



# Migrant Needs Assessment

## Mexico



1. Problem Summary	2
2. Assessment Structure & Methodology	5
3. Assessment Findings	7
4. Recommendations for Intervention	19

## 1. Problem Summary

**The migration dynamics of people travelling through Mexico to reach the United States have changed dramatically over recent years.**

In 2020 the number of migrants dropped significantly as borders were closed during the COVID-19 pandemic. Three years later the number of migrants is skyrocketing as causative factors worsen, including exacerbated poverty levels due to the COVID-19 pandemic and the impacts of climate change on extreme weather, agriculture, and livelihoods. Changes in United States policy also significantly affect migrant flow. Title 42, which had previously closed the U.S. border to all asylum seekers on the grounds of protecting public health during the COVID-19 pandemic, ended in May 2021. Two months later the Migrant Protection Protocols (MPP) program, which forced migrants from Mexico to wait outside of the U.S. for the duration of their immigration proceedings ended. Migrant flow has seen an uptick since this time.

The Northern Triangle – El Salvador, Honduras, and Guatemala – has been a major source of migration through Mexico to reach the U.S. in recent years, informing significant changes to migration dynamics. A variety of factors, including climate change and subsequent extreme weather, agricultural failings and corresponding food insecurity, and violence related to the dominating drug trade, is responsible for the more than 400,000 estimated migrants on average annually in recent years moving in search of better opportunities.<sup>1</sup>

In fiscal year 2021 migrant numbers from the three Northern Triangle countries continued to rise, collectively forming close to an estimated 700,000 (41%) of migrant encounters by Border Patrol at the U.S.– Mexico Border. Although Mexico still formed the single most common origin country of estimated migrant populations, populations from the Northern Triangle and other countries have risen compared with previous years.

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<sup>1</sup>Congressional Research Service – Central American Migration: Root Causes and U.S. Policy <https://sgp.fas.org/crs/row/IF11151.pdf>

<sup>2</sup>Pew Research Center – What’s Happening at the U.S.-Mexico Border <https://www.pewresearch.org/fact-tank/2021/11/09/whats-happening-at-the-u-s-mexico-border-in-7-charts/>

Country of Origin	Number of Encounters	Percentage of Total Encounters
Mexico	608,037	37%
Honduras	308,931	19%
Guatemala	279,033	17%
El Salvador	95,930	6%
Ecuador	95,692	6%
Brazil	56,735	3%
Nicaragua	49,841	3%
Venezuela	47,752	3%
Haiti	45,532	3%
Cuba	38,139	2%
Other	33,584	2%
<b>Total</b>	<b>1,659,206</b>	<b>100%</b>

Figure 1: Border Patrol Migrant Encounters at the U.S.-Mexico Border in Fiscal Year 2021<sup>2</sup>

More recent developments have affected these dynamics even further. Venezuelans have been arriving in record numbers as the political and economic crisis in their country continues to worsen. In September 2022 the Department of Homeland Security reported that 33,000 Venezuelans were apprehended in the southern border of the U.S., forming the largest country of origin for arriving migrants for that month.<sup>3</sup> In October 2022, U.S. and Mexican authorities announced a new policy that enables the United States to expel Venezuelans arriving by land crossings back to Mexico while also granting access by air to some migrants who meet requirements. Thousands of Venezuelans have been left stranded as a result, placing more pressure on stretched services.

Migrant populations are at an increased risk of experiencing vulnerable situations as a result of circumstances compelling them to leave their country of origin, conditions of travel or arrival, or personal characteristics such as their age, gender identity, race, disability or health status.<sup>4</sup> The route for migrants through Central America is harrowing, some of which must be undertaken on foot; migrants risk exhaustion, hunger, exposure to diseases, violence from criminal gangs, robbery, and sexual violence.<sup>5</sup> Many of these risks continue on their arrival to Mexico, with abuses and violence especially prevalent in northern states. Protection risks, including sexual abuse and human trafficking, are of particular concern for women and children.<sup>6</sup> There have been more than 100,000 unaccompanied minor encounter events registered by the U.S. Customs and Border Protection between January and August 2022.<sup>7</sup>

Organizations have called for assistance to respond to the situation in Mexico as the increasing number of people on the move overwhelm southern and northern border areas with growing humanitarian needs. ACAPS reports that “the increasing number of migrants and asylum seekers overwhelms the humanitarian response capacity.”

With changing patterns and increasing migrant numbers traveling through Mexico, gaps and limitations in humanitarian support can prevent people from accessing essential services and needs. To assess gaps in humanitarian needs and ascertain potential overlaps with Project HOPE’s capacity, Project HOPE undertook a rapid needs assessment in key migration locations in Mexico focusing on Health; Water, Sanitation, and Hygiene (WASH); and Protection.

<sup>3</sup>Why Venezuela’s Refugee Exodus to the U.S. has been Accelerating <https://www.reuters.com/world/americas/why-venezuelas-refugee-exodus-us-has-been-accelerating-2022-10-18/>

<sup>4</sup>UN Human Rights – Migrants in Vulnerable Situations <https://www.ohchr.org/en/migration/migrants-vulnerable-situations>

<sup>5</sup><https://www.cfr.org/article/crossing-darien-gap-migrants-risk-death-journey-us>

<sup>6</sup>ACAPS Report – Mexico: Humanitarian Situation of People on the Move

<sup>7</sup>ACAPS Report – Mexico: Humanitarian Situation of People on the Move

Although the assessment was originally intended to cover Mexico and the Northern Triangle countries, further information and developments indicated that a focus on migrant concentration locations in Mexico was needed, given the heightened humanitarian support needs as migrants are funneled through Mexico to reach the U.S., whereas funding priorities in the Northern Triangle countries for the U.S. government are more long-term.

**Assessment Objectives:**

- Increase understanding of the migrant context in key migrant route locations in Mexico.
- Identify essential population needs on the migrant route in the areas of Health, Protection, and WASH.
- Identify key humanitarian actors and their roles (UN agencies, international and domestic non-governmental organizations NGOs, civil society shelters, and religious shelters), as well as the support provided from the public health system and key response gaps.
- Make recommendations to respond to the essential needs identified by the assessment in line with Project HOPE's capacity.

Project HOPE's extensive experience in the humanitarian sphere globally enables an understanding of the connections between migration and increased health issues, exacerbated mental health concerns, and a rise in gender-based violence, among key humanitarian concerns. Project HOPE has been working to support health care provision to Venezuelan migrants and refugees in Colombia since 2018 and also has extensive experience and capacity in the Latin American and Caribbean region providing Health, WASH, and Protection programming.



Beds for Migrants at Casa del Caminante Jtatic Samuel Ruiz in Palenque, Mexico  
September 2022 Photo Credit: Project HOPE

## 2. Assessment Structure & Methodology

### Geographic Scope and Locations

The assessment focused on key migration route locations as follows:

#### Northern Mexico:

Monterrey, Nuevo León State

#### Central Mexico:

Guadalajara, Jalisco State

#### Southern Mexico:

Coatzacoalcos, Veracruz State

Palenque, Chiapas State

### Assessment Time Frame

Southern Mexico locations: September 12-15, 2022

Northern and Central Mexico locations: September 19-23, 2022

### Assessment Team

The Project HOPE Assessment Team included the Project HOPE Mexico Country Director and the Latin America/ Caribbean Program Coordinator.

### Assessment and Programmatic Priorities

#### Health

Primary health and maternal and child health are a priority for Project HOPE's efforts in the region. The assessment included information on main morbidities, disease concerns, health-seeking behaviors, referral systems, current health relief efforts, and security/discrimination issues regarding primary health support.

Security concerns present limitations for implementing mental health programs in Mexico, especially for migrant populations that have likely endured trauma and have left their communities because of violence. Given that assessment areas are located in regions of cartel control with an ongoing presence, security concerns for migrants and staff limited the ability to ask queries/questions for assessing mental health support at this time.

#### WASH

Needs assessment questions included Water, Sanitation, and Hygiene (WASH) queries. Project HOPE surveyed how the affected community obtained water, the quality and sufficiency of water, distribution and access for women/children/disabled, and appropriate storage of water. Sanitation facilities were also surveyed, including provisions for disposal of human waste, appropriate separation of facilities for women, latrine availability, disposal of medical waste, and availability of hygiene items.

#### Protection

Addressing protection issues for women, children, and the disabled is needed on the forefront of the humanitarian response in the region. With sexual gender-based violence (SGBV) a major concern for the migrant population, Project HOPE assessed available support services for SGBV survivors, as well as the

availability of post-exposure prophylaxis (PEP) kits. With a significant number of unaccompanied minors making up the migrant population, Project HOPE also surveyed the available programs for unaccompanied minors, as well as those for the disabled.

## Assessment Tools

The rapid needs assessment utilized a community needs assessment tool with inclusion of Health and WASH questions, using adapted assessment tools from the following resources:

- SPHERE Needs Assessment
- WHO Health Resources and Services Availability Monitoring System (HeRAMS) and WASH Emergency Assessment Tools

Other information/resources contributing towards the assessment:

- NGO profiles for those providing services for migrants
- Public reports and media information
- Interviews with NGOs and health authorities
- Data provided by the shelters

## Assessment Methodology

Structured interviews: Project HOPE interviewed fifteen NGO and shelter representatives to collect relevant data on Health, WASH and Protection needs. Additionally, the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR), and Pan American Health Organization (PAHO) representatives at the central and local levels and the Ministry of Health (MoH) representatives in Palenque and Coatzacoalcos were also interviewed.

Direct observation: Direct observation was used to compliment structured interviews to verify and report data, such as confirming the availability of services reported by facility staff. Observation included visiting five shelters, one primary health care center, and migration concentration points in a number of locations.

Data abstraction and review of secondary data sources: Instituto Nacional de Migración, UNHCR, PAHO, and IOM reports and local newspapers.

## Main Limitations

- Official or accurate data on migrant population numbers in transit in Mexico are difficult to obtain. Data available are based on numbers of asylum seekers/detained migrants and data from NGOs based on the populations they assist. Data are also not readily available on numbers of migrants receiving health care in government-operated primary health care centers (however, estimations were provided during interviews). However, it should be noted that many do not seek medical attention in these health facilities.
- Mental health assessment information could not be collected, given safety concerns for both migrants and Project HOPE staff, given the presence of cartels on migrant routes and fear of retaliation or threats.

## Underlying Assumptions

- U.S./Mexican government policies remain consistent regarding migrants.
- Migrant routes and patterns do not dramatically change (due to the above).
- Shelters and support services on migrant routes are able to continue to operate and new services are provided to meet increased demand.
- Migrants will be able to continue to access health services present and accessible on migrant routes that are provided by NGOs and other civil society organizations (given the MoH's limited capacity to provide ongoing services for migrants).

### 3. Assessment Findings

## Mexico: Migration routes



### 1: Northern Mexico - Monterrey, Nuevo León State

Monterrey is the second wealthiest city of Mexico, after Mexico City, and one of the most important in Latin America for businesses. It is very well connected to the rest of the country and to the United States by air and land. It is located two and half hours from the border by car, 219 km (about 136 miles) to Nuevo Laredo, Tamaulipas, and 219 km to Reynosa, another key crossing point. For these reasons, Monterrey is considered a key point in the route of migrants to the north of the country. From the city, people can move to the border in Coahuila or Tamaulipas, but can also stay longer if needed, until they can cross the border, and access services in the interim. Monterrey is also a reception point for asylum seekers. In 2022 alone there were 1300 new asylum requests in the city.<sup>8</sup> The key difference with cities in the south is that Monterrey has the institutional capacity to receive, support and provide services to the migrant population. The new governor appointed in 2021 has an open policy to migration and there is cooperation with international organizations and the UN system in the city. The state Ministry of Health has just launched an inclusive help route for the migrant population.

The flow of migrants responds to the influence of international politics in the region, with the change of government in the U.S. and the ending of Title 42 and MPP. There are now around 200 people crossing daily in a coordinated way through different access points, and around 40,000 people waiting to cross.<sup>9</sup>

<sup>8</sup>Interviews with UNHCR in Monterrey

<sup>9</sup>Interviews with UNHCR in Monterrey

These points change regularly, but at the time of interviews, it was mentioned that there are around 120 migrants crossing daily from Nuevo Laredo, Tamaulipas, and seventy from Piedras Negras, Coahuila.<sup>10</sup> At the time of this report, it was reported that the crossing from Nuevo Laredo and Reynosa had stopped functioning, and migrants were instead crossing from Matamoros, Tamaulipas. Movements of people to different cities in the north continue to change, with migration flows and dynamics difficult to predict. Crossing location changes and changing movements of people create challenges for organizations to identify key reception points where services can be set up and established.

The northeast border is considered more unsafe than the western border (Tijuana and Mexicali, in Baja California) because of the control of organized crime groups in cities such as Matamoros, Reynosa, Nuevo Laredo, and Piedras Negras. Also, within the U.S. Texas is known to be harsh in its migration policies. Bus companies in Mexico cannot sell tickets to people who do not have permanent residency in Mexico, and there are many immigration checkpoints run by the National Institute for Migration (Instituto Nacional de Migración, or INM) before the border cities, leading to migrants paying “coyotes” to transport them to these city locations.

The main nationalities of migrants in the north are those from Honduras, Haiti, El Salvador, and Guatemala. Recently, there has been a noted increase in arrivals from Venezuela. It is reported that their families in the U.S. are paying monthly installments of 1000 USD for a year for the “full crossing package”<sup>11</sup> as the situation in Venezuela continues to worsen because of the political and economic crisis.

Border cities such as Nuevo Laredo, Ciudad Acuña, and Piedras Negras do not have the institutional capacity or support to respond to the migration situation. In Ciudad Acuña, shelters have been closed to prevent people coming.

At the cities on the border, migrants are charged a fee by organized crime groups to get closer to the river. Prices are reported to range from 1000 USD to cross the river on their own to 3000 USD to receive assistance to cross.

## **1a: Humanitarian Support Context**

### **Monterrey:**

There are three big shelters in Monterrey, known as Casa Indi, Casa Monarca, and Casa Nicolas. UNHCR supported the construction of Casa Monarca, which has a capacity of 110 people. Casa Nicolas and Casa Indi receive donations from UNHCR.

Casa Indi receives a mix of populations, including homeless, migrants and asylum seekers. A total of 80% of their population are migrants, and 20% are homeless. Casa Indi manages three shelters with a capacity of 850 people. Buen Samaritano is only for women and children (capacity of 180), Santa Maria is for families, and Casa Indi is only for men (capacity of 450). There is a health clinic in Casa Indi with a doctor and a nurse seven days a week, and the health district visits it regularly. People staying at the other shelters can come to see the doctor here. At the time of Project HOPE’s assessment, there were 700 people at Casa Indi, including 400 men, 200 women, and 100 children.

Casa Nicola has capacity for 120 migrants. It is a mixed shelter (women, men, and children), with a minimum of seven days’ stay. They have one medical room with two interns from the University of Monterrey two times a week. During the early stage of the pandemic, medical services were not provided at the shelter. Currently the shelter has fewer than 40 people. The manager mentioned that since May 2022, the transit of migrants through this location has decreased.

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<sup>10</sup>Interviews to MSF OCBA

<sup>11</sup>Interviews to Casa Indi Manager



Approximately half of the population coming north do not stay in shelters. These migrants are reported to rent rooms or take buses to transit to another location. For example, the shelters report that Haitians do not like to stay at the shelters due to cultural differences, and that criminal groups usually leave them alone because of this and the language barrier. Haitians generally prefer to stay longer periods of time in Tapachula until receiving asylum documents, and then they move north. Other nationalities such as Venezuelans and Colombians do not like to stay long in Tapachula, and move north without legal documents.

UNHCR is working closely with the local MoH in different border cities to create awareness of the migration law and the right for migrants to access health services.

IOM was previously in charge of moving people under the MPP program from Monterrey and other border cities to court in the U.S., as well as taking them back after the hearing. Since the end of MPP, funds to IOM have been cut. Currently, when people are called to court they stay in the U.S. until the process is complete. By the end of October 2022, IOM will finish their assistance in facilitating the movement of people to attend court.

### **Other Northern Cities:**

Movements of people to different cities in the north continue to change, with migration flows/dynamics difficult to predict. According to the interviews, cases of sexual violence occur in the train on the way north, as does robbery from the maras (gangs).

**Nuevo Laredo:** The city serves as a transit point. Many migrants are currently arriving to the city, and around 120 are crossing from here daily. Pregnant women without antenatal care have been identified. There is a network of twelve shelters in the city, and the local MoH undertakes mobile clinics in two shelters and Médecins Sans Frontières (MSF) reaches the others. According to MSF, the shelters need a lot of support in terms of WASH (showers, water) and infrastructure.

**Ciudad Acuña:** The shelters here have been closed to discourage movement here. There are around 30 migrants still located in the city.

**Reynosa:** The main camp in the city's main square has been emptied and new shelters opened. There are informal camps along the river. The largest is Senda de Vida 1. MSF, Global Response Medicine (GRM), Red Cross, and the local MoH are supplying health services.

**Matamoros:** The volume of migrants is currently small, but numbers are expected to grow as the crossing becomes active.

**Piedras Negras:** This location serves mainly as a transit location. Around 150 people are arriving weekly, and up to 70 have been crossing the frontier daily since April. A floating population of around 1000 is maintained. There is just one shelter, Frontera Digna, where MSF is supplying primary health care. This shelter is opening a new space in the coming months and will need support. Migrants do not seek care in the local primary health care clinics, as the local government has harsh policies for migrants, thereby preventing access.

**Tijuana:** The city is the main crossing point to the U.S., but also has a larger level offering support for the migrant population because of the presence of American volunteers and NGOs. There are forty shelters in the city, with many actors involved, but the support is not well coordinated. The municipality is also involved in the migrant situation response. In January 2022 eleven shelters opened, and local authorities supplied services for the new arrivals. Many migrants stay in the city for extended periods until they can cross, renting houses, obtaining employment (usually through the informal sector because of the lack of documentation), and accessing medical services.

## 1b: Humanitarian Needs – Health, WASH, and Protection

Monterrey can provide health support through the MoH in different hospitals and primary health care centers around the city. Shelters have a good relationship with the health jurisdiction and hospitals, so patients can receive care.

Casa Indi in Monterrey receives support from many private companies, individuals, and NGOs. They depend on organizations for donation of medicines. At this time, they have an outpatient center with one doctor and one nurse, seven days a week. They manage three shelters for migrants and homeless people, with a capacity of 850 people. One of the shelters is for women and children only. According to interviews undertaken, they have an exceptionally good relationship with Monterrey’s Women and Children’s Hospital and University Hospital for referrals and emergencies. In the last year they referred thirty women in labor for delivery at the Women and Children’s Hospital.<sup>12</sup> In addition, the health authority carries out health brigades.

Buen Samaritano Shelter has been supported by IOM, but still needs medicines and supplies, as well as to hire a doctor.

Currently, the main morbidities identified by MSF in the north are sexual violence and torture.

## 1c: Security Context for Humanitarian Organizations

The city of Monterrey has a similar security context to other big cities in Mexico.

Security considerations are heightened in border cities such as Nuevo Laredo, Piedras Negras, Reynosa, Matamoros, and Ciudad Acuña. Movements by road can be disrupted by organized crime and cartels, and gangs have elevated levels of influence and control in these cities and shelter locations.



A mural outside the shelter Casa del Caminante Jtatic Samuel Ruiz in Palenque, Mexico  
September 2022 Photo Credit: Project HOPE

<sup>12</sup>Interview with Casa Indi Manager

## 2: Central Mexico

### 2a: Humanitarian Support Context

Guadalajara, the capital of Jalisco in western Mexico, has functioned as a transit point to the north. From there, migrants continue to Tepic in Nayarit and Mexicali or Tijuana. Since the change in the migration flows, the city is now not considered a main spot for migrants, and NGOs have withdrawn from the area.

Although no longer functioning as a key migrant transit location, there are still three shelters supporting a smaller migrant flow, which are supported by UNHCR and private donations.

Shelter FM4 has a capacity for 100 people. The usual stay is between one week to three months, depending on the need. At the time of Project HOPE's assessment, there were thirty-eight people in the shelter, but monthly FM4 receives between 450 and 650 people, comprising mainly men (approximately 90%), with the remainder (10%) being women. The shelter has a medical room, but it is not open permanently.

Arco Iris Shelter supports mainly refugees, with most of the population coming from El Salvador. It has capacity for forty people – twenty men and twenty women. Migrants in transit cannot stay, but they do arrive to receive meals, shower, and rest. On average, ten migrants in transit arrive daily. The facility does not have a doctor or medical services currently.

### 2b: Humanitarian Needs – Health, WASH and Protection

The shelters in Guadalajara report requiring support in terms of medicines and basic cleaning supplies.

At the FM4 shelter, which has an intermittently open medical room, the following health information was reported:

- The flow of patients can vary significantly. FM4 may see between zero and five patients daily, whereas in July they provided more than 100 consultations daily.
- Main morbidities: general discomfort, diarrhea, diabetes, and hypertension.
- Referrals are to the Primary Health Care Center in Lázaro Cárdenas, but sometimes patients are not received because they do not have the necessary registration document from the INM authorities.

### 2c: Security Context for Humanitarian Organizations

Guadalajara's security context is remarkably similar to other major cities in Mexico and include security challenges resulting from cartels and gangs. Humanitarian actors must be aware of risks in supporting the migrant population, and of general risks in traveling through Mexico.

## 3: Southern Mexico

### Coatzacoalcos, Veracruz State and Palenque, Chiapas State

According to the Comisión Mexicana de Ayuda a Refugiados (COMAR), by the end of July 2022, nearly 70,000 migrants requested asylum in Mexico, 5.3% more than in July 2021. In order of requests, migrants consisted of Hondurans, followed by Cubans, Haitians, Venezuelans, Nicaraguans, El Salvadorians, Guatemalans, Brazilians, Colombians, and Senegalese. More recent data indicate that 86,200 asylum applications had been received by September 2022 for the year, which is the second highest asylum seekers on record after 2021, when 130,000 applications were received.<sup>13</sup>

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<sup>13</sup>ACAPS Report – Mexico: Humanitarian Situation of People on the Move

It is important to consider that many of these people do not intend to stay in Mexico, but they request asylum to be able to move around the country and work legally while they make their way up to the north and cross the border. According to official data from INM, there were 20,688 irregular immigrants in Mexico from January to July 2022.

Both Coatzacoalcos and Palenque are important locations for people on the move to Mexico through different points in the southern border with Guatemala through Tapachula, Chiapas, or Tabasco. There are two kinds of migrants: people who request asylum in Mexico and therefore must stay in the application locations until their case is processed and those who are only in transit and stay in those locations for 24–72 hours (about three days) maximum. The current processing backlog and lack of services discourages people from staying put. However, those in transit are vulnerable and difficult to reach with services to support their basic needs. Those in transit avoid Mexican migration authorities because they lack the required legal documents to transit through the country and avoid seeking care in medical centers because they do not want to lose their group or be intercepted by authorities.

As Coatzacoalcos is a port city and an important city for the oil industry, it is well connected by rail. Migrants use these rail routes to catch the train to the north. The route through Coatzacoalcos is considered less secure and more complicated, but it is also the cheapest route for migrants who do not have sufficient money to pay for buses or full packages to the north. Migrants usually come to Mexico through La Técnica, Chiapas (85%, based on the MSF consultations), and Tenosique, Tabasco (7%, based on MSF consultations).

Palenque is considered a very touristic area in Mexico because of its Maya archaeological area. However, given that it is also located close to Tapachula (461 km), the entry point of 70% of migrants to Mexico, it also receives high numbers of migrants. According to interviews carried out during the assessment, there are currently between 1500 and 2000 migrants arriving monthly in the city.<sup>14</sup> Many are staying in the city to finalize their asylum process.

It is difficult to estimate the number of migrants monthly in the transit areas because this varies from month to month and they are not officially registered. Not all migrants use the available shelters because they need to be connected online with their families (cell phone use is not permitted inside the shelters) or don't want to follow shelter rules. At the time of the assessment, the shelter in Palenque was not overcrowded and there was still room available for incomers.

Both in Coatzacoalcos and Palenque, most migrants are men, and shelters therefore allocate more space for men than women. Many teenagers arrive unaccompanied, traveling with their friends, corresponding to around 20% of the shelter population. Unaccompanied minors they should be sent to the DIF shelter (Sistema Nacional para el Desarrollo Integral de las Familias), where they can contact their family members, and then return to their countries of origin.

In Palenque, some migrants have arranged their trip with "polleros," who charge them 2000 Mexican pesos (around 100 USD) to take them to their next destination, Salto de Agua. Sometimes prices decrease to 800 Mexican pesos or 40 USD depending on demand. The cost of the trip from Chiapas to the U.S. is 9000 USD, and sometimes the border crossing is included in this price.

The presence of migrants has increased in both locations because of the hurricane in Honduras and the changes in immigration policy in the U.S. This has led to more families trying to reach the border, and not only men.

### **Other locations in the South:**

**Tapachula, Chiapas:** This city is the main entry point of migrants to Mexico (70% of migrants arrive through

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<sup>14</sup>Interviews with MSF.

Tapachula). The average number of migrants in Tapachula each month is 30,000. There has been a recent increase in Venezuelan arrivals. The city is small, and the public services are overwhelmed with the large numbers arriving monthly. People are requesting asylum in the city – therefore an average of 60% of the migrant population stays for around 2-3 months.<sup>15</sup>

**Cancun:** Recently, active NGOs identified population movement from Tapachula to Cancun, and it is believed that the migration flow will grow there soon. Cancun has always formed a crucial point of entry by air, previously used by Venezuelans before they requested a visa. However, now the government is moving people from Tapachula to decongest the city. In Cancun, people can request asylum and the institutional services are perceived to be better. There are around 1400 asylum applications in Cancun being processed currently. It is not a transit point but an arrival-and-stay location. However, there are no shelters or organizations there to support the migrants.<sup>16</sup>

**San Pedro Tapanatepec:** During August 2002, eight migrant caravans were moved from Tapachula to San Pedro Tapanatepec, Oaxaca, 300 km from Tapachula, where the migrants can access migratory forms to move across the country.<sup>17</sup> A seven-day permit is provided by authorities in Oaxaca, but according to information from assessment sources, this permit is not valid in other states. Therefore, if a migrant with a permit from Oaxaca is caught by authorities in another state, they are detained and sent to Estaciones Migratorias.<sup>18</sup>

**Tenosique, Tabasco:** Arrivals in Tenosique have decreased, but some still cross, especially at night, to avoid migration officers.

**Guatemala:** Migration is not recognized by the authorities in the country. There are two crossing points to Mexico. One from Huehuetenango to Camojá to Gracias a Dios, which is controlled by organized crime groups. Migrants are transported on buses and left overnight in secure houses controlled by the groups. People do not want to lose their group and their “coyote,” and therefore do not seek health services in the health centers. It is difficult to access migrants in this area, as they come in organized and controlled groups. This second crossing is from n Uman, Guatemala, to Tapachula, Mexico. This is considered the safest route, and migrants arrive on their own, without “coyotes.” MSF provides health services in the bus station during weekdays until 10 pm.<sup>19</sup>

### **3a: Humanitarian Support Context**

Both Coatzacoalcos and Palenque have one main shelter managed by the Catholic Church, where migrants can access food, toilets, and beds to rest. Shelters are used only for resting between one point and the next, with short-term stays from twenty-four hours to three days if they are recovering from illness.

In both locations the assessment identified that migrants are not seeking health care in health centers because they are afraid of losing their group, their train, and their guide, and also because they are afraid of being identified and sent to migration officers. In addition, it was reported that medical staff in the health centers do not accept migrant patients and ask for documentation that they do not have, thereby placing barriers for access to services.

NGOs providing health care (MSF in Coatzacoalcos and Caminos Protegidos in Palenque) refer migrants to secondary care or to emergency rooms but recognize that few arrive for these services. There is a recognized lack of support capacity to provide health services for the migrants. In Coatzacoalcos, the health jurisdiction has no capacity to respond to the new arrival of migrants or to actively conduct patient outreach. The closest health center to the train rails where migrants stay does not have enough medicines or supplies for patients.

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<sup>16</sup>Interviews with Hospitalidad y Solidaridad shelter collaborator.

<sup>17</sup>Interviews with PCR.

<sup>18</sup>Interviews with MSF.

<sup>19</sup>Interviews with PCR.

Assistance for the population on the move in both locations is needed at the points of concentration (close to the train rails, close to the shelters, or in the shelters themselves).

### **Shelters in Coatzacoalcos:**

- Casa Migrante shelter has capacity for eighty people in transit and thirty long stays for those seeking asylum, with a thirty-day maximum stay. Most of the migrants are men. At the time of the assessment there were 100 men and twenty women. According to the manager of the shelter, the flow of migrants has decreased this year because they are taking other routes across the country. The shelter previously received around 500 people monthly at the beginning of the year, and currently they are receiving around 243 monthly. Casa Migrante has the support of UNHCR (legal protection), IOM (WASH), International Committee of the Red Cross (ICRC) (international calls), and asylum access.
- Casa Migrante shelter does not have doctors available in the shelter, nor psychologists. However, MSF operates a service in front of the shelter from Monday to Friday to provide primary medical care.

In Palenque there are more humanitarian actors present than in Coatzacoalcos (MSF, IRC, IOM, UNHCR, ChildFund, and Caminos Protegidos are all present), but there are still needs in terms of primary and secondary health care. There are approximately 1500 to 2000 migrants arriving monthly.

### **Shelters in Palenque:**

- There is one shelter in the city, Casa del Caminante Jtatic Samuel Ruiz, which receives mainly people in transit. The capacity of the shelter is fifty-six men and sixteen women, plus six rooms for families who are requesting asylum.
- There is one medical room in the shelter and currently no physician. The NGO does not regularly provide medicines.
- Casa del Caminante Jtatic Samuel Ruiz receives support from Save the Children (friendly space activities), UNHCR (area provided for families requesting asylum, one psychologist, and food), Caminos Protegidos (primary health care), ChildFund (one psychologist), ICRC (international calls). They also have a social worker present.
- Funding decreases in 2022 have left gaps in maintenance and medicines, among others.
- The shelter provides migrants with hygiene kits when they are available, as these are dependent on donations from NGOs or others. Kits usually contain masks, antibacterial gel, soap, toothbrush, toothpaste, and sanitary towels for women.

### **Other Southern Locations:**

According to the Displacement Tracking Matrix by IOM in Tapachula and Tenosique in March 2022, there is more access to public health services in Tapachula than Tenosique, where migrants mainly depend on the NGOs present.

**Tapachula:** There is a European Civil Protection and Humanitarian Aid Operations (ECHO) consortium in Tapachula composed of Save The Children, Danish Refugee Counsel (DRC), Médecins du Monde (MDM), Plan International, and HIAS. They cover medical services, SGBV, protection, and psychosocial support. Referrals to the public health system seem to work, because of awareness by the medical staff of the population's need and the work undertaken by NGOs and UN agencies to create the awareness.

The main issue is that the system is overwhelmed and the wait time for specialized services is very lengthy. There are three main shelters in the city: Hospitalidad y Solidaridad, Belén, and Jesús el Buen Pastor. Hospitalidad y Solidaridad has a capacity of 300 people, only under asylum conditions. They are supported by UNHCR. Some shelters have doctors, but they do not have sufficient equipment or medicines.

Mental health services in the city are scarce. MSF and HIAS are the main actors with a mental health program, but none are focused on clinical therapy. MSF is focused on referral of severe psychiatric cases to their Integrated Attention Center in Mexico City.

**Tenosique, Tabasco:** There is just one shelter, La 72, which does not have enough capacity, and the health services are quite precarious. ChildFund provides primary health care inside the shelter. The primary health care center in Tenosique receives migrants under the refugee provision, but there are only a certain number of appointments daily. If specialized services are needed, migrants need to go to Villahermosa, the capital of Tabasco, and wait around two months for an appointment.

### **3b: Humanitarian Needs – Health, WASH and, Protection**

#### **Coatzacoalcos, Veracruz State**

##### Health:

- Migrants do not seek medical care in the primary health care centers in Coatzacoalcos unless there is an emergency because they do not want to lose their guide/group or be identified and reported to INM. If there is a health emergency they will go to a primary health care center close to the shelter, called Nueva Obrera, or to the hospital. For emergencies, the shelter calls the Mexican Red Cross ambulance.
- MSF provides health services for migrants in front of the shelter from Monday to Friday.
- Only around 60 of 1000 people attending Nueva Obrera’s primary health care center monthly are migrants. The number of migrants is exceedingly small, considering the closeness in proximity to the train rails. This assessment identified the need for infection prevention and control (IPC) supplies and medicines for chronic diseases.
- According to the interviews, the clinic carries out mobile clinics every fifteen days under the bridge where many migrants stay. Brigades include one doctor, one nurse, health promoters, and medicines.
- MSF is seeing between 600 and 1000 patients monthly in their consultation area under the bridge. Main morbidities are skin injuries, diarrhea, and respiratory tract infections.
- There are no mental health services made available by the MoH. There is no psychiatrist in Coatzacoalcos. MSF is proving Mental Health Gap Action Programme (mhGAP), but psychiatric treatment to psychiatrists is outside city boundaries, which prevents follow-up.



Project HOPE donated medical supplies to Welcoming Center “Aldea Arcoiris” in Tlaquepaque, Mexico.  
September 2022 Photo Credit: Project HOPE

- The health jurisdiction organizes mobile brigades when there is a massive population arrival or occasional (once yearly) health fairs to offer services.

#### WASH:

- The shelter has been rehabilitated with the support of ICRC. IOM has donated a water purifier. Water is available twenty-four hours a day. Support is also provided for maintenance and waterproofing works.
- The health jurisdiction visits the shelter regularly to check the water and carry out residual chlorine tests, food management, and kitchen sanitation.
- General observations indicated that the shelter was clean and in good condition.
- The main needs of the shelter are WASH supplies including chlorine and cleaning soap. Restrooms and showers also need maintenance.

### **Palenque, Chiapas State**

#### Health:

Migration law permits access to health services for all individuals, regardless of their legal status in Mexico. There are elevated levels of misconception on this issue in the health centers, where many medical staff believe they must report migrants to INM or cannot treat them. UNHCR is working with the MoH to ensure that people on the move can access needed services. However, these efforts are apparently not flowing down to the health center level. In Palenque, for example, it was difficult to identify how many migrant patients attend the health center.

- The MoH carries out health brigades when the shelter or the Estación Migratoria makes a request. Organization of health brigades depends on the need, the numbers of migrant arrivals, and the capacity to respond. On average, the MoH reports carrying out one brigade to the Estación Migratoria monthly. These brigades are for general medical needs, with one medical doctor, one nurse, one technician, one person in charge of vector control, one person for sanitary regulation, and one health promoter. The main morbidities seen in these brigades are foot injuries, pregnant women, and chronic diseases. They lack supplies including bandages, gauzes, and gloves.
- The MoH health center receives referrals (mostly respiratory issues) from the different NGOs. The need for family planning methods for the migrant population was highlighted as a gap. Caminos Protegidos in the shelter also does not have these supplies.



A mural outside La Casa Del Migrante de la Diócesis de Coatzacoalcos in, Veracruz, Mexico  
September 2022 Photo Credit: Project HOPE



- MSF provides services in concentration points around Palenque, in different parks and close to the Estación Migratoria. They also have mental health services, including MHGAP and integrated services for sexual violence (doctor and psychology).
- According to the information provided by the doctor working for Caminos Protegidos inside the shelter, children often arrive malnourished and with stomach conditions because of the harsh conditions of the route and the lack of food and clean water. Consultations for children and teenagers are around 300 each month. However, severe malnutrition is not a widespread problem identified in the migrant population. The main morbidities among children are colds, diaper rash, tonsillitis, and acute diarrhea.
- The doctor in the shelter attends an average of twenty consultations daily: 98% of these can be addressed by clinical management and only 2% correspond to references to specialized services, laboratory exams, and clinical studies. However, when people are referred to other medical services, they usually do not attend because of their short stay at the shelter. The shelter clinic does not have medicines for diabetics.
- Medical data from Caminos Protegidos:
  - 270 monthly consultations on average – 70% are adult men and 15% children.
  - Eight consultations monthly for antenatal care; contraceptive methods are not available.
  - Three disabled patients monthly – not related to their migration.
  - Main morbidities: 30% bullous lesions, 20% myalgias, 20% rhinopharyngitis, 15% mild dehydration, 10% foot fungus, and 5% others.
- NGO Ayuda en Acción works to identify cases of sexual violence and refer them to HIAS.
- In Tapachula, MDM identifies cases of sexual violence and refers them to the health center. These cases do not arrive before seventy-two hours (about three days) for the preventative treatment.
- On the Guatemalan side, in Tecun Uman, MSF reports that the most common morbidities are gastrointestinal diseases, diarrhea, respiratory infections, and skin diseases.

#### WASH:

- The shelter Casa del Caminante is in good condition. UNHCR has provided support for construction and rehabilitation. Water tanks and filters are present to guarantee water provision twenty-four hours a day.
- The shelter depends on NGOs for donations of cleaning supplies.

#### Protection:

- UNHCR, COMAR, HIAS, and IRC are the main actors providing protection and legal services for the migrant population.

### **3c: Security Context for Humanitarian Organizations**

In both Coatzacoalcos and Palenque, migrants are requested to leave their cell phones in lockers before they enter the shelters. This is because of the elevated risk that organized crime groups may be contacting migrants for extortion, identifying victims, and making threats. Forbidding the use of cell phones inside the shelter also likely reduces the risk of people sneaking in other people.

Identification as an NGO is important when visiting the shelters. Members of illegal groups usually do not interfere with NGOs providing basic services to the population, but it is important that everyone understands who the organization is and what the organization does.

Given the level of control of the migrant population by the Mexican authorities, there is potential risk of INM officers or the National Guard arriving at the concentration points and disrupting the humanitarian assistance dynamics. It is important for NGOs to liaise with authorities when required.

The city center of Palenque is considered generally safe. It has a vibrant downtown area full of hotels, restaurants, and cafes, and there is a high number of tourists all year long.

The highway between Palenque and Villahermosa is controlled by the security forces and the INM. There are regular checkpoints to review the documentation of passengers because of the flow of migrants crossing the route. NGO workers hence need to always carry identification and passports.

In Coatzacoalcos the shelter is in a vulnerable area and many migrants spend the night camping outside the shelter. There are reports of fights among migrants under the bridge, alcohol and drug consumption, and issues with the host community. For security reasons, transport is needed to get in and out of the shelter. It is better if the vehicle is well identified with the organization's logo. NGOs should leave before dark.



Project HOPE donated medical supplies to Casa Nicolás in Guadalupe, Mexico  
September 2022 Photo Credit: Project HOPE

## 4. Recommendations for Intervention

### **North and Central**

- Secondary services: One of the main gaps identified in terms of health is in secondary services. NGOs are working to provide primary health care, but when patients are referred to the secondary or tertiary level, they face several barriers. Specialized services such as a psychiatrist should be considered.
- Linkage with health system: One of the main gaps identified in the north is that linkages between migrants and the local health system are lacking. Connection to health services could be supported with social workers working in the shelters or having a focal point for migrants in the local MoH.
- Donations of medicines to support existing medical services: Several medical clinics in shelters reported shortages in essential medicines. Given the complex dynamics of the shelter network in the north, Project HOPE should ensure that work is undertaken to understand the area/stakeholders before any donations.
- Future assessments: Given the information on needs in the border cities such as Nuevo Laredo and Piedras Negras, a health and WASH assessment visit undertaken jointly with IOM or a UN agency with presence in the area could help to further identify needs while also reducing security risks. IOM seems to be a good link to the ministry of health in Nuevo León for next steps.



A well for water at shelter Casa del Caminante Jtatic, Sor Pascuala in Palenque, Mexico  
September 2022 Photo Credit: Project HOPE

### **South**

- Primary health care: Although there are some organizations providing primary health care in the shelters in Palenque and Tenosique, and outside the shelter in Coatzacoalcos, all actors agree that there is considerable need for additional health care support. Given the challenges for migrants to access public health services, further interventions are needed in the city concentration points or inside the shelters. Program support may include:

- Mobile clinics in collaboration with the health jurisdiction, including support with pharmaceuticals or medical staff to ensure that they have the resources to carry out mobile clinics on a regular basis in communities with high numbers of migrants.
- Supporting doctors in the shelters with incentives and medicines to ensure service provision. This could be supported in shelters where there is currently no medical care, like Hospitalidad y Solidaridad in Tapachula or other locations with a high migrant population.
- Engagement with the MoH to support the provision of psychiatric services in a key southern location (possibly Tapachula or Palenque, where migrants stay longer periods of time waiting for their asylum documentation). There is no access to mental health services in the public health services in any of the points visited, nor in the key transit areas. Several NGOs are providing psychosocial services with clinical consultation, but severe mental health cases may require a psychiatrist.
- Support specialized medical services either through cash assistance or a social worker to help with references and follow up.
- Donations of medicines/equipment to support existing health services: Health services in the shelters that already have doctors and nurses can be supported through the donation of medicines and equipment. These include supporting Casa del Caminante in Palenque and the health jurisdiction to provide care to migrant patients and undertake mobile clinics for migrants (it would be important to identify how to track medicines to ensure they are used for the target population). Contraception and family planning items were among the most pressing and highly needed items. There are also local organizations such as Programa Casa Refugiados who work closely with shelters in the south (Chiapas, Tabasco, and Veracruz) and could be supported with the provision of medicines.
- Response services for sexual violence survivors: One of the main needs identified is the integrated response (clinical care and other support services) for sexual violence survivors. There is a need to conduct active patient outreach to be able to provide treatment within the first seventy-two hours. Only a few organizations have the HIV/AIDS prophylaxis kit (MSF), but they are not conducting outreach. If a victim arrives at the primary health care centers after a violation, they are usually referred to specialized women centers. It was not confirmed by Project HOPE whether these services are provided in a timely manner.
- Work with health authorities to create awareness of the need/right for migrant service provision: At the local level, there is a need to create awareness among medical staff on migrant health needs, migration policy, human rights, and the potential for on-the-job training to build capacity (for example, support for medical doctors conducting active patient outreach in concentration points and referring to the health centers). Although the federal government is not very open to coordinating with NGOs on migration response, the state-level coordination seems to be more open to creating alliances.
- Collaboration with other NGOs: The main actors in the south of the country include HIAS, Save the Children, MDM, and IRC. Conversations held with HIAS and IRC indicate a willingness to coordinate/collaborate in joint projects with shared goals.

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