants and allows for their redirection into other countries. The Democratic Responsibility Visa allows Venezuelans to reside in Chile for a year (extendable after this period). Children under 18 may enter with a certified birth certificate.	The 2017 Inclusion Law 20.845 enables students with irregular migration status to access schools, and related benefits such as school meals, through a provisional identity number (IPE) (Pavez Soto, 2018). Most can only access state-funded education, which tends to be lower quality (UNESCO and UNICEF, 2020).	Article 15 of Migration Law 21325 grants all children and adolescents immediate access to health care upon their entry in the country. Irregular migrants avoid seeking health care, however, due to fear of discrimination and deportation (Obach et al., 2020). Previously this right was recognized in Ordinance 3229 (2008).	Article 16 of Migration Law 21325 grants all children and adolescents immediate access to social protection upon their entry in the country.	No.

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Colombia	In March 2021, the Colombian Government announced the Temporary Protection Statute for Venezuelan Migrants (ETPV), which enables applicants to transition to an ordinary immigration regime. It will give applicants a 10-year period to acquire a resident visa (Machado, et al., 2021).	Migrant children can access primary and secondary education regardless of their immigration status. Students are expected to provide nationally validated school records, but if they do not have one they can take an exam to determine their grade level (Selee and Bolter, 2020).	Refugees and migrants have free access to the public health care system, with vaccinations, prenatal care, emergency care, and public health interventions tailored to specific risks. To access services beyond this, people must subscribe to public or private insurance or pay out of pocket (Chaves-González, Amaral and Mora, 2021).	Regular migrants can access the social assistance system. This depends, however, on their being registered with the social registry and being able to apply during periodic calls to register with Familias en Acción, the national cash transfer programme (Machado et al., 2021).	Prohibited by law (Immigration Detention Coalition, 2022).
Costa Rica	Regularization routes exist for Venezuelan nationals; indigenous people in Costa Rica/Panama border areas; stateless people and refugees; Venezuelans, Cubans and Nicaraguans denied asylum; agricultural workers. There are processes for obtaining work permits and temporary residence (Selee and Bolter, 2021; OIM, 2021a).	Regular and irregular migrants have full access to public education at all levels (SICA, 2019).	Irregular migrants are not eligible for universal health coverage, with exceptions, such as in emergency situations, for children under 5 and for pregnant women (Selee and Bolter, 2021).	Asylum seekers can access social assistance according to the same criteria as nationals (UNHCR, 2021b), but access is dependent on a regular migration status. Costa Rica is the only country in the region that recognizes the rights of migrant workers to social protection (SICA, 2019).	Prohibited by law (Immigration Detention Coalition, 2022).
Curaçao (all data from IOM, 2021a, unless otherwise stated)	Temporary regularization programme introduced in 2021, which allows applicants to transition to longer-term work permits (Amaral, 2021).	All children, including migrants, have universal access to primary and secondary education, although those with irregular status cannot receive an official diploma when they complete secondary school.	Migrants have access to the basic health insurance scheme with a valid residence permit.	Migrants with a residence permit have the same rights as nationals.	No, but migrant children over age 12 are not exempt from detention for other offences and there are some reports of children being detained in practice (DARA, 2022).
Cuba	The Cuban Constitution grants asylum to people persecuted for struggles of national liberation, among other motives (IOM, 2017). Information on regularization was not found.	Scholarships are offered to refugees and asylum seekers (Global Detention Project, 2020i).	Asylum seekers and refugees are eligible to use health care services (Global Detention Project, 2020i).	No information found	There are no legal provisions for immigration detention. There is no available data on the detention of children (Global Detention Project, 2020i).

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Dominica	Stays can be extended, and permanent residency can be requested by application. Residency is not available to migrants who have violated immigration laws (Aragon and El-Assar, 2018). The CSME allows various groups of workers/ professional to work in the country with simplified documentation (CSME, 2022).	The Education Act mandates free and compulsory education for children until the age of 16 (USDOL, 2020).	Information unclear. Workers migrating under the CSME may have access to healthcare.	Information not found.	The country has legal provisions in place for the detention of 'prohibited migrants'. No data is available regarding children (Global Detention Project, 2021c).
Dominican Republic	Temporary regularization programme for Venezuelans who arrived irregularly between 2014–2020; allows applicants to obtain legal non-resident status and to transition to renewable one-year visas that allow work or study (Amaral, 2021). The National Plan for the Regularization of Foreigners process allowed regularization of migrants of any nationality, but this is not currently operational (OIM, 2021a).	All children can attend but cannot receive school completion diploma without regular migration status; in practice, administrative barriers limit access (Waddick, 2020).	Basic health services accessible to children regardless of migration status. Pregnant foreign women banned (6 months+ gestation) from entering the country since October 2021 (Curiel, 2021).	Dependent on identity documents (which depend on regularization); some programmes during COVID-19 pandemic made more widely available (Wooding and Petrozziello, 2021).	Information not found.
Ecuador	In 2019–2020, the Exceptional Visa for Humanitarian Purposes (VERHU) provided two years' residence for Venezuelans who entered the country up to July 2019. VERHU was discontinued after August 2020 (R4V, 2020).	The Constitution allows access to education for all children regardless of identity documentation (World Bank, 2020). Legal agreement MINEDUC-2017-00042-A allows students to enrol at any point in the year and to change school easily in case of transit, and to enrol in a school year based on their age if they lack school records.	Access to the Single Health Care system is offered to all migrants, regardless of status (Machado et al., 2021).	The Human Development Bonus (cash transfer) is only available to nationals; this was also the case for temporary transfers during the pandemic (Machado et al., 2021).	Prohibited by law (Immigration Detention Coalition, 2022).

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
El Salvador	Migrants can request temporary residence on grounds of humanitarian reasons that justify special treatment; victims of trafficking can request temporary or permanent residence regardless of their migration status but must still pay regularization charges (which depend on length of irregular stay and are reduced for Central American nationals) (IOM, 2021g).	Regular and irregular migrants have full access to public education at pre-school, primary and secondary levels (SICA, 2019).	Full coverage in health care system regardless of migration status (SICA, 2019).	Dependent on regular migration status. Right to social protection of migrant workers not recognized (SICA, 2019).	Unclear in law; occurs in practice (Global Detention Project, 2020a).
Grenada	Permanent residency can be requested; however, it does not entail right to work. This must be obtained separately. Moreover, residency is not available to migrants who have violated immigration laws and permits may be revoked in cases of criminal conviction (Aragon and El-Assar, 2018). The CSME allows various groups of workers/ professionals to work in the country with simplified documentation (CSME, 2022).	The Education Act mandates free and compulsory education until the age of 16 (USDOL, 2020). It is unclear whether migrants have access.	No information found.	No information found.	No information found.

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Guatemala	In 2019, the regulations of the Código de Migración (migration code) established regularization for foreigners who entered Guatemala in good faith and peacefully and who are relatives of Guatemalan persons or foreigners with temporary or permanent residence. People from Central America do not have to prove this relationship (IOM, 2021g).	Information not found.	Full coverage in health care system regardless of migration status (SICA, 2019).	Dependent on regular migration status. Right to social protection of migrant workers not recognized (SICA, 2019).	Unclear in law; occurs in practice (Global Detention Project, 2020b).
Guyana (all data from IOM, 2021e, unless otherwise stated)	Temporary work, business or student permits lasting for three to five years. The CSME allows various groups of workers/ professionals to work in another member country (CSME, 2022).	Free access irrespective of migration status.	Free access irrespective of migration status.	Access to national insurance system with valid work permit; a small pilot cash transfer system includes migrants willing to regularize status (UNICEF and Guyana Ministry of Social Protection, 2020).	Yes, from age of criminal responsibility (14), in an open residential facility.
Haiti	The Constitution recognizes the right to asylum. The CSME allows various groups of workers/ professionals to work in another member country (CSME, 2022).	No information found	No information found	No information found	Immigration detention of children aged 13+ is allowed by law (IOM, 2019c)
Honduras	The following can apply for permanent or temporary residence: the spouse, minor children, dependent older children and parents of retirees, retirees or investors; sons and daughters, brothers or grandparents of Honduran people by birth (among other categories) (OIM, 2021a).	Information not found.	Full coverage in health care system regardless of migration status (SICA, 2019).	Dependent on regular migration status. Right to social protection of migrant workers not recognized (SICA, 2019).	No (Global Detention Project, 2020c).

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Jamaica	Temporary residency is available (with variations regarding validity period), as well as permanent residency. Unconditional Landing allows a person to live indefinitely in the country for purposes of study or work. However, residency is not available to migrants who have violated immigration laws (Aragon and El-Assar, 2018). Immigration laws discriminate against people with disabilities (see IOM, 2017). The CSME allows various groups of workers/professionals to work in another member country (CSME, 2022).	The Child Care and Protection Act mandate free and compulsory education for children until 16 years of age (USDOL, 2020). Unclear whether this extends to migrant children.	No information found.	No information found.	The country has legal provisions in place for the detention of undocumented migrants. There is no specific data regarding children (Global Detention Project, 2020).
Mexico	Three processes allow regularization: i) of migrants with irregular status who meet humanitarian entry criteria; ii) based on family ties to a Mexican citizen or a temporary or permanent resident foreigner; and iii) based on expiration of documents (OIM, 2021a). Humanitarian Status Visitor Cards (TVRHs) provide holders with freedom of movement and employment opportunities across Mexico for a period of one year.	Proof of regular migration status needed; financial support for refugee children in need to attend school.	Full coverage in health care system regardless of migration status. Migrants face barriers in access, however, due to the costs or saturation of health services (Manchinelly Mota, 2021). TVRH holders have a Unique Population Registry Code, which grants access to health care and other essential government services (IOM and WFP, 2022).	Dependent on regular migration status. Right to social protection of migrant workers not recognized (SICA, 2019).	Prohibited since January 2021 under the Law On Refugees, Complementary Protection And Political Asylum, (European Union, UNHCR and UNICEF, 2021).

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Montserrat	The CSME allows various groups of workers/professionals to work in another member country (CSME, 2022).	The Education Act mandates free and compulsory education up to the age of 16 (USDOL, 2020). It is unclear whether migrants have access.	Non-nationals do not have access to subsidised healthcare, unlike nationals (UNICEF Eastern Caribbean Office, 2016a).	Non-nationals do not have access to social welfare (UNICEF Eastern Caribbean Office, 2016a).	No information found.
Nicaragua	Information not found.	Migrants with irregular status have full access to public education at preschool, primary and secondary levels (SICA, 2019).	Full coverage in health care system regardless of migration status (SICA, 2019).	Dependent on regular migration status. Right to social protection of migrant workers not recognized (SICA, 2019).	Prohibited in law; unclear in practice (Global Detention Project, 2020d).
Panama	Executive Decree No. 167 allows the regularization of children's immigration status with notarized authorization (OIM, 2021a).	Migrants with irregular status have full access to public education at preschool, primary and secondary levels (SICA, 2019).	Health system is universal and accessible to migrants regardless of migration status, though in practice migrants experience barriers other than for emergency services (OIM, 2021a).	No access for migrant population (Machado et al., 2021).	Prohibited in law; unclear in practice (Global Detention Project, 2020e).
Paraguay	Venezuelans can enter without a visa if they present a valid identity document and a yellow fever vaccination certificate. Venezuelans also have a facilitated process to gain a residency permit, which they can request with a national identity or birth certificate (children only). Children can only enter the country accompanied by an adult or, if travelling alone, they must present a formal authorization from one of their parents. Children need the signature of both parents or legal guardians to obtain residency (UNICEF Paraguay, 2021).	Education is mandatory up to the age of 18 years old. Access to preschool and primary schools are free of charge at state-funded institutions. Enrolment requires identity documents and visas (UNICEF Paraguay, 2021).	Access to public hospitals is free of charge and by law cannot require the presentation of identity documents or visas (UNICEF Paraguay, 2021).	Migrants must have regular status to request social protection. Conditional cash transfers are available for eligible low-income families (UNICEF Paraguay, 2021).	Information not found.

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Peru	Since 2019, Venezuelans need a valid visa and registration of migration in Ecuador (transit country) to enter the country. Children can, however, enter Peru for family reunification with only a birth certificate (UNICEF Perú, 2021).	The right to education for all children regardless of migration status is established by the Peruvian Constitution, and by Ministerial Resolution 665-2018-MINEDU, which guarantees school enrolment without any kind of documentation. Children with irregular migration status, however, must present a valid document within 45 days of enrolment (UNESCO, 2020).	Temporary residence visas allow access to basic health care services. Migrants with regular resident status can access SIS, the Integrated Health System, which provides care to low-income patients, or the 'Independent SIS' available to people who do not qualify on socioeconomic grounds, but who lack medical insurance (Machado et al., 2021).	Migrants, whether or not they have regular status, do not have access to the national cash transfer programme, Juntos (Machado, et al., 2021).	Allowed for the purpose of identification, or to ensure irregular migrants leave the country. Detentions have included children (IDEH-PUCP, 2017). ^c
St. Kitts and Nevis	Temporary residency exists (valid for either one or three years). Residency is not available to migrants who have violated immigration laws (Aragon and El-Assar, 2018). The CSME allows various groups of workers/ professionals to work in another member country (CSME, 2022).	The Education Act mandates free and compulsory education for children up to 15 years of age (USDOL, 2020). It is unclear whether this extends to migrant children.	No information found.	No information found.	No information found.
St. Lucia	Permanent residency schemes exist. However, they are not available to migrants who have violated immigration laws (Aragon and El-Assar, 2018). The CSME allows various groups of workers /professionals to work in another member country (CSME, 2022).	No information found.	No information found.	No information found.	No information found.

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
St. Vincent and the Grenadines	Temporary residency permits exist (up to a year) as well as permanent residency schemes. However, neither is available to migrants who have violated immigration laws (Aragon and El-Assar, 2018). The CSME allows various groups of workers /professionals to work in another member country (CSME, 2022). It also allows for asylum seekers to obtain regular migrant status (UNCHR, n.d.).	The Education Act mandates free and compulsory education up to the age of 16 (USDOL, 2020). Asylum-seekers and refugees have access education (up until primary education) free of charge. Access to secondary school costs US\$100 per year (UNCHRC, n.d.d).	Healthcare is free for children under 17 years of age, as well as prenatal, natal, and postnatal care for women. However, it is unclear whether migrant children and women have access (IRBC, 2004).	Information not found.	No information found.
Suriname (all data from IOM, 2021f)	Temporary residence permits for up to two years (renewable); permanent resident permits for refugees or people with five years' residence. Irregular migrants can regularize their status through payment of a fine. The CSME allows various groups of workers /professionals to work in another member country (CSME, 2022).	Primary and secondary education are accessible to regular migrants and irregular migrants with a guardian's authorization; in practice, these documentation requirements create barriers.	Access to the public system depends on health insurance; irregular migrants are more likely to make use of low-cost private facilities. Emergency treatment is free, irrespective of migration and insurance status.	Social security system not accessible to migrants with irregular status.	No.
Trinidad and Tobago	Venezuelan Migrant Registration Process grants one year of residence and is renewable for a further year (Machado et al., 2021). Residency is not available to migrants who have violated immigration laws (Aragon and El-Assar, 2018). The CSME allows various groups of workers /professionals to work in another member country (CSME, 2022).	Only migrants with regular status have right to access education (Machado et al., 2021).	Free access to primary health care only for migrants with regular status (Machado et al., 2021). ^d	Dependent on regular status and length of residence (Machado et al., 2021).	No (UNICEF Eastern Caribbean Office, 2019), but occurs in practice (DARA, 2022).

COUNTRY	REGULARIZATION PROVISIONS	EDUCATION	HEALTH CARE	SOCIAL ASSISTANCE	IMMIGRATION DETENTION OF CHILDREN
Turks and Caicos Islands	People may apply to temporary and/or permanent residency. Residency permits can be revoked in a number of cases, among which is criminal conviction (see Immigration Ordinance, 1971).	Unclear, but reports indicate migration status hinders children access to education (UNICEF Eastern Caribbean Office, 2016b).	Unclear, but reports indicate migration status hinders children access to healthcare (UNICEF Eastern Caribbean Office, 2016b).	Unclear, but reports indicate migration status hinders children access to social assistance (UNICEF Eastern Caribbean Office, 2016b).	The Immigration Ordinance Act includes provisions for detention (see Immigration Ordinance, 1971). Information on children not found.
Uruguay	MERCOSUR visas are available to Venezuelan migrants, but these are only available to children with the approval of both parents (Selee and Bolter, 2020).	General Law of Education (18.437/2009) establishes access to education as a fundamental human right and confirms the state's role in ensuring that minorities and vulnerable people have the right to access, remain in and complete education (UNICEF Uruguay, 2020b).	The Integrated National Health System allows access to all residents, but migrants are not necessarily aware of their entitlements. Low-income workers and their children can access the insurance-based health care free of charge, but they must register for exceptional access. Those not registered need to pay for hospital expenses or use public hospitals, which are paid for by the state (UNICEF Uruguay, 2020b).	Uruguay has a conditional cash transfer for low-income families with children under the age of 18. To qualify for the benefit, a person must be a legal resident of Uruguay with a national identity card – requirements that hinder migrant families' abilities to request social protection. Only 3% of recent migrants receive this benefit (UNICEF Uruguay, 2020a).	No (Global Detention Project, 2021f).
Venezuela	Information not found	Information not found	Information not found	Information not found	No data available (Global Detention Project, 2017) but outlawed by legal framework (Cernadas, 2017).
Virgin Islands	Information not found	Information not found	Information not found	Information not found	Information not found

a This contradicts data in SICA (2019), which states that migrants have full coverage in the health care system regardless of migration status.

b Available at <https://www.bcn.cl/leychile/navegar?idNorma=1158549> (accessed 7 August 2022).

c Detentions have continued in recent years (Ministerio del Interior, 2019).

d This conflicts with information in IOM (2020b), which states that migrants have access to free primary health care regardless of migration status.

Annex 5 | Evaluations

Evaluations and impact studies examined in Chapter 6

NAME AND COUNTRY OF INITIATIVE	ACTIVITIES COVERED BY INITIATIVE	SCALE	SOURCE
INITIATIVES IN COMMUNITIES OF ORIGIN			
A Ganar (Guatemala and Honduras)^a	Skills training; enterprise development	Not specified ^b	MercyCorps (2019)
Agrijoven (Guatemala)	Agricultural inputs and training; savings and loans; markets systems development	Over 1,000 15–24 year olds	MercyCorps (2019)
#AquiEstoy (Mexico)	Multi-media campaign to raise awareness of issues affecting migrants, including trafficking	No	UNODC (2020)
CONVIVIMOS (Guatemala)	Development of local violence prevention plans	115 communities in 6 municipalities	MercyCorps (2019)
Fundación Regional de Asesoría en Derechos Humanos (Ecuador)	Community dialogue to prevent hazardous migration	2 areas of 1 province	IFRC (2018)
Human Trafficking in the Peruvian Amazon (Peru)	Awareness raising and child protection system strengthening	4 regions	USAID (2020)
UNHCR in Colombia	Strengthening community child protection systems	41,000 children and young people	Econometria Consultores (2020)
Youth Outreach Centres (El Salvador)	Homework clubs, soft skills training, safe community space for adolescents and youth	>100 centres in El Salvador at time of evaluation ^c	Roth and Hartnett (2018)
Youth Pathways Central America (El Salvador and Honduras)	Homework clubs, drop-in spaces, skills training	Unclear (media campaign)	DevTech (2018)
TRANSIT AND SETTLEMENT INITIATIVES			
Minimum initial service package for sexual and reproductive health rights services (Colombia)	GBV and STD prevention through communication and educational initiatives with migrants and refugees	Unclear	Calderón -Jaramillo et al. (2020)

NAME AND COUNTRY OF INITIATIVE	ACTIVITIES COVERED BY INITIATIVE	SCALE	SOURCE
Action with Warao migrant and refugee families (Brazil)	Access to services and system strengthening that responds to the needs of indigenous families	157 children (90 boys and 67 girls) aged 0–17 years old; 124 adults (59 men, 65 women)	ACNUR (2021a)
Prevention and response to GBV (Brazil)	Strengthen community-based protection mechanisms and individual safety in shelters	>1,200 vulnerable refugees, including women, children and LGBTQI+ persons with heightened GBV risks	ACNUR Brasil (2020)
Assistance in Mental Health and Psychosocial Attention to the Migrant Population (Brazil)	Mental health services and psychosocial support	>17,000 appointments in 2019	OIM Brasil and MJSP (2021)
Protection and humanitarian assistance for people affected by the humanitarian crisis (Colombia)	Hygiene kits; ‘survival skills’ workshops; efforts to encourage out-of-school migrant and refugee children to attend; school materials; teacher training; information and legal assistance	5,955 people; 3,510 received hygiene kits or school materials; 518 children attended school motivation meetings	Ramírez Bolívar and Téllez Cañas (2016)
Family and community-based care for migrant children (Mexico)	Temporary care for unaccompanied children	Not specified; research reports summarise state of provision and good practice models across different countries	RELAF and UNICEF (2021a, 2021b)
Unconditional cash transfers (Ecuador)	Economic strengthening for unaccompanied children and refugee families transiting through or settling in Ecuador	11,538 persons in total, with an estimated 6,346 children	UNICEF Ecuador (2020a)
Response to the Venezuelan human mobility crisis (Ecuador)	Comprehensive approach, including humanitarian assistance (shelters, WASH and nutrition); system strengthening; accommodation for unaccompanied asylum seeking children	>35,000 people	UNICEF Ecuador (2020b)
Children, migration and human rights (Argentina)	Social integration and access to education	198,000 children (education) and 106,000 children (public health insurance) between 2010 and 2014	UNICEF and Universidad Nacional de Lanús (2015)

NAME AND COUNTRY OF INITIATIVE	ACTIVITIES COVERED BY INITIATIVE	SCALE	SOURCE
Response to the Venezuela regional migration crisis (Colombia and Peru)	Emergency education; child-friendly spaces; child protection; MPCs	2,836 households (MPCs); other numbers unclear	Save the Children (2019a–c)
Lima Aprende (Lima Learns) (Peru)	Comprehensive campaign involving system strengthening, education and communication to bring out-of-school children to the classroom	>10,880 school vacancies in 2019, out of which 2,835 were occupied by Venezuelan children	Alcázar and Balarin (2021)
Building Communities of Practice for Urban Refugees (Panama, Costa Rica and Brazil)	Social integration of refugees in host communities; anti-xenophobia campaigns through cultural activities	Not specified	Cruz Leo, Morand and Murillo (2015)
Interventions for migrant children and families (Mexico, Guatemala, Honduras and El Salvador)	Comprehensive approach of child protection involving alternative care arrangement, MPHSS, legal assistance and system strengthening	Unclear (several activities and in various countries)	Nexus Consultores (2021a–e)
Mobile financial assistance for migrants in transit (Peru)	Multi-purpose cash transfers for vulnerable families in transit	2,565 households	Grasset and Khattak (2020)
Education Cannot Wait's First Emergency Response funding (Colombia, Peru and Ecuador)	Funding for education in emergencies in host countries with a large number of migrants in transit and initial settlement	Unclear ^d	Fölscher et al. (2020)
UNICEF participatory activities in response to Venezuelan migration crisis (Colombia)	Participatory development of safer migration game; youth-led arts project to counter xenophobia	Not specified	UNICEF Colombia (2020)
Humanitarian response to migration (Panama)	Strengthening child protection systems; upgrading WASH facilities; shelter; child-friendly spaces	757 children supported by migration reception centres April–June 2020 (snapshot of activity)	UNICEF Panamá (2021)

NAME AND COUNTRY OF INITIATIVE	ACTIVITIES COVERED BY INITIATIVE	SCALE	SOURCE
UNHCR regional refugee response to the Venezuela situation (Brazil, Colombia, Ecuador, Peru and Panama)	Four areas of intervention: humanitarian relief (including shelter and WASH), child protection, economic and social inclusion, and system strengthening	Unclear (several activities and in various countries)	Pham et al. (2020)
Child protection response to Central American children and adolescent migrants (Mexico)	Legal assistance for unaccompanied and separated children, system strengthening, family reunification and medical assistance when necessary	881 children (536 boys, 345 girls)	Comisión Nacional de los Derechos Humanos (2018)
INITIATIVES SUPPORTING RETURNEE CHILDREN			
UNICEF MHPSS intervention with returnee children (Mexico)	MHPSS to children and caregivers in shelters	16,203 children and 7,149 caregivers in 58 shelters	European Union, UNICEF and UNHCR (2021)
Care programme for returned migrant boys, girls and adolescents (Honduras)	Psychological, health and dental assessments and support in shelter; initial visit to households to assess the family situation and identify children's main needs; ongoing MHPSS; referrals to programmes' services or specialized care; reintegration into school or professional training; shelter	35 children	Casa Alianza Honduras (2015)
National Protocol for the Reception and Care of Migrant Children and Adolescents (Guatemala)	Institutional strengthening of government departments	Not specified	Coordinadora Institucional de Promoción por los Derechos de la Niñez (2020)

NAME AND COUNTRY OF INITIATIVE	ACTIVITIES COVERED BY INITIATIVE	SCALE	SOURCE
Proyecto CREO de “Prevención de la migración no acompañada de niños, niñas y adolescentes en comunidades de origen” (Prevention of unaccompanied migration of children and adolescents in communities of origin) (Honduras)	MHPSS; development of soft skills (emotional, social, leadership, self-esteem); reintegration into families and communities; referrals to programmes’ services or specialized care	Not specified	Concha (2020)
Youth Pathways Central America programme (El Salvador and Honduras)	Reintegration into school or professional/vocational training	106 children	DevTech (2020)
Model for Integrated Attention to the Rights of Migrant Children and Adolescents (Guatemala)	Institutional strengthening of government departments; running of the ‘Roots of Love’ shelter (provision of accommodation and support on arrival)	Not specified	IFRC (2018)
Return to Joy (Honduras)	MHPSS; referrals to programmes’ services or specialized care	5,374 children in first phase (unclear number of returnees); 2,985 children in second phase (113 returnees)	Universalia (2017)
Interventions for migrant children and families (El Salvador, Guatemala and Honduras)	El Salvador: Institutional strengthening of government departments; MHPSS Guatemala: Institutional strengthening of government departments Honduras: Reintegration into school; institutional strengthening of government departments; reintegration into families and communities; MHPSS	El Salvador and Guatemala: Not specified Honduras: 660 children returned to school; 7,291 children benefited from mental health and psychosocial support; 189 children with severe emotional problems were referred to mental health professionals	Nexus Interamerican Consulting Services (2021a–c); UNICEF (2021d)

NAME AND COUNTRY OF INITIATIVE	ACTIVITIES COVERED BY INITIATIVE	SCALE	SOURCE
Retorno y Reintegración en el Triángulo Norte de Centroamérica (Return and Reintegration in the Northern Triangle of Central America) (El Salvador, Guatemala, Honduras)	Institutional strengthening of government departments; MHPSS; referrals to programmes' services or specialized care; humanitarian assistance (food, hygiene kits, clothing, play and learn kits, maternity/infant kits, accommodation); professional/vocational training	El Salvador: 1,000 play and learn kits	Lucchi and Cappa (2020)
		Guatemala: 524 children (mental health support); 189 maternity kit/ infant kits; 291 play and learn kits; 161 women and 73 men (vocational workshop) (unclear number of children)	
		Honduras: 133 backpack and school supplies; accommodation for 320 boys and 2,917 girls	

a Note: this programme was not implemented by MercyCorps but is discussed in a review of initiatives aimed at addressing the root causes of migration.

b The USAID (2018) evaluation from which MercyCorps draws was based on a randomised control trial with 3,070 participants each in Honduras and Guatemala, but the total number of programme participants was not specified.

c 445 young people (aged 13–25) took part in the evaluation.

d This was a multi-country evaluation of an initial stage of this global fund, from 2019–2020. Data from a UNICEF project description (Fölscher et al., 2020) estimates that the ensuing 3-year project in Colombia, Peru and Ecuador will reach 350,000 Venezuelan and host community children and youth.

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