



NEEDS ASSESSMENT REPORT

Mexico: Northern Border

March 25, 2019



Sectors: Violence Prevention and Response; Health; Economic Recovery and Development

Contacts: Bobi Morris, Assessment Lead, Bobi.Morris@rescue.org

Edgardo Zunia, Operations Lead, Edgardo.Zunia@rescue.org

Data Collection: March 12 – 22 (10 days)

Locations in Mexico: Nogales, Sonora; Juarez, Chihuahua; Nuevo Laredo, Tamaulipas

INTRODUCTION AND JUSTIFICATION

For the first time, Mexico was featured in the International Rescue Committee (IRC) 2019 [Watchlist](#), signaling that IRC's crisis analysis team believes multiple risk factors in country are combining to increase the likelihood of humanitarian crises. One of those factors is the increasing rates of mixed-migration both through Mexico (originating from Northern Triangle countries, and others) and from Mexico – towards the United States. To better understand the humanitarian needs at the border, a decision was taken to assess to determine: 1) what assistance others (including civil society and Mexican government) are providing 2) what the largest needs are, of mixed-migrants at the border 3) modalities of assistance that would maximize IRC's value-add to meet the delta between current assistance and needs.

Context Overview

The border between the U.S. and Mexico spans 1,969 miles and has more than 20 checkpoints along its route.¹ The border fence between the two countries covers much of the area between Tijuana/San Diego in the east, and Juarez/El Paso in the center. The border fence has driven many people east towards the more porous border in Texas.² All along the border, but particularly in the east, organized crime controls the majority of the border areas which are plagued by crime and violence including trafficking of drugs, weapons, money, and people.³

Recent changes in U.S. policy (detailed below) have resulted in long waiting times to present at a port-of-entry along the border, which are most extreme in Tijuana. This coupled with the insecurity in the east, is resulting in a 'funneling' of more mixed-migrants into the central areas such as Nogales and Juarez.⁴

Others avoid the wait by choosing more dangerous crossing routes, such as Nuevo Laredo, Reynosa, Matamoros, and between ports-of-entry; some of these routes had high numbers of border crossings, even before the metering process.⁵

An average of 2,200 people are crossing the border every day.⁶ Central Americans, Mexicans, Cubans, and Africans are among those crossing or waiting to cross. Those who have made the long journey have done so on foot, by bus, train, truck, and in some cases, by plane, to reach the U.S./Mexico border, where they are at particular risk of being targeted by criminal groups – who take advantage of their vulnerability.⁷ Many either choose to work with - or are

¹ <https://reliefweb.int/report/mexico/mexico-salesian-center-tijuana-provides-meals-shelter-and-other-critical-resources>

² <https://www.nytimes.com/2019/01/29/us/border-wall-crossings.html?module=inline>

³ <https://reliefweb.int/report/mexico/mexico-salesian-center-tijuana-provides-meals-shelter-and-other-critical-resources>

⁴ Interviews with Kino Initiative and ACLU

⁵ <https://www.azcentral.com/story/news/politics/border-issues/2019/02/20/migrant-caravan-families-us-mexico-border-tijuana-struggle-madre-assunta-shelter-immigration-dhs/2876119002/>; <https://www.nytimes.com/2019/03/05/us/border-patrol-deaths-migrant-children.html?action=click&module=inline&pgtype=Homepage>

⁶ <https://www.nytimes.com/2019/03/05/us/border-patrol-deaths-migrant-children.html?action=click&module=inline&pgtype=Homepage>

⁷ <https://reliefweb.int/report/mexico/msf-cares-migrants-and-refugees-stranded-tijuana-mexico>

victims of migrant smuggling – who reportedly have spread word across Central America that adults who arrive with a child will be able to enter and remain in the U.S., sometimes offering two-for-one pricing.⁸

While waiting to cross the border, mixed-migrants stay in shelters (mostly run by religious groups), in rented rooms, or on the street. The services that are available to them are almost entirely delivered by civil society, and they vary dramatically in both quality and availability, between locations and service providers. The one constant is that service

providers are overwhelmed – in all locations visited services that were established to host, for example, 100 people a day for a maximum of three days, were now accommodating at least three times that many, for well over a month- and they do not have the resources needed.

U.S. Immigration Policies

To fully understand the situation of mixed-migrants on the border, it is necessary to outline some of the key U.S. policies that affect them. First, there are two ways to enter the U.S.:

- Though a legal port-of-entry- at any of the official border crossings mixed-migrants can arrive and either 1) have a valid U.S. visa and cross (which most do not) or 2) request asylum.
- Between ports-of-entry – mixed-migrants can cross the border anywhere between border points, either on their own or with the help of human smugglers (called coyotes), which some note is the preferred way to migrate. If they are either caught by U.S. border patrol, or surrender to border patrol (which is reportedly more common), they can then either be deported or claim asylum. Among those who indicate a fear of return or intention to seek asylum, Department of Homeland Security is prohibited from returning to their home countries without further evaluation of their claim. Some are sent to ICE detention facilities while others are allowed to pursue their claim in the community, often with an ankle bracelet and other conditions of release (such as regular supervision appointments) as they await their court hearings.⁹

However, the ability of persons to claim asylum at legal ports-of-entry has changed in recent years. The U.S. government has instituted a practice of ‘metering’ at all ports, such that they only allow a certain number of people every day to present themselves at the port and request asylum.¹⁰ Metering has resulted in long lines of people waiting at the boarder. The U.S. has reportedly shut the border point for several days until the people disperse.¹¹ This leaves a long back-log of people, and has resulted in civil society in Mexico creating ‘waitlists’ at each port of entry – where



Central American migration routes through Mexico. (MAP: news.nationalgeographic.com)

⁸ https://www.washingtonpost.com/news/national/wp/2019/03/04/feature/after-cold-busy-month-at-border-illegal-crossings-expected-to-surge-again/?utm_term=.5e9581ba5528; <https://www.nytimes.com/2019/03/05/us/border-crossing-increase.html?module=inline>

⁹ <http://www.irinnews.org/photo-feature/2019/01/28/honduras-us-mexico-border-migration>

¹⁰ <https://reliefweb.int/report/mexico/phr-raises-alarm-about-us-human-rights-record-border-advance-president-trump-s-rally>; <https://www.nytimes.com/2019/01/29/us/border-wall-crossings.html?module=inline>

¹¹ Interviews with service providers

theoretically those wishing to access the ports (largely asylum seekers) register their name, and wait until it is their turn to approach the port and request asylum. These lists are managed differently in every location by a combination of asylum seekers themselves, civil society, and the Mexican National Immigration Institute (INM).

The U.S. government issued an official policy in January called the Migrant Protection Protocol (or “Remain in Mexico” plan), which requires that after a person has indicated their intention to seek asylum to the U.S., they are returned to Mexico to await their US court hearings.¹² So far, this policy has only been piloted in Tijuana; the U.S. administration has signaled its intention to roll it out to all ports of entry, in some cases holding meetings with Mexican municipalities who would be the recipients of those forcibly returned to Mexico to await U.S. proceedings.¹³

On April 1st the Department of Homeland Security Secretary ordered the expansion of the Remain in Mexico policy. Meanwhile, a lawsuit has been filed on behalf of the first asylum seekers subject returned to Mexico under the Protocol – requested the protocol is declared illegal.¹⁴ The case was heard on March 22, 2019 – and the ruling is anticipated any day. If the lawsuit is won, it would stop the implementation of the Protocol while the case proceeds through the U.S. court system. If the lawsuit is lost, it is expected Remain in Mexico will be rolled out to other ports-of-entry imminently. If this happens, the scale of need and people at risk on the Mexican border would grow exponentially.

Mexican Immigration Policies and Context

Mexico’s president Lopez Obrador has repeatedly promised to protect mixed-migrants seeking to enter the U.S.,¹⁵ and the Mexican National Migration Institute (INM) claims that Remain in Mexico is a unilateral U.S. policy, and that it is only responding in accordance with humanitarian principles by allowing the returns to Mexico.¹⁶ However, it is unclear why the Mexican government allowed the Metering and Protection policies to create additional burden and humanitarian need on the Mexican side of the border instead of pushing back on them.

At the same time, there are wide-spread reports, both in the media and in discussions with persons along the border, that both Mexican officials and organized criminals are using the new U.S. policies to extort and victimize mixed-migrants.¹⁷ The metering process, in particular, lends itself to the abuse of affected people. Migrants are reportedly either apprehended and detained by Mexican officials – requiring a bribe to be released (rather than deported) and have their names placed on the metering list; kidnapped by criminal groups while they await their turn on the list, and released only after payment of a ransom.¹⁸

The risk of deportation and/or kidnapping while in Mexico is constant for mixed-migrants. In order to transit through Mexico, migrants are required to register for a humanitarian visa, which many do not have as they crossed through unofficial border points; being found without one can result in deportation.¹⁹ Kidnappings are conducted by organized criminal groups (and are more common in the east), typically on buses, where they kidnap a large group of people at one time. Ransom demands reportedly range from \$500 to \$10,000.²⁰

The Mexican government is taking some steps to assist with the issue of kidnapping. Their newly formed National Search Commission has launched efforts to locate and free kidnapped migrants.²¹ They have expanded the program

¹² <https://reliefweb.int/report/mexico/msf-cares-migrants-and-refugees-stranded-tijuana-mexico>; <https://www.azcentral.com/story/news/politics/border-issues/2019/02/20/migrant-caravan-families-us-mexico-border-tijuana-struggle-madre-assunta-shelter-immigration-dhs/2876119002/>

¹³ <https://www.wsj.com/articles/more-migrant-families-arrested-at-border-in-five-months-than-any-previous-full-year-11551810657>; interview with ACLU; https://www.washingtonpost.com/news/national/wp/2019/03/04/feature/after-cold-busy-month-at-border-illegal-crossings-expected-to-surge-again/?utm_term=.5e9581ba5528

¹⁴ <https://www.azcentral.com/story/news/politics/border-issues/2019/02/20/migrant-caravan-families-us-mexico-border-tijuana-struggle-madre-assunta-shelter-immigration-dhs/2876119002/>; https://www.nogalesinternational.com/news/migrant-shelter-saturated-by-influx-of-mexican-asylum-seekers/article_de7144b2-3633-11e9-8c11-9fe8b768a0cd.html; <https://www.latimes.com/world/la-fg-mexico-missing-migrants-20190313-story.html>

¹⁵ <https://www.latimes.com/world/la-fg-mexico-missing-migrants-20190313-story.html>

¹⁶ <https://www.azcentral.com/story/news/politics/border-issues/2019/02/20/migrant-caravan-families-us-mexico-border-tijuana-struggle-madre-assunta-shelter-immigration-dhs/2876119002/>

¹⁷ https://news.vice.com/en_us/article/kzdy4e/exclusive-mexican-officials-are-extorting-thousands-of-dollars-from-migrants-to-apply-for-asylum

¹⁸ https://news.vice.com/en_us/article/kzdy4e/exclusive-mexican-officials-are-extorting-thousands-of-dollars-from-migrants-to-apply-for-asylum

¹⁹ https://news.vice.com/en_us/article/kzdy4e/exclusive-mexican-officials-are-extorting-thousands-of-dollars-from-migrants-to-apply-for-asylum

²⁰ <https://www.latimes.com/world/la-fg-mexico-missing-migrants-20190313-story.html>

²¹ <https://www.latimes.com/world/la-fg-mexico-missing-migrants-20190313-story.html>

for humanitarian visas and job opportunities for asylum seekers, and saw a more than ten-fold increase in asylum claims last year, from 2014.²²

Population of Concern

For the purposes of this assessment, the IRC defines our population of concern as mixed-migrants (of any nationality, including Mexican) that reach the U.S.-Mexico border and are 'stuck' for one reason or another. This could be due to any of the following:

1. Being on the waitlist to request asylum
2. Intending to cross the border, not through a legal port-of-entry
3. Deportees (Mexican nationals)
4. Having reached the border, but became discouraged with the process and now unsure of next steps

There is no data on how many people in each of these groups is currently at the border.²³ The best statistics available are those from U.S. Customs and Border Protection. The below table outline this data summed for the last three months prior to the assessment. Inadmissible most closely align with those presenting at an official port-of-entry, apprehensions align with those who cross the border not at a port-of-entry. Broadly, this table represents the number of people we expect to cross the border in a three-month time-period.

Location	Total Population	Population of Concern: US Customs & Border Protection Statistics Dec-Feb 2019 ²⁴			
		Inadmissible	Apprehensions	Mexican Deportees	Total
Tijuana	1.3 M	8,869	15,385	Data not available	24,254
Nogales	212 K	3,884	13,922		17,806
Juarez	1.3 M	6,378	32,332		38,710
Nuevo Laredo	374 K	10,857	7,810		18,667
Reynosa	612 K	Data not available*	61,440**		61,440 +
Total					160,877 +

* It is possible that this figure is included in the statistics for the Nuevo Laredo figure, but it is unclear in CBP data.

** this figure includes the full Rio Grande Valley, which includes additional ports of entry.

STATEMENT OF INTENT: PRIMARY DATA COLLECTION

Objectives

- Document the priority needs as perceived by the population of concern, along with expected needs that may not be as readily prioritized (i.e. more sensitive protection concerns). As well as how these needs vary by type of affected person.
- Understand the types of services provided by NGOs, civil society, and in some cases the Mexican government, who services are/are not available for and any difference between needs and available services
- Identify feasible modalities for IRC to either directly implement, partner, or otherwise improve access to services – in line with any gaps identified.

Methodology

The assessment included: (1) 21 stakeholder interviews focused largely on access to services for the population of concern (defined above), (2) Six focus group discussions with men and women staying in shelters in border towns, and (3) a family survey with 202 families (representing 569 individuals) using a stratified convenience sample. The assessment covered three locations: Nogales, Sonora; Juarez, Chihuahua; Nuevo Laredo, Tamaulipas. Informed

²² <http://www.irinnews.org/photo-feature/2019/01/28/honduras-us-mexico-border-migration>

²³ However a recent attempt at this led to some interesting findings available [here](#).

²⁴ <https://www.cbp.gov/newsroom/stats/sw-border-migration>, data included is for total inadmissalbes and apprehensions, including family units, UAM and adults.

consent was received before all interviews. Full explanation of the methods and links to the tools used can be found in Annex 1.

Limitations

Due to the serious protection concerns for participants in this assessment, all focus groups and surveys occurred within a secure service provision location. This means that we were only able to capture the views of people who are able to access these locations. By default, this largely excludes the following groups:

- People working with a coyote (by choice) who is providing shelter and services
- People with enough money to stay in a hotel, or who have community connections
- People who have been denied access to services for any reason, real or perceived
- People who have been kidnapped or trafficked (against their will) and are residing in ‘safe houses’

This assessment used a convenience sample is that is not considered to be representative of the entire population of interest. However, because of this non-representation, the sample size is increased to help to control for this expected bias. This is why the survey aimed to include 10% of family units present in the survey area (who met the definition of population of concern). The number who responded to each question is reported as n=x because not all survey participants answered all the questions.

KEY FINDINGS

Key needs and gaps in services have clear trends across locations assessed and are outlined here. However, there are variances in security, types of service providers, and modes of functioning in each location. The high level differences by location are outlined in the ‘profile of assessed locations’ section below

Population of Migrants/Deportees Represented in Survey					
Demographics		Nogales	Juarez	Nuevo Laredo	Total
Adults	Male	28 + 26	43 + 55	35 + 21	208
	Female	20 + 26	42 + 35	21 + 20	164
	Other	1	3	2	6
< 18	Male	2 + 68	4 + 27	0 + 33	134
	Female	1 + 24	0 + 23	0 + 9	57
Total	Interviewees	52	92	58	202
	Population covered	196	232	141	569
	# on waitlist	800	3000	700	4500

The following analysis draws on data from service provider interviews, focus groups

* Red = interviewees, Green = interviewees’ family members traveling with them

with men and women, as well as the family survey. The profile of families surveyed is as follows:

Of those interviewed, 70% had at least one family member traveling with them. On average, those traveling as families were a unit of three or four people, though families of up to 16 people were identified. The only group more likely to be traveling with fewer family members were those from Cuba and deportees. In contradiction to media reports which mention large numbers of single adults traveling with individual children, reportedly because they believe it will be easier to cross the border and remain in the U.S., only 6% of those surveyed were adults traveling with only one child.

The average age of those surveyed was 32 years old (min: 16, max: 54), this did not vary by location or gender.

Country of origin	N = 569
Mexico	169 (30%)
Honduras	141 (25%)
Cuba	136 (24%)
Nicaragua	29 (5%)
Guatemala	28 (5%)
El Salvador	25 (4%)
Venezuela	12 (2%)
Angola	9 (2%)
Democratic Republic of the Congo	8 (1%)
Togo	6 (1%)
Other (not shared)	6 (1%)

Of all those represented in the survey, the majority were Mexican, then Honduran, Cuban, and other, as noted in the table at right. The majority of Mexicans surveyed were from Guerrero (66%), no other state made up more than 7%.

Each town surveyed had a very different make up of nationalities (Nogales – high numbers of Mexicans, Juarez – high numbers of Cubans). The survey population most closely aligns with the ‘inadmissible’ population from CBP statistics, as 87% of them were trying to cross the border this month, almost all of whom had placed their names on the waitlist. While CBP data is not specific enough to make a direct comparison as they do no list nationality by port of entry, nor

do they list nationalities for single adults – trends across the border for UAM and families for FY19 show 44% Mexican, 27% Cuban, 14% Guatemalan, 12% Honduran, and 4% from El Salvador.²⁵ We expect the variation between this data and our own to be based on three things 1) port of entry – it is likely that a higher percentage of Central Americans are arriving at the California ports of entry (as the caravans recently have) – which were not surveyed; 2) Mexicans are more likely to have community connections and not be accessing the surveyed service providers; 3) while less credible, anecdotal information notes that Guatemalans are more likely to be using the services of coyotes, and thus not accessing service providers.

Of families surveyed, 22% had one or more members with a stated vulnerability including 8% of families who had a member with a chronic health condition, 6% of families that included a pregnant woman, and 4% that included a lactating woman.

Families with a vulnerable member	N=178
Chronic health condition	15 (8%)
Pregnant	10 (6%)
Lactating	7 (4%)
Physical disability	3 (2%)
Broken bones	2 (1%)
Mental disability	1 (1%)

When asked what their families' biggest needs in Mexico are right now, the most common answers were food (39%), money (36%) and medicine (26%). A point of interest is that nearly all families surveyed were staying in a shelter, where four of the top five noted needs were provided (food, medicine, shelter and clothes/shoes). This may be because respondents were not satisfied with this service provision, or because they were not permanently staying in the shelters, they still perceived these as large needs, in the near future. Also of interest is that an unusually high number of families prioritized non-physical needs such as safety (20%) and protection from violence/gangs (19%). More information on specific safety and protection concerns can be found in the protection section below.

While there were no statistically significant differences in how women and men responded to this question – there are some trends. When looking only as how female respondents prioritized, these needs are ranked slightly differently: money, medicine, clothing/shoes, healthcare, safety and protection. Those traveling with children were more likely (statistically significant) to prioritize medicine (41%) and healthcare (30%) than those without children (17% and 11% respectively) – no other differences between these two groups trended.

Stated need	N=178
Food	39%
Money	36%
Medicine	26%
Shelter	24%
Clothes/shoes	23%
Job	21%
Safety	20%
Protection from violence/gangs	19%
Healthcare	19%
Water	19%
Bathrooms	10%
Legal aid	10%
School	6%
Services for women/girls	4%
Services for LGBTQ	2%
Other (no trends)	14%

The rates of those reporting needs for safety, protection from violence/gangs, and legal aid were higher in Nuevo Laredo than in the other two locations (though not statistically significant). Notably, the two highest ranked needs in Nuevo Laredo were for protection and money (40% each), followed closely by safety (38%).

Economic Needs (Food/Shelter etc.) and Gaps

The vast majority of those surveyed were residing in free shelters (93%), however, this is not surprising as the survey was carried out predominantly in shelters. It is expected that the percent of those on the waitlist living in shelters is 60% in Nogales, 30% in Juarez and 70% in Nuevo Laredo.²⁶ According to service providers, there were minimal or no reports of anyone living/sleeping on the street in all three locations (one surveyed). Instead, those who were not found in the shelters were said to be renting (seven surveyed), or staying with relatives/friends (two surveyed). It is expected that others are also present, but un-surveyed, as they are residing in coyote-provided shelters and not accessing services.

²⁵ <https://www.cbp.gov/newsroom/stats/sw-border-migration/fo-sw-border-inadmissibles>

²⁶ These may be under-estimates as they are based on the total shelter population divided by the total number of people currently on the waitlist (whereas in many locations people whose names are on the waitlist may have already crossed using a different method).

It is interesting that 24% of this population reported shelter as one of their largest needs (noted above) - while most of them are currently residing in a shelter. This could mean one of two things 1) while the question asked what is your biggest need right now, it is possible some interpreted it to me 'along your journey' – and thus noted shelter; 2) that there were concerns (over-crowding, strict rules, etc.) at the shelter where they were currently residing- and they would prefer to have a different option.

Only 5% of non-Mexican families surveyed noted a family member who was able to earn money in Mexico.

For those who noted money was a priority need, they were asked what they would spend the money on. Most prioritized food, followed by hygiene items and clothing/shoes. Similarly, when asked about their needs, four of six focus groups focused on goods in kind or vouchers for items such as: diapers, baby formula, sanitary pads, shoes, clothing, food, and blankets.

In respect to food security, on average families reported eating 2.7 meals a day. The most common coping strategies mentioned were relying on assistance from others, limiting portion sizes, and restricting food eaten by adults so children could eat (in order). Of those surveyed, 68% reported having spent their savings in the last month, 25% noted they had taken on debt in the last month, however only 4% reported themselves or their children begging for money.

Money expenditure	N=64
Food	70%
Hygiene	28%
Clothing/shoes	23%
Other (no trends)	13%
Shelter	11%
Transport in Mexico	11%
Transport to leave Mexico	9%
Diapers/baby formula	8%

Protection Needs and Gaps

Both men and women had similar responses when asked what kinds of risks have been faced, either traveling to the town where they were surveyed, or in that town itself, focusing first on the risks of theft, threats and kidnapping – see full data in table at right (information on risks by location can be found in the 'profile of assessed locations' section below).

MSF in the country reports that “some 90 percent of the patients treated by our teams have suffered some kind of psychological harm or physical violence”.²⁷ This is coupled with anxiety about the waitlist, fear of deportation and stress from family separation as some of the symptoms experienced by migrants.²⁸ That said, when asked if any family members had taken to dangerous or unhealthy work since coming to Mexico, 99% noted that they had not.

In terms of access to services by various groups, two focus groups noted that barriers had to do with xenophobia/ Mexican IDPs receiving preferential treatment over others, while one female focus group noted that along the route men receive the least access, with women and children receiving services at priority. They also noted that big families (10 members or more) were more likely to be denied shelter and assistance.

Focus groups also discussed leadership among themselves, with four groups noting that informal leaders are found among themselves (both among women and men). They often follow nationalities, and are the people who are more proactive in getting information about services (shelters, medical care, etc.). One group additionally noted that often they are the ones with more 'clothes' – indicating that people who traveled with, or who still have, more goods are seen as leaders.

The other two focus groups noted that there were no leaders among the migrants, and this was because people felt unsafe and generally did not know each other, so were afraid to engage. They noted that the information they had came from the civil society organizations, not from others (migrant 'leaders'). One group further noted that it is

Reported Risks	N = 188
Theft	36%
Nothing	36%
Threats/intimidation	27%
Kidnapping	23%
Extortion	21%
Physical violence	19%
Deportation	12%
Gangs	11%
Trafficking	8%
accident	7%
Xenophobia	4%
Participation in illegal economies	3%
Other	2%

²⁷ <https://reliefweb.int/report/mexico/msf-cares-migrants-and-refugees-stranded-tijuana-mexico>

²⁸ <https://reliefweb.int/report/mexico/msf-cares-migrants-and-refugees-stranded-tijuana-mexico>

necessary to be extremely cautious of who you trust - providing first hand experiences of 'coyotes and organized crime who will infiltrate the shelter houses and recruit from inside... in one instance there was a woman [who came] – she tried to lure a few migrants to go out and eat, the migrants who went with the woman have not returned and it has been a week since we last saw them.'

The three male focus groups made long lists of the risks to men. The primary risk remained kidnapping followed closely by robbery and extortion, and lastly coyotes and armed groups (drug dealers) and sexual violence (noted by one FGD).

Women

Sexual violence against migrant women and girls is common in Mexico. Criminal gangs engaged in human trafficking and sexual exploitation often take advantage of the extreme vulnerability of female migrants and refugees, making them particular targets for abuse.²⁹ All three female focus groups in the IRC assessment noted that kidnapping and rape were the largest safety risks for women.

Mexico has a mandatory protocol (law) titled 'NOM 046' which dictates response to female survivors of domestic or sexual violence involving medical (including Post Exposure Preventive - PEP), psychological and physical assistance.³⁰ However, only one service provider we spoke with referenced this protocol, all 20 others were unable to outline a clear referral pathway for GBV. The service provider who was aware of NOM 046 noted that 40% of the budget to uphold the service provision required by the law has been cut this year, straining the resources available to provide services.

In some cases, women who spoke with the IRC noted feeling comfortable to seek help from shelters and aid groups for violence, in other cases they noted that they were coping by forming close knit groups with other women along the route, a sort of ad-hoc support group. In one location women noted that there were psychologists available at the shelter, but that they would prefer more organized support group activities.

Children

The largest risks reported for children were gang recruitment/violence (34%), sexual abuse/violence (28%), physical violence (19%) (see full table on following page). When asked where these risks are most likely to occur, respondents were most concerned about the time in transit (66%) followed by here in the border town (53%), then back home (41%), and lastly while crossing the border (37%). Notably, these responses were different in Nuevo Laredo, where the

biggest risk by location was considered here at the border town (78%, statistically significant difference), followed by in transit (59%).

All six focus groups included kidnapping as a main risk for children. Three groups focused on the risks of extortion and robbery both by the Mexican police as well as others along the route. Two groups focused on the health risks in overcrowded shelters and not being able to afford/access health care for more serious health issues on time. Two groups mentioned the risk of overcrowding in the shelters and the lack of enough shelters noting people with children who had been turned away. Two groups spoke about physical risks along the journey including crossing the jungle in Panama and falling off of trains. One group noted having seen sexual violence cases in the route, and mentioned that 'women and some men just keep moving forward.' One group noted that physical violence against children was most likely to occur from the parents themselves, trying to keep their children quiet and well behaved in the shelters.

Risks faced by children	N = 152
Gang recruitment/violence	36%
Sexual abuse/violence	28%
Physical violence	19%
Abandonment	15%
Drug abuse	16%
Kidnapping*	9%
Health risks*	3%
None	38%

*Due to survey error, neither kidnapping nor health risks were options, but both were written in under the category 'other' as such, they are likely higher risks than noted.

²⁹ <https://reliefweb.int/report/mexico/msf-cares-migrants-and-refugees-stranded-tijuana-mexico>

³⁰ https://www.ecoi.net/en/file/local/1401475/1226_1496997659_accord-coi-compilation-mexico-domestic-violence-17may-2017.pdf

Two focus groups noted that violence against children would be reported to the shelter director. In two other groups, they mentioned that they trusted a specific aid organization (varied by location) which is where they would report. No information was provided as to what would happen as a result of this report.

Mexico's National System for Integral Family Development (DIF) is legally responsible for all unaccompanied minors, whether Mexican nationals or migrants. However, during interviews with service providers, the information on exactly how they receive and handle cases of non-Mexican UAM varied, sometimes dramatically. Part of the variance is that DIF operates at a federal, state and municipality level – with each level being responsible for different parts of the process - thus the process varies across locations. What is certain is that civil society organizations are expected to refer all UAM (Mexican and migrant) to DIF. DIF is expected to conduct a best interest determination (BID) and follow up with the required care. For Mexicans, this is standard and includes options of return home, placement with relatives or remaining in a DIF shelter. For non-Mexicans, the options and process less clear. However, there are reports of all the following occurring: being deported, contacting their parents for permission to stay in a non-DIF shelter (and presumably allowed access to the asylum list), remaining in the Mexican DIF system (shelters with no freedom of movement). In terms of reports of UAM, only 8% of those surveyed reported knowing of any children who were living without adults.

As the numbers for UAM are higher on the U.S. side, it is possible that either UAM are taking different routes (possibly with coyotes), and/or they are a hidden population on the Mexico side either because 1) they know they are likely to be reported to DIF and either put in the state care (Mexicans) or potentially deported (non-Mexicans), so they intentionally avoid being identified as a UAM or 2) service providers are not trained or proactively identifying them.

Health Needs and Gaps

Seventy percent of families surveyed noted that they had access to potable water where they were staying, with 31% noting that they were buying water. In terms of access to bathroom facilities, all the shelters visited had both toilets and showers available, which corresponded to the 91% of respondents who noted they had access to both. However, 18% of female respondents said there were safety or privacy concerns for women who wanted to use these facilities. This is not surprising, as long lines to use the restroom were noted several facilities, in an extreme case one shelter hosting 300 people has only two bathrooms.

In terms of access to healthcare, Mexican law provides the right for anyone, including migrants to access the healthcare system. They do this by accessing Ministry of Health facilities and available (free) medications, but must first register for what is called 'seguro popular', and insurance that covers out of work Mexicans, migrants and others for three months (but can be extended). All service providers who responded to questions regarding health noted that migrants and deportees have access to this system. Admittedly not all services and medications are available due to resource shortage.

Of survey respondents, 68% had not tried to use health facilities in Mexico, of these, 81% noted that this was because they did not need services, while 19% noted that they needed health services, but did not think they would be assisted at Mexican facilities. Of the 32% who did try to access healthcare in Mexico, 94% were able to access care, which was free for 97% of them. However, 22% reported that the medication that they needed was not free. Note that women were more likely than men to try to access healthcare in Mexico (statistically significant) at 43% vs. 21%.

The most common reason respondents noted seeking healthcare (n = 62) was for an illness (74%), followed by reproductive health (11%) and chronic illness (6%) (13% reported seeking for some other reason). Those who sought health care for illness most commonly noted colds (70%), coughs (51%), fevers (40%), diarrhea (23%) and vomiting (13%). Notably, there was an ongoing outbreak of chicken pox affecting a substantial number of migrant children staying in the shelters in Nogales.

Women seeking reproductive health care most commonly noted this was for routine pregnancy care (75%). None reported seeking care for delivery or problematic pregnancies.

There were no trends in the type of chronic or 'other' care sought.

Of the non-Mexican's surveyed (n = 132), 64% felt that there were no barriers to seeking healthcare in Mexico. The 36% that thought there were barriers noted the largest concern was in affording medical care (45%). Focus groups mentioned there were general practitioners available for free, but they needed specialist care (gynecologists and pediatricians). This was followed by a lack of free medications (30%).

Focus groups who noted concerns accessing healthcare referenced both the problem of feeling unsafe to leave the shelter to go to a hospital, and limited freedom of movement.

Access to healthcare and medication varied greatly by location. A few similarities were:

- Two focus groups reported occasional xenophobia/denial of services at Mexican health providers.
- All shelters had at least a general practitioner who visited the shelter on (at least) a weekly basis.
- No reproductive health services were available at the shelters – two female FGDs noted this was not a main concern for them (they had more pressing needs), while one noted the need for a gynecologist.
- Women sometimes receive minimal menstrual hygiene (pads) and other hygiene supplies from the shelters- but they note that it is not sufficient and most often they have to buy their own.

Information Needs and Gaps

In terms of information gaps, three focus groups noted they were the largest barrier to accessing services, with multiple groups noting the following priority concerns:

- How to sort out your paperwork (humanitarian visas, loss of documents, metering lists)
- What support services are available – specifically shelters
- Understanding of how the asylum process works/ not knowing they could not directly cross the border when they arrived
- Information about their rights
- Better communication and transparency about the asylum process; specifically, the metering list. Many rumors that people skip the list, or are never called are circulating and increasing the anxiety of those who are waiting.
- Not knowing which routes to take
- No information specific to women traveling with children, pregnant women

Some noted there was more information available in the southern regions of Mexico, but once you arrived north, there was no information. One group noted that the Jesuits (in Mexico City) were providing information on which routes were safest, while one group noted they were told by others that Juarez was the safest route/destination.

Overall, there was frustration with information gaps. Focus groups noted that they were not allowed to use their phones at some shelters due to security concerns, while others did not have phones to use (deportees in particular reported having their phones confiscated and not having access to the phone numbers/contacts of their family/relatives).

The type of information that was reported as most needed, yet hardest to access was information on the US asylum process (74%), followed by information on the border crossing (20%), and information on legal services (14%). This trend was mimicked in terms of information that was received, and was considered 'most valuable'.

Type of information (n = 166)	Hardest to access	Most valuable received
US asylum process	74%	53%
Information on the border crossing	20%	13%
Legal aid services	14%	2%
Shelters	8%	12%
Employment	8%	1%
Medicine	8%	1%
Food	5%	2%
Healthcare	6%	3%
Mexican asylum process	4%	5%
Women/girl services	4%	0%
Requirements for accessing services	4%	1%
Services for children	3%	0%
Psychological services	3%	0%

Per survey respondents, the most common information sources while in Mexico have been migrants en route and Facebook (33% each), Whatsapp (29%), family/friends and shelters (22% each). When asked where they received the

most valuable information, they noted the most common source was other migrants en route (37%) – this was confirmed by five focus groups, family and friends (21%), shelters (17%), community organizations (9%), and Facebook (5%). Focus groups also reported getting information from the Mexican government (Grupo Beta and INM) (3/6 FGDs). Many noted that they used (and preferred) their phones, often searching Google for information (3/6 groups). Others mentioned they got information from churches/shelters (2/6 groups). Some noted they received a map of routes from Grupo Beta, while others said there were no maps available. One group mentioned UNHCR provided information when they crossed the border into Mexico.

When asked what problems people have accessing information, the most common response was that they do not know where to go/who to ask for information (41%), followed by the information that is provided being confusing (34%).

Problems accessing information	N = 153
Do not know where to go/who to ask for info	41%
Info that is provided is confusing	34%
I have not received any info	27%
I don't trust the information that is provided	15%
The information is in the wrong language	4%

Of those surveyed, 98% could read Spanish, 16% could read English, while another 5% could read in another language. Only 1% could not read in any language. 65% of the families surveyed owned a cell phone, and of those, 79% could access the internet on their phone (51% of families, overall). 91% of respondents used some form of social media. Most common by far were Facebook (70%) and Whatsapp (69%). Less common were Instagram (10%) and Twitter (6%). There were no significant differences by gender. Only 45% of migrants noted that they shared the important information they received with others, of those who did share, only 18% did so digitally.

RECOMMENDATIONS

General

- Prioritize one, or maximum two locations that are a priority for the IRC based on gaps in services and potential partners.
- Strongly consider a partnership approach, acknowledging that most civil society organizations may not currently provide services at international standard. This is important to address security concerns for affected persons and staff, to ensure a value add, rather than a duplication of services offered - as many are currently housed under one roof in the shelter system, and to ensure capacity building of service providers who will continue to provide services for years to come.
- If direct services are offered, consider embedding those services with local organizations, or taking a more 'rapid impact' approach with NFI fairs, hygiene kits, etc.

Economic Recovery and Development

- Due to the extreme risks of extortion in all three locations, cash and vouchers are not being provided by any service providers in the area, and are not recommended. Non-food item kits (NFI), hygiene kits, or potentially small NFI fairs held at service providers – may provide a feasible and safe alternative, but should be done in partnership with existing service providers.

Child Protection

- Consider improving services for children by partnering with, or embedding IRC field-level staff into one or more civil society organizations to provide psychosocial support and case management.

Women's Protection and Empowerment

- Consider improving services for women and girls by 1) working with civil society to establish clear GBV referral mechanisms, 2) training MOH and civil society on CCSAS and referral pathways needed/possible 3) partnering with, or embedding IRC field-level staff into one or more civil society organizations to provide psychosocial support and case management.

Health

- Consider providing information about which health services are available and how to access them, potentially via a digital platform.
- Potentially partner with one or more civil society organizations that is already providing health services to gap fill (salary of medical staff, funding for transport to referral facilities, etc.).
- Consider partnering with shelters that do not have sufficient access to water and sanitation to provide support to build additional facilities.
- Address health risks due to poor hygiene by providing hygiene kits in kind, or through an NFI fair.

Protection and Information

- Bolster existing information services to meet the gap that people do not know what to expect when they reach the border and have limited information on safe routes to take/services available. This may include the IRC's SignPost program or other means of information provision. Examples of this include how to access legal aid, health care, shelter, through existing mechanisms.
- Note: before a decision on information programming is taken a do no harm analysis needs to be completed to ensure IRC's activities do not increase the risks to migrants by inadvertently directing them towards sub-standard or unethical services, providing out of date information in an environment with continual security and polity shifts, etc.

ANNEX-**A. [Methods Doc/Assessment Tools](#)**