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Methodologies and Innovations for Improving Coordination of Support Services for Migrants in Central America

Capstone Report Prepared by
Graduate Students from Columbia
University for Médecins Sans
Frontières


COLUMBIA
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ACRONYMS

AMLO - Andrés Manuel López Obrador

ACNUR - Alto Comisionado de las Naciones Unidas para los Refugiados

CAITF - Centros de Atención Integral al Tránsito Fronterizo

COMAR - Comisión Mexicana de Ayuda a Refugiados / Mexican Commission for Refugee Help

COVID-19 - Coronavirus Disease 2019

EHR - Electronic Health Record

EMR - Electronic Medical Record

GIS - Geographic Information System

HIV - Human Immunodeficiency Virus

HR - Health record

ICRC -International Committee for the Red Cross

INM - Instituto Nacional de Migración / National Institute of Migration

IRC - International Rescue Committee

LGBTQI+ - Lesbian, gay, bisexual, transgender, queer, intersex, plus all other identities not encompassed in the acronym

MHPSS - Mental Health and Psychosocial Support

MSF - Médecins Sans Frontières / Médicos Sin Fronteras / Doctors Without Borders

NGO - Non-governmental Organization

PCR - Programa Casa Refugiados

SGBV - Sexual and Gender-Based Violence

SIPA - School of International and Public Affairs at Columbia University

UNHCR - United Nations High Commissioner for Refugees

U.S - United States

EXECUTIVE SUMMARY

In 2023, the US-Mexico border saw an unprecedented surge in migrant encounters, reaching a historic peak of 2.5 million,¹ fueled by factors like rising violence, economic hardships, and climate-related displacement. During this time, the United States restricted access to legal channels for immigrants at the border, leading to an exceptional accumulation of migrants and a backlog of asylum seeking systems in both the US and Mexico.² Consequently, Mexico intensified security measures at its southern border to discourage northward migration and actively disrupted the northward movement of migrants in Mexico. Despite enhanced border security measures, migrants from areas beyond Mexico and Northern Central America now constitute over half of irregular arrivals, prompting significant shifts in demographics and entry points due to policy adjustments, natural disasters, and domestic instability. Demographic changes have forced service providers to adjust their approaches to effectively cater to migrants' needs, presenting several challenges primarily stemming from funding and resource constraints. This is especially evident in the areas of shelter, healthcare, legal aid and protection.

Médecins Sans Frontières (MSF) works in Mexico to provide vital medical and mental health services to migrants, prioritizing vulnerable groups like unaccompanied minors and women. Since January 2024, a team of graduate student consultants at Columbia University's School of International and Public Affairs (SIPA) have partnered with MSF to better understand migration trends and enhance service coordination. The following report presents insights from the team's primary data collection to contextualize the comprehensive humanitarian response to migration in the region. Specifically, it provides key insights related to Geographic Information Systems (GIS) mapping and the adoption of Electronic Medical Records (EMR) that could help alleviate MSF's existing challenges of internal coordination, information-sharing amongst actors, and continuity of care for migrants on the move. The use of the word "migrants" throughout the report is inclusive and refers to voluntary migrants, forced migrants, and refugees.

This report builds on the work of previous SIPA-MSF collaborations. In January 2021, a team of Columbia University graduate students initiated a research project with MSF to investigate the legal, situational, and service landscapes surrounding migration from Central America to Mexico and the United States.³ Building on their findings, the 2022 team expanded their research to address gaps in service provision, legal aid, support for those turned away, violence

¹ Colleen Putzel-Kavanaugh, Ariel G. Ruiz Soto. "Shifting Patterns and Policies Reshape Migration to u.s.-Mexico Border in Major Ways in 2023." migrationpolicy.org, January 19, 2024.

<https://www.migrationpolicy.org/news/border-numbers-fy2023>.

² Bush-Joseph, Kathleen. "Outmatched: The U.S. Asylum System Faces Record Demands." migrationpolicy.org, April 23, 2024. <https://www.migrationpolicy.org/research/outmatched-us-asylum-system>.

³ Mapping Dynamics of Humanitarian Assistance in a Changing Environment. Columbia | SIPA; 2021.

<https://www.sipa.columbia.edu/academics/capstone-projects/mapping-dynamics-humanitarian-assistance-changing-environment>

documentation, and advocacy strategies for improving migrant support and rights.⁴ In response to the findings of the previous years, the 2023 team’s research focused on the healthcare service landscape and mental health and psychosocial support (MHPSS) for people on the move.⁵ The focus and scope of this study are informed by outcomes of reports previously submitted, particularly challenges with collaboration and continuity of care identified in the 2023 report. At the heart of our project lies an interest and deep commitment to people-centric and evidence-based insights to shape a more effective and humane response to the migrant crisis.

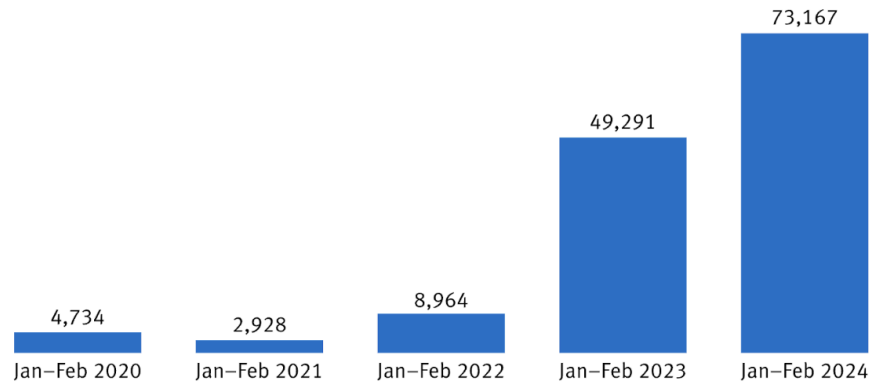
⁴ “Mapping Humanitarian Assistance along the U.S. Southern Border – Opportunities to Support Migrants and Asylum-Seekers | Columbia SIPA.” Accessed May 1, 2024.
<https://www.sipa.columbia.edu/mapping-humanitarian-assistance-along-us-southern-border-opportunities-support-migrants-and>

⁵ “Strength in Resilience: Assessing Critical Gaps in Care for People on the Move | Columbia SIPA.” 2023.

INTRODUCTION

In fiscal year 2023, the United States-Mexico border experienced an unprecedented increase in migrant encounters, reaching a historic high of 2.5 million and surpassing all previous records.⁶ In 2023, over 500,000 individuals were recorded crossing the dangerous Darién Gap between Colombia and Panama, also marking a significant increase from the year before.⁷ Despite efforts from various State administrations to deter migration through enhanced border security measures and restrictive migration policies, the Americas continue to witness a steady rise in human mobility due to increasing rates of violence, limited economic opportunities, and climate-related displacement. Most alarmingly, migrants are increasingly turning to new and riskier routes. Combined, these factors have resulted in a humanitarian crisis in the region, and Mexico in particular has found itself oversaturated and under-resourced.⁸

Figure (below): Number of crossings through the Darién Gap. January and February monthly trends, 2020-2024 (HRW)



Source: Panama's National Migration Service, "Irregular Transit through the Darién" ("Tránsito Irregular por Darién"), n.d., <https://www.migracion.gob.pa/inicio/estadisticas> (accessed March 4, 2024).

There has been relatively little focus on the notable shift in migration patterns apparent in the data, with migrants from areas beyond Mexico and Northern Central America comprising more than half of irregular arrivals at and between ports of entry.⁹ The demographics of those arriving at the Southern American border, as well as their methods and points of entry, have changed significantly due to the Biden administration's post-Title 42 policy adjustments and evolving realities.

Médecins Sans Frontières (MSF) is an international, independent organization that provides medical assistance to people affected by conflict, epidemics, disasters, or exclusion from

⁶ Colleen Putzel-Kavanaugh, Ariel G. Ruiz Soto. "Shifting Patterns and Policies Reshape Migration to u.s.-Mexico Border in Major Ways in 2023." migrationpolicy.org, January 19, 2024. <https://www.migrationpolicy.org/news/border-numbers-fy2023>.

⁷ Amaral, Jordi. "5 Migration Trends in the Americas to Watch in 2024." Accessed April 18, 2024. <https://www.migrationbrief.com/p/5-migration-trends-in-the-americas-for-2024>.

⁸ "Mexico." migrationpolicy.org, April 1, 2024. <https://www.migrationpolicy.org/regions/mexico>.

⁹ Colleen Putzel-Kavanaugh, Ariel G. Ruiz Soto. "Shifting Patterns and Policies Reshape Migration to u.s.-Mexico Border in Major Ways in 2023."

healthcare.¹⁰ In Mexico, they provide medical consultations and mental health services to those heading northwards and those deported from the United States back to Mexico. As of 2022, MSF was providing services in Tenosique (Tabasco), Coatzacoalcos (Veracruz), Tapachula and Palenque (Chiapas), Piedras Negras (Coahuila), Reynosa, Matamoros and Nuevo Laredo (Tamaulipas), as well as in the capital, Mexico City, prioritizing assistance to unaccompanied minors, women traveling alone, and victims of direct violence.¹¹



Figure (above): MSF Medical Activities Along the Migration Route in Mexico and Central America. Doctors Without Borders - USA. "Migration in the Americas: 'All We Are Looking for Is a Better Life.'"

Since January 2024, a team of graduate student consultants at Columbia University's School of International and Public Affairs (SIPA) have supported MSF in Mexico City to better understand the evolving situational and service provision landscapes surrounding migration from South and Central America to Mexico

and the United States. The objective of the project is to support MSF in identifying opportunities to improve the coordination and implementation of support services for people on the move in Mexico and Central America, with a focus on improving information exchange between actors. Within this, the research focuses on gaps in assistance to people on the move throughout Mexico, primarily health care, mental health care, and continuity of care. Of notable importance is the trend of increasing child, family, and extra-regional migration and its effect on the adequacy and effectiveness of service provision. We hope this project will inform future response efforts, including coordination between actors within Mexico, Central America and across the US border.

The following report presents insights from the team's primary data collection to contextualize the humanitarian response to migration in the region. Specifically, we set out to provide key insights related to Geographic Information Systems (GIS) mapping and the adoption of Electronic Medical Records (EMR) that could help alleviate some of the challenges support actors currently face. By providing an overview of the potential impacts and existing challenges of both innovative technologies, we aim to lay the groundwork for future iterations that can assist international organizations in addressing the expected rise in migrants needing ongoing services. The report concludes with a series of recommendations related to GIS and EMR for MSF and

¹⁰ "MSF - Médecins Sans Frontières | Medical Humanitarian Organisation." Accessed April 22, 2024. <https://www.msf.org/>.

¹¹ "Mexico | MSF Medical and Humanitarian Aid." Accessed April 21, 2024. <https://www.msf.org/mexico>.

other support actors to consider as it seeks to address the humanitarian crisis in the region as effectively as possible.

At the heart of our project lies an interest and deep commitment to people-centric and evidence-based insights to shape a more effective and humane response to the migrant crisis, and our emphasis on enhancing coordination among stakeholders underscores the importance of solidarity and mutual support in addressing complex humanitarian challenges. Our project recognizes the essential partnership between states and service providers in assisting migrants - as information sharing diminishes, the capacity of service providers to offer support shrinks and shifts a heavier burden on states. Our project seeks to reverse this trend by encouraging greater cooperation and information sharing between the two. In doing so, we aim to empower both parties to respond more effectively and compassionately to the needs of migrants. Our underlying vision is for states to approach people on the move with proactive compassion rather than panic, enabled by strong collaboration and shared knowledge.

METHODOLOGY

Our research team employed a comprehensive mixed methods approach consisting of a literature review, semi-structured interviews, a service provider survey, and in-person visits to organizations and facilities across the country, which include shelters, international humanitarian organizations, and civil society organizations. By integrating various data collection methods, we aimed to provide a comprehensive understanding of the humanitarian crisis, informed by diverse perspectives and experiences.

Literature Review

The research started with an in-depth exploration of existing literature, laying the groundwork for subsequent investigations, including primary data collection. The research was structured around several key themes. Firstly, it delved into migration trends and evolving demographics, considering their impact on shifting health needs. Secondly, it examined the effects on service providers and the resulting challenges. Thirdly, it analyzed current migration policies to understand their implications. Additionally, the research inspected the landscape of information-sharing to identify trends and challenges. Lastly, it explored emerging needs through ArcGIS Service Mapping and Electronic Medical Records analysis. This multifaceted approach aimed to provide a comprehensive understanding of the complex dynamics surrounding migration and its implications for healthcare and service provision.

Semi-Structured Interviews

Our research team undertook semi-structured interviews encompassing a diverse array of direct service providers and subject matter experts. To ensure inclusivity, we conducted targeted outreach to individuals recommended by Médecins Sans Frontières. Our objective was to gather a comprehensive spectrum of viewpoints, focusing particularly on organizations with diverse service portfolios, target demographics, partnerships, and organizational scales. The interviews were guided by key themes and gaps identified in our literature review. Each interview, conducted both via Zoom and in person, lasted between 30 and 60 minutes, with discussions held in both English and Spanish.

Field Research

In March 2024, our team conducted field research in Mexico City. Through interviews, we gained insights into the challenges confronting migrant populations in Central America. This firsthand experience deepened our understanding of the crisis and guided targeted recommendations. Our field research involved visits to organizations such as MSF Mexico, International Committee of the Red Cross (ICRC) Mexico, and local shelters (Casa Tochan, PCR).

Limitations

Several limitations must be considered in interpreting this report's findings. The short timeframe for recruitment and data collection (February to March 2024) may have constrained the breadth of interviews and survey responses, potentially impacting sample representativeness. Secondly, while half of the interviews were conducted in Spanish, the majority of sources cited in the literature review were English based. This overreliance on English sources may introduce bias, as perspectives from non-English speakers and authors may not be fully captured in the report. In addition, the absence of direct engagement with migrant populations means that the study primarily reflects the perspectives of service providers rather than migrants themselves. Despite these limitations, the findings offer valuable insights into the subject matter. Moreover, the research serves as a catalyst for further exploration and collaboration, particularly with migrant populations themselves. By acknowledging the absence of direct engagement with migrants, the research underscores the importance of centering their voices in future research endeavors.

Our report is crafted from a combination of stories, data, and research that are publicly accessible, yet it is essential to recognize that it does not offer a complete overview of the migration crisis. While we aimed to incorporate diverse perspectives, our viewpoint primarily reflects the experiences of MSF, the work it carries out, and the people it interacts with. We, therefore, acknowledge the limitations of our understanding and recognize that there are aspects

of the migration crisis that remain unknown or underexplored. By acknowledging both what we know and what we do not know, we strive to maintain humility in our analysis and encourage further research and collaboration to deepen our understanding of this complex issue.

MIGRATION DEMOGRAPHICS, TRENDS, AND PATTERNS

Several notable trends have emerged in migration patterns within Central America and beyond in the last couple of years, revealing new and intricate dynamics and implications for migrants, host communities, and service providers. These are: increased child migration, family migration, and extra-continental migration.



Figure (above): Major Migration Routes in Latin America and the Caribbean. Source: UNICEF Child Alert report, *The Changing Face of Child Migration in Latin America and the Caribbean*, September 2023. UNICEF.

Child Migration

Recent data indicates that approximately one in every four migrants in the region is a child, and faces heightened risks of violence, exploitation, and abuse.¹² Of particular concern is the alarming rise in the number of children crossing the Darién Gap, a dense and dangerous jungle region separating Colombia and Panama. In the first half of 2023 alone, over 40,000 children embarked on this route - half of them under the age of 5. Later in 2023, the number rose to 60,000.¹³ The implications of this trend are profound, demanding urgent attention to ensure the protection and support of a growing portion of vulnerable child migrants, including access to safe and legal migration pathways, adequate shelter, healthcare, and educational opportunities.

¹² "Record Numbers of Child Migrants in Latin America and the Caribbean at Great Risk | UNICEF USA." Accessed April 18, 2024.

<https://www.unicefusa.org/stories/record-numbers-child-migrants-latin-america-and-caribbean-great-risk>.

¹³ "UNICEF Report: The Changing Face of Child Migration in Latin America and the Caribbean | UNICEF USA." Accessed April 18, 2024.

<https://www.unicefusa.org/media-hub/reports/changing-face-child-migration-latin-america-caribbean>.

Family Migration

Family migration has witnessed a notable increase, characterized by larger groups of migrants traveling together. Of particular importance within family migration is the proportional increase in migrant women and girls, who are particularly vulnerable to gender-based violence, discrimination, and to trafficking, kidnapping, and murder.¹⁴ According to UNHCR, at least one in four migrant women, refugees, and asylum seekers have experienced harassment and/or abuse on the Panama-Colombia border.¹⁵ These numbers are probably underreported due to fear and stigma, lack of trust, structural or language barriers, and normalization of violence. An investigation by the New York Times asserted that migrants undertaking journeys worldwide have faced the grim dangers of assault, robbery, and rape for years. However, aid organizations operating in the Darién Gap region reported an alarming surge in such attacks over the past six months, citing that the frequency and patterns of these incidents are unprecedented and resemble levels of violence typically associated with war zones rather than migration routes.¹⁶ In January and February of 2024 alone, MSF recorded 328 reports of sexual violence, as opposed to 676 in all of 2023.

Extra-Regional Migration

There has been a significant rise in extra-regional and extra-continental migration, driven by various factors such as changes in U.S. immigration policies,¹⁷ anti-immigrant sentiment in Europe redirecting African migrants towards Latin and Central America,¹⁸ economic opportunities, the impacts of climate change, and political instability and turmoil in countries of departure. Last year

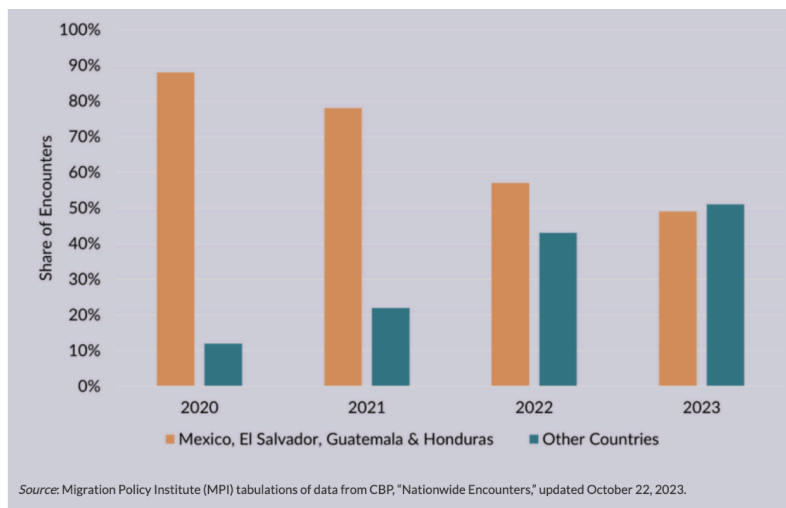


Figure (above): Migrant Encounters at and between Ports of Entry, by Country of Origin, FY 2020-2023

¹⁴ World Bank Blogs. "Migrant Women and Girls in Central America Risk Their Lives in Search of a Better Future." Accessed April 18, 2024.

<https://blogs.worldbank.org/en/latinamerica/migrant-women-girls-search-better-future-central-america>.

¹⁵ World Bank Blogs. "Migrant Women and Girls in Central America Risk Their Lives in Search of a Better Future."

¹⁶ Turkewitz, Julie, and Federico Rios. "Sexual Assault of Migrants in Panama Rises to Level Rarely Seen Outside War." The New York Times, April 4, 2024, sec. World.

<https://www.nytimes.com/2024/04/04/world/americas/migrants-sexual-assault-darien-gap.html>.

¹⁷ Colleen Putzel-Kavanaugh, Ariel G. Ruiz Soto. "Shifting Patterns and Policies Reshape Migration to u.s.-Mexico Border in Major Ways in 2023."

¹⁸ Jordan, Miriam. "African Migration to the U.S. Soars as Europe Cracks Down." The New York Times, January 5, 2024, sec. U.S. <https://www.nytimes.com/2024/01/05/us/africa-migrants-us-border.html>.

marked the first time where the percentage of migrants from Mexico, El Salvador, Guatemala, and Honduras was smaller than the percentage of migrants from outside those four countries. According to the Pew Research Center, more than half of migrant encounters at the US-Mexico border in December 2023 involved citizens from beyond what is sometimes referred to as the Northern Triangle (Guatemala, Honduras, and El Salvador) and Mexico and of non-traditional sending countries, such as Venezuela, India, Brazil, and Afghanistan.¹⁹ Furthermore, growing anti-immigrant sentiment in Europe and the Haitian crisis, characterized by political instability, economic hardship, and natural disasters, has led to a surge in maritime migration attempts, often involving sea travel in overcrowded and unsafe vessels.²⁰ This diversification of nationalities among migrants has notable implications, including challenges in resource allocation, integration efforts, addressing the proliferation of vulnerabilities, and challenges in the adequacy of service provision.

These trends underscore the complexity and evolving nature of migration dynamics within Central America and beyond, necessitating comprehensive and adaptive approaches to address the diverse needs and challenges faced by people on the move. Efforts to address child migration, support migrant families, manage extra-regional migration flows, and ensure the safety of maritime migrants should be crucial components of a holistic response to the ongoing migration crisis.

DRIVERS OF MIGRATION

Increasing Violence

While homicide rates have stabilized or decreased in some countries, Latin America and the Caribbean stand out as the most violent regions globally, with alarmingly high homicide rates far surpassing those of other regions.²¹ The region's geography, particularly its status as a major hub for drug production, trafficking, and economic hardships, have further fueled involvement in organized crime as individuals seek alternative means of livelihood.²² Violence continues to be a significant driver of migration, exacerbating existing inequalities and disproportionately affecting marginalized groups such as the poor, youth, ethnic minorities, and LGBTQ+ individuals. This violence not only hampers economic growth by deterring investment and

¹⁹ Gramlich, John. "Migrant Encounters at the U.S.-Mexico Border Hit a Record High at the End of 2023." Pew Research Center (blog), February 15, 2024.

<https://www.pewresearch.org/short-reads/2024/02/15/migrant-encounters-at-the-us-mexico-border-hit-a-record-high-at-the-end-of-2023/>

²⁰ Amaral, Jordi. "5 Migration Trends in the Americas to Watch in 2024."

²¹ World Bank Blogs. "Violence and Organized Crime, the Great Challenges for Development in Latin America and the Caribbean." Accessed April 18, 2024.

<https://blogs.worldbank.org/en/latinamerica/violence-organized-crime-development-latin-america-caribbean>.

²² "Latin America Wrestles with a New Crime Wave | Crisis Group," May 12, 2023.

<https://www.crisisgroup.org/latin-america-caribbean/latin-america-wrestles-new-crime-wave>.

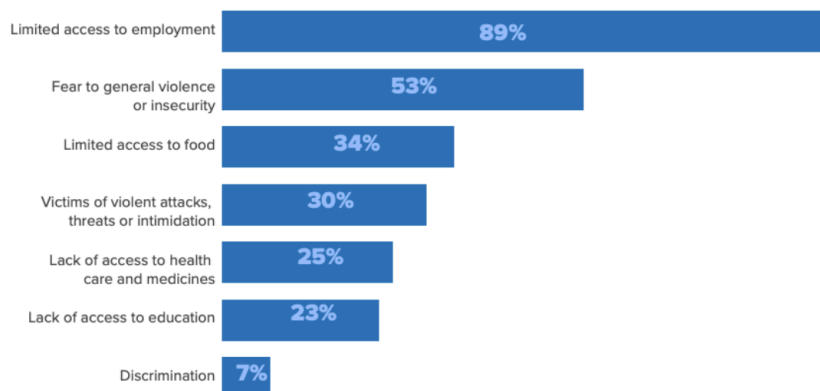
damaging human capital but also weakens state capacity, hindering effective governance.²³ Factors contributing to the rise in insecurity include the region's geography, economic hardships, widespread corruption, and the diversification of criminal activities beyond drug trafficking to include extortion, human smuggling, and environmental crime. According to an International Crisis Group commentary, criminal groups have evolved, moving away from traditional hierarchical structures to smaller, more agile entities that wield significant influence over communities.²⁴ Furthermore, the corruption that plagues the region allows for illicit markets to flourish and criminal groups to establish deep-rooted networks of influence.

Climate Change and Natural Disasters

Climate change and natural disasters significantly impact migration patterns, often serving as underlying factors for poverty and food insecurity. The increasing frequency and severity of extreme weather events, such as hurricanes and heavy rains, directly contribute to displacement, while the slower-onset impacts of climate change, such as worsening droughts and rising sea levels, compound migratory intentions.²⁵ The Caribbean, among the world's most vulnerable regions to climate change, bears a disproportionate burden of these effects. Despite the challenges in quantifying the impacts, natural disasters alone caused 2.1 million internal displacements across the Americas in 2022, according to the Internal Displacement Monitoring Center.²⁶ These trends are expected to persist, exacerbating migration and displacement and

intensifying hardships for those unable or unwilling to migrate.

Main reasons for leaving country of origin



Limited Economic Opportunities

While migration is influenced by multiple factors, ongoing economic stagnation in Central America has remained a consistent issue and has exacerbated due to the impact of the COVID-19 pandemic.²⁷ In 2020, GDP contraction in

Figure (above): Mixed Movements Official Data. Darien Province, Panama-Colombia Border. February 2023. UNHCR

²³ World Bank Blogs. “Violence and Organized Crime, the Great Challenges for Development in Latin America and the Caribbean.”

²⁴ “Latin America Wrestles with a New Crime Wave | Crisis Group”

²⁵ Amaral, Jordi. “5 Migration Trends in the Americas to Watch in 2024.”

²⁶ Amaral, Jordi. “5 Migration Trends in the Americas to Watch in 2024.”

²⁷ “The Complex Motivations and Costs of Central American Migration | World Food Programme,” November 22, 2021. <https://www.wfp.org/publications/complex-motivations-and-costs-central-american-migration>.

countries like Guatemala, El Salvador, and Honduras intensified these pressures. Poverty rates were high, with more than half of Guatemalans and Hondurans and nearly 40 percent of Salvadorans living in poverty.²⁸ These factors have also increased food insecurity, with a significant rise in the number of affected individuals. The combination of economic hardship, exacerbated by the COVID-19 pandemic and climate concerns, underscores the urgent need for comprehensive solutions to address this factor in driving migration from South and Central America.

Elections

Electoral cycles play a significant role in triggering movement, often irrespective of outcomes. One KII participant noted that while the prospect of a Donald Trump victory in the US 2024 election may have more immediate and severe effects, such as quick mass deportations, migration trends are often influenced by political and social dynamics beyond individual candidacy. These include economic considerations, policy uncertainty, and willingness to cooperate. The upcoming US election holds particular significance for the region, as this year marks the first in 12 that the US and Mexico will hold concurrent elections, underscoring the importance of the results for bilateral and regional cooperation. The outcomes of these elections will shape the future trajectory of migration flows and regional dynamics, highlighting the intertwined relationship between politics and migration in Central America and beyond.

Understanding migration trends, evaluating their impact on service providers, and identifying emerging needs are crucial steps in developing effective response strategies to address the challenges faced by migrants and communities alike, ensuring a comprehensive and compassionate approach to migration management. Given the complexity of migration patterns and their interconnected challenges, there exists a pressing need for enhanced regional cooperation and collaborative response efforts among actors in the region to effectively support migrants and host communities.

CHALLENGES FACING SERVICE PROVIDERS

Service providers catering to the needs of migrant populations are active along the migration route from Panama to the northern Mexican border. They address a broad range of critical needs such as shelter, food provision, health services, protection, and legal assistance, among others. These services are typically offered by civil society organizations, international NGOs, government agencies, and healthcare providers. With shifting migration trends and demographics in the region, these providers have had to continually adapt their responses to most effectively meet migrants' needs. Service providers in Mexico in particular face numerous challenges due

²⁸ Schumacher, Shannon, Liz Hamel, Samantha Artiga, Drishti Pillai, Ashley Kirzinger, Audrey Kearney, Marley Presiado, Ana Gonzalez-Barrera, and Mollyann Brodie Published. "Understanding the U.S. Immigrant Experience: The 2023 KFF/LA Times Survey of Immigrants - Findings - 10217."

to the influx of asylum seekers.²⁹ Challenges encountered by service providers vary depending on the nature of their services, however interviews with various providers in Mexico highlight a common struggle of coping with evolving migration patterns and demographics with limited funding and resources. With immigration to the southern U.S. border at a 21-year high, civil society and humanitarian organizations in particular have severely strained resources and face significant challenges in adapting to migrants' needs.³⁰

Shelters

Migrant shelters in Mexico generally provide beds, meals, showers, and clothes to migrants. Additionally, some assist migrants with job placements, transportation services, provide psychosocial support, and refer migrants to other services providers. These services are primarily overseen by civil society, religious, or volunteer groups, and have existed for many years although new types of housing services regularly emerge to respond to changes in migratory flows. Most of these shelters rely on donation-based funding and the provision of goods to operate, which is often not enough to meet the needs of the number of migrants they serve. Most organizations interviewed that provide housing services indicated that they were operating significantly beyond their intended capacity, with one shelter accommodating nearly double the number of occupants than its available bed capacity. In order to alleviate some of this financial burden, various non-profit organizations such as Border Angels have created Shelter Aid Programs³¹ to reduce operational costs, yet many shelters across Mexico are still operating at 900% capacity.³² The significant funding and resource constraints has made it extremely difficult for these service providers to most effectively adapt to migrants' changing needs.

Shelters across Mexico are encountering new challenges due to the shifting demographics of migrants. As extra-regional migration increases, the range of migrants seeking assistance becomes more diverse, which presents shelters with the task of adapting to meet evolving language needs. Some shelters interviewed that were previously accustomed to primarily serving Venezuelan populations, are now seeing surges in migrants from Haiti, Syria, Afghanistan, and Russia, among others. While many service providers offer some sort of translation services, the expanding diversity of migrants' home countries surpasses the capacity of these services. Languages such as Creole, Persian Arabic, and Russian were mentioned as particularly underserved, creating barriers for migrants who only speak these languages to access the services

²⁹ "HIAS Mexico: Overview 2022-2023." 2023. <https://hias.org/where/mexico/>

³⁰ Morales, France R. Kim L. Nguyen-Finn, Makran Haidar, and Alfonso Mercado. "Humanitarian Crisis on the US-Mexico Border: Mental Health Needs of Refugees and Asylum Seekers." *Current Opinion in Psychology* 48 (December 2022): 101452. <https://doi.org/10.1016/j.copsyc.2022.101452>

³¹ "Shelter Aid." Border Angels, 2023. <https://www.borderangels.org/shelter-aid.html>

³² Pearson, Tamara. "Mexico's Migrant Shelters are Operating at 900% Capacity Due to US Border Policy." Truthout, July 23, 2023. <https://truthout.org/articles/mexicos-migrant-shelters-are-operating-at-900-capacity-due-to-us-border-policy/>

offered. Moreover, language differences hinder communication among migrant groups who are living together, occasionally leading to interpersonal challenges (see more in Language section).

Migrants from diverse cultural and religious backgrounds encounter unique challenges in shelters, in addition to language barriers. African migrants in Latin American transit countries often experience racism and isolation due to limited social networks.³³ Similarly, Muslim migrants face specific difficulties, particularly regarding food provision. While many shelters offer the same food to all migrants for simplicity and cost-effectiveness, serving pork can isolate Muslim migrants and create tensions. This poses significant challenges for shelters, which rely on donated food and struggle to accommodate dietary restrictions. As the diversity of migrant populations increases, service providers must find innovative solutions to address these challenges, despite limited time and resources.

Health Services

People in Mexico are entitled to access national health systems and, in theory, benefit from health care at all levels, regardless of their migration status.³⁴ However, in practice, migrants are often turned away from accessing the public Mexican health care system, which puts an additional burden on civil society and humanitarian organizations to fill the gap in the provision of health services. Many civil society and humanitarian health service providers have mobile clinics that provide health and psychological screenings and first aid along the migration route. However, these services are primarily focused on immediate, emergency support and are very limited in terms of longer-term migrant health needs. Due to barriers in the accessibility of the public health system as well as financial and resource restrictions faced by civil society organizations, there are many gaps that exist in the provision of health service. These gaps are particularly pronounced in ensuring migrants continuity of care, in the provision of adequate mental health and psychosocial support (MHPSS), in appropriately responding to sexual and gender-based violence (SGBV), and in adapting to migrants' language or cultural barriers. While many civil society and humanitarian organizations are working to fill the gaps in the provision of health services, challenges persist.

Continuity of Care

One of the primary challenges that health providers face is in ensuring the continuity of care of migrants along the migration route. This challenge is partially due to the nature of coordination

³³ Yates, Caitlyn and Jessica Bolter. "African Migration through the Americas: Drivers, Routes, and Policy Responses." Migration Policy Institute, October 2021.

<https://www.migrationpolicy.org/research/african-migration-through-americas>

³⁴ Infante, César, Isabel Vieitez-Martinex, Cesar Rodriguez-Chavez, Gustavo Napoles, Silvana Larrea-Shiavon, and Ietza Bojorquez. "Access to Health Care for Migrants Along the Mexico-United States Border: Applying a Framework to Assess Barriers to Care in Mexico." *Front Public Health* 10 (July 14, 2022): 921417.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9330619/>

and collaboration across organizations, but is also a result of constrained funding that prevents allocating the necessary resources to improve migrants continuity of care. Most civil society and humanitarian health service providers will refer migrants to secondary care or emergency rooms after an initial examination. However, very few of the migrants who are referred to secondary or tertiary clinics end up being seen by those clinics.³⁵

This barrier to migrants' continuity of care is caused by a variety of reasons. Many migrants are not able to make it to the clinic they were referred to due to the nature of how they are traveling. This is particularly true for migrants who are traveling with a caravan and do not have the ability to see a specialist on a day or in a location that does not fit with the caravan's path. Another barrier is that many migrants either lack access to or lose their medical documents while on their journey, which complicates efforts to track and manage their health needs effectively. This is a particular challenge for health providers who do not have a method of electronically tracking and sharing migrants' health data with other organizations along the route. Another significant barrier to migrants' continuity of care is the fact that public doctors or hospitals will regularly refuse to see migrants, even though they are legally required to do so. Many health providers interviewed mentioned that they would need to accompany migrants to doctors offices in order to ensure that they are seen. However, many service providers do not have the capacity or resources to accompany migrants to their appointments. Additionally, some health providers stated that even if accompanied, they could not guarantee that public health clinics would consistently see migrants. This creates a significant barrier in ensuring a continuity of care for migrants' health needs and puts a disproportionate pressure on civil society organizations to fill a gap that government services are meant to be filling.

Mental Health and Psychosocial Support (MHPSS)

Many migrants face substantial trauma exposure both from the violence in their home countries and through violence and loss they experience through the migration route.³⁶ As a result, many migrants, particularly unaccompanied children and people who have experienced sexual violence, show significant post-traumatic stress symptoms that require intensive MHPSS.³⁷ Despite significant need, the provision of MHPSS is often neglected in Mexico and in transit countries, which puts pressure on civil service organizations to fill this gap. However, many civil service and humanitarian organizations do not have the resources, capacity, or funding to adequately address migrants' MHPSS needs or to ensure continuity of care in this field. Challenges in addressing MHPSS needs are partially due to the fact that migrants are generally not in one place for very long and there is not a system in place for mental health evaluations to

³⁵ "Migrant Needs Assessment: Mexico." Project Hope, January 2023.

https://www.projecthope.org/wp-content/uploads/2023/01/Project-Hope-Mexico-NEW-FINAL-1_19_23.pdf

³⁶ Morales, France R. Kim L. Nguyen-Finn, Makran Haidar, and Alfonso Mercado. "Humanitarian Crisis on the US-Mexico Border: Mental Health Needs of Refugees and Asylum Seekers." *Current Opinion in Psychology* 48 (December 2022): 101452. <https://doi.org/10.1016/j.copsyc.2022.101452>

³⁷ Ibid.

be transferred from one psychologist to another, making it near impossible for migrants to receive long-term support. Another challenge is that many mental health professionals are not trained or do not have knowledge on the diverse needs of migrants.³⁸ There is a particular lack of understanding of the unique needs faced by LGBTQI+ individuals, individuals from outside of the region, and the cultural preferences of individuals. Most service providers do not have the funding or resources necessary to train professionals on providing culturally appropriate care. This can be particularly detrimental as individuals from different cultures and backgrounds tend to speak about mental health challenges in very different ways. Additionally, psychologists and psychiatrists often do not have the language skills or translation services needed to support migrants who do not speak Spanish.

Sexual and Gender-Based Violence (SGBV)

The proliferation of SGBV, particularly in the Darien Gap, presents significant challenges to service providers in effectively addressing survivors' health needs. Survivors of SGBV require urgent medical attention within 72 hours to avoid contracting HIV or other sexually transmitted infections and to prevent unwanted pregnancies.³⁹ This urgency places significant strain on service providers, who are already overstretched and under-resourced, and are often unable to provide these services within the time required. Health providers are unable to access the Darien, due to the geographic realities of the jungle, and instead have historically worked in small villages in eastern Panama that are common exit points from the Darien Gap.⁴⁰ Despite the acute needs in this region, many service providers face strict restrictions imposed by the Panamanian Government. Most notably, the government recently suspended MSF's operations in Panama, leaving migrants in the most dangerous part of the migration route with close to no access to the medical services they need. Given the limited presence of service providers in Costa Rica and the restrictions imposed in Panama, survivors of SGBV may not receive assistance until they reach Honduras. However, by that point, it will have been well beyond the critical 72-hour window since the violence occurred, severely compromising the effectiveness of any response effort.

Language and Cultural Challenges

Another challenge that health providers face, similarly to the challenges faced by shelters, is that of adapting to changing language and cultural needs of migrants. Many public doctors or hospitals do not have available translation services. As a result, certain NGOs are allocating some of their resources towards having translators that can accompany migrants to hospitals so

³⁸ Ibid.

³⁹ Doctors Without Borders. "Shocking increase in sexual violence reported in Darién Gap." February 5, 2024. <https://www.doctorswithoutborders.org/latest/shocking-increase-sexual-violence-reported-darien-gap>

⁴⁰ Roy, Diane. "Crossing the Darién Gap: Migrants Risk Death on the Journey to the U.S." Council on Foreign Relations, February 2024. <https://www.cfr.org/article/crossing-darien-gap-migrants-risk-death-journey-us>

that they are able to effectively communicate their needs with medical providers. However, most service providers do not have the resources or capacity to provide these translators and accompaniment on a routine basis.

In addition to language barriers, health providers are faced with cultural differences that impact migrants' access to health services. Service providers mentioned that there's a cultural gap not only in how people explain their illnesses or mental health needs, but also "a cultural gap in terms of treating with what we consider Western modern medicine" (Coordinator, International NGO). Interviews with health providers made it clear that there is a significant gap that exists for service providers to fully understand the background, level of understanding, and willingness of migrants from different cultures to accept certain types of services. Responding to the migrants' specific needs in a culturally sensitive way, and with the appropriate translations needed, requires a level of training that service providers often cannot provide due to funding constraints.

PROTECTION AND LEGAL ASSISTANCE

Various civil and humanitarian organizations are working to address migrants' protection needs both in Mexico and along the migration route. Local and international organizations exist that work to support the protection needs of vulnerable populations, with a particular emphasis on LGBTQI+ populations, women, and unaccompanied children. These organizations generally combine a variety of strategies to assist migrants in these groups, including strategic litigation, government advocacy, and direct service support.

LGBTQI+ Populations

LGBTQI+ populations are often forced to leave their home countries due to persecution and violence. These individuals are also much more likely to experience SGBV, exploitation, and other forms of violence along their migration journey.⁴¹ As a response to the increase in violence against LGBTQI+ individuals, organizations like the Rainbow Railroad were created to provide safe houses, financial assistance, and legal assistance both in Mexico and the United States.⁴² In addition to these services, the Rainbow Railroad also supports efforts to push the United States to receive more LGBTQI+ asylum seekers from Latin America and works on advocating for pathways to safety for migrants in countries other than the United States.⁴³ While these organizations are able to assist thousands of LGBTQI+ migrants each year, the risk of violence and significant protection and advocacy needs on behalf of this population persists. Advocacy

⁴¹ Rainbow Railroad. "Navigating the U.S.-Mexico Border."

<https://www.rainbowrailroad.org/the-latest/navigating-the-u-s-mexico-border>

⁴² Ibid.

⁴³ Rainbow Railroad. "Our Mission." <https://www.rainbowrailroad.org/about>

with governments is particularly important for the protection of LGBTQI+ populations in hopes that these populations are not forced to leave their home countries to begin with.

Women

Civil society organizations and international NGOs are actively attempting to address the protection needs of women in Mexico and along the migration route. Violence against women in Mexico is pervasive, leading to legal action against the state for its failure to address cases of femicide.⁴⁴ Femicide, the murder of women because of their gender, is a widespread issue with profound implications for migrant women's safety.⁴⁵ Along their journey, women face heightened risks of sexual violence, extortion, and human trafficking, particularly when traveling through irregular migration routes to avoid detention.⁴⁶ However, these routes expose them to greater protection risks, compounded by limited access to services concentrated along popular migration paths. While efforts are made to reach vulnerable women, resource constraints pose significant challenges. Consequently, most organizations focus on government advocacy and providing legal assistance to women

Unaccompanied Children

Another extremely vulnerable population that is increasingly seen on the migration route is unaccompanied minors. Children are more at risk of exploitation and abuse along the migration path and are additionally at risk of having their rights violated by government and state actors. In 2021, Mexico passed a legal reform that prohibited the detention of migrant children, however as of 2023 it was clear that Mexico was failing to protect these children and were still holding unaccompanied minors in migrant detention centers.⁴⁷ Service providers are responding to the protection risks that children face in a number of ways. The Mexican government increased funding for shelters for unaccompanied minors, which helps get children off of living on the streets and significantly reduces their protection risks.⁴⁸ Additionally, legal service providers and advocates are suing the Mexican government and advocating with state actors to ensure that

⁴⁴ “Mexico to Officially Recognize Responsibility in Emblematic, Decades-Long Femicide Case.” Robert F. Kennedy Human Rights, March 06, 2024.

<https://rfkhumanrights.org/voices-for-human-rights/mexico-to-officially-recognize-responsibility-in-emblematic-decades-long-femicide-case>

⁴⁵ Ibid.

⁴⁶ Westbrook, Julia. “How Mexico and Central America’s femicide epidemic drives and complicates the migrant crisis.” The New Humanitarian, February 27, 2020.

<https://www.thenewhumanitarian.org/news-feature/2020/02/27/Femicide-migration-Central-America-Mexico-US-Mexico-women-violence>

⁴⁷ “Migrant Children and Adolescents are at Risk as Mexico and the United States Fail to Provide Protections.” Washington Office on Latin America. April 13, 2023.

<https://www.wola.org/analysis/migrant-children-adolescents-risk-mexico-united-states-fail-protections/>

⁴⁸ Resendiz, Julian. “Mexico Expands Migrant Child Shelters.” Border Report, February 16, 2023.

<https://www.borderreport.com/immigration/migrant-centers/mexico-expands-migrant-child-shelters/>

unaccompanied minors do not continue to be held in detention centers. Another priority of legal organizations and civil society is family reunification. Many children are separated from their families either through the migration journey or when they face deportation. The separation of families significantly heightens the protection risks and vulnerabilities that migrant children face. As such, service providers are working with government actors and across borders to ensure children are reconnected with their family network. While many service providers are trying to prioritize the protection of children in their work, the risks and vulnerabilities of children persist and are near impossible for service providers alone to fully address.

STATE POLICY INFLUENCE ON SERVICE PROVIDERS

As the migrant population has spiked, states along the American migration corridor have shrunk away from the humanitarian needs of the people traveling from the Darien through Mexico. The U.S. has collaborated with governments in the region to push and keep migrants south out of the country. In May 2023, the Biden Administration ended Title 42, the pandemic-related health code that facilitated the quick expulsion of migrants who crossed into border states. Media speculation stirred optimism among migrants that the replacement for Title 42 would allow easier entry into the U.S.--it did not. Migration officials returned to following the protocols of Title 8, an older code with many of the same restrictions and harsher penalties for irregular entry. In the same period, the administration took additional steps to keep asylum applicants out of the country. There were initial plans to create “Regional Processing Centers,” locations in nations along the migration corridor where applicants could seek U.S. asylum.⁴⁹ More resources eventually went to the CBP One application, which allows asylum seekers to schedule an appointment to determine their viability to obtain legal status in the U.S.. The application was riddled with glitches during its initial launch phase and still struggles to meet demand with consistent performance. The availability of appointments appears randomized and unreliable for people waiting to enter the country. For the relatively fortunate who schedule an appointment, there are additional barriers: the application only supports use in English, Spanish, and Haitian Creole.⁵⁰ For most migrants who travel through Central America, regular entry into the U.S. remains difficult, if not impossible to achieve. Unable or unwilling to return to their home countries, migrants have chosen to establish themselves in Mexico.

⁴⁹ Selee, Andrew. “Regional Processing Centers: Can This Key Component of the Post-Title 42 U.S. Strategy Work?” Migration Policy Institute, May 11, 2023.

<https://www.migrationpolicy.org/news/regional-processing-centers-post-title-42-strategy>.

⁵⁰ Bernal, Rafael. “House Democrats Demand Improvements to CBP One App for Asylum-Seekers.” The Hill, March 21, 2024. <https://thehill.com/latino/4547195-house-democrats-cbp-one-app-asylum-seekers/>.

Mexico Becomes a Destination for Migrants

Increasingly more people have chosen to seek asylum in Mexico according to Andrés Ramírez, the director of COMAR (Comisión Mexicana de Ayuda para Refugiados), the Mexican refugee agency. Ramírez stated that 141,000 people applied for asylum in 2023,⁵¹ setting an annual record. That number does not capture the total population of people who sought asylum, as the agency lacks capacity to handle all requests. The state

distributes humanitarian visas and labor visas that can provide protections for migrants. However, these visa programs are not designed to handle the large numbers of potential applicants in Mexico. In January and February of 2024, Mexico distributed under 500 humanitarian visas.⁵² At the same time, Mexico is working to prevent migrants from traveling north, moving detained people to southern states in the interior. As one KII participant described, “People are captured in distinct points and they are returned to the south.” (Coordinator, International NGO) Many people seeking asylum in Mexico have been left in a limbo, unable to travel north and unable to seek a permanent legal status.

Impromptu settlements have appeared throughout the country, notably in Mexico City, where migrants wait to be scheduled by COMAR. The state reaction to the settlements has not prioritized increasing COMAR capacity, but dispersal throughout the country. Local reports have described deceptive tactics by INM officials meant to relocate migrants and to ease pressure on COMAR offices. Haitians in particular have faced discriminatory bussing to less populated areas. One report characterized a dynamic in which INM officials offered to bus Haitians in a Mexico City camp to Acapulco in exchange for an opportunity to apply for asylum; the migrants were abandoned in the coastal city.⁵³ Migrants who choose to continue north risk capture by

Total Irregular Encounters with Migrants in Mexico, 2013 - 2023

Source: Department of the Interior of Mexico

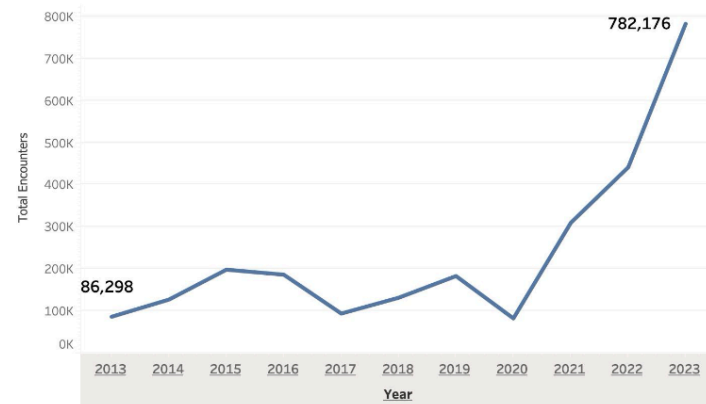


Figure (above): Total Irregular Encounters with Migrants in Mexico, 2013 - 2023

Source: Mexican National Institute of Migration, “Boletines Estadísticos”, Table 3.1, years 2013 - 2023, <http://www.politicamigratoria.gob.mx> Image made with Tableau

⁵¹ Pérez, Miguel Ángel. “México Reporta Récord de Solicitudes de Refugio En 2023: Comar.” Grupo Milenio, January 1, 2024.

<https://www.milenio.com/politica/comision-nacional-de-ayuda-a-refugiados-registra-record-de-solicitudes>.

⁵² Mexican National Institute of Migration; Dirección de Estadística, Monthly Bulletin, Table 2.10.1;

https://portales.segob.gob.mx/es/PoliticaMigratoria/Boletines_Estadisticos; (10 April 2024)

⁵³ “Reportan Abandono de Más de 150 Migrantes Haitianos En Acapulco.” Aristegui Noticias, May 22, 2023.

<https://aristeguinoticias.com/2205/mexico/reportan-abandono-de-mas-de-150-migrantes-haitianos-en-acapulco/>.

Mexican soldiers or national guardsmen, leading to quick removal to the far south of the country, where the INM detains migrants waiting to know if they will be deported.⁵⁴

The reduction in legal pathways in Mexico and restrictions on movement in the country further empower criminal networks involved in smuggling migrants to the U.S. Organized crime groups have entered the smuggling market, charging thousands of dollars on average per journey.⁵⁵ Conflicts between cartels have occurred over control of smuggling routes and polleros, or smugglers.⁵⁶ Along the Mexican side of the Texas border, the kidnapping of migrants and extortion of their relatives in the U.S. is a common practice.⁵⁷

Funding Cuts for International Organizations Hurt Providers

In 2023, state funding for International Organizations failed to meet the demand for humanitarian crisis responses around the world, affecting the humanitarian response in the American migration corridor. The war in Ukraine has drawn an estimated \$278 million from foreign governments in humanitarian and military aid and inflation has reduced the value of committed funding for organizations. International Organizations are experiencing budget crises: the ICRC, for example, has laid off 10% of its global staff in the last year due to budget concerns.⁵⁸

Interviews conducted as part of this project revealed and corroborated a gap in funding for service providers. In one meeting with an international office based in Mexico City, staff referenced recent layoffs and a reduction in available resources. Their internal economic crisis had rattled the remaining personnel, who had taken on new titles and duties while worrying about their own jobs. As they explained, their effectiveness as funders and coordinators for local organizations had diminished in this frugal, anxious context. They, like other regional offices, had less support to offer service providers in a period in which more support was needed.

⁵⁴ Culver, David, Norma Galeana, Evelio Contreras, and Rachel Clarke. “These Are the Border Officers That Migrants Fear – and They Are Not the Americans.” CNN, April 12, 2024.

<https://www.cnn.com/2024/04/12/americas/mexico-border-migrants-crackdown-intl/index.html>.

⁵⁵ Gobernación, Secretaría de. “El Costo Promedio Que Pagaron Las Personas Mexicanas al Cruzar de Manera Irregular Hacia Estados Unidos Ascendió a 6 Mil 937 Dólares En 2022.” gob.mx. Accessed April 8, 2024.

<https://www.gob.mx/segob/prensa/el-costo-promedio-que-pagaron-las-personas-mexicanas-que-cruzar-on-de-manera-irregular-hacia-estados-unidos-ascendio-a-6-mil-937-dolares-en-2022>.

⁵⁶ Asmann, Parker. “Sonora, Mexico under Siege amid Sinaloa Cartel Battle over Migrant Smuggling.” InSight Crime, November 25, 2023.

<https://insightcrime.org/news/sonora-mexico-under-siege-amid-sinaloa-cartel-battle-over-migrant-smuggling/>.

⁵⁷ Brewer, Ana Lucía Verduzco and Stephanie, Ana Lucía Verduzco, and Stephanie Brewer. “El Secuestro de Personas Migrantes y Solicitantes de Asilo Alcanza Niveles Intolerables En La Frontera Entre Texas y Tamaulipas.” WOLA, April 15, 2024.

<https://www.wola.org/es/analisis/secuestro-personas-migrantes-solicitantes-asilo-niveles-intolerables-frontera-texas-tamaulipas/>.

⁵⁸ International Committee of the Red Cross. “ICRC to Resize Global Footprint, Maximizing Reduced Resources in ERA of Declining Aid Budgets.” International Committee of the Red Cross, September 11, 2023.

<https://www.icrc.org/en/document/icrc-resize-global-footprint-maximizing-reduced-resources-era-declining-aid-budgets>.

INFORMATION SHARING AMONG SERVICE PROVIDERS

Information sharing between providers continues to happen despite evolving challenges associated with the evolving, often overwhelming migration reality. In lifesaving circumstances, groups work together to identify opportunities for emergency medical care for patients. Solidarity still exists: several groups interviewed in this project explained that they participated regularly in meetings with peers to maintain channels of communication and express their frustrations about existing realities about circumstances. On-the-ground providers [prioritize and] understand the importance of information sharing, relying on it to create humane responses to migrant circumstances along the corridor. These collaborations remain vital when migrants need immediate medical or legal support. During a KII, one humanitarian worker at an NGO confirmed that “information is shared that can help to activate an urgent response” (Humanitarian Worker, NGO).

But as the migrant population along the corridor has grown and diversified, communication between providers has become more challenging, less frequent, and less effective. A common word appeared in interviews with medical service centers, migrant shelters, affinity groups, and related NGOs: *rebasados*, or overwhelmed. The increase in migrant populations in recent years had pushed providers toward a new status quo that was past full capacity and lacking adequate funding from international organizations. One shelter in Mexico City was hosting a number of migrants that was double the number of beds. Staff from that shelter, which only hosted single men, explained that they were enforcing a limit of three months for a migrant to stay there, leading to regular turnover. During the previous year, people seeking shelter had come from countries outside of Central America, including Haiti, Venezuela, Afghanistan, Ukraine, Ivory Coast, China, and Syria. The global mix of national origins had generated tension between residents regarding cuisine, class, and language. Staff were spending additional time reinforcing behavioral expectations in order to maintain peaceful coexistence. The circumstances are similar for other providers throughout the American migration corridor who are dealing with similar capacity limits on space and financing.

Provider Relationships Wane

Referrals between providers have decreased in this context of universal demand. One staffer at an NGO described this decline in contact from the perspective of their organization: “We used to have a monthly meeting to review cases together, we would meet at shelters. Now, with the majority of shelters, we don’t have that space for review due to the volume of people at shelters and their reduced capacity.”⁵⁹ Provider staff in interviews explained that many existing efforts to share information had become less helpful. Before the migrant population increase of recent years, providers at capacity could provide referrals to migrants for other organizations or shelters

⁵⁹ Anonymous Informant in conversation with author, April 2024

that had space. As demand for medical and humanitarian attention for people on the move surged across the region, openings became rare. In general, post-capacity providers no longer refer migrants to groups within their networks because they cannot reasonably expect help. Existing tensions between providers—regarding competition for funding, self-promotion, or religious foundations—continue to hamper relationships.

Privacy concerns for migrant patients dominate providers’ management of cases. Organizations often depend on internal databases and confidential spreadsheets. Once a person leaves a shelter or medical service provider, staff generally do not follow up or offer continuity of care. This tendency to conceal closes potential windows of opportunity for coordination between providers regarding individual patients. The way past these privacy concerns is simple, but difficult to achieve. Providers explained that migrants must be willing and able to bring their data to other providers while on their journeys, as the status quo does not allow for regular contact about patient care between different organizations.

GIS mapping technology has the potential to revamp and improve information sharing between providers along the migration corridor.

GIS SERVICE MAPPING IN VISUALIZING SERVICE AVAILABILITY AND GAPS ALONG THE MIGRATION ROUTE

Geographic Information Systems in the Context of Humanitarian Aid

Frequent feedback received from our key informant interviews (KIIs) points to a demand for 1) resource mapping for migrants on the move and 2) coordination and information-sharing amongst actors working in the space of humanitarian aid for migrants.

To combat the challenges faced by both migrants and service providers, we believe the use of geographic information systems (GIS) can prove to be an effective tool that can meet the needs and challenges faced by migrants and better coordination and information sharing amongst service providers.

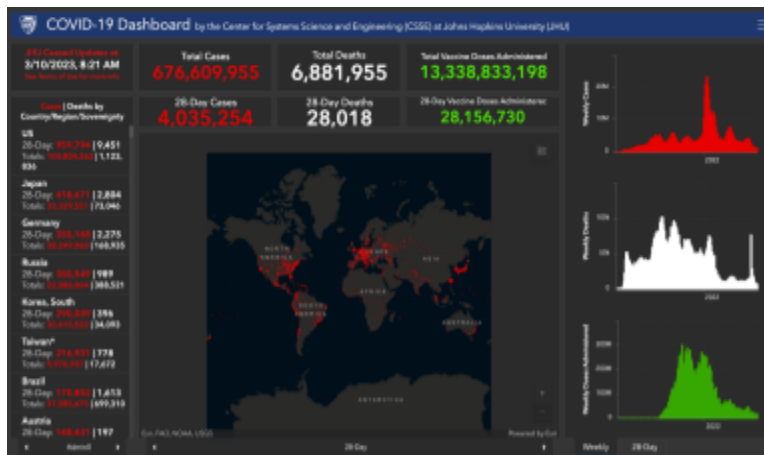


Figure (above): COVID-19 Dashboard by the CSSE at Johns Hopkins University. Source: "ArcGIS Dashboards." n.d. Gisanddata.maps.arcgis.com. <https://gisanddata.maps.arcgis.com/apps/dashboards/bda7594740fd40299423467b48e9ecf6>.

GIS are computer-based tools that help to visualize a collection of data. More specifically, it is the integration of location data with different types of descriptive information that can provide a visualization of patterns or trends in a particular geographic area.⁶⁰ In the context of humanitarian organizations, GIS is used in situations such as, but not limited to, emergency response and disaster management, public health and surveillance, and risk reduction and resilience building. GIS used by humanitarian organizations has been crucial in its ability to provide real-time information to inform important decisions when supporting vulnerable populations, with the creation of COVID-19 dashboards being a prime example.⁶¹ Furthermore, GIS also provides capabilities for strategic planning, policymaking, outreach, and other interventions to provide support for vulnerable populations.⁶²

As mentioned throughout our report, service providers have difficulties in providing continuity of care for migrants on the move. Creating and updating GIS tools could allow service providers to visualize data on migration flows as well as services available and identify trends and key insights into the population they are trying to reach. In the context of various organizations working alongside MSF Mexico, we believe GIS service mapping will be an effective tool for staff members to use in or to promote improved coordination and information sharing for migrants on the move. Furthermore, GIS tools could have a significant impact in empowering migrants through its ability to allow stakeholders to share information and map service provision capacity.

GeoMSF PLATFORM: ARCGIS SERVICE MAPPING

Since 2021, MSF has established a team of GIS specialists under its GeoMSF Platform. MSF's GIS platform strives to create an environment that provides space for effective decision-making, planning, and communication activities in the areas of operations,



Picture (above): Mumbai Health Facilities GeoApp.
Source: Health Facilities Mapping in Support of DRTB Activities, Mumbai, India. GeoMSF.

⁶⁰ ESRI, “What Is GIS? | Geographic Information System Mapping Technology,” Esri.com, 2023, <https://www.esri.com/en-us/what-is-gis/overview>.

⁶¹ “COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU),” gisanddata.maps.arcgis.com (Esri, n.d.), <https://gisanddata.maps.arcgis.com/apps/dashboards/bda7594740fd40299423467b48e9ecf6>.

⁶² William F. Davenhall and Christopher Kinabrew, “GIS in Health and Human Services,” Springer Handbook of Geographic Information, 2012, 557–78, https://doi.org/10.1007/978-3-540-72680-7_29.

emergency preparedness and response, healthcare, advocacy, communication and reporting, and environmental health.

Case Study of Mumbai, India: Health Facilities Service Mapping

Based on the ArcGIS Field Maps collection data process, a field team in Mumbai was able to provide a list of health facilities through a GeoApp that allows health service providers to update information and the location of health facilities in real time. This added value project allowed precise mapping of where health facilities existed, provided a visualization for field teams to see gaps in health service coverage, and allowed field team members to autonomously update information.⁶³

Incorporation of Existing Projects for MSF Mexico's ArcGIS Service Mapping

Initial pilot projects, similar to the Mumbai case study above, are underway at MSF Mexico's country office. Previous ArcGIS maps used by staff members were paper-based to provide a portable map of basic health services for internal and external use. According to our key informant interviewee from the MSF Geneva office, staff are working to digitize the next iteration of the service map. Some of the current challenges staff members face with ArcGIS service mapping are mostly in determining which healthcare services should be included or excluded on the service map. Our interviewee stressed the importance of having certain sensitivities and awareness with regard to migrants most vulnerable to violence as they plan to make ArcGIS service mapping publicly available. Therefore, we recommend MSF Mexico have internal use maps to indicate such locations of shelters to be shared by word of mouth to migrants while excluding such services on the external map to be shared publicly. Additionally, incorporating other languages to meet the changing demographics have also been considered for the next iteration.

CHALLENGES IN THE ADOPTION OF ARCGIS

Though MSF Mexico as an organization has expressed its interest in the implementation of ArcGIS in the context of service mapping systems for coordination and information sharing for other actors and migrants on the move, certain challenges must be addressed to provide long-term sustainability of the system going forward. Though we have briefly summarized challenges and solutions to ArcGIS below, a detailed memo has been provided to MSF Mexico of a roadmap and strategy towards implementation at their request

⁶³ "Health Facilities Mapping in Support of DRTB Activities, Mumbai, India," geo.uat.msf.org (GeoMSF Platform), accessed April 18, 2024, <https://geo.uat.msf.org/about-gis/gis-support/portfolio-products-and-services/gis-field>.

Lack of Utilization and Hesitancy Towards Technology

A key insight gathered from our key informant interviews was the apprehension towards the use of new technologies. Past efforts to introduce service maps did ensure that information was accurate and updated; thus, people working for NGOs may be hesitant to adopt new tools that emerge. It is important to note that GeoMSF have existing training modules and support teams available to reduce the perceived hurdles of those who are hesitant to use ArcGIS. Nevertheless, an existing challenge arises for technologically apprehensive individuals.

Duplicated Efforts

There are currently other service mapping efforts already implemented by ICRC’s RedSafe mobile application as well as the International Rescue Committee's (IRC) InfoDigna mobile app. The UNHCR also has “Population, Registry, and Identity Management Ecosystem” (PRIMES), a data management system that provides an interoperable and connected ecosystem of identification, registration information and caseload management tools with UNHCR and its partnering governments and organizations⁶⁴. Therefore, these duplicated efforts may impede collaborative efforts towards building ArcGIS service mapping models. However, this may call for inter-organizational collaborative efforts in order to pool resources and information.

POTENTIAL SOLUTIONS TO CHALLENGES IN IMPLEMENTATION

Finding Advocates for ArcGIS

To combat the challenge of technologically apprehensive individuals, we recommend incorporating ‘ArcGIS and innovation champions’ who could be points of contact who work as an advocate to integrate ArcGIS into workflows and projects as appropriate and needed. As described by one staff member who understood the importance and capabilities of ArcGIS noted in a KII, “A lot of people feel like it's a complicated system, they don't really use it, [but] I'm an evangelist for this system within the mission.” (Technical advisor, International NGO). Our interviewee recounted a project located in a rural area that required mapping. Instead of resorting to taking countless photos on their mobile phone cameras, the MSF staff member pointed out the availability of existing maps and offered assistance. As a result, this intervention facilitated broader participation and fostered an openness among team members toward adopting ArcGIS for their mapping needs.

⁶⁴“Registration and Identity Management,” UNHCR US, accessed May 3, 2024, <https://www.unhcr.org/us/what-we-do/safeguard-human-rights/protection/registration-and-identity-management>.

Reduction of Duplicated Efforts

Due to the nature of existing platforms that serve migrants, improving collaboration among actors and building upon current iterations of service mapping tools should be implemented rather than adding redundancy. As such, coordination efforts and complementary measures by GeoMSF and other actors like UNHCR, ICRC, and IRC are needed.

Long-Term Benefits and Enhanced Reporting

Though maintenance and cost of ArcGIS are taken into consideration, ArcGIS, at full utilization, would not only provide key insights into more efficient and effective targeting to assist vulnerable populations, but would also ensure better reporting system mechanisms for donors to visually see the impact of ArcGIS in both MSF Mexico and other country offices. In such cases, effectively communicating to sponsors that upfront investment is substantial, the long-term benefits of using such models will prove to be more beneficial as MSF tries to build its efforts towards mid to long-term projects and global collaboration amongst other offices.

EMR INTEGRATION: ENHANCING PATIENT CARE

Migrants and refugees encounter diverse barriers when accessing essential healthcare services, shaped by host country policies and migration journey stages. Harsh travel conditions, including detention and conflict exposure, exacerbate their mental and physical health challenges. Restrictive policies and limited knowledge of entitlements impede healthcare access throughout migration, posing significant challenges for both migrants and healthcare providers.⁶⁵

A critical issue faced by service providers is the absence of accessible medical records for migrants. Information such as health history, test results, and medications is often dispersed, hindering timely, adequate, and reliable healthcare provision. Healthcare providers must repeatedly reconstruct medical histories across various settings, often leading to redundant consultations and interventions.⁶⁶ The absence of national electronic health records compounds this challenge, particularly for mobile populations. Without effective systems for exchanging medical information between countries, continuity of care is compromised.

Given these challenges faced in delivering healthcare to displaced populations, there's a pressing need to develop tailored solutions. One promising avenue is the adoption of Electronic Medical

⁶⁵ Luiking, M.-L., Heckemann, B., Ali, P., Dekker-van Doorn, C., Ghosh, S., Kydd, A., Watson, R., & Patel, H. "Migrants' Healthcare Experience: A Meta-Ethnography Review of the Literature." *Journal of Nursing Scholarship* 51 (2019): 58-67.

⁶⁶ Brotherton, T., Brotherton, S., Ashworth, H., Kadambi, A., Ebrahim, H., & Ebrahim, S. "Development of an Offline, Open-Source, Electronic Health Record System for Refugee Care." *Frontiers in Digital Health* 4 (2022): 111.

Records (EMR), which can streamline care, improve coordination among providers, and enhance the quality of services for displaced individuals.

A considerable hindrance in the progression of electronic patient records is the ambiguity stemming from unclear definitions and the interchangeable use of terms such as Electronic Medical Records, Personal Health Records (PHRs), and Electronic Health Records (EHR) .⁶⁷ The distinctions between them highlight the diverse functionalities and purposes of electronic patient record systems. Clarifying these definitions and understanding their respective roles is crucial for effectively implementing electronic record systems that enhance patient care and streamline healthcare processes.

| Aspect | Electronic Medical Records (EMRs) | Electronic Health Records (EHRs) | Personal Health Records (PHRs) |
|--------------------|---|---|---|
| Definition | Digital version of paper charts within a single healthcare facility | Digitized records from multiple healthcare providers and settings | Patient-managed health information record |
| Scope | Focus on patient data within one healthcare organization | Include data from various providers involved in patient's care | Managed and controlled by the patient, covering diverse healthcare aspects |
| Purpose | Streamline internal processes within healthcare facilities | Facilitate comprehensive care coordination across different settings | Empower patients in managing and sharing their health information |
| Data Integration | Limited to data generated within the organization | Consolidates information from different sources and settings | Integrates diverse health data including medical history and treatments |
| Healthcare Setting | Primarily used within hospitals or clinics | Utilized across multiple healthcare settings such as hospitals, clinics, labs, pharmacies | Accessible beyond traditional healthcare settings, extending to ambulatory care |

Table 1. Overview of the Electronic Medical Records (EMRs), Electronic Health Records (EHRs), and Personal Health Records (PHRs)

⁶⁷ Buford, A., Ashworth, H. C., Ezzeddine, F. L., et al. "Systematic Review of Electronic Health Records to Manage Chronic Conditions Among Displaced Populations." *BMJ Open* (2022)

For service providers implementing EHRs proves more efficient and beneficial due to their comprehensive approach to patient care. Unlike EMRs and PHRs, EHRs amalgamate data from various care settings, crucial for dynamic environments where patients may receive care from multiple providers at different stages. Moreover, EHRs foster seamless communication and collaboration among healthcare workers, vital for effective care delivery in resource-constrained settings. They also improve continuity of care by centralizing patient information and ensuring consistent and appropriate treatment regardless of location. Additionally, electronic access to patient information enhances efficiency and reduces errors associated with manual record-keeping, a significant advantage in time-sensitive environments. Furthermore, EHRs offer a higher level of trustworthiness compared to PHRs, as the data cannot be altered by the patients themselves, ensuring the integrity and accuracy of medical records.

Example of EHRs systems

Sijilli, a cloud-based EHR system, was designed to cater to the unique needs of displaced populations, providing universally accessible health records securely stored in the cloud.⁶⁸ Sijilli was designed to facilitate interaction and support seamless workflows among various users, including data entry personnel, administrators, healthcare providers, and refugees themselves. Data entry personnel utilize tablet computers equipped with user-friendly software to collect health information from refugees in remote and underserved areas. Importantly, the system operates offline, ensuring accessibility even in areas with limited internet connectivity. The simple user interface accommodates users of diverse health backgrounds, facilitating efficient data collection.

Once entered into the system, the health information is encrypted and converted into a password-protected PDF document, which is then stored on a key-shaped flash drive provided to the refugee. Simultaneously, an encrypted deidentified version of the health record is uploaded to the Sijilli cloud-based server.⁶⁹ This dual approach ensures both portability and data security. Refugees can access their health records globally via the Sijilli website using a two-step identity verification process. The system's multiple layers of security, including USBs, hardware encryption, and cloud-based servers, safeguard the privacy and integrity of the data, which was a recurring concern among all types of service providers and a proven challenge to EHR integration.

Another example is Orphycare⁷⁰, a cloud based health platform, which integrates telehealth and electronic medical records, linking patients with native-speaking doctors. It's uniquely tailored for Limited English Proficiency patients, ensuring comprehensive care.

⁶⁸ Saleh, Shadi et al. "Sijilli: A Scalable Model of Cloud-Based Electronic Health Records for Migrating Populations in Low-Resource Settings." *Journal of Medical Internet Research* 22, no. 8 (2020)

⁶⁹ Ibid.

⁷⁰ OphyCare. "OphyCare – Innovation Meets Care." Accessed May 05, 2024. <https://ophycare.com/>.

The implementation of cloud-based EHR systems holds tremendous potential to enhance the delivery of healthcare. As such, it is recommended that service providers prioritize the adoption and integration of these technologies into their operations. By leveraging cloud-based EHR systems, service providers can address the unique challenges faced in providing healthcare to displaced populations, including limited connectivity, mobility, and privacy concerns.

The proposed roadmap (Annex) emphasizes the importance of stakeholder engagement, thorough research, compatibility evaluation, and robust training to ensure the successful implementation and utilization of cloud-based EHR systems.

LOOKING FORWARD: ELECTIONS

As Mexico and the United States approach their respective presidential elections in 2024, the outcomes of these pivotal political events are anticipated to have significant implications for migration patterns between the two countries. In Mexico, changes in government may influence policies affecting migrants en route towards the northern border, while in the United States, the election could have ramifications for asylum processes and border policies. The political context surrounding humanitarian responses to migrant needs is potentially influenced by these electoral dynamics. Thus, it becomes imperative to actively engage with policymakers in both countries to advocate for humane migration policies that prioritize the rights and well-being of these migrants.

Mexico's Elections

On March 1, 2024, the Mexican Presidential Election campaigns officially kicked off. Scheduled for June 2, 2024, this election marks the transition from the current administration led by President Andrés Manuel López Obrador. Among the candidates is former Mexico City Mayor Claudia Sheinbaum, representing the Morena coalition under the banner of "Let's Keep Making History" (Seguimos Haciendo Historia).⁷¹ She faces Senator Xochitl Galvez of Strength and Heart for Mexico (Fuerza y Corazón por México), compromised by the National Action Party (PAN), the Institutional Revolutionary Party (PRI), and the Party of the Democratic Revolution (PRD).⁷²

Migration has emerged as a prominent issue in the discourse surrounding the 2024 presidential election. Both candidates and their respective administrations offer distinct perspectives and proposals. The first presidential candidate debate on April 7, 2024, provided a platform for discussing their approaches to migration politics and ensuring the protection of migrants in transit. Xochitl Galvez's administration advocates for the demilitarization of the southern border

⁷¹ Zissis, Carin. "Poll Tracker: Mexico's 2024 Presidential Vote." AS/COA, April 9, 2024. <https://www.as-coa.org/articles/poll-tracker-mexicos-2024-presidential-vote>.

⁷² Zissis, Carin. "Poll Tracker: Mexico's 2024 Presidential Vote." AS/COA, April 9, 2024. <https://www.as-coa.org/articles/poll-tracker-mexicos-2024-presidential-vote>.

and emphasizes the protection of migrants' rights. Central to her stance is the belief that once migrants are within Mexico, they are entitled to respect and protection. Moreover, recognizing the economic contributions migrants make to the country, her administration pledges to collaborate with the United States to establish safer conditions for migrants. In contrast, Claudia Sheinbaum's administration acknowledges the importance of addressing the underlying causes of migration patterns. She contends that merely addressing the indications of migration without tackling its root causes is insufficient. Therefore, her proposed approach focuses on addressing poverty in Central America, aiming to alleviate the conditions that drive migration.

Elections in the USA

The United States is also having one of the most crucial presidential elections on November 5, 2024. Among the top contenders are current President Joe Biden and former President Donald Trump. Much like the scenario in Mexico, these elections hold significant weight and migration stands out as a central theme in the discourse.

Both candidates have expressed their visions for migration policies, but ultimately differing degrees of stringency. President Joe Biden is aware of public dissatisfaction with what are perceived as relaxed migration policies and the increase of undocumented immigrants entering the country. Concerned about his prospects for re-election, his administration is advocating for heightened border enforcement measures⁷³. The collapse of a bipartisan immigration and foreign aid bill, previously undermined by former President Trump, presents an opportunity for Biden to leverage the issue to gain support from voters who prioritize border security.⁷⁴ Biden may strategically shift blame onto the Trump Administration for the current situation at the border, aiming to resonate with voters whose primary concerns lie within migration.

Conversely, former President Trump has adopted an alarming stance on immigration, appealing strongly to his core supporters.⁷⁵ Trump portrays migrants as threats, emphasizing the need for stricter border security measures. He has outlined his immigration policy proposals for a potential second term, which include imposing travel bans on individuals from specific countries, initiating what would be the largest deportation efforts in U.S. history, and ending automatic citizenship for children born in the U.S. to undocumented immigrants. Overall, a Trump administration, if re-elected, would prioritize immigration policies focused on border security,

⁷³ Sanchez, Gabriel R.. "Immigration Policy Could Determine the next President of the United States." Brookings, 7 March, 2024.

<https://www.brookings.edu/articles/immigration-policy-could-determine-the-next-president-of-the-united-states/>.

⁷⁴ Weissert, Will, and Jill Colvin. "Why Trump's Alarmist Message on Immigration May Be Resonating beyond His Base." AP News, April 1, 2024.

<https://apnews.com/article/border-immigration-trump-biden-rhetoric-2024-election-327c08045edcc200f850d893de6a79d6>.

⁷⁵ Weissert, Will, and Jill Colvin. "Why Trump's Alarmist Message on Immigration May Be Resonating beyond His Base." AP News, April 1, 2024.

<https://apnews.com/article/border-immigration-trump-biden-rhetoric-2024-election-327c08045edcc200f850d893de6a79d6>.

ramping up deportation efforts, and implementing restrictions on existing legal immigration programs.

Potential Changes in Migration Trends

Restrictive immigration policies in Mexico would impact the current migration landscape in the country, the most transited country for migrants. Mexico has ramped up efforts to align with U.S. migration policies, leading to heightened measures and enhanced cooperation along the border. However, under President Lopez Obrador, the approach to migration has undergone fluctuations. While initially advocating for a humanitarian approach, the administration later adopted tougher measures, largely influenced by pressure from the United States.

The outcome of the upcoming elections in Mexico carries the potential for a shift in the country's migration policies. If candidate Claudia Sheinbaum is victorious, the continuation of strict laws and sustained bilateral efforts with the United States may prevail. Conversely, a win by Senator Xochil Galvez could aid in less strict policies for migrants.

In 2018, former President Enrique Peña Nieto implemented the immigration policy known as Programa Frontera Sur. This initiative aimed to foster social and economic development in the region while also implementing measures to protect migrants' rights. Its objectives were to regulate migratory flows and ensure the respect of human rights for migrants in transit⁷⁶. This immigration policy was created to mitigate the influx of migrants in the U.S.-Mexico border.

As a result of Programa Frontera Sur, numerous Centros de Atención Integral al Tránsito Fronterizo (CAITFs) were established to provide essential services for migrants in transit.⁷⁷ Additionally, mobile checkpoints, also known as military checkpoints, were deployed along the southern border. Needless to say, the program led to an increase in deportations and heightened security measures in the region.

Since 2018, President Andrés Manuel López Obrador and his administration have implemented the Nueva Política Migratoria del Gobierno de México, 2018-2024 (Migration Policy of the Government of Mexico 2018-2024), structured around seven foundational pillars. These pillars, including shared responsibility, regular, orderly and safe internal mobility and migration; irregular migration; institutional strengthening; protection of nationals abroad; integration and

⁷⁶ Gobernación, Secretaría de. "Programa Frontera Sur: Proteger La Vida de Las Personas Migrantes y Fortalecer El Desarrollo Regional."gob.mx, May 11, 2015.

⁷⁷Gobernación, Secretaría de. "Programa Frontera Sur: Proteger La Vida de Las Personas Migrantes y Fortalecer El Desarrollo Regional."gob.mx, May 11, 2015.

<https://www.gob.mx/segob/articulos/programa-frontera-sur-protector-la-vida-de-las-personas-migrantes-y-fortalecer-el-desarrollo-regional>.

reintegration of individuals in migration and international mobility contexts, and sustainable development collectively form the framework of the policy.⁷⁸

Collaborative efforts involving governments, civil society, international organizations, and the private sector are crucial to improving the migration system as outlined in this policy. Additionally, addressing irregular migration is a key focus, aiming to safeguard the rights and well-being of migrants through enhanced identification protocols, improved access to legal assistance, and exploration of regularization options. The pillar of institutional strengthening plays a vital role in enhancing the coordination of government agencies.

Given AMLO's strategic plans to position Sheinbaum as the next president of Mexico, it's unlikely that there will be any significant changes to these migration policies. The implementation of AMLO's Migration Policy of the Government of Mexico has notably altered the flow of migrants. These policies have increased a surge in migration from Central America, as AMLO's administration has been more liberal in granting humanitarian visas and work permits, aiming to foster migrant integration into society.⁷⁹ However, the influx of migrants en route to the northern border, combined with stricter US entry policies, have led to a backlog of migrants waiting in the region.

In March of 2023, Mexico City authorities established shelters in Tlahuac to accommodate the large influx of migrants. Shortly after Title 42 ended, Sheinbaum announced the closure of these shelters, leaving migrants without accommodation, prompting other shelters to scramble to find solutions⁸⁰. The return of migrants to Plaza Giordano Bruno in Cuauhtémoc raised concerns among various individuals and organizations about its community impact, leading to criticism of Sheinbaum's management of the situation⁸¹.

Both candidates offer distinct perspectives on migration policies, yet Sheinbaum has notably overlooked civil society during the pre-campaign phase. Additionally, her strategy of addressing poverty in Central America as a means to decrease migrant numbers is unlikely to significantly alter migration patterns for those en route. The disparity between Galvez and Sheinbaum predominantly centers on their engagement with civil society. While Galvez has actively

⁷⁸ Gobernación, Secretaría de. "Programa Frontera Sur: Proteger La Vida de Las Personas Migrantes y Fortalecer El Desarrollo Regional." gob.mx, May 11, 2015. <https://www.gob.mx/segob/articulos/programa-frontera-sur-protoger-la-vida-de-las-personas-migrantes-y-fortalecer-el-desarrollo-regional>.

⁷⁹ Semple, Kirk. "Migration Surge from Central America Was Spurred, in Part, by Mexican Policies." The New York Times, April 1, 2019. <https://www.nytimes.com/2019/04/01/world/americas/mexico-migration-border.html>.

⁸⁰ Salvador, Cinthia. "Claudia Sheinbaum Confirmó El Cierre Del Albergue Para Migrantes En Tláhuac." infobae, May 19, 2023. <https://www.infobae.com/mexico/2023/05/19/claudia-sheinbaum-confirio-el-cierre-del-albergue-para-migrantes-en-tlahuac/>.

⁸¹ Salvador, Cinthia. "Claudia Sheinbaum Confirmó El Cierre Del Albergue Para Migrantes En Tláhuac." infobae, May 19, 2023. <https://www.infobae.com/mexico/2023/05/19/claudia-sheinbaum-confirio-el-cierre-del-albergue-para-migrantes-en-tlahuac/>.

empowered civil society by providing a platform for their voices, Sheinbaum's approach has been marked by a lack of attention to this crucial component.

Furthermore, the involvement of civil society in shaping migration policies cannot be overlooked. Civil society organizations often serve as critical advocates for migrant rights. By overlooking civil society, Sheinbaum risks alienating key stakeholders whose expertise can inform more effective migration policy approaches. In contrast, Galvez's engagement with civil society demonstrates a commitment to inclusivity, ultimately fostering a more comprehensive understanding of challenges for people on the move. Their disparities underscore the important role of civil society in shaping migration governance.

Political climate has a direct impact on the country's migratory trends. Whether it's under the Trump or Biden administrations, immigrants' decisions are impacted by the political context that exists at the time as mentioned by Instituto para las Mujeres en la Migración (IMUMI) during our interview. Shelters and advocacy groups have voiced concerns over the recent surge in migrant arrivals over the last few months. The increase in migrant numbers en route is not merely a consequence of current events but rather it's indicative of a larger reaction to immigration policies. Many immigrants are rushing over to the U.S.-Mexico border with the belief Trump will be re-elected. This underscored the situation between politics and migration dynamics.

Engagement

It is crucial to actively engage with policymakers to advocate for the rights and well-being of people on the move. Direct engagement with policymakers and advocacy groups can influence the implementation of improved regulations, fostering transparency and inclusivity in decision-making processes. Collaboration between civil society and policymakers, such as Galvez or Sheinbaum, holds the potential to establish equitable and humane migration governance.

CONCLUSION

In conclusion, the reports underscore the significant challenges faced by service providers and humanitarian organizations in supporting migrant populations along the migration route from Panama to the northern Mexican border. These challenges span various critical areas, including shelter, health services, protection, and legal assistance, and are exacerbated by systemic barriers, resource constraints, and the evolving nature of migration dynamics.

Despite efforts of civil society organizations, international NGOs, government agencies, and healthcare providers, comprehensive and coordinated responses are essential to address the diverse needs of migrants effectively. Continued advocacy, collaboration, and support from

governments, international organizations, and civil society are necessary to ensure that migrants receive the assistance and protection they urgently need.

GIS Service Mapping emerges as a promising solution to enhance coordination and information sharing among humanitarian actors, offering insights into migration patterns and facilitating more informed decision-making. However, challenges such as lack of awareness, technology hesitancy, and organizational constraints must be addressed to ensure successful implementation. Actionable recommendations include investing in awareness strategies, incorporating "ArcGIS evangelists," utilizing existing digital platforms for idea sharing, and enhancing coordination between operational centers.

Similarly, the implementation of Electronic Health Record systems presents a transformative opportunity to enhance healthcare delivery for displaced populations on the move. Recommendations include stakeholder engagement, thorough research, compatibility evaluation, robust training, and ongoing monitoring and evaluation to maximize the benefits of EHR implementation.

Moving forward, collaboration, advocacy, and ongoing monitoring and evaluation will be critical in addressing the humanitarian crisis and improving support services for migrant populations. By prioritizing these efforts and leveraging technology and innovation, MSF, other NGOs, and policymakers can better fulfill their mission of providing assistance and protection to those in need, even in the most challenging environments.

Areas of Further Research: Social Media and Migration Dynamics

The increased utilization of social media platforms like Telegram, WhatsApp, Facebook, and TikTok among migrants needs a comprehensive exploration of their multifaceted implications. Future research can delve into several key areas to better understand the influence of these and other digital platforms on migration dynamics.

Future studies should assess the reliability and accuracy of information disseminated through diverse social media platforms used by migrants. Understanding how migrants perceive and trust information received via platforms such as Telegram channels, WhatsApp groups, and Facebook pages can shed light on their reliance on these platforms and the potential risks associated with misinformation.

Examining how different social media platforms influence migrants' decision-making processes, such as destination selection and travel plans, can provide valuable insights into the role of digital communication in shaping migration dynamics. By analyzing migrants' interactions and content consumption patterns across platforms, research can uncover the factors influencing their decisions and behaviors.

Future research can also investigate the mechanisms through which migrants connect and support each other online across platforms. By unraveling the dynamics of virtual community formation and resource exchange, research can inform strategies to improve migrants' resilience and agency in navigating migration challenges.

Examining how organizations use social media and digital communication platforms to reach and engage with migrant populations can offer valuable insights too. Future research could explore the effectiveness of various communication strategies in delivering vital information and providing support services. This may uncover innovative methods for enhancing communication channels and optimizing outreach efforts to better serve the needs of migrant communities.

Furthermore, considering the diverse demographics and backgrounds of migrant populations, research could explore the accessibility and inclusivity of digital communication strategies. This involves assessing language barriers, digital literacy levels, and access to technology among migrants, as well as the effectiveness of targeted outreach efforts in reaching marginalized or vulnerable groups.

APPENDIX

Recommendations

Roadmap for EHR Implementation

1. Assessment phase
 - a. Conduct a thorough assessment of MSF's current IT infrastructure, operational workflows, and data management practices in Central America. Identify key stakeholders within MSF's operations and establish a project team comprising representatives from various departments and regions to lead the EHR selection and implementation process.
 - b. Define clear objectives and priorities for implementing a cloud-based EHR system in MSF's Central America operations. Gather input from stakeholders to identify specific requirements and functionalities needed in the EHR system, considering the unique healthcare challenges, patient populations, and regulatory requirements in the region.
2. Research
 - a. Research and evaluate cloud-based EHR vendors that offer solutions suitable for healthcare delivery in Central America. Assess vendors' track records, capabilities, and reputation in the industry.
 - b. Develop a detailed request for proposal (RFP) outlining requirements and criteria for selecting an EHR system tailored to the region's needs. Include considerations such as localization capabilities, Spanish and other languages support, scalability, interoperability, and data security. Establish clear evaluation criteria to assess vendor proposals objectively.
3. Compatibility and integration
 - a. Determine the level of customization and flexibility required in the EHR system to meet the specific needs and workflows of MSF's operations in the region.
4. Training and support planning
 - a. Assess the training and support services provided by EHR vendors. Ensure vendors offer resources in Spanish (and other languages) and are accessible to healthcare providers in the region. Develop a comprehensive training plan tailored to different user groups, roles, and levels of expertise. Provide ongoing support to staff to ensure effective utilization of the cloud-based EHR system, considering language and cultural factors.
 - b. Develop culturally sensitive training materials and resources that are accessible to all staff members, regardless of language or cultural background. Ensure that training materials are translated into Spanish and adapted to local contexts as needed. Conduct training sessions in multiple languages to accommodate diverse staff members.

5. Testing and evaluation
 - a. Select a subset of MSF's operations to participate in pilot testing of selected cloud-based EHR systems. Assess usability, functionality, and performance in real-world scenarios. Collect feedback from end-users and stakeholders to identify any issues or areas for improvement before full-scale implementation.
 - b. Gather feedback from pilot testing participants to identify usability issues, workflow challenges, and areas for improvement in the EHR system. Incorporate feedback into iterative improvements and refinements to enhance the system's effectiveness and user satisfaction.
6. Finalization
 - a. Conduct a comprehensive cost-benefit analysis to evaluate the financial implications of implementing and maintaining the chosen cloud-based EHR system. Consider factors such as initial implementation costs, ongoing maintenance expenses, and potential improvements in healthcare delivery and patient outcomes.
 - b. Based on the results of pilot testing, feedback from stakeholders, and the cost-benefit analysis, finalize the selection of the EHR system that best meets MSF's requirements and objectives for healthcare delivery in the region. Develop a detailed implementation plan and timeline for deploying the chosen EHR system across MSF's healthcare facilities in Central America, ensuring adequate support and training for staff.

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