



UNITED NATIONS
COSTA RICA



COSTA RICA:

PREPAREDNESS AND RESPONSE PLAN FOR PEOPLE IN TRANSIT

2024



PHOTO: IOM COSTA RICA, MIGRANTS IN THE SOUTHERN ZONE, COSTA RICA

This document outlines the United Nations System (UNS) in Costa Rica's plan to support and complement the Government's efforts to provide a timely and appropriate response to the humanitarian needs of persons in transit through the country. Proposed activities include both direct assistance to persons in situations of vulnerability and capacity building for the Government of Costa Rica and other key partners. This plan builds off the response efforts currently being provided through the UN¹ to address the needs of people in mixed movement and reflects both the current and projected human mobility context. In this document, reference to mixed movements or persons in transit includes migrants and potential asylum seekers and refugees.

The common objectives and synergies established through this plan will be implemented through existing coordination mechanisms between UN agencies – including the International Organization for Migration (IOM), the UN High Commissioner for Refugees (UNHCR), The UN's International Children's Fund (UNICEF), The UN Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and The World Health Organization/ Pan-American Health Organization) (WHO/PAHO), Costa Rican authorities and civil society. While different migration trends are considered, proposed response efforts are based on a scenario in which current trends continue.

¹ Please see the UN System's 2023 [Interagency Preparedness and Response Plan for People in Transit](#).

Table of Contents

1. CONTEXT	4
2. ANALYSIS OF SCENARIOS	7
3. PREPAREDNESS AND RESPONSE PLAN	8
4. OUTCOMES AND KEY ACTIVITIES PER SECTOR	8
5. BUDGET SUMMARY PER SECTOR (USD)	17
6. BUDGET BY AGENCY (USD)	18
7. COORDINATION:.....	18

1. CONTEXT

TRENDS AND HUMANITARIAN NEEDS OF PERSONS IN TRANSIT AND HOST COMMUNITIES



PHOTO: IOM COSTA RICA, MIGRANTS IN THE SOUTHERN ZONE, COSTA RICA

Costa Rica is considered a transit country for people traveling by land from South to North America. In recent years, the number of people in transit through the country has increased considerably. In 2021, the Temporary Migrant Reception Station (ETRM) of Los Planes, Panama, recorded 126,512 departures from the station. It is assumed that the majority of those departing the station go on to enter Costa Rica. In 2022, the station recorded 226,610 departures, representing a 79 per cent increase in flow volume compared to the year before. In 2023, 529,348 people were estimated to have entered Costa Rica via the border with Panama, with an average of 1,450 daily entries. This represents an increase of 133 percent compared to the number of people in-transit recorded in 2022 (**"Register of Flow Monitoring," IOM Costa Rica Displacement Tracking Matrix**).²

The majority of people in transit are Venezuelan, with an increasing number of individuals starting their journey directly from their country of nationality.³ However, the profile of this trend is ever-changing, and includes people of multiple nationalities, languages and cultural backgrounds. This represents a response challenge

particularly in terms of information and orientation, as well as in effectively addressing sensitive/protection matters. A large number of individuals (45%) reported that fear of generalized violence and insecurity was among the primary reasons to leave their country of origin).

This unprecedented situation has overwhelmed local response actors' capacities to address the urgent humanitarian needs of people in transit, leading the **Government of Costa Rica to declare a State of Emergency** on September 29th, 2023. The first government intervention to respond to increased migration trends was carried out in an area known as "Campo Ferial." In light of this declaration, the UN System has supported the government in developing a *Contingency Strategy for Providing Coordinated Humanitarian Attention to Mixed Migration Trends in Transit through Costa Rica* (please see page 18 for more information) to coordinate an institutional approach and which will be complemented, but not replaced by, the current inter-agency plan.

² According to the Directorate General of Migration (DGME), between 1 January 2023 and 17 December 2023, 448,847 persons transited Costa Rica on the direct route between the southern and northern border of the country as part of mixed migratory movements. The discrepancy between this figure and IOM estimates can be attributed in part to the different routes taken by people in transit. By December 2023, about 94% of persons in transit travelled directly from Paso Canoas on Costa Rica's southern border to Los Chiles on this route. The presence of people stranded in public spaces in the Greater Metropolitan Area of San José and other regions of the country suggests that other transit routes are still being used.

³ UNHCR-WFP [Mixed Movements Monitoring](#)

As of October 7th, the Governments of Panama and Costa Rica have implemented a 'controlled flow' to manage transit flows to the country. Under this system, people in-transit take a bus directly from the Temporary Migrant Reception Station (ETRM) in Darién, Panama to a government-supervised bus station at the Southern Migration Station (EMI Sur) at Costa Rica's southern border.⁴ At this point, the majority of people in-transit purchase bus tickets⁵ northward to Los Chiles, a municipality on Costa Rica's northern border with Nicaragua. Those without the means to purchase a ticket, or with significant humanitarian needs that impede their ability to continue traveling, may be stranded. Inside the EMI Sur is located the Center for Temporary Attention for Migrants (CATEM) which has dormitories that can temporarily shelter 280 people, prioritizing those with the greatest level of vulnerability and protection needs. Spaces have also been prepared with basic conditions in which people with tents can spend the night around the EMI Sur premises. This operation is based on and has been adjusted to the space available and appropriate for this purpose. Family groups with young children are the most likely to be stranded. They spend an average of 2-3 nights in the temporary shelter before continuing northward.

While the 'controlled flow' strategy has expedited travel through Costa Rica, people in transit in situations of vulnerability have unmet humanitarian needs in the North. At the northern border, people in-transit experience higher rates of exploitation at the hands of smugglers or opportunists and may also be stranded because of humanitarian needs or demanding immigration controls in Nicaragua. Currently there is no specific facility to attend to their needs in the north of the country. Gaps in support services include access to food, WASH, and shelter. Additionally, the situation of children whose relation to their companions cannot be confirmed is a concern.

Many people in-transit report having important needs for humanitarian assistance. According to IOM's Displacement Tracking Matrix (DTM), 39% of those interviewed in 2023, reported that food assistance was their primary need, followed by economic resources (22%), water (15%), and shelter (10%). Monitoring conducted by the World Food Programme and UNHCR identified a clear link between protection incidents and food security indicators. Specifically, 30% of respondents experienced both protection incidents and negative coping mechanisms related to food security, such as skipping meals or going a whole day without eating.⁶ Meanwhile, those in situations of vulnerability, including those with health concerns (including related to sexual and reproductive health), survivors of trafficking in persons (TiP), gender-based violence (GBV) or those who are stranded due to a lack of information or financial resources, need more extended and specialized support. Approximately, 46% of individuals interviewed reported having experienced protection incidents in the route, including theft, physical threats or intimidation or extortion.

Health challenges experienced by people in-transit are often the direct result, or are worsened, by the risks they experience migrating. Throughout their journey, people on the move are often forced to reside together in overcrowded conditions without adequate sanitation and hygiene options, leading to an increased risk of spreading communicable diseases, including respiratory and gastrointestinal conditions, skin infection, varicella, and COVID-19, among others. Treacherous physical and environmental conditions faced in the Darien jungle in southern Panama, including extreme heat and prolonged sun exposure, injuries due to the difficult terrain and wild animal bites, vector-borne illnesses, and limited access to food and potable water sources, also exacerbates the risk of health issues and even death.⁷

⁴ The cost of this bus is approximately USD 60.

⁵ Bus tickets are USD 30 for passengers above 3 years of age.

⁶ UNHCR-WFP Mixed Movements Monitoring (Costa Rica, Guatemala, Honduras, Mexico, Panama) - April-June 2023

⁷ IOM, Missing Migrants Project, 'Americas', n.d. [26 Oct. 2023].

The widespread violence and crime, including sexual violence,⁸ to which people on the move, particularly women and minors, are often subjected to while transiting through the region can generate significant impacts on mental health and physical wellbeing. Notably, 6% of those interviewed through the DTM in 2023 reported a need for maternal and infant care, and 13% of women above the age of 15 reported being pregnant (most of them with 'unintended').

Additionally, according to IOM's DTM, 41% of those interviewed reported a need for information to understand their migration and regularization options. There is also a significant need for timely and accurate information on access to rights and services. This is especially important for those who are survivors of TiP, GBV, or individuals in need of international protection, under the 1951 Refugee Convention.

Border communities often assume a disproportionate role in addressing the humanitarian and development needs related to human mobility, despite having generally less resources and institutional capacity.⁹ The cantons of Corredores in the south and Los Chiles in the north are the main points of entry and exit for people in transit at the respective borders and have been particularly impacted by the increase of this trend.¹⁰ Nonetheless, people in transit sometimes also arrive to the capital, San Jose to raise funds to continue

their journeys. This has caused many such people to end up in a situation of begging.

The growing magnitude and urgency of humanitarian needs in the context of limited response capacity has led to an increase in tension in host communities. This is reflected by a study of hate speech on social networks, conducted by the United Nations, the Digital Communication Observatory of the Communication Research Center of the University of Costa Rica that shows that hate speech, including xenophobia, rose in Costa Rica between 2021 and 2022.¹¹ Increasing the capacity of local actors to foster social integration is needed to reduce the risk of community conflict.

⁸ According to surveys conducted through the "Gender-Based Violence and Risk Factors for Migrant and Refugee Women from Venezuela during the Migration Journey." IOM Displacement Tracking Matrix- The Office of the Director General's Special Envoy for the Regional Response to the Venezuelan Situation, the most frequently mentioned types of violence suffered by surveyed women in-transit were: physical violence (35%), verbal violence (25%), psychological violence (11%) and sexual violence (10%) (2019). For more information on how people in-transit are affected by gender-based violence, please also see here the Interagency Platform Response for Venezuela Gender-Based Violence Subsector.

⁹ In general, municipalities along the countries' borders face significant development challenges compared to other areas of the country. For instance, the border municipalities of Coto Brus, Talamanca, Sarapiquí, Los Chiles, Upala, and La Cruz are among the ten municipalities with the lowest human development indices in the country.

Source: *Índice de Desarrollo Humano ajustado por Desigualdad (IDH-D). Atlas de desarrollo humano cantonal, 2021*. UNDP. In general, these communities experience infrastructure challenges, have poor educational facilities, limited access to basic services (water, sanitation, electricity, etc.), sparse health services and few opportunities for social or economic growth.

¹⁰ *Monitoring of the migratory flow of people in mobility through the Americas in specific sites of high mobility and concentration of migrants in Costa Rica*, (IOM Costa Rica, 2023), 6.

¹¹ UN System, "Discursos de odio y discriminación crecen 71% en Costa Rica durante el último año," 22 June 2022.

2. ANALYSIS OF SCENARIOS

Given the dynamic nature of migration through the region, it is important to consider possible scenarios and how response efforts would be adapted as a result.

Scenario 1: The number of people in transit continue to increase, and no mobility restrictions are imposed.

One possible scenario is that the number of persons in transit arriving to the country follows the current trend, and mobility in the region continues without restrictions. This would further stress the government and other actors' ability to safely and orderly manage human mobility. Furthermore, the number of people in need of humanitarian assistance and protection services would continue to increase, surpassing local actors' response capacities.

In addition, increased demand for transportation services could lead to a backlog of people temporarily stranded and waiting to continue their journeys. During this time individuals would require additional support services, including shelter and food assistance. Operational constraints, as related to the available infrastructure, such as the maintenance of bathrooms, toilets and kitchens, which are key points of assistance, must also be taken into account.

If human mobility trends continue to increase at a faster rate than support services, including shelter spaces are available, there could also be a greater concentration of people sleeping on the streets and without access to food, water, sanitation services, and other essential services. As previously witnessed, this could provoke xenophobia, especially in migration affected communities, that could influence public policy and programming. This scenario would also make it difficult to obtain regular and accurate information on the needs of people in-transit and make evidence-based decisions.

Scenario 2: Countries in the region begin to close their borders or restrict the mobility of persons in transit.

If governments of neighboring countries decide to close their borders or restrict the mobility of persons in-transit, it would cause people to increasingly take irregular and more dangerous routes. With more limited and complicated routes available to people traveling north, they may be exposed to smugglers, increasing the risk of exploitation, abuse or violence, including related to trafficking in persons (TIP).

Faced with mobility restrictions, some people in transit might be stranded in Costa Rica, in which case they will have a prolonged need for humanitarian assistance, which would exceed current response capacities and stress already limited social services in highly transited communities. If immediate measures are not taken, such pressure on local resources could foster xenophobic attitudes in the communities affected by migration, as in the first scenario.

Stranded people on the move will also have a greater need for financial resources to meet their basic needs, continue their journeys or return to their country of origin.

Some people in-transit who have been stranded may wish to remain in Costa Rica, in which case they will need support to integrate into the local community and regularize their migration status. Others may request support to return to their country of origin. The different migration intentions of people in-transit can further complicate response efforts.

3. PREPAREDNESS AND RESPONSE PLAN OBJECTIVES

Objective 1: Save the lives of persons in transit, through timely, comprehensive, quality humanitarian assistance, prioritizing the principles of protection and considering the differentiated needs by age group, gender, disability, as well as other elements of diversity.

Objective 2: Contribute to an evidence based and efficient crisis response, ensuring the centrality of protection and that assistance is provided in line with a Human Rights, Intersectional and Children's Rights approach, mitigating risks of abuse and violence.

Objective 3: Promote physical and legal protection and access to services for those that require international protection and promote regularization services for those who intend to remain in Costa Rica.

Objective 4: Strengthen the capacity of government authorities and other key response actors, to address the humanitarian needs of people in-transit using a coordinated whole-of-government and whole-of-society approach.



PHOTO: IOM COSTA RICA, MIGRANTS IN THE SOUTHERN ZONE, COSTA RICA

4. OUTCOMES AND KEY ACTIVITIES PER SECTOR

The actions proposed in this plan are based on Scenario 1, which assumes the continuation of current trends without significant political changes related to mobility. In the case of Scenario 2, the proposed activities would be adjusted to provide more medium- and long-term support such as with integration, regularization and return assistance, especially for those who have been stranded. Moreover, if regional mobility restrictions were implemented, the UNS would advocate for their removal due to associated risks.

SHELTER, SETTLEMENTS AND NON-FOOD ITEMS:

Outcomes:

- People in-transit in situations of vulnerability access shelter solutions and non-food items that are appropriate to their gender, age and protection related needs.
- Local partners, including government and civil society provide shelter solutions to persons in-transit that do not contribute to the smuggling of migrants.

Agencies involved: IOM, UNHCR and UNICEF

Supporting Agencies: WHO/PAHO

Key activities:

- ▶ Train relevant government authorities and other relevant response actors giving frontline assistance (including shelter managers and administrators) in the management and coordination of temporary shelters and sites, in line with the Sphere guidelines and Minimum Standards for Camp Management. This training will support the Government of Costa Rica to develop short- and long-term interinstitutional strategies regarding the establishment, maintenance and closure of temporary shelters and sites while mainstreaming considerations for inclusion and cultural sensitivity. Follow-up training will be conducted in each of the three zones, 9 to 12 months after the first training.
- ▶ Facilitate the exchange of best practices and lessons learned in the management coordination, design and planning of temporary shelters and sites, as well as in community participation and feedback mechanisms between relevant government authorities of Colombia, Costa Rica and Panama.
- ▶ Identify needs and short and mid-term improvements on existing temporary shelters (operated by both government and civil society partners) in key locations of transit for migrants, including Paso Canoas (specifically in the CATEM), Los Chiles and San José, and with a gender, protection and accessibility perspective. This will include conducting an expanded diagnostic needs assessment of shelter options available to people in transit, and based on findings, strengthening operations, infrastructure and practices by increasing the capacity of personnel with training, extending schedules according to the transit context, improving and maintaining existing and new health infrastructure, increasing personnel to support triage, reinforcing information and guidance strategies, evaluating potential improvements for bus/transportation stations and in telecommunication, information management initiatives, and enhancing waste management infrastructure and practices).
- ▶ Installation and development of additional Child Safe Spaces in key shelters of the in-transit routes for the provision of specialised child protection services and remedial education to out-of-school migrant children, adolescents and their families, including training and technical assistance to local institutions and procurement of educational and recreational supplies.
- ▶ Support shelter operators with tools and the knowledge necessary to provide children and adolescents in-transit with culturally appropriate and gender sensitive health, early childhood development and nutrition monitoring and support services through local health authorities or partners.
- ▶ Increase persons in vulnerable situations access to safe and dignified temporary shelter through direct assistance for shelter nights provided by implementing partners.

- ▶ Train staff involved in the management, coordination and operation of temporary shelters and sites in key topics such as international protection, protection monitoring, particularly regarding GBV and child protection.
- ▶ Provide persons in vulnerable situations with essential non-food items, such as clothing and emergency materials, including lights, sleeping and heating equipment.

FOOD SECURITY AND NUTRITION:

Outcomes:

- People in transit, including those who are stranded, access food assistance that corresponds to their needs and vulnerabilities experienced.
- National and local systems and service providers (incl. non-state actors) provide food assistance to people in transit, in accordance with their needs and vulnerabilities experienced.

Agencies involved: IOM, UNHCR and UNICEF

Key activities:

- ▶ Provide food assistance to people in situations of vulnerability that aligns with their nutritional needs and that is culturally appropriate. This assistance will be provided through both served meals as well as food vouchers that allow beneficiaries to purchase food in pre-determined retailers and restaurants. Increasing the government's capacity to provide this assistance, especially in the CATEM, is also a priority of this intervention.
- ▶ Facilitate the screening of children on the move to identify cases of acute malnutrition and provide a referral protocol specifically for malnutrition to be replicated by other institutions.
- ▶ Promote cross-disciplinary dialogue and innovation to address food security and nutrition challenges in a human mobility context with students and professionals in health, nutrition, social work, food engineering and other relevant fields.
- ▶ Support response partners, including shelter staff, to plan and manage food resources in a sustainable manner, including how to optimize the use of space and resources, minimize waste and ensure equitable access.
- ▶ Provide response actors (including at different levels of government and civil society) with the tools and knowledge to support breastfeeding in the context of human mobility.
- ▶ Provide public institutions and humanitarian NGOs with information and materials to inform migrant and refugee children and their families about the health and nutrition services available to them.
- ▶ Increase the capacity of community-based and/or adolescent-friendly health and nutrition services, including as community-based health and nutrition promoters or workers to engage refugees and migrants.
- ▶ Supply services to improve the nutritional status of the maternal and child population and the adequate development of children in coordination with the Ministry of Health and Cen-Cinai.

- ▶ Support the establishment of breastfeeding rooms, fostering counselling sessions on infant and young child feeding, as well as providing nutritional guidance during pregnancy and lactation.
- ▶ Strengthen community kitchens/canteens to be used by host community volunteers to prepare and serve food to people in transit. Design and deliver training to build the capacity of community leaders to manage these spaces.

WATER, SANITATION AND HYGIENE (WASH):

Outcomes:

- People in-transit receive quality, comprehensive WASH programming at scale, ensuring the human right to water and sanitation and empowering them to meet their needs.
- National and local systems and service providers (incl. non-state actors) provide quality and comprehensive WASH services to people in transit, ensuring their human right to water and sanitation.

Agencies involved: IOM, UNHCR and UNICEF

Supporting Agencies: WHO/PAHO and UNFPA

Key activities:

- ▶ Provide basic hygiene and sanitation supplies that meet the needs of people of different ages and genders, including soap, shampoo, toilet paper, sanitary napkins, and diapers.
- ▶ Provide hydration kits and improve access to potable water at temporary shelters and other key locations along the migration route.
- ▶ Construct, rehabilitate, and/or improve basic sanitation facilities, including wash basins, toilets, showers, laundry and diaper changing facilities in border cantons and at facilities for persons in transit.
- ▶ Improve and expand waste management infrastructure and promote sustainable practices that mitigate adverse environmental effects in coordination with local authorities in border cantons.
- ▶ Support relevant authorities in developing plans to maintain basic sanitation and waste management facilities.
- ▶ Train relevant authorities in efficient and sustainable water and waste management strategies in temporary site or shelter settings, to prevent waterborne diseases. Will include training on the management of waste from patients suspected or confirmed to have a communicable disease.
- ▶ Increase the capacity of response partners to provide information and resources for children and adolescent in transit and relevant stakeholders (e.g. shelter staff) to employ safe hygiene and sanitation practices.
- ▶ Partners abilities to monitor, generate and share data on the WASH needs of the population are strengthened to improve the coordination of WASH services for children and adolescent in transit and their families.

- ▶ Facilitate a Community-led Sanitation methodology on social mobilization and behaviour change to create new norms that support consistent use of WASH facilities focusing safe water, toilets and good hygiene to keep children alive and healthy. Will include hiring community outreach volunteers to conduct awareness sessions.
- ▶ Strengthen the capacity of response partners to give persons in-transit access to personal hygiene items.

COORDINATION BETWEEN RESPONSE ACTORS:

Outcomes:

Governments and humanitarian actors ensure that vulnerable groups who face exacerbated protection risks and threats have meaningful access to services and assistance, through strengthened referral mechanisms, humanitarian standards and guidelines that reflect the evolving migration context.

Agencies involved: IOM, UNHCR and UNICEF

Key activities:

- ▶ Develop local interinstitutional plans to coordinate response efforts between different government and civil society actors.
- ▶ Update and support the operationalization of emergency response protocols to respond to a human mobility context, and in consideration of the needs of persons in-transit.
- ▶ Coordinate and develop sector- specific exchange and training sessions on emergency assistance in which national authorities, UN partners and other relevant technical experts share their knowledge with local actors in key areas such as Health, tentatively led by the Health Ministry (triage, case reference, emergency healthcare); Child Protection, tentatively led by PANI (focused on child protection in emergencies), and Gender and GBV issues, tentatively led by INAMU (prevention and response to GBV in emergencies).
- ▶ Provide materials and technical support to local authorities and partners on key strategies for accessing accurate information and guidance related to the rights of people in transit, access to basic services and how to access the asylum system.
- ▶ Facilitate interinstitutional sessions (e.g., at shelters and assistance points) to exchange information on the current context, discuss operational challenges and strengthen coordination at the local level.
- ▶ Government and implementing partners have skills and knowledge to develop and implement an *Advocacy Plan for Children and Adolescent on the Move*, that involves engaging media and the private sector in the humanitarian response.
- ▶ Create coalitions to support community-based organizations to identify potential violations of children's rights, and access information and protection resources to respond.
- ▶ Improve and promote the adoption of tools and protocols to denounce and respond to protection violations of persons in-transit.

EVIDENCE BASED AND EFFICIENT RESPONSE:

Outcomes:

Decision makers and responders responsibly use robust, timely and disaggregated data on mobility, the specific vulnerabilities and needs of people in-transit, and its analysis, to inform the delivery of assistance.

Agencies involved: IOM and UNICEF

Key activities:

- ▶ Generate, analyze and share accurate and timely information on human mobility trends, the demographic profile, motivations and priority needs of people in-transit.
- ▶ Support response actors to develop and strengthen data collection and sharing mechanisms, including across borders, to inform the coordination and delivery of humanitarian assistance.
- ▶ Strengthen the capacities of response actors, to track and monitor individuals' access to services in real time through geo-located information on the specific needs of people in-transit, including children and adolescents.
- ▶ Design of social listening mechanisms for decision takers to track opinion trends in mass media and social media and monitor the situation of children in transit.
- ▶ Develop and deliver training to local health facilities as well as other local stakeholders, to improve the collection of sexual and reproductive health (SRH) and gender-based violence (GbV) data, and its adequate management and use for decision making related to humanitarian response.

HEALTH, INCLUDING MENTAL HEALTH, PSYCHOSOCIAL SUPPORT AND SEXUAL AND REPRODUCTIVE HEALTH:

- Persons in-transit receive quality health services, including mental health and psychosocial support, in a timely manner.
- Health service providers and systems provide quality essential health services, including mental health and psychosocial support, to persons in transit in a timely manner.

Agencies involved: IOM, UNHCR and UNICEF

Supporting Agencies: WHO/PAHO and UNFPA

Key activities:

- ▶ Improve the infrastructure, equipment, supplies and materials of the medical attention center operating at EMI Sur. This will include supporting staffing of medical professionals.
- ▶ Purchase basic medications and commodities to offer in temporary shelters and other assistance institutions, searching for strategic partnerships with public and private entities to reduce costs.

- ▶ Provide technical support to the Directorate General of Migration to identify, report and refer suspected cases of communicable, as well as non-communicable diseases. Simultaneously, support the Ministry of Health to develop protocols and standard operating procedures to respond to health emergencies in the context of human mobility.
- ▶ Support tri-national coordination between the relevant authorities in Costa Rica, Panama and Colombia in the detection and control of communicable diseases or other Health conditions that require medical care, such as high-risk pregnancies, in the context of human mobility.
- ▶ Train response actors (both governmental and from civil society) providing direct assistance to persons in transit in basic first aid.
- ▶ Train response actors (both governmental and from civil society) providing direct assistance to persons in transit to identify signs of psychosocial distress and provide psychosocial first aid according to their needs, including for children and adolescents. Simultaneously, support the DGME in developing complementary mental health and psychosocial care activities.
- ▶ Support national health systems in improving access to quality and comprehensive care for migrants with chronic diseases, including HIV.
- ▶ Develop training to support local health facilities as well as local NGOs to include sexual and reproductive health (SRH) in humanitarian response settings, particularly pregnant women care, identification of pregnant adolescents or mothers, and people in transit with sexually transmitted infections" (STIs) including HIV to provide the required attention.
- ▶ Support health assistance on the field, in terms of personnel, health infrastructure, capacity development and other relevant needs.
- ▶ Provide essential first aid health support to the people in transit at the Northern and Southern borders through a health check point, implemented by a partner, and the provision of first aid items such as hydration packs to address acute health issues upon. Meanwhile, support health authorities in implementing International Health Regulations at points of entry.



PHOTO: IOM COSTA RICA, MIGRANTS IN THE SOUTHERN ZONE, COSTA RICA

PROTECTION:

Outcomes:

- Persons in-transit experiencing vulnerability and persons at risk, such as survivors of GBV, including SEA, victims of trafficking, people who have been subject to smuggling and unaccompanied children, receive quality health care services and psychosocial support that respond to their needs and is context-appropriate.
- Governments and humanitarian actors effectively mainstream and implement protection in a way that upholds the rights and dignity of persons in transit and addresses the protection needs of the most vulnerable, including those at risk of and affected by GBV, victims of trafficking, those who have been subject to smuggling, unaccompanied or separated children and people with disabilities.

Agencies involved: IOM, UNHCR and UNICEF

Supporting Agencies: UN Women and UNFPA

Key activities:

- ▶ Train response actors (including at different levels of government and civil society) providing direct assistance to persons in transit in situations of vulnerability in referral pathways to protection services.
- ▶ Train local response actors (both governmental and from civil society) on assistance protocols and referral routes for survivors of gender-based violence (GBV). Training will be provided for response actors stationed at CATEM, and other key locations along the transit route, including Los Chiles.
- ▶ Support case referrals for persons and families in situations of vulnerability in temporary shelter settings.
- ▶ Develop informational materials and guidance tools to share timely and accurate information on the rights and services for persons in transit.
- ▶ Develop and disseminate informational materials (both printed and through social media) to raise awareness of and prevent gender-based violence, including sexual violence. Messaging will target migrants, civil society actors and host communities and will include information on governmental and non-governmental support services as well as reporting mechanisms.
- ▶ Support the development of Gender Based Violence prevention strategies, that include considerations for persons in transit, in border communities and other key locations along the transit route, including the participation of women's groups and organizations.
- ▶ Strengthen capacities of women's groups and organizations to effectively engage in the humanitarian and protection coordination and planning structures to actively participate, to contribute and to ensure their needs are adequately considered and included in the humanitarian planning and implementation.
- ▶ Provide advanced training on the rights of persons in transit, including to access justice, and legal protection mechanisms to university legal clinics assisting people in situations of vulnerability.
- ▶ Develop and deliver workshops for local authorities, civil society actors and host community members on the prevention of trafficking in persons (TiP) and the smuggling of migrants (SoM) and protection of its victims, in cantons and border communities with high concentrations of persons in-transit.

- ▶ Develop and deliver training to local health facilities as well as local NGOs, to respond to gender-based violence (GBV), including through prevention, detection and response of any kind of violence against women, including sexual violence, based on institutional protocols and referral routes for survivors of gender-based violence (GBV).
- ▶ Support mobile units in border and key transit areas to provide gender-responsive protection services, psychological first aid, advice on access to rights and services, GBV care.
- ▶ Provide protection kits that are gender, age, ethnic, disability and SOGIESC sensitive and adapted to a human mobility context.
- ▶ Develop and deliver workshops to increase local authorities, civil society actors and host community members' awareness of the needs of migrants that experience different vulnerabilities, including women, girls and children, LGBTIQ+ people, people and people with disabilities and to prevent discrimination.
- ▶ Support the Child Welfare Agency (PANI) to digitalize and strengthen its child case management system for children on the move, in coordination with relevant institutions.
- ▶ Build the capacity of local child protection systems, including community-based organizations, in the application of child protection protocols and the prevention of violence in the context of human mobility.
- ▶ Strengthen response partners, including civil society actors' capacity to provide legal assistance and orientation on services to families and children, adolescents in-transit.

INTEGRATION AND SOCIAL COHESION:

Outcomes:

National and local systems and service providers (incl. non-state actors) ensure the inclusion of persons in transit in the provision of basic services and promote social cohesion with host communities.

Agencies involved: IOM, UNHCR and UNICEF

Supporting Agencies: UN Women

Key activities:

- ▶ Develop local plans, in coordination with relevant authorities and other response actors, on the provision of humanitarian assistance using local providers and supply chains.
- ▶ Provide training to government institutions and civil society partners in strengthening relationships between diverse community groups, and promoting solidarity, identity, belonging and inclusion.
- ▶ Support local authorities in renovating, improving, and overseeing multi-use community spaces (including for the purpose of shelter).
- ▶ Facilitate local social and behavioural change interventions to promote social cohesion and prevent discrimination and xenophobia of persons in-transit.
- ▶ Train essential service providers on the specific needs of the in-transit population and their rights to access services.

- ▶ Facilitate local social and behavioural change interventions to promote social cohesion and prevent the discrimination of, and xenophobia towards, people in-transit.
- ▶ Support peaceful coexistence initiatives (including increasing access to services and cultural programming), to promote empathy and harmonious relations among refugees, migrants and host communities.
- ▶ Strengthen the participation of women and women's groups and their leadership in social cohesion activities, dialogues and the organization of recreational, sports and educational activities in engaging local communities and people in transit.

5. BUDGET SUMMARY PER SECTOR (USD)

Please note that this budget represents a collective ask, reflecting the estimated needs of IOM, UNFPA, UNHCR, UN Women and UNICEF to provide direct support to persons in-transit as well as capacity building to preparedness and response actors in 2024.

SECTOR	REQUIRED AMOUNT	AVAILABLE AMOUNT	SHORTFALL AMOUNT
SHELTER, SETTLEMENTS AND NON-FOOD ITEMS	1,849,000	56,000	1,793,000
FOOD SECURITY AND NUTRITION	1,332,000	10,000	1,322,000
WASH	2,601,000	300,000	2,301,000
COORDINATION BETWEEN RESPONSE ACTORS	443,400	27,000	416,000
EVIDENCE BASED AND EFFICIENT RESPONSE	588,000	330,000	258,000
HEALTH, INCLUDING MENTAL HEALTH, PSYCHOSOCIAL SUPPORT AND SEXUAL AND REPRODUCTIVE HEALTH	2,133,000	182,000	1,951,000
PROTECTION	1,465,000	203,000	1,262,000
INTEGRATION	477,000	70,000	406,000
TOTAL	10,890,000	1,180,000	9,710,000

6. BUDGET BY AGENCY (USD)

AGENCIA	REQUIRED AMOUNT	AVAILABLE AMOUNT	SHORTFALL AMOUNT
IOM	4,448,000	439,000	4,009,000
UNFPA	363,000	15,000	348,000
UNHCR	1,148,000	268,000	880,000
UNICEF	4,416,000	420,000	3,996,000
PAHO/WHO	32,000	0	32,000
UNW	483,000	38,000	445,000
TOTAL	10,294,000	1,180,000	9,710,000

7. COORDINATION:

AN INTERINSTITUTIONAL AND INTERAGENCY APPROACH

All preparedness and response capacity building efforts are being coordinated through the UN System's Working Group for Persons In-Transit. .

This group, that includes UNHCR, UNFPA, UNICEF, WHO/PAHO, and is led by IOM, works to identify synergies, avoid duplication of efforts between different agencies and jointly mobilize resources.

To implement the interventions outlined above, UN agencies will work with local and national government partners through the Committee for Immediate Humanitarian Assistance (CAHI), which includes the participation of the Directorate General for Migration (DGME), the Child Welfare Foundation (PANI), the Ministry of Health (MoS), The Ministry of Public Safety (MSP), and the Professional Migration Police (PPM).

Coordination committees have also been organized in key sectors, including Camp Coordination and Camp Management (CCCM), Health, WASH and Protection. Each committee is comprised of thematic specialist from various UN agencies and government institutions at both the local and central levels.

Other key partners will include National Emergency Commission (CNE), National Coalition against Trafficking in Persons (CONATT), Costa Rican Social Security Fund (CCSS), Ministry of Health, National Women's Institute (INAMU), Ministry of Justice, Municipal Emergency Commissions, the Costa Rican Red Cross, local governments, United Nations agencies, grassroots and civil society organizations, Permanent Commission for the Protection and Assistance of Migrants in Vulnerable Conditions (COPAV), and the bi-national Committee for Assistance to Migrants in Conditions of Vulnerability (COPPAMI), Migration Police and the national police, Hands for Health Foundation, CADENA, Alianza VENCER, and the Pan American Development Foundation (PADF).

The DGME's Contingency Strategy for Providing Coordinated Humanitarian Attention to Mixed Migration Trends in Transit through Costa Rica

In response to the current situation, Costa Rica's DGME developed a Contingency Strategy for Providing Coordinated *Humanitarian Attention to Mixed Migration Trends in Transit through Costa Rica* to address the mixed flow of people in transit, which involves all public institutions that, by mandate, directly and indirectly serve the people in-transit, as well as the five agencies of the United Nations System responding to the needs of people in transit: IOM, UNHCR, UNICEF, and WHO/PAHO. This strategy is currently under review by involved institutions and is expected to be implemented from October under the leadership of DGME.

This strategy will strengthen the support currently being offered to those who enter Costa Rica and need humanitarian assistance and those who cannot immediately continue their journey due to health, economic or other factors. Along the Southern border, it will increase the capacity and expand the services being offered through the CATEM, which currently has a maximum shelter capacity of 280 people, and only serves individuals in situations of vulnerability that were referred by the Committee for Immediate Humanitarian Assistance (CAHI).

In addition, this strategy would implement "safe zones" in

northern borders, that include shelters, medical attention, WASH services, including access to water, bathrooms/shower stations and information booths. Despite the important needs of persons in-transit in the northern zone, currently there are no government shelters operating along this border, only a limited response from civil society.

To be able to successfully implement its national contingency strategy, the Government of Costa Rica will require support from the international community, including for a range of capacity building activities. Notably, Costa Rica is one of the countries with the lowest reported funds in the OCHA Financial Tracking System (FTS).



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